

Prof. Ph. Jeammet

Congress President and President ESCAP

Abstracts to the 12th International Congress European Society for Child and Adolescent Psychiatry

Developmental psychopathology: Transmission and change.

Influence of transmission models on understanding development, diagnosis, and treatment of psychiatric disorders of children and adolescents

September 28th – October 1st 2003

C. N. I. T. (Centre National des Industries et Techniques)

2, Place de la Défense

92053 Paris – La Défence, France

Topics:

- Family heritage – Genetics – Heredity – Heritability.
- Transmission, attachment and early interactions.
- Temperament, resilience and vulnerability.
- Traumas and development: violence, catastrophes and wars.
- Transmission – Interruptions – Migrations – Identity.
- Development – Parenting and its vicissitudes – Modes of filiation – Adoption.
- Gender identity.
- Children of sick parents.
- Somatic illness and mental development.
- Early diagnosis and prognosis: Mood disorders, autism, schizophrenia.
- New ways of understanding behaviour disorders in children and adolescents: addictions, suicide, violence, eating disorders, hyperactivity.
- Changes and treatment processes.
- Choice of psychotherapy and feedback assessment.
- When and how to prescribe psychotropic drugs for children and adolescents: thymoregulators, antidepressants, antipsychotics, stimulants.
- Organisation of European care networks: Health, School, Social Services, Justice.
- Education and guidance for parents.
- Transmission of knowledge and training for professionals.

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Dear Colleagues,

As president of the European Society for Child and Adolescent Psychiatry, it is an honour for me, and a great pleasure, to invite you to our 12th International Congress, which will take place at the CNIT, Paris – La Défense, from September 28th to October 1st, 2003.

The theme of the congress, “Developmental Psychopathology: Transmission and Change” was chosen to emphasize the need for reflection on how psychic disturbances are transmitted, and the importance of the processes of change during development: changes evoked by psychopathological processes, changes in the modes of expression of disorders depending on the stages of development, and changes linked to social, familial and therapeutic transformations.

Progress in the fields of genetics, molecular biology, neuro-endocrino-immunology and brain imaging technology, is bringing us both new information and new questions – especially regarding the respective roles and functions of genetic and environmental factors. Meanwhile, changes affecting society, family, education and life styles are accompanied by changes in the way illness and suffering is expressed by children and adolescents.

Where is the boundary between normality and pathology? Where do we draw the line between behaviours which only require educational measures, and those which call for special care? Such limits are especially difficult to define because enduring harmful behaviours carry their own pathogenic effects, which reorganise the personality and confine the subject into repetitive patterns, which become increasingly difficult to control. Furthermore, in the search for early signs of disorders which develop fully during late adolescence or early adulthood, child psychiatrists are concerned with their possible link with behavioural disturbances and atypical manifestations of childhood, and the question of exactly when specific treatment is indicated.

Progress in recent decades may herald a new era in psychiatry. The study of child and adolescent development is of crucial importance, since it is at this period in human life, more than at any other, that various vulnerability factors interact with the attachment bonding modalities, which are essential in the organisation and development of personality.

The combination of social pressure, increased demand for achievement in young people, and greater visibility of behavioural disturbances, might explain why child psychiatrists are increasingly challenged by public authorities, the educational system, courts, and families. Child psychiatrists are not only requested to provide answers, when they have them, but are also asked to transmit their knowledge, in order to develop (along with those important social partners) responses that help them to deal with the difficulties of troubled children, thus avoiding developmental blocks and irretrievable pathological situations.

It is my wish that this congress will help us share our knowledge, hopes and difficulties, in a friendly and assiduous atmosphere, and an attractive Parisian setting.

Professor Philippe Jeammet
President of ESCAP



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- French Paediatrics Association
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- International Association for Child and Adolescent Psychiatry and Allied Professions
- International Society for Adolescent Psychiatry
- World Association of Infant Mental Health
- Sociedad Española de Psiquiatría y Psicoterapia del Niño y del Adolescente

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Sunday September 28th, 2003

SF1–2:30 pm Training course

Assessment of infants

Training course by Professor Tuula Tamminen, Dr Kaija Puura; Tampere University and University Hospital, Tampere, Finland

Aims of the course

The aims of the training course are to give an overview on how infant mental health can be assessed and what we currently know about psychopathology and classification of disorders seen in infancy

Format

The training course will start with an overview of infant mental health and assessment of infants: What should we assess and how? (20 min with 10 min discussion)
Professor Tuula Tamminen

Practising observation of infant-parent dyad with the help of videotapes (45 min based on group discussion)
Dr Kaija Puura

20 minutes break

The training course will continue with a lecture on disorders and relationship disturbances in infancy: Zero-to-Three diagnostic classification
Professor Tuula Tamminen (20 min + 10 min discussion)

Practising assessment with a clinical case: a video and case history (40 min based on group discussion)
Dr Kaija Puura

Common reasons for referral to infant psychiatric unit and their associations with later psychopathology (20 min + 10 min discussion)
Professor Tuula Tamminen and Dr Kaija Puura

Recommended reading before the course:

Zeanah et al.: Chapter 13. Infant-parent relationship assessment
Gilliam & Mayes: Chapter 14. Developmental assessment of infants and toddlers in Zeanah et al. (Eds.) Handbook of Infant mental Health, New York: Guilford Press 2000
Zero-to-Three. Diagnostic classification of mental health and developmental disorders of infancy and early childhood. Arlington, VA: Zero-to-Three Task Force on Diagnostic Classification 1994

Handouts of PowerPoint presentations will be available for the participants

SF2–2:30 pm Training course

Individual psychodynamic psychotherapy

Course leader: Prof. John Tsiantis

Definition

Psychodynamic Psychotherapy is a method of psychological treatment derived from psychoanalytic based thinking. This form of therapy focuses on the interplay between mental and emotional forces and how these may affect behavior.

Objectives

The main objectives of the brief training course in Individual Psychodynamic Psychotherapy are:

- Acknowledgement of the multiplicity of internal and external factors which may contribute to the formation of symptoms understanding of the dynamic interaction of internal and external, of intrapsychic, environmental and biological factors.
- In parallel with child psychiatric diagnosis, based on the recognized diagnostic systems, fostering of an ability to develop a psychodynamic diagnosis in order to plan and implement simple psychotherapeutic interventions taking into consideration case needs and the resources of the department.
- Development of the ability to understand the complex psychodynamic phenomena of a family, thus enhancing therapeutic understanding of the patient, without siding with either the parents or the patient.

Outline

Outline and brief presentation of the basic concepts necessary for practicing psychodynamic psychotherapy:

- The setting
- The psychotherapeutic interview(s), duration, frequency
- Understanding of the child through his play. Required play material
- The stages and process of treatment, initial phase, middle phase, termination
- Work with parents
- Supervision
- Evaluation of the work
- Outline of the basic psychodynamic concepts. Transference, countertransference, resistance, working through.
- Outline of a training programme in psychodynamic psychotherapy

References

- Mander G (2000) "A psychodynamic approach to brief therapy". SAGE Publications, London – Thousand Oaks – N. Delhi
- Fonagy P, Target M, Cottlell D, Phillips J, Kurte Z (2002) "What works for whom. A critical review of treatments for children and adolescents". Guilford Press
- Lanyado M, Horne AA (eds) "Handbook of child psychotherapy". London, Routledge
- Tsiantis J (ed) (2000) "Work with parents". London, Karnac Books
- Trowell J (1985) "Individual and group psychotherapy" In: Rutter M, Taylor E, Hersow L (eds) "Child and adolescent psychiatry: Modern approaches", 3rd edition. Oxford, Blackwell Scientific Publications
- Target M, Fonagy P (1994) "The efficacy of Psychoanalysis for children: Developmental considerations". J Am Acad Child Adolesc Psychiatry 33:1134–1144
- Barrows P (1997) "Parent-infant psychotherapy: a review article". J Child Psychotherapy 23:255–264

SF3–2:30 pm Training course

Unexplained somatic symptoms in children and adolescents and development of paediatric-liaison services

Chair: Inger Helene Vandvik, Norway, Elena Garralda, U. K.

Aims of the course

At the end of this course participants should be able to:

Unexplained somatic symptoms in children and adolescents

1. Describe the frequency and associations of unexplained somatic symptoms in children and adolescents in the general population and amongst paediatric clinic attenders
2. Outline the concept of somatisation and the nature of the main somatoform disorders seen in children and adolescents
3. Discuss overlap or comorbidity between somatoform and emotional disorders of childhood and the child psychiatrist contribution to assessment and management

Development of paediatric-liaison services

1. List the main areas addressed by and the main components of a paediatric liaison service
2. Discuss the advantages and disadvantages of uni-disciplinary vs multi-disciplinary paediatric liaison teams
3. Outline the specific contribution of child psychiatrists to liaison work
4. Describe how to set about developing and sustaining a multi-disciplinary psychiatric liaison team

Format

1. Combination of lectures and small group discussions and reporting back to the larger group (+ videos if available)
Perhaps participants could be recommended to read a few key papers before the course
2. Timing:
1 hour 20 minutes on unexplained medical symptoms
20 minutes break
1 hour 20 minutes on development of paediatric liaison services
3. Powerpoint presentations from lectures to be made available as handouts
4. List of references to be provided by leaders

SF4–2:30 pm Training course

Psychopathological approach and therapeutic interventions in eating disorders

Dr. M. Corcos (MD) (Institut Mutualiste Montsouris Department of Psychiatry of Adolescent and young Adult Pr. Ph. Jeammet)

Faculty: Dr. O. Guilbaud (MD), Dr. J. Chambry(MD),

Educational objective: at the conclusion of this course, the participant should be able to:

1. Perform a comprehensive clinical assessment of patients with eating disorders, and
2. Plan initial treatment in hospitalisation and ambulatory, considering psychotherapy, nutrition and phamacotherapy
3. Understand the complexity and chronicity of eating disorders

Description: Bulimia nervosa and anorexia nervosa are among the most common major psychiatric disorders in adolescents and young adults, particularly among young women. Treatment for pa-

tients with eating disorders is often complicated by the co-occurrence of major depression, anxiety disorders, and substance use disorders.

The course will begin with an overview of the psychopathology and neurobiology of these disorders, and of current approaches for initial psychiatric evaluation, medical assessment, and treatment of patients with eating disorders.

In this course, emphasis will be placed on the importance of integrating multiple modalities; pharmacotherapy, nutrition, and psychotherapy; in the treatment of anorexia nervosa and bulimia nervosa during adolescence including approaches for working with treatment-refractory patients.

Target Audience(s): psychiatrists, physicians, psychologists, social workers, dietitians, and psychotherapists.

Format: will include lecture and question-and-answer session.

Course Level: This is a basic course. No previous experience or knowledge is required.

Language: French.

SF5–2:30 pm Training course

Transcultural approach in child and adolescent psychiatry

Pr. M. R. Moro, Dr. A. Révah-Levy, Dr. T. Baubet

SF6–2:30 pm Training course

Les psychothérapies mère borderline bébé

Gisèle Danon-Apter, Annick Le Nestour-Crivillé, Aubier, Hôpital Erasme

Il s'agit de dégager les spécificités des interventions psychothérapeutiques auprès des mères borderline avec leur bébé.

Les particularités de la psychopathologie maternelle borderline seront examinées une à une. La résonance narcissique qui réentend lors de la naissance d'un enfant sera mise en perspective avec les failles et les désordres de l'identité propres à ces patientes. Les mouvements affectifs oscillants entre violence de la tempête et vide de l'œil du cyclone auquel le bébé et les thérapeutes sont soumis vont donner lieu à des réaménagements possibles du fait de réorganisation psychique nécessaire au moment de l'avènement de la parentalité.

Les éléments diagnostics maternels et des interactions seront repris. Les particularités des interventions au regard des psychothérapies des borderline, telles qu'elles ont été décrites par Otto Kernberg, et la mutation possible de l'empathie métaphorisante seront parmi les caractéristiques des psychothérapies longues des mères borderline et de leur bébé. Nous proposerons une «empathie clarifiante» comme modèle d'intervention à multiples niveaux de compréhensions, interprétante et soutenante-contenante à la fois tant pour la mère que pour le bébé. Chaque point sera illustré par des images vidéoscopiques.

Training courses – Monday, Tuesday, Wednesday from 8:00 to 9:00 am

SF10

Training course

Cognitive behaviour therapy of anxiety, depression and OCD

Sam Cartwright-Hatton

Since this is a relatively short course on CBT, I will not attempt to deliver a comprehensive overview of Cognitive Behaviour Therapy for children and adolescents. Instead I will focus on some key techniques that participants may find helpful in their practice. Participants will find the course most helpful, therefore, if they are already equipped with an understanding of the basic principles and concepts underpinning CBT. I can provide some references for reading materials to help people to achieve this, if needed.

I will focus mainly on CBT for emotional disorders, rather than behavioural problems.

I will aim to cover the following areas over the three sessions:

- Introduction to cognitive therapy for children and adolescents.
- Cognitive behavioural assessment of children and adolescents.
- Core techniques for achieving cognitive change with children and adolescents.
- An introduction to cognitive behavioural work with families.

SF11

Training course

Assessment of risk of violence

Prof. R. C. Harrington, Dr. Bailey

Effectiveness of mental health provision for young people in custody and in the community

Following a comprehensive review of the current literature on the prevalence of mental health problems in young offenders the main aims of the research are:

- 1) To establish the level of mental health need among young offenders in youth offending teams and in secure facilities.
- 2) To determine how these needs match with relevant mental health provision, and to establish the strengths of different current models of service provision.

The research includes both qualitative and quantitative elements:

- The qualitative element involves a study in which participating services will be visited by a researcher who will map their current service provision and obtain their views about these services.
- The quantitative aspect is an epidemiological survey, which will take place in the same sites and involves other research workers interviewing the young people themselves and some of their carers to establish the level of mental health need.

In addition to the cross-sectional survey we plan to follow-up some of the young offenders who have been discharged from secure facilities into the community to reassess their mental health need and to also assess the continuity of care of services.

The initial cross-sectional data will be described.

Mental health needs of offenders in secure care: a prospective, longitudinal study Prof. L. Kroll, Dr. J. Rothwell, Dr. S. Bailey

Background: The mental health needs of children and adolescents in secure care is a matter of concern, but little systematic research has been done. Our aim was to assess the mental health, social and educational needs of these young people in a prospective, longitudinal study.

Method: The needs of 97 boys aged 12–17 who had been admitted to secure care were assessed at admission and 3 months later ($n=90$) with standardised interviews and psychometric tests. 27% had an IQ of less than 70. The need for psychiatric help was high on admission, with most frequent disorders being depression and anxiety. There were high rates of aggression, substance misuse, self-harm and social, family and educational problems. The mean number of needs was 8.5 on admission and 2.9 after 3 months. Areas in which needs were met included education, substance misuse, self-care and diet. Areas where need fell substantially, but remained high were social and family problems and aggressive behaviours. Psychological needs persisted with new onsets of depression, anxiety and post-traumatic stress symptoms shortly after admission. The most frequently required interventions were psychological assessment and cognitive behavioural work.

Interpretation: Boys in secure care have many needs and a high rate of psychiatric morbidity. During the admission period, secure care units address some domains of need, but others remain unchanged or get worse. Psychological and psychiatric provision in secure units need improvement.

Developing a mental health screen for the youth justice system (England and Wales) Dr. T. Myatt, Prof. R. Harrington and Dr. S. Bailey

Commissioned by the Youth Justice Board, which has overall responsibility for all young people under the age of 18 in the Youth Justice System in England and Wales. The university of Manchester and Adolescent Forensic Services have developed a Screening Tool for mental health difficulties. This universal screening tool has been developed, piloted, validated and is a development from the Salford Needs Assessment. All workers in the Youth Justice System will now be able to screen for depression, deliberate self-harm, anxiety, post traumatic stress disorder, drug misuse, alcohol misuse, ADHD and psychosis by means of a Stage II Mental Health Screen, Stage I questionnaire administered by all workers. If screen positive, Stage II semi-structured interview administered by a trained designated worker. The process implementation and clinical benefits of this project will be described including how to assist non-mental health workers to access appropriate local services for young offenders. This tool will now be incorporated into the overall assessment tool used on all young offenders in England and Wales.

Monday, September 29th, 2003 Amphithéâtre Léonard de Vinci

PL1–9:45 am

Plenary Lecture

Génétique, Psychiatrie et idéologie

Axel Kahn

L'affirmation selon laquelle les maladies psychiatriques ne sauraient être de nature organique n'est plus guère soutenue par

personne et doit être ramenée à une pétition de principe, de nature idéologique. En fait, les exemples de modifications génétiques caractérisées, s'accompagnant de dysfonctionnements mentaux ou de troubles comportementaux spécifiques, sont aujourd'hui nombreux. L'influence du génotype sur le phénotype comportemental est également amplement démontrée par des travaux expérimentaux chez l'animal, en particulier la transgénèse et l'inactivation génique. Pour autant, les annonces fréquentes selon lesquelles les gènes d'affections telles que la schizophrénie ou les désordres bipolaires (par exemple, la psychose maniaco-dépressive) ont été identifiés, n'ont encore jamais été confirmés et semblent de nature presque aussi idéologique que la négation de toute influence génétique sur ces maladies.

En fait, des gènes de susceptibilité ont été présomptivement localisés sur un grand nombre de chromosomes différents. De plus, les jumeaux monozygotes, qui possèdent un génotype identique, ne sont concordants qu'à environ 50% pour ces affections. C'est ainsi un tableau différent qui émerge des connaissances actuelles sur les bases génétiques des maladies psychiques. S'il est évident que la susceptibilité à celles-ci dépend, notamment, d'un terrain génétique, il est sûrement arbitraire de parler de gène d'une affection psychiatrique. Probablement plusieurs types d'anomalies génétiques ou génotypes peuvent créer des désordres moléculaires, et donc des caractéristiques fonctionnelles sensibilisant au développement de maladies psychiatriques dans le déclenchement desquels des épisodes psychiques ou des événements plus ou moins aléatoires peuvent constituer des déterminants essentiels.

Genetics, Psychiatry and Ideology

Axel Kahn

The belief that psychiatric disorders are not of an organic nature receives little support today and ought only to be considered as an ideological petition of principle. Indeed, examples of defined genetic modifications associated with mental disorders or specific behavioural problems, are numerous these days. The influence of genotype on behavioural phenotype has also been amply demonstrated by animal studies, in particular by transgenesis and gene inactivation. In spite of all this, frequent announcements describing the identification of genes for illnesses such as schizophrenia and certain bipolar disorders (for example, manic depressive disorder), have yet to be confirmed and seem to be of a nature almost as ideological as the denial that genetic influences are involved in these diseases.

In fact, susceptibility genes have putatively been localised on a large number of different chromosomes. Further, monozygotic twins, which have an identical genotype, are only concordant for these disorders in approximately 50% of cases. It is thus a different picture which is emerging from our current knowledge concerning the genetic bases of psychiatric illnesses. If it is clear that the susceptibility to these depends, notably, on genetic background, it is surely arbitrary to speak of a single gene for a given psychiatric disorder. It is more than likely that a variety of types of genetic anomalies or genotypes can create alterations at the molecular level and therefore the functional characteristics which sensitise an individual to the development of psychiatric diseases, the triggering of which can be determined by more or less random psychic episodes or events.

S1-11:15 am Symposium

An update on adolescent affective disorders

Chair: Harrington R. C.

In this symposium we will review recent progress in the understanding of the causes and treatment of adolescent depression. Professor Harrington will discuss the treatment of adolescent depressive disorders, and he will describe recent developments in the evidence base. Professor Goodyer will discuss his cross-sectional longitudinal research on the relationship between depressive disorder and abnormalities of cortisol metabolism and cognition. These findings will be linked to possible innovations in treatment. Doctor James will discuss and review the treatment of early-onset bipolar disorders.

PS1-1:00 pm Parallel Symposium

ADHD Background and Assessment of the Disorder

Symposium sponsored by LILLY International

Chair: Jan Buitelaar

Neurobiology of ADHD
Tom Spencer

Recent Advances in Diagnosis and Treatment of ADHD
Christopher Gillberg

Eastern European Uneasiness Regarding the Diagnosis and Treatment of ADHD
Jan Buitelaar

S2-2:15 pm Symposium

Well-being of infants and transmission of psychopathology

Symposium organized by the World Association of Infant Mental Health

Chair: de Château P.

A. Guedeney will first ask whether day care in modern societies is safe for children from the viewpoint of developing secure attachment. He will review available data from literature and discuss research projects going on in France, Italy and Finland.

M. Ammaniti will present a research project on feeding disorders in early childhood and their associations with maternal psychopathology. He is concluding that transmission of maternal psychopathology in his study is multi-factorial and transactional.

T. Tamminen will talk about over ten years long prospective research project on pre- and postnatal depression. Mother's depression at any time but especially pre- and postnatally has cumulative impact on child's behavioral and emotional symptoms.

B. Golse will end the symposium by short history of infant psychiatry in Europe.

Intergenerational transmission: childhood feeding disorders and maternal psychopathology

Background: Early feeding disturbances are quite frequent in the infantile population, affecting around 25–35% of children; the most serious problems are evidenced when inadequate intake of food expresses as failure to thrive or growth stunting. Quality and patterns of the caregiver-infant relationship represent a focus of extreme importance when examining feeding context and factors contributing to or protecting against the development and persistence of early feeding disturbances and failure to thrive. Clinical studies conducted on samples of mothers who presented anxiety, depression, dysfunctional eating attitudes (drive for thinness) and eating disorders (anorexia nervosa, bulimia nervosa) revealed that their children often showed a disturbance of feeding regulation. In particular, maternal psychopathology would be related to mother-child dysfunctional interactive patterns during feeding and these disturbances in the quality of the relationship would mediate an association between maternal and child disturbance.

Objectives: Our research had the following aims: 1) to identify specific dysfunctional relational modes during meals in a sample of mother-child pairs, comparing a group of children in the first three years of life with normal development and a clinical group of children who presented a diagnosis of feeding disorder and failure to thrive; 2) to show evidence of an association between symptomatic state of the mother – dysfunctional eating attitudes, anxiety, depression, hostility – specific dysfunctional modes of the mother-child relationship during meals and feeding disorder of the child.

Sample: The sample contains 373 mother-child pairs, of which 231 are pairs of mothers and children with normal development and 142 are pairs of mothers and children with a feeding disorder. The diagnosis of infant feeding disorder and failure to thrive was made on the basis of diagnostic criteria in the Zero-to-Three Classification and from the DSM-IV. A sub-group of 70 mothers, selected at random from the general clinical sample of children with feeding disorder and a control sub-group of mothers (N=70), were given two self-reporting instruments for the evaluation of their psychopathological state.

Material and methods: All mother-child pairs of the sample were observed in twenty-minute video-recordings during a meal, using the standardized procedure of Feeding Scale; the groups of mothers were given the two following self-reporting symptom checklists: the Eating Attitude Test-40 and the Symptom Checklist-90-Revised.

Results: The analyses carried out showed higher scores in the dyads of the feeding disorder group in four relational factors of the Feeding Scale: Affective state of the mother, Interactional conflict, Food refusal of the child, Affective state of the dyad, indicating “maternal strong control and intrusiveness, lack of synchronization, breakdown of interaction and emotional distance”. In addition, the results pointed out a significant association between the symptomatic state of the mother (dysfunctional eating attitudes, anxiety, depression, hostility) and the problematic mother-child relationship during meals, measured from the dysfunctional modes of interactive exchanges in the Feeding Scale.

Conclusion: These results suggest the role of the intergenerational transmission of maternal psychopathology from the mother to the child. In particular, a multi-factorial and transactional perspective highlighted that the mealtime dysfunctional mother-child interactions tend to mediate the association between maternal psychopathology and child feeding disorder. Our research represents a move in this direction and confirms the importance, in the clinical diagnostic assessment, of monitoring the quality of the mother-child relational patterns, in order to analyse the possible links and connections between maternal psychopathology and childhood feeding disorder in the formulation of strategies for targeted and effective interventions.

References

- Beebe B, Lachman FM (1994) Representation and Internalization in Infancy: Three Principles of Salience. *Psychoanalytic Psychol* 11:127–165
- Benoit D (2000) Feeding Disorders, Failure to thrive and obesity. In: Zeanah CH (eds) *Handbook of Infant Mental Health*, 2nd ed., The Guilford Press, New York – London, pp. 222–235
- Chatoor I (1996) Feeding and Other Disorders of Infancy or Early Childhood. In: Tasman A, Kay J, Lieberman J (eds) *Psychiatry*. W. B. Saunders, Philadelphia, pp. 638–701
- Chatoor I, Getson P, Menvielle E, Brasseaux C, O'Donnell R, Rivera Y, Mrazek DA (1997) A Feeding Scale for research and clinical practice to assess mother-infant interactions in the first three years of life. *Infant Ment Health J* 18:76–91
- Chatoor I, Ganiban J, Hirsh R, Borman-Spurrell E, Mrazek DA (2000) Maternal characteristics and toddler temperament in infantile anorexia. *J Am Acad Child Adolesc Psychiatry* 39:743–751
- Hagekull B, Bohlin G, Rydell AM (1997) Maternal sensitivity, infant temperament, and the development of early feeding problems. *Infant Ment Health J* 18:92–106
- Maldonado-Duran JM (2002) *Infant and Toddler Mental Health: Models of Clinical intervention with infants and their families*. American Psychiatric Publishing, Inc., Washington, DC
- Russell GFM, Treasure J, Eisler I (1998) Mothers with anorexia nervosa who underfeed their children: their recognition and management. *Psychol Med* 28:93–108
- Stein A, Woolley H, McPherson K (1999), Conflict between mothers with eating disorders and their infants during mealtimes. *Br J Psychiatry* 175:455–461
- Weinberg K, Tronick EZ (1997) Maternal Depression and Infant Maladjustment: A Failure of Mutual Regulation. In: Noshpitz JD (ed) *Handbook of Child and Adolescent Psychiatry, Vol. 1 Infants and Preschoolers. Development and Syndromes*. New York: J. Wiley & Sons.

Is Day care so safe for safe children? Prof. Antoine Guedeney, MD., Child and adolescent psychiatrist, Hôpital Bichat-Claude Bernard, AP/HP Paris, CMP Petite Enfance, 64 rue René Binet, 75018 Paris France, tel 01 40 45 02 02

Day care has become a fact for many young children in developed countries. Several studies have investigated its outcome in terms of attachment behavior and security (Belski, 2000). Day care is helpful for children of depressed mothers and for children whose family do not provide them with sufficient and stable enough stimulation and care. However, few studies have so far investigated the consequence of day care in terms of health and in terms of attachment issues at the same time. The French situation is characterized by a very young age at entry in day care (often as early as 2 months of age), a duration of stay reaching often 8 hours a day, five days a week, and an unequal level of training and quality in the day care professionals. This intervention reviews the data available on this important mental health issue, and discusses few directions for discussion and research on the field, based on ongoing studies in Paris and Livourne (Italy) and Finland.

Pre- and postnatal maternal depression and child's developmental outcome. T. Tamminen, I. Luoma and P. Kaukonen. Tampere University and University Hospital, Finland

Objective: To examine whether and how maternal symptoms of depression during pregnancy, postnatally and later on have impact on child's development and mental health.

Methods: A population based sample of 279 mothers and their first-born children has been followed prospectively since 1989 now over ten years. The sample has been followed up by a set of questionnaires (eg EPDS and CBCL) and smaller subsamples at different time points have been studied by validated interviews and videotaping (eg ERA and Story Stem Battery). The first study

phase included four time points for measurements: 3rd trimester during pregnancy (T1) and one week (T2), two months (T3) and six months (T4) after delivery. The second phase was carried out when the children were 4–5 (T5) and the third phase again 8–9 (T6) years of age.

Results: Mother's postnatal depressive symptoms are progressively stronger and stronger predictors of child's behavioral and emotional symptoms. Also mother's prenatal and simultaneous symptoms have impact on the child but the effects are different at different time points.

Conclusions: Different theoretical models of early developmental psychopathology will be discussed and the need for empirical longitudinal studies on intergenerational transmission will be documented.

References

Luoma I, Tamminen T, Kaukonen P, Laippala P, Puura K, Salmelin R, Almqvist F (2001) Longitudinal study of maternal depressive symptoms and child well-being. *J Am Acad Child Adolesc Psychiatry* 40:1367–1374

S3–4:00 pm Symposium

Symposium ISAP

Chair : Braconnier A.

Les remaniements de l'adolescence réactualisent et transforment la dynamique transgénérationnelle pour l'adolescent dans ses mouvements identificatoires, pour les parents dans leur attente et leur idéalisation.

A l'articulation des traits liés au tempérament et des projections parentales repérées dès l'enfance, s'ajoute au moment de l'adolescence le poids des fantasmes liés à l'identité sexuée.

Le processus d'adolescence se caractérise par la dynamique identification/identité.

Cette dynamique s'inscrit dans ce qui s'est déjà construit et élaboré au cours de l'enfance et dans le poids de la spécificité de cette nouvelle période marquée par la détermination de l'identité sexuée.

A la question du «qui suis-je?», s'articule la question de la part des parents «que va-t-il (t-elle) devenir?».

L'enjeu des projections des identifications et des attentes de chacun surgit alors systématiquement pour les uns et pour les autres.

La clinique permet, dans certaines situations caractéristiques, d'en voir tout le poids pour le destin du sujet.

Separation anxiety disorder : a conflictual family history often revealed during adolescence. Daniel Bailly, Fédération de psychiatrie de l'enfant et de l'adolescent, CHU Sainte-Marguerite, Marseille (France)

Several epidemiological studies showed that separation anxiety disorder goes before the onset of many adolescent mental disorders (e.g. anxiety disorders – especially panic disorder –, mood disorders, substance use disorders, eating disorders, borderline states, and suicide attempts) and that it may play an etiological role in these disorders. If adolescent separation anxiety disorder may be in continuity with a childhood history of separation anxiety, it may also occur first during this period of life. However that may be, adolescence often appears as a critical period during which a long family history of hostile dependent relationships comes to light throughout its complications.

Monday, September 29th, 2003 Diderot

S4–11:15 am Symposium

Parentalité et transmission

Le processus de parentification, qui sous-tend l'ensemble des fonctions parentales, est étroitement dépendant de la qualité des identifications de chacun des parents à ses propres parents. Une autre façon de formuler la même question est de dire que la nature des attachements primaires et secondaires de l'enfant à ses parents est plus ou moins liée à la nature de leur attachement à leurs propres parents.

La parentalité est ainsi au cœur du problème de la transmission psychique d'une génération à l'autre. Elle peut se trouver plus ou moins entravée par des défauts d'élaboration psychique d'événements traumatiques ou de relations pathogènes à une génération, qui peuvent se transmettre aux générations suivantes sous la forme de ce que Selma Fraiberg a appelé des «fantômes dans la chambre d'enfant».

Cela peut conduire parfois à des renversements fantasmatiques et affectifs des rôles, conduisant à une parentalisation de l'enfant.

Ce symposium s'attachera à décrire, en s'appuyant sur du matériel clinique, ces processus de transmission pathogène dans la parentalité et à montrer l'intérêt des interventions précoces sous diverses formes thérapeutiques (psychothérapie parents-enfant, intervention à domicile, etc...) lorsque des troubles de la parentalité sont présents.

PS2–1:00 pm Parallel Symposium

Diagnostic différentiel des troubles maniaco-dépressifs à l'adolescence: épisode dépressif majeur et troubles psychotiques aigus

Chairs: Alain Braconnier, Denis Bochereau

A new adolescent depression scale: an innovative research. Anne Révah-Lévy (MD) Bruno Falissard (PhD) UPRES Jeune Equipe 2360 «Innovations méthodologiques en santé Mentale» Paris XI PSIGIM, AP-HP.

Depression in adolescents has become a major interest for clinical researchers since the early 1980s. Considerable advances have been made in our knowledge of adolescent depression. Population studies of adolescents have reported prevalence rates around 5% in adolescents, depressive disorders confer a high risk for suicidal behaviour, substance abuse (including nicotine dependence), physical illness, early pregnancy, and poor vocational, academic, and psychosocial functioning. Present data give us a partial and inadequate picture and the literature is still not clear on the evaluation and measurement of depression among adolescents. Instruments vary from self-report questionnaires to structured diagnostic interviews. Self-report instruments commonly used to assess depression in adolescents have limited or unknown reliability and validity in this age group. Too many different instruments are being used by investigators, presumably due to a lack of consensus as to which are the most valid and reliable tools. Instruments designed for use in adults and never validated in adolescent populations are frequently used with no evidence for their developmental sensitivity. Many studies are using instruments that demonstrate substantial weaknesses in validity and/or reliability.

We present here the first steps of a new research, whose purpose is to create an adolescent depression scale (validation in French, in the same time translation in English and validation in English). Based on an important qualitative approach: clinicians' and patients' interviews, associated to a wide reconsideration of the concept of depression in adolescents, this study will also evaluate the psychometric properties of the newly created dimensional measure of the adolescent depression. We will discuss here the different ways to understand the specificities of the adolescent depressive experience, its evaluation and the implications for the treatment plan.

Differentiating Child Bipolar Disorder. D. Calderoni, Dipartimento di Scienze Neurologiche e Psichiatriche dell'Età Evolutiva, Università di Roma "La Sapienza"

Objective: The acceptance of bipolar disorder in children was highly controversial after the first criteria were developed by Anthony and Scott in 1960. Today, although the concept of Bipolar Disorders in Child is generally accepted, much confusion exists on the exact criteria for this diagnosis.

Methods: The author critically reviews English language studies on Child Bipolar and Child mania that appeared on the Medline data base through early 1990 to 2003.

Results: Much confusion still exist on the diagnosis of bipolar child and in their treatment options.

Conclusions: We need of systematic, prospective follow-up of representative samples of children with a range of mood variability (including extreme mood lability) into adulthood to detect which is the exact clinical phenomenology of Child Bipolar Disorder and the possible continuity between childhood 'mania' and adult bipolar disorder

Diagnosis and treatment of adolescent bipolar disorder. K. Chang, M. D., Stanford University, Stanford, California

Diagnosis and treatment of adolescents with bipolar disorder (BD) present a unique challenge to the clinician. It is often difficult to discern manic symptoms in the context of normal adolescent development. Experimentation and moodiness in adolescents may actually be manifestations of BD. Furthermore, BD in adolescents is often comorbid with other conditions, including attention-deficit/hyperactivity disorder (ADHD), conduct disorder, anxiety disorders, burgeoning personality disorders, and substance abuse. These disorders complicate treatment of manic and depressive symptoms. Lastly, irritability and rapid cycling is more common with early-onset BD, further complicating accurate diagnosis. However, by carefully assessing symptomatology, family history, and response to medications, an accurate diagnosis is possible.

This presentation will discuss the above issues regarding diagnosis and then discuss the treatment of adolescents with BD. The clinician must be acutely familiar with these issues when considering the latest treatment modalities. Data will be presented regarding existing studies of psychotropics used to treat BD in this population. Both the efficacy of these medications and adverse effect profile relevant to adolescents will be discussed. Understanding the natural course of relapse and remission in adolescents with BD is important as well. Rapid cycling and mixed states are common in this population and affect treatment choices. Treatment of comorbid disorders is important in improving and maintaining the quality of life of these patients. Finally, a model for providing psychoeducation and support for adolescents with BD in a group fashion will be presented.

S5-2:15 pm Symposium

Schizophrenia in children and adolescents

Chairs: Apter A., Remschmidt H.

Neurobiological and clinical aspects of early-onset schizophrenia. H. Remschmidt, Philipps-University, Marburg, Germany

Objectives: To evaluate neuropsychological factors, symptoms, course and long-term outcome in patients with early-onset schizophrenia.

Methods: (1) Review of the literature with regard to clinical features, neurobiological and neuropsychological findings in childhood and adolescent onset schizophrenia. (2) Review of the results of two studies of the authors on precursors, clinical symptoms, course and long-term follow-up in two independent samples of patients with early-onset schizophrenia.

Methods used were a standardized symptom list, the Instrument for the Retrospective Assessment of the Onset of Schizophrenia (IRAOS) and the Scales for the Assessment of Positive and Negative Symptoms (SAPS and SANS) as well as the Brief Psychiatric Rating Scale (BPRS).

Results: (1) Developmental events and precursors of schizophrenia cover a wide range of dysfunctions and disturbances, including elevated rates of soft neurological signs, birth complications, slow habituation and high-baseline autonomic activity, a high rate of developmental disorders and overall and specific cognitive deficits. (2) Positive and negative symptoms can be retrospectively identified months or even years before the first clinical manifestation of the schizophrenic disorder. During the course of the disorder, there is a shift from positive to negative symptoms, and the long-term outcome of children with very early-onset schizophrenia is poor as compared with the outcome of schizophrenia with manifestation during adolescence or adulthood.

Conclusions: As in very early-onset schizophrenia (manifestation before the age of 13) cognitive and morphological changes are progressive, this disorder can be understood as a progressive-deteriorating developmental disorder.

Insight and Suicidal Behavior in Adolescent Schizophrenia. A. Apter, Schneider Children's Medical Center, Petah Tikva, Israel

Abstract

Objectives: To evaluate the prevalence, nature and correlations of suicidal behaviors in adolescent inpatients diagnosed with schizophrenia. More specifically we examined the relationship of suicidal behavior to phase of illness, presence of and type of depression and degree of insight into illness. In addition the influence of post psychotic depression and negative signs were assessed.

Methods: In three related studies we examined 200 first admissions to an adolescent psychiatric inpatient unit. Patients with schizophrenia were compared to adolescents with major depressive disorder, other psychiatric diagnoses and normal controls. Depression defined as a score of >6 on the Calgary Depression Scale for Schizophrenia (CDSS). The following assessments were used: the Childhood version of the schedule for schizophrenia and affective disorders (K-SADS), the Blatt, depressive equivalent scale (DES), the childhood suicide potential scale (CSPS), the suicide risk scale (SRS), the Beck depression inventory (BDI), hopelessness scale (HS), the cognitive checklist (CCL), the positive and negative symptom scale (PANSS) the CDSS and the scale of awareness and understanding of mental disorder (SAUMD,) as well as a semi-constructed interview aiming to gather demographic details and data about the outburst of the disease.

Results: Thirty five percent of the schizophrenic patients met provisional DSMIV criteria for "post-psychotic depression". There

were differences in quality and content of depression from those found in the depressed patients. In addition we found that it is possible to separate between negative symptoms and depression. Furthermore, we found that post-psychotic depression and suicidal behavior phenomenon is directly correlated with the extent of the awareness and insight into the psychosis. There were differences in the quality of depression and reaction to life stress between schizophrenic subjects and those with major depression.

Conclusion: Depression and suicidal behavior are common in adolescent schizophrenia. These behaviors have specific features that are important to consider when developing preventative measures.

Weight gain associated with antipsychotic medications in adolescent schizophrenia inpatients: physiological mechanisms and risk factors. D. Gothelf, Schneider Children's Medical Center, Petah Tikva, Israel

Objectives: 1) To evaluate weight gain associated with olanzapine, risperidone and haloperidol treatment and its clinical risk factors in adolescent patients. 2) To study energy balance in olanzapine-treated patients.

Methods: Weight and body mass index (BMI) of adolescents treated with olanzapine (n = 21), risperidone (n = 21) or haloperidol (n = 8) were prospectively monitored for the first 12 weeks of treatment. In addition, caloric intake and energy expenditure of 10 males treated with olanzapine were measured at baseline and after 4 weeks of treatment.

Results: Average weight gain was higher for the olanzapine (7.2kg) than for the risperidone (3.9kg) and haloperidol (1.1kg) groups. Gender (male), low concern about gaining weight (females), and low baseline BMI positively correlated with weight gain. The increase in BMI was due to increase caloric intake without change in diet composition. Olanzapine had no significant effect on resting energy expenditure. Activity energy expenditure was very low before and after treatment.

Conclusions: Olanzapine and risperidone are associated with higher weight gain than that reported in adults. Olanzapine-induced weight gain is associated with general increased caloric intake.

Treatment, Course and Outcome of Early-Onset- and Very-Early-Onset Schizophrenia. C. Fleischhaker, Albert-Ludwig-University, Freiburg, Germany

The aims of our two studies were to investigate treatment, course and outcome in early-onset- and very-early-onset schizophrenia. The study included in sample I all inpatients with DSM-III-R very-early-onset schizophrenia (n = 76) consecutively admitted to the Department of Child and Adolescent Psychiatry, Philipps-University Marburg, between 1920 and 1960. In sample II all inpatients admitted between 1983 and 1988 with DSM-III-R early-onset schizophrenia (n = 101) were included.

To assess pre-morbid adaptation, precursor symptoms of schizophrenia, treatment and outcome we administered the Instrument for the Retrospective Assessment of the Onset of Schizophrenia (IRAOS). This instrument was modified by our group for investigating children and adolescents. SANS, SAPS and BPRS were employed to measure symptomatology. Additionally, the Global Assessment of Functioning (GAF) was made.

After a mean duration of early-onset schizophrenia of 9.5 yrs (sample II), out of the study group, 81 patients (80.2%) could be investigated. Assessment of the highest level of adaptive functioning revealed outcome as following: very good and good (19.8%), fair and poor (38.3%) and very poor and grossly impaired (42%). In study-sample I between 33 and 51 years after the beginning of very-early-onset schizophrenia assessment of the highest level of adaptive functioning revealed a poorer outcome in very-early-onset than in early-onset schizophrenia.

A poor prognosis can be found in patients with pre-morbid developmental delays, and in patients who were introverted and withdrawn before the beginning of their psychotic state.

S6-4:00 pm Symposium

Psychotherapy for Childhood Depression. A cross-national European Study

Chair Persons: J. Tsiantis (Greece) – R. Harrington (U. K.)

Presenters: J. Trowell (U. K.) – F. Almqvist (Finland) – J. Tsiantis (Greece)

Discussant: E. Hibbs (U. S. A.)

In this symposium we will present the implementation and preliminary results of a clinical trial for depressed early adolescents aged 10–14 years old where two different but equally well-established forms of psychotherapy interventions are undertaken. The total number of cases has been implemented in Greece (Department of Child Psychiatry, Athens University Medical School), Finland (Department of Child Psychiatry, University of Helsinki), U. K. (Child and Family Department, Tavistock Center, London).

The two treatment modalities are: Brief Individual Psychodynamic Psychotherapy (BIPP) for a maximum of 30 sessions (once a week) and Systems Integrative Family Therapy (SIFT) for 12 sessions (once a fortnight). A random allocation design was used for the two types of therapy. The total number of cases is 71: Athens 11 BIPP, 12 SIFT, Helsinki 12 BIPP, 12 SIFT and London 12 BIPP, 12 SIFT. All therapists and parent carers were regularly supervised. A variety of instruments have been used to assess child psychopathology, parental mental health, family functioning, academic achievement, expressed emotion, therapeutic alliance, etc. The assessment was made at three time points, baseline, end of therapy and six-month follow-up. The outcome of therapy was assessed at the end of therapy and the follow-up. Observations from the clinical work and preliminary results will be presented and discussed.

S7-5:45 pm Symposium

Dépistage et traitement précoce des troubles autistiques

Symposium de la Société Française de Psychiatrie de l'Enfant et de l'Adolescent et Disciplines Associées. **Chairs:** Bursztejn C., Plantade A.

Il existe un consensus général sur l'intérêt d'un dépistage aussi précoce que possible des troubles du développement et notamment des troubles autistiques. Cependant de nombreuses questions se posent encore sur l'âge auquel ce dépistage peut être fait, sur les signes et indices sur lesquels il peut s'appuyer et sur les modalités d'interventions pertinentes chez de très jeunes enfants.

Vers un dépistage très précoce des troubles autistiques : Etude d'indices de communication sociale chez des enfants de 9 à 14 mois. Bursztejn C., Baghdadli A., Lazartigues A., Philippe A., Danion-Grilliat A., Bourrat M-M, Hopitaux Universitaires de Strasbourg – France, Claude.Bursztejn@chru-strasbourg.fr

Il existe un consensus général quant à l'intérêt d'un dépistage très précoce pour améliorer le pronostic des troubles autistiques.

Plusieurs études ont été entreprises pour identifier des signes très précoces qui pourraient être utilisés par les pédiatres, les infirmières ou les travailleurs sociaux afin de dépister des jeunes enfants à risque autistique dans la population générale.

Les résultats préliminaires d'une étude sur les indices d'indices de communication sociale chez des enfants de 9 à 14 mois seront discutés.

Intérêt et limites du diagnostic précocissime d'autisme infantile. Bernard Golse

Le diagnostic précocissime (avant un an) des pathologies dites à risque autistique pose, en pratique, un certain nombre de problèmes cliniques, théoriques, techniques et éthiques. L'objectif principal est peut-être, en fait, de définir seulement une plateforme de vulnérabilité, permettant de repérer les enfants ayant besoin de soins, et à partir de laquelle peuvent s'organiser des trajectoires évolutives diverses (déficiente, autistique, psychotique, dysharmonique, retour à la normalité...). Se centrer seulement sur l'hypothèse autistique risque, en effet, de faire négliger d'autres formes de souffrance et notamment dépressive qui doivent pourtant être maintenant bien connues des pédiatres, et ce d'autant qu'elles sont beaucoup plus fréquentes dans la réalité clinique. Ceci souligne l'intérêt de la prévention et les dangers de la prédiction.

Early social intervention. Muratori F, Tancredi R, Parrini B, Floriani C. IRCCS Stella Maris – University of Pisa

Although there is a general agreement that children with autism show varying degrees of early deficits in many developmental areas (sensory activity and sensory modulation, motor planning, visual-spatial processing, affect regulation, social and emotional skills, communication, language and executive functions) the social dysfunction is still the most defining feature in autism. Research on early signs of autism through the home movies shows how this feature is still present in the first months of life. Our studies show how in early autism there is an atypical developmental gap and a later deficit of integration of the two systems for social and non social attention, which impede the development of joint attention. Besides there is support for a comprehensive developmental approach, rather than circumscribed approaches, as effective treatment in early autism. Studies published in peer-reviewed journals about early intervention are rare and often don't use the most rigorous experimental designs. However many commonalities occurred in their results: significant IQ and language gains, improved social behavior and decreased symptoms of autism. Due to the absence of long-term follow-up in peer-reviewed studies many questions remain about generalization and maintenance of these improvements particularly for the core social disorder. Evaluating the effectiveness of treatments it appears important to distinguish between clinically significant and clinically meaningful, considering that measurable changes in skills couldn't be associated with their functional use in real-life situations. Intervention on affect is often neglected even if its importance involves its capacity in enhancing social behaviours. While earlier efforts in the field involved adult-directed teaching, the field has moved to more careful attention to the ecology of children's social interactions in natural settings, with a concurrent shift to a greater focus on social and affective interactions. Characteristics of interventions are: careful attention to the child's verbal and non-verbal communication; reactive and reciprocal interactions with children; emphasis on the child's positive affective experiences, use of play as a major interpersonal and learning medium. We present a research project where problems regarding selection of subjects, presence of adequate control group, assignment of subjects, really correspondence between described treatment and utilised treatment are satisfied. We'll focus on effects of a specialized day treatment program based on group interaction and relationships (including symbolic play, caregiver-child interactions and peer interactions). Preliminary data seem to demonstrate that this

intervention can add to the common improvement of treated autistic disorder specific improvements of social functions which can't be attributed only to the ongoing course of developmental maturation.

Autisme : les premiers signes, leurs implications, l'intervention. D. Sauvage, P. Lenoir, L. Hameury, J. Malvy, D. Damie – Chru de Tours-France

Les premières étapes du diagnostic répondent à des situations différentes selon la position du service, la nature des troubles, le fait qu'ils sont déjà identifiés, ou au contraire reconnus depuis peu.

Aussi, les «conduites à tenir» intègrent cette réalité d'une grande diversité des situations rencontrées et des contextes d'intervention.

Diagnostic, examens complémentaires, et mise en route du traitement, sont débutés selon les cas par :

- un service de premier niveau (par ex. un CAMSP)
- le (futur) service traitant (par ex. l'Intersecteur de pédopsychiatrie)
- un service plus spécialisé : qui tient compte de l'articulation à venir avec le service de proximité

Au moment de ces premières interventions, on peut avoir affaire :

- à un trouble du développement déjà évalué avec la pédiatrie, du fait de troubles associés: retard et/ou manifestations neurologiques.
- à un trouble du développement qui n'est que partiellement identifié, du fait d'un doute sur le délai des acquisitions, ou de signes d'appel du comportement (sommeil, alimentation, éveil), parfois de symptômes somatiques d'abord isolés : strabisme, hypotonie, crise convulsive...
- à un enfant sans antécédent ni investigations antérieures: les signes d'autisme sont à la fois isolés et révélateurs, il n'y a pas eu de symptôme pédiatrique.

L'exposé décrit des principes directeurs de l'intervention selon le stade et la présentation clinique du cas, la définition du lieu de l'intervention.

Ces premières interventions spécialisées, outre qu'elles visent à établir un premier diagnostic, ont aussi pour objet d'organiser l'intervention : à court terme, puis à moyen terme.

Et en pratique, on a à nouveau deux situations : le service qui réalise l'évaluation diagnostique sera le service traitant, ou bien (par exemple pour des raisons géographiques), il doit s'appuyer sur un autre service de proximité du domicile de la famille.

Pour la teneur des interventions, les options répondent encore à deux orientations principales :

- Certains engagent très tôt des psychothérapies: psychanalytiques, mais aussi comportementales, selon les écoles.
- Les thérapies psycho-éducatives, dont nous avons davantage l'expérience, et qui s'appuient sur les capacités d'échange et le niveau de développement de chaque enfant.

Et quelque soit la méthode, deux modes d'application sont «en théorie» possibles :

- des soins «intensifs» vs des soins moins intensifs
- des méthodes plus «directives» (l'adulte, parents compris, à l'initiative) vs moins directives : l'initiative est aussi celle de l'enfant

Nous réalisons en ambulatoire les premières consultations, les évaluations pluri-disciplinaires, les synthèses (professionnels, parents) et les premières étapes de soins. Puis, dès que cela paraît possible, et médicalement justifié, il est commode de s'appuyer sur une structure de soins de jour à l'hôpital, si elle existe.

Idéalement, les prestations données pourraient encore être renforcées (quantitativement) et davantage codifiées, incluant une information approfondie des parents qui porte aussi sur l'aptitude à comprendre les difficultés de l'enfant, les réponses à apporter à tel ou tel de ses comportements ou déficits.

Les difficultés de la mise en œuvre peuvent être matérielles (éloignement) mais aussi psychopathologiques : lorsque le diagnostic est récent, ou encore mal assuré, les parents sont plus ou moins aptes à ce stade à s'engager dans un «programme», ils sont au contraire en souffrance, ou s'interrogent sur les hypothèses

qu'impliquent explicitement ou non les propos ou l'attitude, des professionnels, et leurs possibles divergences.

Autrement dit, il convient de déterminer des étapes, à définir en fonction de chaque cas, avec une progression «au pas de la famille» et des équipes associées, lorsque le service collabore avec une structure locale de soins ou d'intégration. Et d'être en mesure de reconnaître – ou de prévenir – de possibles malentendus ou désaccords. Au total, les programmes de chaque enfant, mais aussi de chaque famille ou entourage, sont très personnalisés et toujours révisibles avec l'évolution ou les difficultés rencontrées.

Monday, September 29th, 2003 Doppler

S8–11:15 am Symposium

Aspect related to early diagnosis of pervasive developmental disorders in Autism

Symposium soutenu par France Télécom/supported by France Télécom

Chair: Fuentes J. (Spain)

Follow-up study on diagnosis in the UK (A. Hervas) Barcelone (Spain)

Science guidelines for genetic counseling after diagnosis (T. Bailey) London (UK)

Issue of co-morbidity or differential diagnosis (R.J. van der Gaag)

Outcome in preschool age children with infantile autism: A longitudinal follow-up study (A. Baghdadli) Montpellier (France)

Results of a survey in Spain (J. Fuentes) San Sebastián (Espagne)

Outcome in preschool age children with infantile autism: A longitudinal follow-up study. Amaria Baghdadli*, M.D., PH. D., Eric Pernon, PH. D., Marie-Christine Picot, M.D., PH.D, Celine Pascal, G. Bodet, Rene Pry PH. D., Charles Aussilloux M.D.

Purpose: To explore the outcome in a sample of young children with infantile autism. First, the authors describe outcome in terms of psychological functioning and autistic symptoms. Subgroups were explored, using cluster analysis. Second, the relationships between these subgroups, background variables and expressive level of the language were analyzed.

Method: The participants in the study were from 51 child psychiatry centers in Europe that were contacted between December 1997 and December 1999. With parental consent, 222 children aged under 7 years with a diagnosis of infantile autism in ICD-10 were included in the study. At the follow-up, there were 187 children from the original cohort. We designed a prospective follow-up study. The cohort was established on the basis of retrospective data and intake-assessed data. All children were evaluated using the standard procedures, which included retrospective data collection, psychological testing (Developmental Quotient, Vineland Adaptive Behavior Scale), behavioral testing (CARS) and expressive level of the language.

Results: Our results showed that variables related to psychological functioning and autistic behaviors allowed to differentiate 4 outcome subgroups. No cluster differences were observed on chronological age, age of first intervention, gender, presence of delays in language or sitting and familial social class but there were significant cluster differences on initial cognitive and adaptive level, presence of epilepsy, presence of delays in walking, age of onset and the presence of a functional speech at five years of age.

Discussion: Our findings confirm that cognitive, adaptive and speech levels at five years of age are related to outcome in children with autism. Early behavioral profile seems to be also correlated with outcome. The absence of cluster group differences on history of language delay or sitting delay had to be highlighted and suggests that there may be no factors involved in outcome. Psychological profile in autism has to be taken into account in diagnosis procedure and in treatment strategy to enhance therapeutic efficacy.

S9–1:00 pm Symposium

Alexithymia in child and adolescent mental disorders

Alexithymia and the disorders of affect regulation: history and perspectives. M. Corcos

Introduction: The concept of alexithymia started to develop at the end of the sixties with the observations carried out by Sifneos and Nemiah on the cognitive and emotional functioning of patients presenting a psychosomatic disease. They observed among these patients a specific incapacity to identify and describe feelings and emotions, a limited fantasmatic activity and a pragmatic cognitive style primarily directed towards the outside world (Nemiah et al., 1976).

These alexithymic characteristics, initially considered as pathognomonic of psychosomatic diseases were thereafter highlighted in many other situations, in normal as well as in pathological settings (Loas, 1995), in patients presenting chronic diseases (Freyberger, 1977), in addictive pathologies as in drug addiction (Haviland et al., 1994), eating disorders (Bourke et al., 1992, Corcos 2001), panic attacks (Parker et al., 1993) and post-traumatic stress disorders (Yehuda et al., 1997).

Many definitions have been introduced during these years to account for these various situations. For example the distinction between primary alexithymia (related to a neurobiological deficit) and secondary alexithymia (as a protective strategy towards intense and prolonged traumatic situations) or between state and trait alexithymia (Freyberger, 1977; Sifneos, 1988). These definitions have gradually disappeared for a developmental and adaptive perspective of alexithymia considered as a transnosographic clinical dimension existing along a continuum from normality to pathology.

This changing of perspective rises from a growing interest in the role of affects in the early child development. As many researches have shown, affects play a fundamental role in the organisation and regulation of the early interactions between mother and child. They ensure the continuity of the individual experience (Emde, 1983). Indeed, by her emotional attunement, the mother allows the child to recognise and control his emotional states and then to use them as a reference for interactions. In this way the child gradually develops the representation of himself and organises the cognitive and emotional working models which allow him to preview, to guide or modify his own behaviours in relation to the others. Language as well as all the other imaginary and symbolic activities which develop later, maintain a link with these models which reflect the history of the emotional availability of the "caregiver" to the emotional experience of the child.

According to the various authors invited to this symposium, the child experience of alexithymic patients would be characterised by a reduced or selective emotional availability of the "attachment" figures, close to that observed in psychopathological high-risk groups like teenage mothers (Osofsky and Eberhart-Wright, 1988), depressed mothers (Field, 1984), or those who present a personality disorder (Goodyer, 1990). A smaller or larger part of the emotional and relational experience of these patients would be excluded from the communication with the "caregiver" and could not thus be integrated in the emotional and cognitive models elaborated in the relationship. This in turn would determine a limited access to the

recognition of a large range of affects and emotions. Being unable to identify specific emotional experiences associated with specific relational configurations and being unable to use the imaginary activity to communicate and modulate emotions, alexithymic individuals would be obliged to use ineffective alternative strategies to control their painful emotional experiences.

As the authors will try to underline in their presentations, several pathological behaviours are associated to an alexithymic functioning. It is the case of the anxious hyper-vigilance to somatic complaints, the impulsive actings or the search for hyper-stimulation in compulsive or addicted behaviours. These behaviours correspond to an adaptive response to their difficulties in using interpersonal relationships to mitigate interpersonal difficulties in the regulation of affects. If we consider this point of view the main difficulties of the alexithymic functioning, it is obvious that the therapeutic perspective will have to move away from introspection to seek to identify alternative therapeutic strategies which support the recognition, the denomination and the management of affects inside a therapeutic relationship characterised by the empathic availability of the therapist.

This symposium animated by clinicians and researchers who have a large experience in the work with patients presenting with severe disorders of affect regulation, proposes to make a state of the art report on this largely unexplored subject of the international scientific literature. It proposes as well to explore the concept of alexithymia from its historical roots to its developments and applications in clinical and research settings.

Alexithymia and depression: review. G. Loas

Formulated in early 1970, alexithymia was defined as the inability to recognize and verbalize emotions or feelings. For some researchers, alexithymia is a stable and unique personality trait (alexithymia-trait) while others suggested it is state-dependent and related to depression (alexithymia-state). Empirical findings concerning the relationship between alexithymia and depression are various and contradictory. The studied populations are heterogeneous and selected as well as the rating scales used. Taking into account only the studies using the Toronto Alexithymia Scale we discussed the relationship between alexithymia and depression using the state/trait dichotomy.

References

- Loas G. "Alexithymie et dépression: dimensions distinctes?". In Addictions et Psychiatrie de D. Bailly et J. L. Venisse, Ed. Masson
Luminet O, Bagby RM, Taylor GJ (2001) "An evaluation of the absolute and relative stability of alexithymia in patients with major depression". *Psychotherapy and Psychosomatics* 70:254-260
Honkalampi J, Hintikka J, Laukanen E, Lehtonen J, Viinamäki H (2001) "Alexithymia and Depression - a prospective study of patients with major depressive disorder". *Psychosomatics* 42:3

Alexithymia and adolescent addictive behaviour: eating disorders, alcoholism, drug addiction. Ph. Stephan, O. Halfon, M. Bolognini, Service Universitaire de Psychiatrie de l'Enfant et de l'Adolescent, Rue du Bugnon 23 a Lausanne, Suisse

Addictive behavior, TCA, alcoholism, drug addiction begin most often at the adolescent age and touch a growing population in (so called) western societies. Clinical experience leads us to believe that some psychopathological dimensions are common to the various forms of addiction. One of those dimensions is (alexithymia) the prevalence of which is high in every study dealing with addictive behavior. Starting from a multicentred study "Addiction Network" we tested this hypothesis. The study involved a population of 506 patients with addicted behavior and 513 from a paired check sample. The results confirm a higher prevalence of alexithymia in the group of addicted patients (50%) in comparison to the check sample (20.7%).

We have also been able to define more clearly the links between the alexithymia depression and addiction scales. In fact some authors consider that depression which is found massively in comorbidity in addictive pathologies, includes the alexithymia issue.

Our study demonstrates the importance of the individual dimension of alexithymia in addictive pathologies and suggests a model which would include the links between depression and alexithymia in those pathologies.

A psychoneuroimmunological approach of alexithymia. O. Guilbaud, M. Corcos, L. Hjalmarsson, G. Chaouat, Ph. Jeammet, Institut Mutualiste Montsouris, Paris, France. Inserm U131, Hôpital Antoine Bécclère, 92140 Clamart

The basic science of psychoneuroimmunology continues to highlight the physiological interaction between psychological states, emotions and immunology. Several studies have related psychological characteristics, behaviours and emotions with disease onset and progression, including allergy, asthma, peptic ulcer, autoimmune diseases. One more particular attention has been paid to psychological features such as alexithymia.

Alexithymia is a clinical dimension described by Sifneos, it is defined by a set of cognitive-affective deficits characterized by an inaccuracy in identifying and describing emotions; difficulty in distinguishing between feelings and the bodily sensations, paucity of daydreaming, fantasies and introspection; thought characterized by pragmatic content with a highly descriptive mode of expression. Its characteristics were suggested to occur more frequently in individuals with so called "psychosomatic disorders". Nevertheless alexithymia has been frequently reported in a number of psychiatric disorders.

Due to their inability to identify and verbalise their emotions, alexithymics might present an exceptional stress reaction with poorly developed channels for proper emotional discharge. Lindholm et al. (1990) observed that alexithymia was associated with higher cortisol levels following dexamethasone administration, even after controlling for depression. Alexithymic characteristics may alter immune response through a neuroendocrine pathway.

For instance, Tordarello et al. (1997) and Dewaraja et al. (1997) have found that alexithymic subjects had lower rates of number of lymphocytes subsets. It has also been shown (Shea et al., 1993) that subjects classified as repressors of negative affect have lower immune responses than other groups of subjects. In a precedent research (Corcos et al.) we observed a relationship between alexithymia and serum levels of anti-inflammatory cytokines such as Interleukin 4 (IL-4) in healthy subjects. Moreover there was a significant positive correlation between serum levels of IL-4 and factor 1 (difficulty in identifying feelings) of the T. A. S. (Toronto Alexithymia Scale).

This may be one possible neuroendocrine pathway associated with immune perturbation in alexithymic subjects which may result in psychological and somatic consequences.

References

- Corcos M, Guilbaud O, Paterniti S, Curt F, Hjalmarsson L, Moussa M, Loas G, Chaouat G, Jeammet P (submitted) Serum levels of IL-4 correlated with alexithymia in healthy subjects. *Psychoneuroendocrinology*
Dewaraja R, Tanigawa T, Araki S, Nakata A, Kawamura N, Ago Y, Sasaki Y (1997) Decreased cytotoxic lymphocyte counts in alexithymia. *Psychother Psychosom* 66(2):83-86
Lindholm T, Lehtinen V, Hyypä MT, Puukka P (1990) Alexithymia features in relation to the dexamethasone suppression test in a Finnish population sample. *Am J Psychiatry* 147:1216-1219
Shea JD, Burton R, Girgis A (1993) Negative affect, absorption, and immunity. *Physiol. Behav* 53:449-457
Tordarello O, Casamassina A, Danielle S, Marinaccio M, et al. (1997) Alexithymia, immunity and cervical intraepithelial neoplasia: replication. *Psychother Psychosom* 66:208-213

Predictive value of alexithymia in anorexia nervosa. Speranza M., Corcos M., Guilbaud O., Jeammet Ph., Department of Psychiatry, Institut Mutualiste Montsouris, Paris, France

Objective: Several cross-sectional studies have shown a close relationship between severity of eating disorder symptoms and levels of alexithymic features in anorexic patients. The aim of this study was to assess prospectively this relationship and to examine the prognostic value of alexithymia in anorexic patients.

Method: A 3-year follow-up study was conducted on a sample of 63 DSM-IV anorexic patients using the Toronto Alexithymia Scale (TAS-20) and the Beck Depression Inventory (BDI). The clinical outcome and the diagnostic status of the subjects at follow-up was assessed considering the categorical presence or absence of alexithymia at baseline using the cut-off point of ≥ 56 on the Toronto Alexithymia.

Results: At baseline, 60% (N=38) of the subjects were alexithymic. At follow-up alexithymic subjects did not show significantly higher rates of eating disorders compared to the non alexithymic subjects. However, at follow-up, subjects with a persisting diagnosis of eating disorders showed higher levels of alexithymia than subjects without an eating disorder diagnosis.

Conclusions: This follow-up study has failed to consider alexithymia as a negative prognostic factor in the clinical course of anorexia nervosa. However, it has shown that in eating disorders alexithymic features are strongly associated with the active phase of the illness.

The measurement of the alexithymia construct

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Since the formulation of the alexithymia construct in the mid-1970s, there has been controversy over its measurement. Several measures have been developed, including observer-rated questionnaires, self-report scales, projective techniques, and a Q-sort. Some of the self-report scales, such as the Schalling-Sifneos Personality Scales (SSPS) and the MMPI Alexithymia Scale, were constructed hastily and with little concern for standard methods of test construction. Not surprisingly, subsequent investigations found that these scales lack adequate reliability and validity. Although several investigators have used the Rorschach and/or the Thematic Apperception Test (TAT) to assess various facets of the alexithymia construct, there is little empirical support for the reliability and validity of these methods.

In the last ten years, more empirically supported methods were developed. In this talk we will first report two self-rated scales, the Toronto Alexithymia Scale (TAS-20) and the Bermond-Vorst Alexithymia Questionnaire (BVAQ), which nowadays evidence the best criteria as regards reliability and validity.

Recognizing the need for a multi-method approach for assessing a construct, we will also describe some recent scales: the observer-rated Beth Israel Hospital Psychosomatic Questionnaire (BIQ), the observer-rated Observer Alexithymia Scale (OAS) and the self- and observer-rated California Q-set Alexithymia Prototype.

Le concept d'alexithymie en pathologie mentale de l'enfant et de l'adolescent

Le concept d'alexithymie et les troubles de la régulation affective: historique et perspectives. M. Corcos

Le concept d'alexithymie a commencé à se développer à la fin des années soixante avec les observations effectuées par Sifneos et Nemiah sur le fonctionnement cognitif et affectif des patients qui présentaient des maladies psychosomatiques. Ils observèrent chez ces patients une incapacité particulière à identifier et à décrire les sentiments et les émotions, une activité fantasmatique limitée et un style cognitif pragmatique prioritairement orienté vers l'extérieur (Nemiah et al. 1976).

Ces caractéristiques alexithymiques, initialement considérées comme pathognomoniques des troubles psychosomatiques furent par la suite mises en évidence dans de nombreuses autres situations, tant normales que pathologiques comme dans la population générale (Loas 1995), chez les patients présentant des maladies chroniques (Freyberger 1977), dans les pathologies de la dépendance: toxicomanies (Haviland et al. 1994) et troubles des conduites alimentaires (Bourke et al. 1992; Corcos 2001), dans les attaques de panique (Parker et al. 1993) et dans les stress posttraumatiques (Yehuda et al. 1997).

Les nombreuses définitions introduites au cours des années pour rendre compte de ces diverses situations – par exemple la distinction entre alexithymie primaire (liée à des déficits neurobiologiques) et secondaire (comme stratégie de protection face à des situations traumatiques intenses et prolongées) ou entre alexithymie-trait et alexithymie-état (Freyberger 1977; Sifneos 1988) – ont progressivement laissé le champ à une conception développementale et adaptative de l'alexithymie considérée comme une dimension clinique transnosographique existant le long d'un continuum allant du normal au pathologique.

Ce déplacement de perspective découle d'un intérêt croissant porté au rôle des affects dans le développement infantile précoce. Comme la recherche l'a montré, les affects jouent un rôle fondamental dans l'organisation et la régulation des interactions précoces entre mère et enfant. Ils assurent la continuité des expériences individuelles et relationnelles (Emde, 1983). En effet, par sa syntonisation affective, la mère permet à l'enfant de reconnaître et de réguler ses états émotionnels puis de les utiliser comme repères dans les interactions. De cette manière l'enfant développe progressivement des représentations de soi et organise des modèles affectifs et cognitifs qui lui permettent de prévoir, de guider ou de modifier ses propres comportements dans la relation avec les autres. Le langage et les activités symboliques et imaginaires qui se développent ensuite, maintiennent un lien avec ces modèles qui reflètent l'histoire des réponses affectives et de la disponibilité du «caregiver» à s'intéresser aux expériences émotionnelles de l'enfant.

Selon les différents auteurs invités à ce symposium, l'expérience infantile des patients alexithymiques serait caractérisée par une disponibilité affective réduite ou sélective des «figures d'attachement», proche de celle observée dans les groupes à haut risque psychopathologique comme les mères adolescentes (Osofsky et EberhartWright 1988), les mères déprimées (Field, 1984), ou celles qui présentent un trouble de la personnalité (Goodyer, 1990). Des parties plus ou moins grandes de l'expérience affective et relationnelle de ces patients seraient exclues de la communication avec le «caregiver» et ne pourraient donc pas être intégrées dans les modèles affectifs et cognitifs élaborés dans la relation ce qui déterminerait un accès limité à la reconnaissance d'une vaste gamme d'affects et d'émotions. Etant incapables d'identifier certaines expériences émotionnelles associées à certaines configurations relationnelles et étant incapables d'utiliser l'activité imaginaire pour communiquer et moduler les émotions, les individus alexithymiques seraient obligés de recourir à des stratégies alternatives inefficaces pour réguler leurs expériences affectives douloureuses.

Comme les auteurs essayeront de le souligner dans l'ensemble des communications, des comportements pathologiques sont asso-

ciés au fonctionnement alexithymique. C'est par exemple l'hypervigilance anxieuse portée aux symptômes somatiques, l'agir impulsif ou la recherche d'une hyperstimulation dans des comportements compulsifs ou toxicomaniaques. Ces comportements correspondent à une réponse adaptative face à leurs difficultés à utiliser la relation interpersonnelle pour pallier des difficultés personnelles dans la régulation des affects. Si l'on considère dans cette perspective les difficultés centrales du fonctionnement alexithymique il est évident que la perspective thérapeutique ne pourra que s'éloigner de la seule introspection pour chercher à identifier des stratégies thérapeutiques alternatives qui favorisent la reconnaissance, la dénomination et la gestion des affects à l'intérieur de relations caractérisées par la disponibilité empathique du thérapeute.

Ce symposium animé par des cliniciens et des chercheurs qui travaillent depuis longtemps avec des patients qui présentent des troubles sévères de la régulation des affects, se propose de faire le point sur ce sujet largement exploré par la littérature scientifique internationale. Ce symposium se propose de parcourir le concept d'alexithymie, depuis son émergence historique jusqu'à son développement et ses applications dans la clinique et la recherche de troubles somatiques et psychiatriques de plus en plus fréquents.

Alexithymie et dépression: une revue. G. Loas

L'alexithymie se définit comme une incapacité à reconnaître et verbaliser ses émotions. Pour certains auteurs, l'alexithymie est un trait de personnalité et pour d'autres, elle constitue un symptôme pouvant être observé dans les dépressions et les états anxieux. Les études empiriques explorant les relations entre alexithymie et dépression ont donné des résultats variés et contradictoires. Les populations étudiées étaient hétérogènes et les échelles d'évaluation de l'alexithymie différaient selon les études. Prenant en compte les études utilisant l'échelle d'alexithymie de Toronto, nous discutons les relations entre alexithymie et dépression en tenant compte de la distinction entre alexithymie-trait et alexithymie-état.

References

- Loas G "Alexithymie et dépression: dimensions distinctes?". In *Addictions et Psychiatrie* de D. Bailly et J. L. Venisse, Ed. Masson Luminet O, Bagby RM, Taylor GJ (2001) "An evaluation of the absolute and relative stability of alexithymia in patients with major depression". *Psychotherapy and Psychosomatics* 70:254-260
- Honkalampi J, Hintikka J, Laukanen E, Lehtonen J, Viinamäki H (2001) "Alexithymia and Depression - a prospective study of patients with major depressive disorder". *Psychosom* 42:3

Alexithymie et conduites addictives à l'adolescence: troubles des conduites alimentaires, alcoolisme, toxicomanie. Ph. Stephan, O. Halfon, M. Bolognini. Service Universitaire de Psychiatrie de l'Enfant et de l'Adolescent, rue du Bugnon 23a Lausanne, Suisse

Les conduites addictives TCA, alcoolisme, toxicomanie débutent le plus souvent à l'adolescence et touchent une population grandissante dans les sociétés dites occidentales. L'expérience clinique nous amène à poser l'hypothèse de dimensions psychopathologiques communes aux différentes formes d'addiction. Une de ces dimensions est l'alexithymie dont la prévalence est élevée dans toutes les études concernant des conduites addictives.

A partir d'une étude multicentrique «le réseau dépendance» (Inserm 494013), nous avons testé cette hypothèse. L'étude a concerné une population de 506 patients présentant des conduites de dépendance et 513 témoins appariés. Les résultats confirment la présence d'une prévalence d'alexithymiques nettement plus élevée dans le groupe de patients dépendants (50%) par rapport au groupe des témoins 20,7%.

De plus, nous avons pu affiner le lien entre les échelles d'alexithymie, de dépression et de dépendance. En effet certains auteurs pensent que la dépression, massivement retrouvée en comorbidité

dans les pathologies addictives, englobe la question de l'alexithymie.

Notre étude démontre l'importance de l'individualisation de la dimension alexithymique dans les pathologies addictives et propose un modèle incluant le lien dépression-alexithymie dans ces pathologies.

Approche psychoneuroimmunologique de l'alexithymie. O. Guilbaud, M. Corcos, L. Hjalmarsson, G. Chaouat, Ph. Jeammet. Institut Mutualiste Montsouris, Paris France. Inserm U131, Hôpital Antoine Bécère, 92140 Clamart

Les bases scientifiques de la psychoneuroimmunologie ont permis de mettre en évidence les interactions physiologiques entre les états psychologiques, émotionnels et le système immunitaire.

De nombreuses études ont mis en perspective des caractéristiques psychologiques, comportementales et émotionnelles avec la survenue ou l'évolution de certaines maladies tels que l'allergie, l'asthme, l'ulcère duodénal et certaines maladies autoimmunes. Une attention plus particulière a été accordée à un certain mode de fonctionnement psychologique tel que l'alexithymie. L'alexithymie est une dimension clinique décrite par Sifneos, caractérisée par un ensemble de déficits cognitivo-émotionnels avec une incapacité à identifier et décrire ses émotions; des difficultés à distinguer ses sentiments des sensations corporelles; une pauvreté de la vie imaginaire, fantasmatique avec des capacités d'introspections limitées; une pensée à contenu pragmatique avec un mode d'expression très descriptif. Ces caractéristiques furent initialement considérées comme plus fréquentes chez les sujets souffrant de maladies dites «psychosomatiques». Néanmoins l'alexithymie a été rapportée dans de nombreux autres troubles psychiatriques.

Du fait de leur incapacité à identifier et verbaliser leurs émotions, les sujets alexithymiques pourraient présenter des réactions de stress très importantes sans avoir les capacités d'extérioriser ce stress. Lindholm et al. (1990) ont montré que l'alexithymie était associée avec un taux de cortisol élevé après un test à la dexaméthasone, et ce même après ajustement sur la dépression. Le fonctionnement alexithymique pourrait être associé à un dysfonctionnement immunitaire via le système neuroendocrinien.

Ainsi, Tordarello et al. (1997) et Dewaraja et al. (1997) ont retrouvé une diminution de certains sous-types lymphocytaires chez les sujets alexithymiques. De même les sujets ayant essentiellement recours à la répression des affects négatifs ont une réponse immunitaire diminuée comparativement à d'autres sujets (Shea et al., 1993). Dans une recherche précédente (Corcos et al., à paraître) nous avons retrouvé une corrélation entre l'alexithymie et les taux sériques de cytokines anti-inflammatoires tels que l'interleukine 4 (IL-4) chez les sujets sains. On retrouvait une corrélation positive et significative entre le taux d'IL-4 et le facteur 1 (difficulté à identifier ses émotions) de la T. A. S (Toronto Alexithymia Scale).

Il pourrait y avoir chez les sujets alexithymiques un dysfonctionnement neuroendocrinien et immunitaire responsable de complications somatiques et psychologiques.

References

- Corcos M, Guilbaud O, Paterniti S, Curt F, Hjalmarsson L, Moussa M, Loas G, Chaouat G, Jeammet P (submitted) Serum levels of IL-4 correlated with alexithymia in healthy subjects. *Psychoneuroendocrinology*
- Dewaraja R, Tanigawa T, Araki S, Nakata A, Kawamura N, Ago Y, Sasaki Y (1997) Decreased cytotoxic lymphocyte counts in alexithymia. *Psychother Psychosom* 66(2):83-86
- Lindholm T, Lehtinen V, Hyypä MT, Puukka P (1990) Alexithymia features in relation to the dexamethasone suppression test in a Finnish population sample. *Am J Psychiatry* 147:1216-1219
- Shea JD, Burton R, Girgis A (1993) Negative affect, absorption, and immunity. *Physiol Behav* 53:449-457
- Tordarello O, Casamassina A, Danielle S, Marinaccio M, et al. (1997) Alexithymia, immunity and cervical intraepithelial neoplasia: replication. *Psychother Psychosom* 66:208-213

Valeur prédictive de l'alexithymie dans l'anorexie nerveuse. Speranza M., Corcos M., Guilbaud O., Jeammet Ph. Department of Psychiatry, Institut Mutualiste Montsouris, Paris, France

Objectif: Plusieurs études transversales conduites sur des échantillons de patientes anorexiques ont montré une étroite relation entre la sévérité de la symptomatologie alimentaire et le niveau élevé d'alexithymie. L'objectif de cette étude a été d'évaluer de façon prospective cette relation et d'examiner la valeur pronostique de l'alexithymie dans l'anorexie nerveuse.

Méthode: Une étude longitudinale de 3 ans a été réalisée sur un groupe de 63 patientes anorexiques selon le DSM-IV en utilisant l'Echelle d'Alexithymie de Toronto (TAS-20) et l'Inventaire de Dépression de Beck (BDI). L'état clinique et le statut diagnostique des sujets en fin d'étude ont été évalués en fonction de la présence ou de l'absence de l'alexithymie définie de manière catégorielle sur la base de la valeur seuil de ≥ 56 à l'Echelle d'Alexithymie de Toronto.

Resultats: En début d'étude, 60% (N = 38) des sujets étaient alexithymiques. En fin d'étude ces sujets alexithymiques ne montraient pas des taux plus élevés de troubles des conduites alimentaires par rapport aux sujets non alexithymiques. Cependant, les sujets qui présentaient encore un diagnostic de trouble des conduites alimentaires montraient des niveaux plus élevés d'alexithymie par rapport aux sujets sans diagnostic de trouble des conduites alimentaires.

Conclusions: Les résultats de cette étude longitudinale ne sont pas en faveur d'une évolution pronostique négative des sujets anorexiques qui présentent des niveaux élevés d'alexithymie. Cependant, elle montre que dans les troubles des conduites alimentaires les éléments alexithymiques sont fortement associés à la phase active de la maladie.

La mesure de l'alexithymie

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Si le concept d'alexithymie a été proposé par Sifneos à la fin des années 70, il faut attendre le début des années 90 pour voir apparaître les premières échelles qui correspondent à des standards psychométriques rigoureux. Le développement d'un instrument capable de mesurer un nouveau concept théorique constitue pourtant une étape essentielle en vue de sa validation.

De nombreuses controverses ont entouré l'utilisation des premiers instruments de mesure de l'alexithymie. Certaines échelles d'auto-évaluations comme l'échelle SSPS (Schalling-Sifneos Personality Scales) ou l'échelle d'alexithymie du MMPI ne répondaient pas aux méthodes standards de validation de questionnaires. Plusieurs études initiales ont également eu recours aux méthodes projectives comme le test de Rorschach ou le TAT afin d'examiner les différentes facettes de l'alexithymie sans que suffisamment de résultats empiriques ne permettent de les recommander pour évaluer de manière valide le degré de sévérité de l'alexithymie.

Au cours des dix dernières années, des démarches de validation rigoureuse de nouvelles échelles ont cependant été entreprises. Dans cet exposé, on présente tout d'abord deux échelles auto-rapportées, la TAS-20 (Toronto Alexithymia Scale) et le BVAS (Bermond-Vorst Alexithymia Questionnaire) qui offrent les meilleures évidences empiriques en faveur de leur fidélité et de leur validité.

Nous présenterons également deux instruments récents destinés à l'hétéro-évaluation (BIQ: Beth Israël Hospital Psychosomatic

Questionnaire et OAS: observer alexithymia Scale) et un instrument qui peut être utilisé à la fois pour l'auto et l'hétéro-évaluation (CAQ-AP: California Q-set Alexithymia Prototype). Nous soulignerons l'importance d'une approche multi-méthode dans laquelle des hétéro et des auto-évaluations sont réalisées de manière simultanée.

S10-2:15 pm

Symposium

Modalités actuelles de prises en charge de l'autisme en Europe

Chair : Aussilloux C.

La prise en charge précoce dans l'autisme. Bernadette Rogé, Ghislain Magerotte**

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Le diagnostic de l'autisme peut maintenant être relativement précoce. La conséquence de l'identification rapide des troubles est la possibilité de mettre en place un soutien au développement et une aide à la famille dans une période où la plasticité de l'enfant permet d'obtenir de bonnes améliorations.

Bien que les résultats publiés soient variables, ils indiquent généralement un gain substantiel, perceptible par la suite au niveau des capacités d'adaptation aux structures scolaires ordinaires ou spécialisées. L'intervention précoce peut modifier considérablement le développement des enfants avec autisme. Toutes les études rapportent des gains significatifs au niveau du Q. I., une amélioration significative des comportements sociaux et de communication, et une diminution des symptômes autistiques. Les enfants progressent plus lorsque l'intervention est commencée très tôt et lorsqu'elle est pratiquée de manière intensive. Les résultats des principales études sont présentés, les facteurs clé et les processus impliqués dans le pronostic d'évolution sont décrits. Les premiers éléments d'une recherche collaborative en cours sont présentés.

Drugs used in young adults with autism. Aussilloux C., Gonnier V. Centre de Ressources Autisme Languedoc-Roussillon, CHU Montpellier

Introduction: Drugs are rarely used in children with autism but frequently in adults or adolescents. The reason of their prescription, their effectiveness and their side effects are unknown.

Purpose: First, we describe the use of drugs in young adults with autism and second we study the relationship between their clinical presentation and the drugs they receive.

Method: We use an epidemiological study of adults with autism ranged in age from 20 to 35 years. Questionnaires were filled by institutions to take a census of young adults with autism in Languedoc-Roussillon. Data were collected about diagnosis, adaptive level, intervention and medical treatments.

Preliminary results: The majority of adults with autism received drugs but there is variation in prescriptions. Drugs may be prescribed for many different reasons. The most common tend to be aggressive and destructive behaviours and sleeping problems.

Perspective: Current descriptive data might be the basis of controlled studies.

Projet de recherche "Évaluation de l'effet de la durée des prises en charge globales spécialisées sur le développement du jeune enfant autiste". Piquet C., Coudurier C., Raysse P., Baghdadli A. Centre de Ressources Autisme Languedoc-Roussillon, CHU Montpellier

Introduction: The effectiveness of intervention programs is unknown because there are very few comparative studies in this field. In France, comprehensive intervention programs are used, including educational interventions and reeducations but important variations exist in the intensity (number of hours per week) of intervention that seem not to be related with special need of children with autism.

Purpose: To study the relationships between the number of hours per week of intervention programs and outcome.

Method: In this collaborative and prospective study, we compared the outcome of programs involving different number of hours per week of interventions in two groups of children aged < 5 years and matched on their psychological level and behavioral presentation. The assessment of intervention type and intensity were made by blind raters.

Results would be important to adapt intervention programs and to enhance their efficiency.

W1–4:00 pm Workshop

ADHD: Valid Syndrome or American Myth

Workshop sponsors by JANSSEN – CILAG

Workshop Objectives

The objectives of this workshop are:

- To demonstrate that ADHD is a valid disorder with an underlying genetic and neurological basis
- To recognise that the core symptoms of inattention, impulsivity and hyperactivity cause significant impairment
- To establish that the symptoms of ADHD, if not managed adequately, can have a life-long effect on the patients and their family
- To identify substance abuse as a major co-morbidity associated with ADHD in adolescence and adulthood
- To establish that stimulant medications for ADHD can be used to effectively treat the symptoms of ADHD and reduce the risk of substance abuse

The Impact of ADHD in Children and Adolescents. Marc Lerner

This presentation will review the impact that the symptoms of ADHD have on children and adolescents. Specific examples will be used to illustrate how ADHD symptoms, if left untreated, can impact on all areas of life for both the individual and everyone who has contact with them. Specific areas that will be covered will include the impact on academic performance, delinquency and accidental injury.

Evidence for Validity of ADHD. Katia Rubia

Although the exact aetiology of ADHD is unknown, there is strong evidence indicating a neurological and genetic basis for the disorder. This presentation will review the evidence for the validity of ADHD as a discrete psychiatric disorder, calling upon the latest neurological, biological and genetic evidence.

ADHD and Substance Abuse: The Moderating Role of Treatment. Michael Huss

The co-occurrence of ADHD and substance use disorders (SUD) has been increasingly reported in clinical and research settings and is known to be associated with substantial impairment. Concern exists as to whether the use of stimulants in ADHD youth could increase the risk of SUD in later life. This presentation will review the evidence for the use of stimulants in patients with ADHD, which shows that treatment of ADHD results in a 2-fold decrease in risk of SUD later in life. Treatment of ADHD has also been shown to reduce nicotine addiction.

L1–5:45 pm Lecture

The devaluation of adolescence

P. Graham, Institute of Child Health, London, England

The stereotype of adolescent or teenage behaviour will be critically examined. This will be followed by a historical account of 'explanations' of the stereotype. The various manifestations of what are commonly regarded as typical forms of adolescent behaviour will be critically considered in the light of these ideas.

Adolescence is a highly stigmatised phase of life. It has been since classical times. One can give numerous examples of unjustified assumptions made about adolescents, or those in their teen years: they are widely regarded as moody, promiscuous, risk-taking, violent, and lazy. In fact, like people in all phases of life, their 'nature' is protean (or, put differently, they do not have a 'nature' in any meaningful sense of that word). When they do show the characteristics of their stereotype, it is in circumstances when this would occur if people of any age were put in similar social situations. In this presentation I shall first disconfirm the idea that the majority of those in their teens confirm to the stereotype from which this phase of life suffers. I shall then examine the various 'explanations' that elites have put forward to justify the adolescent stereotype. I shall then go on to suggest that, when adolescents do show disturbances of behaviour or emotions, whether this be antisocial, risk-taking, depression and suicidal behaviour, sexual promiscuity, their problems arise either from life-long disorders, often manifest before and after adolescence, or from the specially disadvantaged social situation to which the adult world has consigned them. I shall conclude by suggesting some implications of these ideas for mental health professionals.

Monday, September 29th, 2003 Andrews

S11–1:00 pm Symposium

Parent-infant psychotherapeutic challenges: borderline situations. *Chair:* Palacio Espasa F.

Clinical challenges are nowadays very often *borderline* or at least over the line that has been more or less defined these past twenty years in infant psychopathology and mental health. At least three types of *out of the way* situations have induced us to organise and adapt our clinical therapeutic settings and techniques to their particularities.

Maternal postnatal crisis: psychotherapeutic interventions in the maternity ward. D. Candilis-Huisman (Paris, France)

As motherhood develops during pregnancy, so does the possibility of having access to intrapsychic representations and conflicts. The paradox of psychotherapeutic intervention in a maternity ward is due to this "special" situation. The overwhelming experience of the birth of a baby offers the possibility to easily intervene but only during a very short period of time, therefore creating an "emergency". However using techniques based on infant observation with tools such as the Neonatal Behavior Assessment Scale it is possible and effective to intervene during the immediate postpartum period (during the three days that mothers stay in the maternity ward). Brief interventions and their intense impact will be discussed.

Parent-infant psychotherapies in early behaviour problems. F. Palacio-Espasa, S. Rusconi Serpa, D. Knauer, C. Berney, D. Chevey, C. Gür Gressot, J. de Sepibus, C. Strubin Rordorf (Genève, CH)

Objective: Parent-infant psychotherapies were conducted in the context of a longitudinal study about evolution of early behavior disorders and effect of early parent-infant brief interventions. We will present the technical adaptations made in order to facilitate the therapeutic alliance and to enable the therapeutic process. The association between difficulties in conducting these treatments and treatment outcome will be discussed.

Method: Thirty infants aged 18 to 36 months with behavior problems (aggression, temper tantrums and negativity) and their parents were treated in brief parent-infant psychotherapy. Two evaluation sessions were proposed, before and after treatment. Two types of treatment were used: psychodynamic psychotherapy and interaction guidance. Both treatments proved to be effective in treating cases consulting for early functional disorders.

Results: The difficulties in conducting the treatments lead us to describe a constellation of typical obstacles often observed and to propose appropriate adjustments of the therapeutic techniques. The most frequent obstacles were problems of setting, infant's symptomatology, parental psychopathology, problems to involve the father in the therapeutic process, difficulties in working with parents' problematic.

Conclusion: The two types of therapy had to be adapted in order to facilitate the therapeutic alliance and to enable the therapeutic process. In particular, psychodynamic psychotherapy should not explore directly the parents' past but should focus on a first step on the infant's characteristics and the parents-infant relationships. Interaction guidance therapy, although with less drop out than psychodynamic therapy had also to adapt the technique particularly in relation with the infants' interferences during the sessions.

Borderline Mothers and their infants: specificities and management. G. Danon-Apter, A. Le Nestour-Crivillé

Borderline pathology with its mood swings, intense and sudden anger or sensation of emptiness in a climate of affect storms is overwhelmed by maternity. Parenthood becomes an opportunity to re-examine emotions and relationship in the context of mother-infant imposed upon interactions. Repeated contact with health services offers the possibility at this particular time of life to organise psychotherapeutic interventions with these "hard-to-keep" patients. We have studied 30 dyads of mothers with borderline personality disorder. Specificities of mother-infant interaction such as eye-to-eye contact, contingency of smiling are compared with those of mothers without personality disorder. Intrusiveness and repetitiveness of interactions lead to interventions based on the interactive process of the mother-infant relationship based as much on enhancing infant capacities while containing maternal chaotic projections.

Infants with regulatory or multisystem developmental disorders have distorted and difficult relationships with parents and partners. Their developmental milestones are met either with delay or non harmoniously or more often both. These mishaps disrupt and challenge parental capacity. Parent-infant psychotherapy must therefore address both the young child in his or her specific difficulties and parent-infant relationship in that it smooths over or cultivates distortions in infants' developmental pathways. Different specific aspects of parent-infant interactions are examined and interventions centered on these specificities will be detailed.

S12-2 :15 pm Symposium

Naît-on anorexique ou le devient-on?

Anorexie de l'enfant/anorexie de l'adolescent: continuité ou rupture. M. F. Le Heuzey (Paris, F)

L'anorexie mentale de la jeune fille est connue de longue date, souvent interprétée comme l'expression d'un conflit spécifique de l'adolescence, en rapport avec le processus séparation individualisation. Or des consultations de plus en plus nombreuses sont demandées pour des tableaux cliniques d'anorexie mentale chez des enfants de plus en plus jeunes (8-10 ans voire moins).

Le noyau symptomatique est commun: amaigrissement par restriction alimentaire, hyperactivité physique, altération de la perception de son poids et de ses formes corporelles déni de la maigreur.

Certains signes sont attribuables à l'âge lui même: retard de puberté et de croissance pour les prépubères, aménorrhée pour les postpubères

D'autres différences symptomatiques sont plus difficilement interprétables comme le comportement vis à vis des apports hydriques, le choix des aliments acceptés, les vomissements, l'idéal de minceur. Chez les jeunes, domine parfois une symptomatologie à type de phobie de la déglutition ou de phobie des vomissements, alors que la phobie du «gras» est majeure plus tard.

La symptomatologie se développe parfois dans la continuité d'un trouble de l'alimentation de la petite enfance. S'agit-il alors d'une anorexie infantile «vieille» ou d'une «anorexie mentale précoce»?

Parallèlement, des études récentes montrent que des antécédents de trouble alimentaire de la petite enfance sont un facteur prédisposant au développement d'une anorexie mentale à l'adolescence.

On peut donc s'interroger sur l'unicité ou la multiplicité de «la maladie anorexique»; l'anorexie se place-t-elle dans une continuité développementale ou est-elle une rupture déclenchée par le processus de l'adolescence?

Facteurs de vulnérabilité génétiques dans l'anorexie mentale. A. Kipman, Ph. Gorwood (Paris, F)

Les études de jumeaux et d'agrégation familiale révèlent que le poids des facteurs génétiques additifs est important (héritabilité évaluée entre 0,5 et 0,8). Il s'agit de déterminer les gènes candidats et les caractéristiques cliniques ou les sous-groupes cliniques les plus pertinents.

Plusieurs études retrouvent une association positive entre l'anorexie mentale et la présence de l'allèle A situé au niveau du promoteur du gène codant pour le récepteur 5-HT_{2A}. Mais une étude récente centrée sur 316 trios ne retrouve pas d'excès de transmission de l'allèle A des parents aux enfants anorexiques. Une hypothèse est que l'allèle A pourrait agir comme facteur de modification du «phénotype anorexie mentale».

Pour tester cette hypothèse, nous avons augmenté notre échan-

tillon de 102 trios avec 43 anorexiques et 93 contrôles. Bien que nous ne retrouvions pas d'association entre l'allèle A et l'anorexie mentale pour 145 patients, les patients avec l'allèle A présentent un âge de début de la maladie plus tardif que les patients sans l'allèle A ($p = 0.032$). D'autre part, en utilisant une approche en TDT, l'allèle A est transmis avec un âge de début de la maladie plus tardif ($p = 0.023$). L'allèle A pourrait ainsi intervenir en modifiant le phénotype (retardant l'âge de début de la maladie), ce qui pourrait expliquer les variations de la fréquence de l'allèle entre les différents échantillons avec des patients aux âges de début différents.

La prise en compte non seulement de gènes de vulnérabilité mais aussi des gènes qui peuvent modifier l'expression du phénotype, pourrait aider à la compréhension de cette pathologie grave.

Environnement familial et anorexie mentale. C. Doyen, S. Cook-Darzens

Différents modèles étiopathogéniques suggèrent dans l'anorexie mentale, l'implication de facteurs «circulaires» (d'attachement et familiaux). Ces relations seraient insécures, enchevêtrées et rigides. Ces données nous ont incités à une approche méthodologique structurée.

Nous avons étudié les stratégies d'attachement et de relations intrafamiliales grâce à trois auto-questionnaires : le Ca-mir ; le Parental Bonding Instrument et l'auto-questionnaire FACES III, validés en Français. Deux groupes de jeunes filles ($N1 = 10$ et $N2 = 40$) d'âge moyen 14.6 ± 1.53 , présentant une anorexie mentale (selon les critères diagnostiques du DSM IV), évoluant depuis au moins deux ans, ainsi que leurs deux parents, ont participé à l'étude. Un troisième groupe non clinique est en cours d'évaluation avec le Ca-Mir.

Les jeunes filles, les pères et les mères décrivent des stratégies d'attachement sécures (90 %, 80 %, 70 %). Les filles décrivent une sollicitude parentale forte et une surprotection parentale basse (scores 29.05 et 9.52). Les mères perçoivent une plus basse sollicitude de la part de leur propre mère (score 20.77). Les familles se perçoivent comme insuffisamment unies, souhaitant plus de cohésion (score de cohésion 33.68 versus 36.72 en population générale, $p < 0.05$).

Les perceptions des jeunes filles anorexiques mentales et de leurs familles concernant leurs stratégies d'attachement et de relations familiales suggèrent un caractère empathique de celles-ci. La recherche de plus de cohésion familiale et la perception d'une moindre sollicitude parentale pour les mères de ces patientes vis à vis de leurs propres mères doivent être l'objet d'attention dans nos approches thérapeutiques.

L'anorexie grave à l'adolescence : intérêt de l'hospitalisation en unité spécialisée. Marc Delorme, Jeanne Payet, Xavier Pommereau (Bordeaux, F)

Objectifs : Déterminer dans quelle mesure une hospitalisation en Unité Spécialisée pour adolescents souffrant de Troubles des Conduites Alimentaires graves et en particulier d'anorexie mentale sévère peut apporter une alternative aux soins habituellement proposés dans des Unités non spécifiques.

Méthodes : L'UTCA du Centre Abadie dispose de 8 lits d'hospitalisation à temps complet et 4 de jour. En 2002, elle a accueilli 45 patients (43 filles, 2 garçons) à temps complet et 40 à temps partiel. Encore rares et inégalement répandues sur l'ensemble du territoire, les unités pour adolescents permettent d'améliorer les conditions d'hospitalisation, en proposant des espaces de soins spécifiques. C'est sur cette spécificité engagée auprès d'adolescents souffrants de TCA graves que nous nous proposons de réfléchir, dans l'approche groupale qu'offre notre expérience autour de cette pathologie. Cette optique conceptuelle se différenciant de l'accueil d'adolescents anorexiques au sein d'unités non spécifiques : médecine, pédiatrie, ou d'unités admettant des pathologies diverses (suicidants, toxicomanes...).

Resultats : Si nous partageons avec ces équipes la même conviction que l'hospitalisation des jeunes anorexiques doit s'étendre sur plusieurs mois et le même objectif final, à savoir l'implication du patient dans une prise en charge individualisée et bifocale, notre approche consiste au contraire à favoriser en premier lieu la constitution d'un «corps groupal» formé par l'âge et la pathologie traitée. Sachant que l'investissement de l'anorexique dans une prise en charge individualisée est souvent angoissante, nous misons sur la capacité des adolescents à investir un «corps de semblables», et d'expérimenter des mouvements du groupe au sujet et vice versa.

Conclusion : La prise en charge spécialisée et groupale d'adolescents anorexiques paraît être une voie de recherche intéressante dans les dispositifs de soin proposés.

S13-4:00 pm

Symposium

Dyslexia: development, genetics, neuropsychology and treatment

Early markers of dyslexia – an eight-year follow-up from birth of children at familial risk for dyslexia. Heikki Lyytinen (Jyväskylä, SF)

In the Jyväskylä Longitudinal study of Dyslexia (JLD), the development of children at risk for dyslexia (children born to a family with dyslexia in first- and second-degree relatives) has now been compared to non-risk children from birth to school age. Once to thrice-yearly assessments have covered the most important aspects of development. Event-related potentials (ERPs) to speech stimuli immediately after birth, as well as those recorded at 6 months of age, differentiate the groups and have significant correlations to concurrent behavioral measures of speech perception and later language and also to early reading acquisition. Late talkers at age 2 years in the at-risk group are still delayed two to three years later, while similar late talkers, who have no biological risk for dyslexia, have attained the level of other children in the control group. Roughly half of the at-risk children are late in their reading acquisition. The results of predictive analyses support the possibility of relatively early confirmation of the accumulation of risk. Predictive models of pre-reading variables explain a substantial portion of the variance of early reading acquisition whereby measures taken several years before reading age make a moderate contribution. An attempt has also been made to illustrate the entirety of pre-reading development using LISREL modelling of the time-course representing the most obvious routes.

Linkage and linkage-disequilibrium (LD) analyses on chromosomal regions 6p21-p22, 15q21 and 18p11 in reading and spelling disorder (dyslexia). Schulte-Körne G, Manthey M, Koenig IR, Grimm T, Schumacher J, Duell M, Warnke A, Plume E, Cichon S, Propping P, Ziegler A, Nöthen MM, Remschmidt H (Marburg, D, Bonn, D, Lübeck, D, Würzburg, D, Antwerpen, B)

Objective : Linkage studies have previously identified regions likely to contain genes contributing to dyslexia, including regions on the long arm of chromosome 6, 15 and the short arm of chromosome 18. We have previously reported supportive evidence for linkage on chromosome 15q21 in seven German multiplex families with dyslexia. Since this chromosomal region was suggested by independent groups, we regard it a promising susceptibility locus for dyslexia.

Methods : In an attempt to narrow down the region of interest, we are genotyping a total of 95 dyslexia families using 16 STR markers, covering a 24 Mb interval on 15q21. In addition to linkage analysis, we are performing transmission disequilibrium analysis in 124 triads using five 15q21 markers that were previ-

ously associated with dyslexia in a UK sample. On 18p11, significant linkage with dyslexia was previously reported in two independent samples. In order to evaluate this chromosomal region in our families with dyslexia, we are genotyping 18 markers covering a 38 Mb interval. Since intermarker distances around the linkage peak are small, these markers will also be used for an initial search for LD in the triad sample. On 6p21-p22 linkage with dyslexia and related phenotypes were reported in several independent samples. In order to evaluate this chromosomal region in our families with dyslexia, we are genotyping 16 markers. Our study is a first step towards identifying susceptibility genes for dyslexia.

Neuropsychological profiles and saccadic control in dyslexic children. Monica Biscaldi-Schäfer, Bettina Wagner, Klaus Hennighausen, Eberhard Schulz (Freiburg, D)

Introduction: In dyslexia it is controversially discussed whether deficits in low sensory/motor information processing correlate with phonological and/or language developmental disorders. One concern of this study was to investigate the relationship between neuropsychological functions, saccadic eye movements and reading/spelling performances of dyslexic children.

Methods: We measured the saccadic eye movement performance (prosaccade overlap task and antisaccade gap task) of 32 dyslexic children (8–12y.) previously assessed by the Kaufman Assessment Battery for Children (K-ABC) and by standardised reading (reading speed and errors) and spelling tests. Pearson correlation and a principal components factor analysis were used for statistical analysis.

Results: Reading speed was hardly associated with neuropsychological functions. We found a significant positive correlation between spelling and visual-spatial skills. Lexical reading (errors) and visual-spatial skills positively loaded on the same factor. Slower reaction times of prosaccades were correlated with a poorer performance in text reading. On the other hand, slower saccadic reaction times of prosaccades and a higher error rate in the antisaccade task were associated with lower visual-spatial abilities.

Discussion: These results suggest that visual-spatial abilities could play a role in compensating reading and spelling deficits of dyslexics. Although the results encourage the usage of visual-spatial training in dyslexia remedy programs, its effect on reading and spelling performance should be further investigated.

Phonological information processing and orthographic knowledge in German children with spelling disorders. E. Plume, G. Schulte-Körne, H. Remschmidt, A. Warnke (Würzburg, D, Marburg, D)

Objective: A German family genetic study assesses neurobiological, neurophysiological and psychological aspects of spelling disorders. Parts of this study examine the role of phonological information processing and orthographic knowledge in children with spelling disorders.

Methods: 51 children with spelling disorders at the age of 9 to 14 years (experimental group) were compared with their 31 non affected siblings (control group) according to several variables. Phonological awareness was assessed by phoneme blending and segmentation of pseudowords, phoneme reversal and backwards pronunciation of pseudowords. A pseudoword reading test was administered to assess phonological recoding and rapid naming tasks measured the speed of lexical access. Working memory capacity was assessed by digit span. Finally orthographic knowledge was assessed by a pseudohomophone test.

Results: Children with spelling disorders were significantly inferior in phonological awareness, phonological recoding, lexical access and orthographic knowledge in comparison to their non affected siblings. No group differences were found in digit span. Regression analyses showed that phonological awareness plays an

important role in German primary school levels whereas orthographic knowledge is more substantial in secondary school levels.

Conclusions: Phonological information processing and orthographic knowledge are still important in older children with spelling disorders.

Effects of oculomotor training in dyslexia – A controlled study. Monica Biscaldi-Schäfer, Bettina Wagner, Klaus Hennighausen, Eberhard Schulz (Freiburg, D)

Purpose: Many dyslexics show problems in low perceptual/motor information processing. Although perceptual/motor functions can be successfully trained, it is controversially discussed whether their improvement influences the reading/spelling abilities of dyslexics. This study evaluates the effects of a controlled oculomotor daily training on the reading ability of dyslexic children with poor saccadic control.

Methods: 21 children (8–12 y.) with significant deficits in saccadic control were randomly assigned to an experimental group (EG, N = 11) performing 5 weeks of saccade training followed by 6 weeks of reading training or to a control group (CG, N = 10) receiving only a 6 week reading training starting 5 week after initial assessment. The reading performances of all children were measured before (t1) and after (t2) the “waiting” or “saccade training” time and after the reading training (t3).

Results: Nine out of 11 children of the EG improved saccadic control. Both groups turned out to improve significantly their reading abilities after reading training. Although the EG showed a slightly stronger improvement, this did not reach statistical significance.

Discussion: Like other sensory-motor functions saccadic control can be successfully trained. We found less evidence for reading improvement as a consequence of improved saccadic control. A systematic training of reading abilities seems to be effective. Late and lasting effects of these training programs should be further investigated.

S14–5:45 pm Symposium

Immune factors in Tourette’s and Obsessive compulsive disorder

Chair: Pieter J. Hoekstra

Anti-basal ganglia antibodies: Diagnostic utility in suspected post-streptococcal movement disorders? AJ Church, RC Dale, G Giovannoni. Neuroinflammation unit, Institute of Neurology and Neurosciences unit, Institute of Child Health, University College London, UK

This abstract is submitted as a part of the symposium “Immune factors in Tourette’s and Obsessive compulsive disorder”, chaired by Pieter J. Hoekstra and together with Hoekstra, Association of Common Cold with Exacerbations in Tic Disorder Patients: a Prospective Longitudinal Study and Dale, Obsessive-compulsive disorder: Cross-sectional study for recent streptococcal infection and anti-basal ganglia antibodies.

Background: Recently, the spectrum of post-streptococcal movement disorders has broadened to include motor tics (named PANDAS) and dystonia, as well as the classical phenotype – chorea. Anti-basal ganglia antibodies (ABGA) have been reported in these syndromes. We evaluated ABGA as a potential diagnostic marker in a broad range of post-streptococcal movement disorders and examined whether ABGA were different in the chorea and tic subgroups.

Method: 40 UK children presenting with movement disorders

associated with streptococcal infection were recruited (chorea $n = 20$, motor tics $n = 16$, dystonia $n = 5$, tremor $n = 3$, stereotypies $n = 2$). The tic patients all fulfilled a diagnosis of PANDAS as proposed by Swedo. ABGA was measured using ELISA and Western immunoblotting using human basal ganglia antigen. To determine ABGA specificity and sensitivity, children with other neurological diseases ($n = 100$), uncomplicated streptococcal infection ($n = 40$) and autoimmune disease ($n = 50$) were enrolled as controls.

Results: The mean ELISA was elevated in the post-streptococcal movement disorder group compared to all controls (< 0.0001 in all comparisons). The ABGA Western immunoblotting method derived a sensitivity and specificity of 93% and 94.7% respectively ($p < 0.0001$). There was common binding to basal ganglia antigens of 40, 45 and 60 kDa. The 45 and 60 kDa proteins were common to both the chorea and tic patients. The 40 kDa protein was more common in the tic subgroup.

Conclusions: ABGA appears to be a potentially useful diagnostic marker in post streptococcal neurological disorders. Western Immunoblotting is the preferred method due to good sensitivity and specificity and the ability to test several samples at once.

Obsessive-compulsive disorder: Cross-sectional study for recent streptococcal infection and anti-basal ganglia antibodies. Dale R. C., Church A. J., Giovannoni G., Heyman I., Neuroinflammation unit, Institute of Neurology and Child and adolescent unit, Institute of Psychiatry, London

This abstract is submitted as a part of the symposium "Immune factors in Tourette's and Obsessive compulsive disorder", chaired by: Pieter J. Hoekstra and together with Hoekstra, Association of Common Cold with Exacerbations in Tic Disorder Patients: a Prospective Longitudinal Study and Church, Anti-basal ganglia antibodies: Diagnostic utility in suspected post-streptococcal movement disorders?

Background: Obsessive-compulsive disorder (OCD) is a recognised outcome of post-streptococcal brain disorders such as Sydenham's chorea and PANDAS. These descriptions have led to the hypothesis that a subgroup of obsessive-compulsive disorder may be secondary to post-streptococcal autoimmunity. Recently, we have developed methods for demonstrating antibodies reactive against the basal ganglia that are sensitive and specific in Sydenham's chorea.

Method: We recruited 50 patients with obsessive-compulsive disorder (DSM-IV). We measured anti-basal ganglia antibodies in the OCD patients using the methods previously described by Church [1]. For comparison 100 children with neurological disorders and 40 children with recent uncomplicated streptococcal infection were recruited.

Results: 48% of the OCD patients compared to 4% of controls had positive anti-basal ganglia antibodies using Western immunoblotting. The antigens involved in antibody binding were similar to those seen in Sydenham's chorea (40, 45 and 60 kDa basal ganglia antigens). OCD patients with positive anti-basal ganglia antibodies (+ABGA) were compared with the OCD patients with negative anti-basal ganglia antibodies (-ABGA). +ABGA patients were more likely to have co-morbid tics (42% v. 27%), Tourette syndrome (29% v. 4%) and positive streptococcal serology (54% v. 31%).

Conclusion: These findings support the hypothesis that a subgroup of OCD has an autoimmune pathogenesis. The autoimmune subgroup is more likely to have a co-morbid movement disorder, and positive streptococcal serology. It is unclear whether these antibodies result in neuronal dysfunction, or act as surrogate markers of disease alone.

Reference

1. Church AJ, Cardoso F, Dale RC, et al. (2002) Anti-basal ganglia antibodies in acute and persistent Sydenham's chorea. *Neurol* 59(2):227-231

Association of common cold with exacerbations in tic disorder patients: a prospective longitudinal study. P. J. Hoekstra, W. L. Manson, M. P. Steenhuis, C. G. M. Kallenberg and R. B. Minderaa. University of Groningen, Netherlands

This abstract is submitted as a part of the symposium "Immune factors in Tourette's and Obsessive compulsive disorder", chaired: Pieter J. Hoekstra and together with Church Anti-basal ganglia antibodies: Diagnostic utility in suspected post-streptococcal movement disorders?, and Dale Obsessive-compulsive disorder: Cross-sectional study for recent streptococcal infection and anti-basal ganglia antibodies.

Objective: Cross-sectional data and some case studies suggest a temporal relationship between fluctuations in tic severity and preceding infections. The aim of the present study was to examine this possible relationship in a prospective longitudinal design.

Methods: Two groups of tic disorder patients were included in this study, a pediatric group between 7 and 15 years ($N = 20$), and an adult group of 16 years and older ($N = 41$). During a 24 weeks period, participants were asked to weekly fill out self-questionnaires regarding the presence of tic exacerbations and experience of common cold. In addition, six throat swabs were taken at fixed intervals irrespective of symptoms and cultured for streptococci; also, three serial serum assessments of streptococcal antibodies were performed.

Results: In the pediatric group, the self-report of a common cold was strongly associated with an exacerbation in tic severity four weeks later (Odds ratio = 4.685, $p = 0.001$). In this group, no association between the self-report of a common cold and tic exacerbations was found in other weeks. In the adult group we found no association at all between reports of common cold and tic exacerbations. Association with streptococcal infections could not be determined due to the limited number of observed streptococcal infections.

Conclusions: While it remains to be proven whether or not streptococcal infections are associated with exacerbations in tic severity, this study points to a hitherto unknown association of common viral infections with exacerbations in tic severity in children, which may support the involvement of immune dysregulation in tic disorders.

Tourette's Syndrome – Infectious or Postinfectious? N. Müller, M. Riedel, M. Abele-Horna. Hospital for Psychiatry and Psychotherapy, Ludwig-Maximilians-University and Institute of Microbiology, Wuerzburg, Germany

This abstract is submitted as a part of the symposium "Immune factors in Tourette's and Obsessive compulsive disorder", chaired: Pieter J. Hoekstra and together with Church Anti-basal ganglia antibodies: Diagnostic utility in suspected post-streptococcal movement disorders?, Dale Obsessive-compulsive disorder: Cross-sectional study for recent streptococcal infection and anti-basal ganglia antibodies and Hoekstra, Association of Common Cold with Exacerbations in Tic Disorder Patients: a Prospective Longitudinal Study

Background: An association between infections and Tourette Syndrome (TS) has been described repeatedly. Both tics during an acute infection and as sequelae of a postinfectious immune process have been reported. A role for streptococcal infection has been established for several years by the PANDAS concept. Own investigations showed increased titers of streptococcal M-proteins as a sign of immunological cross-reaction or molecular mimicry. On the other hand, the involvement of other infectious agents such as *Borrelia burgdorferi* or *Mycoplasma pneumoniae* in TS has been described in single case reports responding to antibiotic therapy. These results show that different infectious agents may be involved in TS. Regarding infection with *M. pneumoniae* it might be easier to differentiate between infection and a postinfectious process with respect to different types of antibodies (IgA, IgG).

Methods: We studied IgA- and IgG antibody titers against *Mycoplasma pneumoniae* in TS patients and in a sex- and age matched comparison group.

Results: A higher proportion of increased serum titers, especially of IgA antibodies suggest a role for *M. pneumoniae* in a subgroup of patients with TS and supports the finding of case reports showing an acute or chronic infection with *M. pneumoniae* as one etiological agent for tics.

Conclusions: This finding might have implications for therapeutic strategies. In predisposed persons, infection with various agents including *M. pneumoniae* should be considered at least as aggravating factor in TS. Implications for the immunological concept of TS, but also methodological and conceptual limitations are discussed.

Monday, September 29th, 2003 Donatello 1

S15–1:00 pm
Symposium

Epidemiological approach to adolescent mental health: use of the social and health assessment in different cross-cultural settings

Chair: Mary Schwab-Stone, M. D., Yale Child Study Center, USA

Disentangling the impact of involvement in violence from violence exposure. M. Schwab-Stone, Yale Child Study Center, USA; S. Jones, Yale Child Study Center, USA; C. Henrich, Georgia State University, USA; P. Leckman, Yale Child Study Center, USA; V

This presentation provides background on the development and history of the Social and Health Assessment project and the studies that have been conducted on violence exposure in the U.S. sample. This will serve as the backdrop for subsequent presentations on various aspects of our cross-national work.

Objective: To examine the role of community violence exposure in shaping emotional and behavioral adjustment by determining the extent to which witnessing and victimization are differentially associated with internalizing and externalizing symptomatology over time, controlling for the context of violence commission.

Method: A questionnaire to assess problem behaviors, psychiatric symptoms, and risk conditions was administered to a large sample of adolescents from a general urban population (N = 1187) in 1996 and again in 1998. Structural equation modeling techniques were used to examine, cross-sectionally and longitudinally, the relationships between witnessing violence and being victimized and later psychopathology, controlling for initial levels of exposure, symptoms, and the context of violence commission.

Results: There is considerable continuity in each type of violence exposure across the two-year period. Victimization predicts subsequent internalizing symptoms, as well as lower levels of externalizing symptoms. Cross-sectionally, witnessing predicts higher levels of externalizing symptoms; with longitudinal controls, this relationship remains but at a trend level. Commission is strongly related to externalizing symptoms, but also predicts lower levels of internalizing symptoms.

Conclusions: By identifying the particular behavioral and psychological consequences of different kinds of violence exposure, over and above prior levels, causal relations can be inferred to aid family, school, and governments in developing and implementing specific, effective, and proactive interventions.

Violence exposure and internalizing psychopathology: cross-national findings. V. Ruchkin, Yale Child Study Center, USA; M. Schwab-Stone, Yale Child Study Center, USA; R. Vermeiren, University of Antwerp, Belgium

This presentation describes a set of cross-national, school-based studies of violence exposure in adolescents and the relationships between different types of exposure and internalizing psychopathology.

While there is now a plethora of reports examining the effects of exposure to community violence in the US, no study has examined its impact on communities outside of North America.

Objective: To investigate cross-cultural trends for levels of psychopathology in adolescents who have been exposed to community violence of differing levels of severity (no exposure, witnessing, victimization).

Methods: A self-report survey was conducted in a representative sample of 3,309 14 to 17 year old adolescents from urban communities in the US (1343), Belgium (946) and Russia (1,009).

Results: In all three countries, boys reported higher prevalences of violence exposure and more victimization by community violence than girls. Controlling for involvement in severe problem behaviors, levels of psychopathology increase with severity of exposure to violence (from no exposure to witnessing to victimization). Trends for associations between violence exposure and internalizing problems were similar across countries and genders.

Conclusions: Current findings suggest that the relationships between community violence and adolescent mental health are not culture bound and that they follow similar dynamics in different populations.

Antisocial behavior and mental health: findings from an international school-based survey. R. Vermeiren, University of Antwerp, Belgium; M. Schwab-Stone, Yale Child Study Center, USA; V. Ruchkin, Yale Child Study Center, USA

This presentation provides a report on the cross-national results of the SAHA study with respect to relationships between antisocial behaviour in adolescents and associated psychopathology.

Objective: Insights in the relationships between adolescent antisocial behavior and mental health problems will be presented with the focus on cross-cultural school-based samples of adolescents.

Methods: The Social and Health Assessment (SAHA) is a self-report questionnaire that investigates risk-taking behavior (e.g. antisocial behavior) and psychopathology (e.g. PTSD, depression, anxiety), and offers unique opportunity for cross-national comparison. The SAHA was administered twice (1998–2000 and 2002–2003) in an international sample of 11 and 18 year old adolescents from three middle to large-size cities (in the US, Russia, and Belgium). The first SAHA administration included over 1000 students from Russia and Belgium and over 3000 from the US, while the current SAHA administration will include approximately 3000 students in each sample.

Results: SAHA results demonstrate that for both genders and in all three countries, mental health problems differ by type of antisocial behavior. Psychopathology gradually increases from the non-antisocial group to the moderate antisocial group, and finally to the severe antisocial group. Although patterns of relationships are comparable, differences between countries are noted.

Conclusions: The school-based SAHA survey adds to the knowledge on mental health problems in antisocial youths and puts these insights in an international context.

Sexual risk behavior and psychopathology: a cross-cultural study. B. Mussche, University of Antwerp, Belgium; M. Schwab-Stone, Yale Child Study Center, USA; I. Jespers, University of Antwerp, Belgium; R. Vermeiren, University of Antwerp, Belgium; V. Ruchkin, Yale Child Study Center, USA

This presentation reports cross-national results on the relationships between adolescent sexual behaviour and internalizing psychopathology.

Objective: To investigate the relationship between sexual risk behavior and mental health problems in adolescents from different countries.

Methods: The Social and Health Assessment (SAHA) is a self-report questionnaire that investigates risk-taking behavior such as sexual behavior and the presence of psychopathology (e.g. PTSD, depression, anxiety). The SAHA was administered twice (1998–2000 and 2002–2003) in an international sample of 11 to 18 year old adolescents from three middle to large-size cities (New Haven, US; Arkangelsk, Russia; Antwerp, Belgium). The current SAHA administration will include approximately 3000 students in each sample. Therefore, the SAHA offers a unique opportunity for cross-cultural comparison.

Results: By gender, the prevalence of sexual risk behavior was found to be different, while an expected increase in sexual involvement by age was noted. As expected, psychopathology was higher in adolescents showing sexual risk behavior, although cross-cultural differences in these patterns of relationship were found.

Conclusions: As sexual risk behavior is associated with mental health problems, prevention and intervention programs, both in the community (e.g. school) and in mental health services, should focus on this aspect of risk.

S16–2:15 pm Symposium

ADHD in adulthood What does it mean for affected individuals and their families?

S. Kooij, Parnassia, psycho-medisch centrum, Den Haag, The Netherlands; K. Minde, McGill University, Montreal Children's Hospital, Montreal, Canada; S. Young, South London & Maudsley NHS Trust/Croydon Community Forensic Team, Croydon, UK

Objectives: To present data from 3 countries on 1.) the epidemiology of ADHD in the general adult population 2.) the psychosocial functioning of children and spouses of adults with ADHD and 3) possible treatment options and their effectiveness for affected adults.

Method: Kooij et al. present results of confirmatory factor analyses of ADHD-DSM-IV symptoms obtained from studying 1813 adults aged 18 to 75 and appropriate cut-off scores. They also examine associations between ADHD symptoms and levels of impairment. Minde et al. report on the psychosocial functioning of 33 families with an ADHD parent, their spouses and 63 children, and a matched control group. They discuss lifetime and current diagnoses of adults and children, marital and school functioning in various subgroups of their sample. Young reports on group therapy "workshops" for recently diagnosed adults with ADHD, drawing on a cognitive behavioural model of intervention.

Results: Kooij found an ADHD prevalence of 1.3% and confirmed that a 3 factor model (inattention, hyperactivity and impulsivity) provides the best fit for judging impairment. Minde confirmed higher rates of psychopathology and comorbid conditions in ADHD children but did not find differences among children of ADHD fathers and mothers. One healthy parent functioned as a buffer against psychopathology only in non-ADHD

children. Young found group meetings to improve ADHD adult's mood, impulsivity and relationships. Conclusions: Results, discussed by J. Buitelaar, support the internal and external validity of ADHD in adults; the need to assess non-ADHD parents; and the appropriateness of cognition based treatment for ADHD adults.

Epidemiological data on adult attention-deficit/hyperactivity disorder (ADHD). J. J. Sandra Kooij, Jan K. Buitelaar, Edwin J. van den Oord, Johan W. Furer, Cees A. Th. Rijnders, Paul P. G. Hodiament, Parnassia, psycho-medisch centrum, Den Haag, The Netherlands/Department of Psychiatry and department of Social Medicine, University Medical Centre St. Radboud, Nijmegen, The Netherlands

Objective: To a) present the results of confirmatory factor analyses of ADHD-DSM-IV symptoms obtained by self-report in an adult population-based sample; b) examine the associations between ADHD symptoms and measures of impairment; and c) present cut-off scores and prevalence estimates.

Method: Data from the Nijmegen Health Area Study-2 (NHA-2) were used. The NHA-2 is based on a probability sample of subjects registered with general practitioners, a virtual reality for Dutch citizens.

A Dutch version of the ADHD-DSM-IV rating scale was constructed to assess current symptoms of ADHD. We added 3 items based on the retrospective recall of inattentive, hyperactive and impulsive behaviours around 7–8 years. Items were rated on a four-point scale. We used the General Health Questionnaire (GHQ-28) to measure general psychopathology. Psychosocial impairment was measured by four items (e.g. current presence of self-perceived psychological disorder etc.).

The structure of ADHD symptoms was analyzed by confirmatory factor analyses for 1813 adults aged 18–75. Subsamples for age and gender were also analyzed. Three models were compared: all items in one factor, inattention and hyperactivity/impulsivity as two and three individual factors.

Results: The three factor model provided the best fit. Inattentive and hyperactive symptom scores were significantly associated with measures of impairment. Subjects with 4 or more inattentive or hyperactive/impulsive symptoms were significantly more impaired than subjects with fewer symptoms. The prevalence of ADHD was 1.3% and 3.2% using cutoffs of 6 and 4 current symptoms respectively, and requiring 2 out of 3 symptoms in childhood.

Conclusion: These results support the internal and external validity of ADHD in adults.

The psychosocial functioning of children and spouses of adults with ADHD. K. Minde, McGill University, Montreal Children's Hospital, Montreal, Canada; L. Eakin, Curry School of Education, University of Virginia, Charlottesville, VA, USA; L. Hechtman, McGill University, Montreal Children's Hospital, Montreal, Canada

This study documents the effects ADHD parents have on the psychological functioning of spouses and children. Non-ADHD spouses with no other psychiatric disorder are not able to modify the behaviour of children with ADHD but moderate the outcome of non-ADHD children.

Objectives: a) To assess the impact of parental ADHD on the day-to-day life of the rest of the family and b) its contribution to the intergenerational transmission of this disorder.

Method: The psychosocial functioning of 23 spouses and 63 children of 33 families with an ADHD parent and 20 spouses and 40 children of 26 comparison families was examined. Both adults and their spouses were assessed for lifetime and current axes I and II diagnoses, present psychiatric symptoms and their marital relationships. Children were screened for ADHD and other problems, using the C-DISC, CBCL, TRF, and the Social Adjustment Inventory.

Results: Children with an ADHD parent had higher rates of

psychopathology than children from comparison families. Children with ADHD had more co-morbidities than non-ADHD children. Family and marital functions were impaired in ADHD families regardless of the gender of the affected parent. Children without ADHD from families with one psychiatrically healthy parent did well while the behaviour of children with ADHD was always poor and not associated with parental mental health.

Conclusions: Results underscore the strong genetic contribution to ADHD in children and the need to carefully assess the respective non-ADHD parent in the family as he/she seems to influence the well-being of non-ADHD children in families with an ADHD parent.

Group therapy workshops: a brief psychological intervention for ADHD adults. S. Young, J. Bramham, South London and Maudsley NHS Trust and Institute of Psychiatry, London, United Kingdom

Objectives: Once ADHD adults have been diagnosed with ADHD for the first time in adulthood they go through a psychological process of adjustment when they come to terms with the diagnosis and what this means. They also realise that lifelong feelings of low self-esteem, problematic interpersonal relationship and occupational problems may be related to their ADHD. The aim of the study was to evaluate group therapy “workshops” designed to support and provide psychological interventions to newly diagnosed patients with ADHD.

Method: Workshops were held monthly and provided brief intensive treatment drawing on a cognitive behavioural model of intervention. The aim of the groups was threefold, (1) psychoeducational, (2) to discuss psychological strategies for dealing with symptoms and associated problems and (3) for people with ADHD to meet others with similar difficulties. Topics included coping with feelings of anxiety, depression, anger and the development of pro-social, problem-solving and time-management skills.

Results: Data are being analysed at present and will be presented summarising the work with 4 consecutive groups. The groups were extremely well received and valued by participants, many of whom had never previously had the opportunity to meet and interact with others with the diagnosis. The paper will outline our experience of the workshops, their content and feedback from the participants.

Conclusions: Preliminary findings emphasise that psychological therapy may play an important role in helping adults adjust to a diagnosis of ADHD and cope with their associated problems.

W2–4:00 pm Workshop

Child and adolescent psychiatric clinical practice: interest of attachment theory in therapeutic processes

Chair: Prof. Antoine Guedeney

This workshop about clinical work is proposed in collaboration with French teams (Child and adolescent department of psychiatry, Institut Mutualiste Montsouris, Prof. Jeammet), and department of child and adolescent psychiatry, hospital Bichat, Prof. A. Guedeney) and German approach (Dr K. H. Bristch, Münnich), both of them psychoanalytically oriented but also attachment theory trained; We would like to illustrate the interest of clinical use of attachment theory in child and adolescent clinical practice, beyond the field of infancy.

Three clinical cases will be presented: the first one will describe the interest of a new relevant semiology of attachment process and vulnerability in a 3 year old child and the way to choose the best technical therapeutic interventions with the parents.

The second one will describe the relevance of attachment theory to promote a therapeutic alliance with the parents inside a specific setting in child psychiatry: bifocal setting.

A third case will describe the interest of attachment theory in adolescent practice.

Each of these cases will be discussed by K. H. Bristch, well known for his work about the applications of attachment theory in the treatment of attachment disorders.

Attachment theory and the framing of therapeutic alliance with parents in clinical work with toddlers. N. Guedeney, CMP-IMM, Paris, France, C. Rabouam, CMP-IMM, M. Morales-Huet, CMP-IMM, Paris, France

Objective: Establishing a therapeutic alliance with parents referred to child mental health centre because of their offspring's psychological problems is one of the main and most difficult goals in child psychiatry clinical practice. Parents do not ask help for themselves but on behalf of their child. However, the alliance with parents is the first step of care for the child who cannot be seen alone. Using the well known applications of attachment theory to psychotherapy processes and to help relationship, we would like to illustrate its utility in child psychiatry clinical practice in work with parents.

Methods: We will present a clinical case: a 4 year old boy is seen with his parents in a community mental health centre where the setting is organised in a bifocal way ie therapeutic sessions with parents and child and the therapeutic care of the child according to his/her needs. We will illustrate the technical providing a secure basis between the consultant and the parents. This step allows then 3 synergistic levels facilitating the child's care: to facilitate parent's mentalizing process about their child, to develop their own ability to think about themselves and to explore their own conflicts related to their childhood, and finally to improve their partnership with the therapeutic projects.

Results: the concepts of the secure base, the safe heaven, the other attachment's systems balance, the goal corrected partnership are particularly relevant to frame the therapeutic alliance with parents in young child psychiatric practice.

Attachment informed treatment of adolescents. F. Atger, IMM, Paris, France, F. Perdereau, IMM, Paris, France, C. Dubucq-Green, IMM, Paris, France

The relation between attachment theory and clinical work has received much attention for a few years with children but still very little with adolescents.

Attachment and attachment processes constitute only one aspect of human functioning, they do not define an individual in his or her complexity. Hence we do not think that there should be a specific type of therapeutic work, an “attachment psychotherapy”. However an understanding of the nature and dynamics of attachment in adolescence may inform and sometimes define intervention and clinical thinking. From an attachment perspective adolescence is a period of major emotional and cognitive transformations. The adolescent creates new attachment bonds, modifies the primary ones, evolves from being a receiver of care to being a potential caregiver. Difficulties may appear along that transformation and contribute to psychopathology.

We will present a clinical case of a 16 year old girl, referred to our outpatient unit for eating disorders. We will first show the way attachment theory, and also attachment research (in particular research with the Adult Attachment Interview) enriches and broadens our clinical listening and understanding. Then we will try to explain the way it might have modified our therapeutic intervention.

Attachment theory and its contribution to young child psychiatric advice. A. S. Mintz, A. Guedeney, Hôpital Bichat, Paris, France

Objectives: In clinical practice of young child psychiatry we will demonstrate understanding elements that are brought by attachment theory.

First of all, we will focus our study on the child in order to see the contribution of the analysis of his comportmental strategies.

We will evaluate his search of physical proximity with his main caregiver, his exploration abilities of environment and his capacities to ask for help when he is under stress.

Then we will discuss the results of observation relationship dynamics between parents and child in their comportmental affective and emotional dimension.

Method: We will present the clinical observation of a two and a half year old girl seen in a medical and psychiatric center.

She was addressed by her nursery nurse for her anger and her aggressive behavior against another child.

We will present clinical data linked to the child, relationship dynamic data between mother and daughter. We will analyze their capacities to establish links and to negotiate limits, prohibitions and resulting conflicts.

Results: Attachment theory allows an understanding of noticeable elements for a medical advice.

This understanding could be shared with the protagonists.

It allows an access to existing limits between the dynamic of this relationship and the comportmental strategies built up by the child.

Attachment theory promotes the relational adjustment necessary.

S17-5:45 pm Symposium

Information Processing in Children with Autism Spectrum Disorders (ASD)

The subjects will be: Theory of Mind (ToM) capacities in 3-to 9-year-old children with PDD-NOS (1st paper), Central Coherence (CC) in lower and higher functioning adolescents with ASD (2nd paper), face recognition in 7-to 10-year-old children with PDD-NOS (3rd paper), and autonomic responses during the performance of an attention-demanding task in 8-to 12-year-old children with PDD-NOS (4th paper). The findings presented in the last paper will be discussed in the light of a theory that may help explaining the deficient development of ToM, CC, and face recognition capacities outlined in the preceding presentations.

Professor Dr. R. B. Minderaa, medical director of the Academic Center of Child and Adolescent Psychiatry, Groningen, will be so kind to fulfil the role of chairman in the proposed symposium.

Inter and intra individual variability in theory of mind in children with PDD-NOS. E. Blijd-Hoogewys¹, P. van Geert¹, R. Minderaa²

¹ Department of Clinical and Developmental Psychology, University of Groningen, The Netherlands; ² Department of Child and Adolescent Psychiatry, University of Groningen, The Netherlands

The development of Theory of Mind in children with PDD-NOS is not only delayed but also deviant. They show deficits in specific aspects of ToM and also display a high intra-individual variability in their scores.

Objective: Theory of Mind (ToM) refers to the ability to attribute mental states (e. g. thoughts, desires, intentions, emotions) to others and to use these mental states in predicting and explaining the behaviour of others. ToM has been amply investigated in children with Autism Spectrum Disorders, but there is still dis-

ussion on whether their ToM development is delayed or deviant. These questions stress the need for longitudinal studies on ToM, since developmental sequences found in cross-sectional studies might not correspond with actual developmental steps that occur in individuals. The main objective of this research was to measure whether ToM skills vary in one individual over time (intra-individual variability) and to determine whether this variability covaries with the severity of the disorder. It also compares the stability in ToM skills between children with ASD and control children (inter-individual stability).

Method: A longitudinal study of 20 months included children with PDD-NOS (N = 35, 3-9 years old). In order to enable repeated measurements, a new test was developed. This test, the ToM Story Books, comprises various ToM tasks (e.g. recognition of emotions, the ability to distinguish between mental and physical entities, and the ability to predict actions and emotions on the basis of beliefs and desires). The test consists of four alternative versions of a set of storybooks, illustrated with full-colour pictures.

Results: In each individual, the scores vary strongly over the consecutive measurements. Children with PDD-NOS showed specific deficits in understanding emotions and beliefs; they used less ToM related answers.

Conclusion: Children with PDD-NOS have a lower ToM quotient and a greater variability between measurements than normally developing children. Their development is delayed and suggests a stagnation of the development of ToM knowledge.

Central coherence in lower and higher functioning adolescents with a disorder in the autism spectrum. N. van Lang^{1*}, A. Bouma², S. Sytma¹, D. Kraijer¹, R. Minderaa¹

¹ Department of Child and Adolescent Psychiatry, University of Groningen, The Netherlands; ² Department of Clinical and Developmental Psychology, University of Groningen, The Netherlands

Lower functioning adolescents with an autism spectrum disorder were found to be characterised by a weak central coherence. However, no such evidence was found in the higher functioning adolescents.

Objective: Within the theory of a weak central coherence in autism, people with an autism spectrum disorder (ASD) are suggested to process information locally, i. e. in a piece-meal fashion while taking less account of the context in which the information appears (Frith, 1989). In the present study, central coherence (CC) abilities were measured in a group of lower and higher functioning ASD adolescents, and in age- and cognitive-ability-matched control groups. We aimed at investigating (1) if lower and higher functioning ASD subjects are characterised by a weak CC, (2) if differences in weak CC within the autism spectrum could be observed, and (3) if a weak CC is related to specific autistic features.

Method: The ASD group was classified (amongst others) with the ADI-R and ADOS-G. The (CC) abilities were measured at the visuo-spatial level with two tasks: a CC-specific adjustment of a Block Design Task and the Child Embedded Figures Test (CEFT). The relationship between CC abilities and autistic features was investigated by relating the accuracy and response time of both tasks to the triad of autistic behaviours.

Results: Partial evidence for a weak CC was found in the lower functioning but not in the higher functioning ASD subjects. In addition, a merely small tendency for a weaker CC in adolescents with more severe autistic behaviours could be observed. Moreover, the degree of weakness in CC appeared to be related to mental age.

Conclusion: The results will be discussed in the light of the construct validity of the tasks that have been used.

Face recognition in children with PDD-NOS. M. Serra¹, M. Althaus¹, L. M. J. de Sonnevile³, A. D. Stant², A. E. Jackson², R. B. Minderaa¹

¹ Academic Centre for Child and Adolescent Psychiatry, Groningen, The Netherlands; ² Department of Developmental Psychology, State University Groningen, The Netherlands; ³ Department of Pediatrics, Vrije Universiteit Medical Center, Amsterdam, The Netherlands

This presentation shows the results of a study on face recognition in non-retarded 7- to 10-year-old children with PDD-NOS. It was suggested that, when processing faces, the children with PDD-NOS use a strategy that is more attention-demanding and hence less automatic or "Gestalt-like" than the one used by normally developing control children.

Objective: This presentation will discuss the data from a study on the speed and the accuracy of face recognition in children with a Pervasive Developmental Disorder Not Otherwise Specified (PDD-NOS, DSM-IV, APA, 1994).

Method: The study includes a clinical group of 26 non-retarded 7- to 10-year-old children with PDD-NOS and a control group of 65 normally developing children of the same age. Two computerised reaction time tasks were administered: a face recognition task and a control task designed to measure the recognition of abstract visuo-spatial patterns. The latter were either easily or difficult to distinguish from a set of alternative patterns.

Results: The normally developing children recognised the faces much faster than the hardly distinguishable abstract patterns. The children in the PDD-NOS group needed an amount of time to recognise the faces that almost equalled the time they needed to recognise the abstract patterns that were difficult to distinguish.

Conclusion: The results suggest that, when processing faces, the children with PDD-NOS use a strategy that is more attention-demanding and hence less automatic or "Gestalt-like" than the one used by the control children. The results are discussed in the light of a theory that explains the development of coherent mental representations.

Autonomic responsiveness to attention-demanding tasks in children with autistic-type behaviour problems. M. Althaus^{*1}, A. van Roon², L. Mulder², G. Mulder², R. Minderaa²

¹ Department of Child and Adolescent Psychiatry, University of Groningen, The Netherlands; ² Department of Work and Experimental Psychology, University of Groningen, The Netherlands

Intellectually non-retarded hyperactive and non-hyperactive children with PDD-NOS were found to differ from each other and from healthy children in their autonomic response patterns exhibited during the performance of an attention-demanding task. The results will be discussed in the light of Damasio's hypothesis about somatically marked experiences.

Objective: Social maladjustment has been repeatedly suggested to be accompanied by deficient parasympathetic (vagal) modulation processes involved in the individual's autonomic response to environmental demands (e.g., Porges et al., 1996; Althaus et al. 1999). We studied vagal and sympathetic responses to an effort-demanding attention task in a group of normal children and two subgroups of children with a milder variant of the Pervasive Developmental Disorders (PDD-NOS, DSM-IV, 1994).

Method: Adopting a model, in which the short-term control of blood pressure is conceptualized as being mediated by the baroreflex, we simulated task-related changes in baroreceptor feedback-dependent vagal and sympathetic activity as well as in the level of basic vagal tone.

Results: Comparison of our experimental data with the simulation data revealed qualitative differences among the groups with respect to their vagally controlled responses. These differences appeared being related to qualitative group differences in task performance.

Conclusion: We interpreted the deficient vagal response pat-

terns observed in children with PDD-NOS as being indicative of a weaker somatic marking of information that has to be processed consciously. The somatic marking of experiences has been proposed to play an important role in the development of coherent mental representations and an appropriate (theory of) mind (Damasio, 1994). Deficient autonomic responses to environmental demands are easily to be identified in early infancy and hence may serve as an early predictor of social-cognitive maladjustment in later life.

Keywords

Information processing – autonomic responsiveness – somatic marking – PDD

Apport de la théorie du chaos à la modélisation des états délirants aigus. J. Dayan, CHU de Caen, France

L'évolution variable des états confuso-délirants de l'adolescent vers la guérison, la récurrence sous une forme thymique caractéristique ou bien la progression vers un état schizophrénique peut être comprise à la lueur des conceptions issues de la physique contemporaine, et particulièrement de l'étude des systèmes dynamiques. L'éventualité d'un bénéfice apporté par la thérapie précoce d'un trouble déclaré est éclairée par les notions de stabilité et d'instabilité; l'évolution d'un état critique vers un état chronique est compris comme le résultat d'une bifurcation évolutive non inéversible. Récidives ou cycles (bouffées délirantes, troubles uni ou bipolaires) n'apparaissent plus comme fortuits mais répondent aux notions d'intermittence et de quasi-périodicité que manifestent les systèmes soumis à la réitération et au feed-back.

En pratique, ces nouveaux paradigmes orientent vers un modèle de compréhension des périodes critiques, notamment des épisodes aigus délirants, conduisant à la mise en place de thérapies précoces (psychotropes et psychothérapies) lors des épisodes primaires.

Monday, September 29th, 2003
Donatello 2

518–1:00 pm
Symposium

Role of infections and auto-antibodies in TIC disorders

Chair: Pieter J. Hoekstra

Defining streptococcal-related tic disorders: contribution of echocardiography. F. Cardona, A. Romano, F. Ventriglia, G. Orefici, Departments of Child Neuropsychiatry and Pediatrics, University La Sapienza, and Istituto Superiore di Sanità, Rome, Italy

Objective: Previously, we demonstrated high levels of serological response to streptococcal antigens in tic disorder patients. No biological marker has yet been identified to define a clear diagnosis of streptococcal-related tic disorder.

We report preliminary results of an open study on colour-Doppler echocardiography in possibly streptococcal-related tic disorder patients.

Methods: Patients were 36 tic disorder children, with signs of streptococcal infections temporally related to the onset or recrudescence of tics.

To assess valvular incompetence, colour-Doppler technique was used, as it reveals a systolic regurgitant jet across atrio-ventricular valves. Pathologic mitral regurgitation was defined as

meeting the following criteria: 1) length of colour jet > 1 cm; 2) colour jet identified in at least two planes; 3) mosaic colour jet, and 4) persistence of the jet throughout systole.

Results: Echocardiography revealed mild mitral insufficiency in 4 cases and minimal mitral insufficiency in 13 cases, all haemodynamically insignificant. Follow-up studies (up to 1 year) showed the consistency and persistence of these findings. Moreover, patients with echocardiographic abnormalities displayed very high ASO titers (15/17), positive cultures for GAS (7/17) and abnormal ESR (11/17), even if no significant differences were found compared with patients with tics and normal echocardiography.

Conclusions: Our study shows consistent echocardiographic abnormalities in a subgroup of possibly streptococcal-related tic disorder patients. The type and rate of these abnormalities are similar to those found in rheumatic fever and isolated Sydenham's chorea. Notwithstanding study design limitations, and a low number of patients examined, echocardiography seems useful in defining streptococcal-related tic disorders.

Tourette's syndrome: a study concerning recent streptococcal infection and anti-basal ganglia antibodies. R. Rizzo, F. Fogliani, M. Gulisano, P. Pavone, D. Mazzone, University of Catania, Italy

Objective: To investigate the hypothesis that Tourette's syndrome may be associated with group A streptococcal infection and anti-basal ganglia antibodies (ABGA).

Methods: 69 patients with Tourette's syndrome (diagnosis of Tourette's syndrome was made as defined by the Tourette's syndrome international study group) were enrolled in this study. 73 children were studied as controls, consisting of 39 healthy subjects, 15 subjects with mental retardation, and 19 with afebrile seizures. In all subjects antistreptolysin O titre (ASOT) and ABGA were measured.

Results: ASOT was raised in 59% (41/69) of children with Tourette's syndrome compared with 19% (14/73) of control children. ABGA were positive in 31% (22/69) of children with Tourette's syndrome compared with 12% (9/73) in the control group. Raised ASOT was detected in 82% (18/22) of Tourette's syndrome patients with positive ABGA compared with 47% in Tourette's syndrome patients with negative ABGA.

Conclusions: The results support a role of group A streptococcal infection and basal ganglia autoimmunity in a subgroup of patients with Tourette syndrome.

Seroreactivity in Tic Disorder Patients to a 60 kD Antigen from a Neuronal Cell Line. P. J. Hoekstra, G. Horst, P. C. Limburg, P. W. Troost, N. van Lang, A. de Bildt, J. Korf, C. G. M. Kallenberg, and R. B. Minderaa. University of Groningen, Netherlands

Objective: In tic disorder patients, previous studies have demonstrated increased seroreactivity against crude neuronal antigen extracts. However, no molecular characterization of the antigenic structures involved is available. The aim of this study was to identify and characterize possibly involved target autoantigens.

Methods: Eighty-two patients with a tic disorder were compared with 43 healthy control subjects, 15 patients with autistic disorder (AD) and 25 persons with obsessive-compulsive disorder (OCD). In these subjects, seroreactivity against a protein extract from HTB-10 neuroblastoma cells was analyzed by using Western blot techniques. The most relevant identified antigenic structure was subsequently isolated, and subjected to amino acid sequencing.

Results: All subjects showed reactivity against a multitude of protein bands. Binding to a protein with a molecular weight of 60 kD occurred significantly more frequently in patients with a tic disorder (67.1%) than in patients with AD (40%), OCD patients (40%) and healthy controls (41.9%). Sequence analysis identified this protein as a human 60 kD heat shock protein (hsp60).

Conclusions: Hsp 60, an antigenic structure that is not exclusive

to neuronal tissue, may be an important target auto antigen in tic disorders. Also, increased presence of anti-hsp60 antibodies may point to the relevance of infections in tic disorders. These data lend further support to the involvement of immune dysregulation in tic disorders.

An exploratory study on the role of streptococcal superantigens measured by alterations in the T-cell receptor V β repertoire in children with neuropsychiatric disorders. M. E. van Egmond, P. J. Hoekstra, D. B. Bessen, J. F. Leckman. University of Groningen, Netherlands and Yale Child Study Center, New Haven, United States

Objective: Group-A-streptococci (GAS) have been hypothesized as an autoimmune trigger for Tourette's syndrome (TS) and obsessive-compulsive disorder (OCD) in a subset of patients. GAS are known producers of superantigens (SAGs). SAGs binding to the V β chain of the T-cell receptor may be one possible route leading to autoimmunity. Therefore, goals of this study are to confirm the presumed role of GAS infection in children with TS and/or OCD and to investigate whether streptococcal SAGs may be involved in the pathogenesis of TS/OCD.

Methods: In a cross-sectional design anti-streptococcal antibodies were measured in 34 children with TS and/or OCD and in 21 healthy controls. In addition, the T-cell receptor V β repertoire of peripheral blood lymphocytes was quantified by flow cytometry (V β 1, V β 2, V β 5.1, V β 8, V β 9 and V β 12). Furthermore, in a prospective longitudinal design, measures were obtained at regular time intervals and additionally in 11 patients at acute symptom exacerbation.

Results: Anti-streptococcal antibodies and the V β repertoire did not differ significantly between patients and controls. In the patient group GAS infection was not associated with clinical exacerbation.

Conclusions: Our findings do not confirm the presumed role of GAS infection in children with TS/OCD, neither suggest a pathogenic role for SAGs. However, our data do not preclude involvement of streptococcal SAGs in a subgroup of patients. Possible explanations of the negative findings include the small N and the complexity of the immune system. Prospective studies are needed to confirm the presumed involvement of infections in TS/OCD and to investigate the possible immunological pathways.

01–2:15 pm Oral communications session

Tentatives de suicide

Chair: Apter A.

Autobiographical memory, interpersonal problem solving and suicidal behavior in adolescent inpatients. A. Apter, N. Horesh, Schneiders Childrens Medical Center, Petah Tiva Israel

Objective: The aim of this study is to examine the relationship between a number of elements and suicidal behavior. These elements deficits in the ability to retrieve specific autobiographical memories, impairment in interpersonal problem solving, negative life events and hopelessness all play a major role in Williams' (1996) theory of suicidal behavior.

Methods: Twenty-five suicidal adolescent inpatients were compared to 25 non-suicidal adolescent inpatients and 25 normal controls. Autobiographical memory was tested by a word association test; problem solving by the Means to Ends Problem Solving technique; negative life events by the Coddington Scale; repression by the Life Style Index; hopelessness by the Beck Scale; suicidal risk by the Plutchik Scale, and suicide attempt by clinical history.

Results: Impairment in the ability to produce specific autobio-

graphical memories, difficulties with interpersonal problem solving, negative life events and repression were all associated with hopelessness and suicidal behavior. There were significant correlations between all the variables except between repression and negative life events.

Conclusions: These findings support Williams' notion that generalized autobiographical memory is associated with deficits in interpersonal problem solving, negative life events, hopelessness and suicidal behavior. The finding that defects in autobiographical memory are associated with suicidal behavior in adolescents may lead to improvements in the techniques of cognitive behavioral therapy for such individuals.

A Study of Suicidal Attempts by Drugs and Poisonous Substances in Emergency Rooms and Intensive Care Units of Affiliated Hospitals affiliated to Shiraz University of Medical Sciences. H. Ashkani, M. D.*; Seyed Ali Moini, M. D.**; M Tohidi, M. D.***, * Associate Professor of Psychiatry; ** Research Assistant; *** General Practitioner; Shiraz University of Medical Sciences

Background: Suicide is a major health problem leading to 9 % of deaths. It is also a common cause of hospital admissions.

Materials and Methods: From Mehr 1379 to Khordad 1380, one hundred patients with an age range of 15 to 65 years who attempted suicide were selected by simple random sampling at Faghihi and Namazi hospitals.

Results: The majority of the cases were in the age group of 20–29 years. 54 % were females and 57 % were single. 59 % suffered from a previous psychiatric disorder notably depression (53 %). 78 % used drugs as the suicidal agent. The most commonly used drugs for suicide were benzodiazepines (41 %). The most important symptom of poisoning was decrease in the level of consciousness (64 %). Fifty one percent of the patients were admitted to the hospital, 5 % of them developed major complications after their suicidal attempt and 1 % expired.

Conclusion: The high rate of suicide in the youth mandates more attention to be paid to their mental health problems. Also the high percentage of suicide in married females in comparison to studies from abroad shows a lower social support for this group.

Pathways from sexual abuse to suicidality in young adolescents. G. Martin, H. Bergen, A. Richardson, The University of Queensland, Australia; S. Allison, L. Roeger, Flinders University of South Australia, Australia

Objective: To examine relationships between self-reported sexual abuse (CSA) and suicidality in a large community sample of adolescents.

Method: This paper briefly reviews current literature on associations between CSA and suicidality. We present cross-sectional and longitudinal findings from a 3-wave repeated measures research program with normal community high school adolescents from 27 schools in South Australia. In the first wave, students aged 13.5 years (N = 2596) completed a composite questionnaire including measures of depression, hopelessness, antisocial behaviour, substance use, family functioning, sexual abuse and suicidal behaviour. Data were analysed with logistic regression to 'predict' self-reported high-risk suicidal behaviour (plans, threats or deliberate self-injury ('suicide risk')) and suicide attempts.

Results: Sexual abuse is significantly associated with suicide risk through pathways including internalising/externalising mechanisms, even after controlling for family dysfunction. Gender differences are apparent. In boys, the relationship between CSA and suicide risk is mediated by antisocial behaviour (OR > 5), hopelessness (OR3) and depression (OR2). In girls, CSA makes a direct independent contribution to suicide risk, in addition to depression and substance use. In both boys and girls, suicide risk is the strongest predictor of suicide attempts (OR20–24), after controlling for all other factors.

Conclusions: A history of CSA should alert clinicians, professionals and carers in contact with adolescents, to increased risks of suicidal behaviour and suicide attempts.

Suicidality and its relationship to treatment outcome in a clinical trial for adolescent depression. R. Barbe, J. Bridge, B. Birmaher, D. Kolko, D. A. Brent, Division of Child and Adolescent Psychiatry, WPIC, University of Pittsburgh, Pittsburgh, USA

Objective: To investigate the impact of suicidality on treatment outcome in depressed adolescents treated in a psychotherapy clinical trial.

Methods: 107 adolescent outpatients, 13 to 18 years old, with DSM-III-R major depressive disorder were randomly assigned to one of three treatments: cognitive-behavioral therapy, systemic-behavioral-family therapy or non-directive-supportive therapy. Subjects were classified as suicidal (lifetime or current) on the basis of suicidal ideation with a plan or suicide attempt. The impact of suicidality on outcome was examined.

Results: At intake, suicidal depressed adolescents were more depressed and showed greater functional impairment. During acute treatment, suicidal depressed adolescents had a higher dropout rate. At the end of psychotherapy trial, subjects with a lifetime history of suicidality were more likely to continue to meet criteria for major depressive disorder, accounted for mainly by the much poorer response of suicidal vs. non-suicidal subjects in supportive treatment. The relationship between suicidality and treatment response was mediated by hopelessness and severity of depression at intake.

Conclusion: Hopelessness is an important mediating factor of poor outcome; therefore it should be specifically targeted early in treatment. Suicidal depressed adolescents should not receive non-directive-supportive therapy but specific treatment like cognitive-behavioral therapy, which is an adequate treatment for depression even in suicidal individuals.

S19–4:00 pm Symposium

Médiations corporelles et traitement de l'adolescent

Dr. G. Papanicolaou, Dr. I. Atger, A. Gainnet, A. Jurkiewicz, Dr. E. Sabouret, F. Ragot, N. Ghanem

S'il est incontestable que le champ des médiations thérapeutiques consolide sa spécificité dans les programmes de soins psychiatriques en général, les médiations corporelles semblent elles acquérir une véritable singularité au sein de la diversité des médiations utilisées dans les traitements institutionnels des adolescents.

Héritée très probablement des traitements de la psychose infantile, l'utilisation de médiations à visée thérapeutique, en groupe ou en individuel, s'est rapidement imposée comme partie prenante et souvent centrale dans les projets de soins des établissements pour adolescents, qu'ils soient à temps partiel ou à temps plein.

Si, initialement on a pu observer la mise en place d'activités thérapeutiques proches ou identiques aux médiations traditionnelles de l'ergothérapie, typiquement à connotation artistique, il apparaît désormais un glissement du choix des médiateurs vers des activités bien plus spécifiques à l'adolescence et qui implique plus explicitement le corps, là où tout rapproché avec le corps de l'adolescent était quasiment exclu des prises en charges psychothérapeutiques privilégiant le verbal, voie d'accès principale aux processus de subjectivation.

L'émergence des pathologies limites et narcissiques a fait éclater le cadre classique, bien que très récent, des entretiens psychiatriques et psychothérapeutiques pour l'adolescent, au profit

d'une approche plus institutionnelle interrogeant la notion winnicottienne d'espace transitionnel. Les médiations thérapeutiques y trouvent naturellement leur place tandis que la symptomatologie psychopathologique adolescente tend à rappeler que le corps, dont les bouleversements pubertaires signifient physiologiquement l'entrée dans l'adolescence, reste central dans l'expression des troubles. D'où l'intérêt de réfléchir à la place et à la fonction de ces médiations corporelles qui sont souvent un mode d'approche privilégié de certains patients, ailleurs plus réfractaires aux autres types de prise en charge.

Nous nous appuyons sur des activités corporelles en institution (relaxation individuelle et en groupe, cirque et escalade) et leurs objectifs thérapeutiques propres.

W3-5:45 pm Workshop

(Re)nouer à partir de la déliaison en héritage

Présidence: Professeur Philippe van Meerbeeck, UCL, Bruxelles, Belgique, Université Catholique de Louvain, Centre thérapeutique pour adolescent

La clinique de l'adolescence confronte de plus en plus aux figures de la déliaison: errance, manque de repères, troubles dissociatifs, pathologie du lien, délinquance atteignant le pacte du lien social, etc. Ces dénominations recouvrent des problématiques diverses qui ont cependant en commun de renvoyer à l'autre – aux parents, aux éducateurs, au social, au thérapeute – une version de la déliaison qui bien souvent suscite la peur et des mesures visant à rétablir de l'extérieur des limites et des repères à ces êtres qui en manqueraient, qui n'en auraient pas reçu ou qui les auraient refusées. Mais n'est-ce pas là une réponse insuffisante, une tentative de payer artificiellement la dette symbolique que ressent chacun face à ces jeunes qui n'auraient pas reçu leur dû de «lien»? Ainsi, au-delà de ces premières réactions, ces jeunes ne lancent-ils pas malgré eux un défi d'invention à leurs aînés et au social?

Durant ce symposium, il s'agira d'explorer une voie plus «intime» qui consisterait à accueillir ces diverses figures de la déliaison, de les entendre comme une interrogation en acte du lien doublée d'une tentative d'invention de nouvelles formes. Les différentes interventions tournent ainsi autour de pratiques et de dispositifs qui se visent à donner lieu d'accueil à la déliaison afin de prêter assistance à la tentative d'un sujet en formation.

Le travail de reliaison sociale à partir du lieu hospitalier. F. Van Leuven, Hôpital Psychiatrique pour Enfants et Adolescents «La Petite Maison», Chastre, Belgique

Accueillir des adolescents en hôpital psychiatrique interroge les processus de déliaison sociale qui les y amènent. Il s'agit alors de pouvoir travailler dans ce paradoxe que l'hôpital, lieu d'exclusion, devienne le lieu à partir duquel du lien social puisse être retissé.

L'hôpital psychiatrique reste un observatoire particulier des problématiques émergentes dans une société. Depuis quelques années, nous constatons qu'une part importante des adolescents que l'on nous adresse (plus de 50% actuellement) présente comme symptôme principal d'être «en panne de place» dans la société. Nous souhaitons témoigner d'une pratique et d'une réflexion menées avec des jeunes qui ont abouti dans notre unité au terme d'un processus d'exclusion des structures sociales. Nous discuterons des mécanismes qui mènent à cette éviction progressive de leurs familles, institutions, écoles et circuits de soins, processus au cours duquel l'interaction entre l'individu et le champ social pourra générer une pathologie du lien social. Nous tenterons de montrer comment ces adolescents nous ont mis au

défi de penser un travail de réseau, présenté ici à partir du lieu hospitalier, qui se joue dans une marge étroite entre risques d'enfermement et ouverture possible à un processus de subjectivation.

Orchestrer sa voie. Guy Mertens, Centre Chapelle-aux-Champs, Bruxelles, Belgique

L'adolescence peut-être entendue comme un voyage à travers les dimensions historique et anhistorique du temps. La voix, lieu de rencontre du corps et de l'Autre, transmet à la fois une continuité musicale et les écarts d'une discontinuité symbolique qui permet à l'infans d'exister comme humain et appelle l'adolescent, en prise avec le réel pubertaire, à chercher sa voie dans l'intervalle des traces de son histoire et de celles qui lui sont transmises.

Notre propos sera de montrer comment les enjeux de ce temps de la dynamique pulsionnelle, celui du retournement, permet d'éclairer la rencontre singulière avec ces jeunes sujets en mal de repères.

Tenir les écarts et éviter la déchirure. Disposer les fragments et conjurer l'éclatement. A. Masson, Centre Chapelle-aux-Champs – UCL, Bruxelles, Belgique

Lorsque l'adolescence se présente comme un bric-à-brac de fragments dispersés, il s'agit de proposer une démarche clinique qui permette, au gré d'un engagement entre ces fragments, de rétablir une possibilité de se maintenir entier et sans désastres dans l'espace intermédiaire.

L'adolescence aujourd'hui apparaît bien souvent comme un bric-à-brac de fragments dispersés, morceaux d'enfance, bribes de monde disposés sur une toile en réseau, valeurs éclatées, facettes pulsionnelles sans amarres. Face à une telle expérience, prenant sur le geste de la poésie d'André du Bouchet, nous proposons une démarche clinique qui consiste, au gré d'un engagement entre ces fragments, à rétablir une possibilité de se maintenir entier et sans désastres dans l'espace intermédiaire.

Dans les lieux qu'il fréquente, l'adolescent dépose ses fragments, son désarroi face à un morcellement qui parfois s'accroît en proportion de la tentative de maîtrise extérieure. Il s'agit alors de proposer un cadre clinique qui ouvre un espace où ces éléments peuvent venir se disposer de telle sorte que le frayage d'un parcours puisse s'inscrire, qu'un lien nouveau puisse se tresser, que la fraîcheur d'un souffle emporte. Il s'agit encore d'assurer le lieu où se conjoignent le retour vers les points de discontinuité et la chance de se (re)brancher sur l'énergie des écarts, trouvant ainsi de nouveaux appuis insoupçonnés pour être et devenir «soi-même» au-delà de la brisure du «soi» ancien. Les fragments inquiétants s'inscrivent ainsi dans un cadre clinique qui les tient ensemble dans leur différence, l'adolescent peut s'y retrouver alors «lui-même» comme un marcheur parcourant les facettes d'un miroir pluriel qui reflète ses images. Les thérapeutes ou intervenants institutionnels se transforment alors en autant de compagnons de marche et de déambulation qui accompagnent à travers le monde celui qui cherche à s'instruire sur lui-même.

Violence, Institution et Créativité. M. Bakero-Carrasco, Point Accueil Jeunes, Saint-Denis, France. F. Savelli, Point Accueil Jeunes, Saint-Denis, France

Point d'articulation entre l'adolescent et son environnement, le dispositif d'accueil constitue un espace intermédiaire, ouvert et contenant, entre l'école et le monde du travail, entre la famille et l'individu en recherche d'autonomie. A l'interface du social et du thérapeutique, il propose une alternative à l'adolescent, au moment du passage depuis l'enfance à l'âge adulte.

Il nous est apparu nécessaire d'inventer de nouveaux modes d'intervention auprès de ce public en difficulté de socialisation. Notre travail consistant à lui offrir, dans un cadre et un lieu exclusifs, les recours psychiques, matériels, sociaux, éducatifs et cul-

tuels lui permettant de retrouver le fil de ce qui pourrait constituer son lien social et personnel dans un processus de construction de lui-même en tant qu'adulte en devenir. Il s'agit essentiellement de «prendre soin» des jeunes en souffrance dans un objectif de prévention des problèmes de santé psychique qui les affectent. Nous accompagnons le jeune dans son devenir adulte, sujet désirant qui sera capable d'énoncer son désir, puis de pouvoir le manifester et l'accomplir d'une manière adéquate pour lui et pour les autres.

Nous traitons la violence comme une manifestation du désir inconscient du sujet et nous pourrions dire que c'est la manière la plus primitive de son accomplissement. Désir inconscient auquel nous voulons accéder afin de trouver avec les jeunes des mécanismes sublimatoires à travers lesquels ils appliqueront cette violence à la création d'une œuvre personnelle, en rapport avec chaque désir.

Monday, September 29th, 2003 Angstrom

S20-1:00 pm
Table-Ronde

L'adolescent et la drogue

L'usage de drogue en pleine période de remaniement psychique peut avoir des conséquences sévères, et ce d'autant plus qu'il peut être symptomatique d'une fragilité particulière. Cette table-ronde a pour but de nous aider à mieux connaître l'usage de drogue chez les adolescents afin d'améliorer nos prises en charge et nos stratégies de prévention.

Drug use among adolescents in Europe. Prof Anna Kokkevi (Okana, Athens, Greece)

Drug use has been widely spreading among adolescents in Europe in the last decade according to the epidemiological data from the European ESPAD study. Although differences exist in the prevalence and patterns of use between countries, there are common trends like the prevailing use of cannabis and that of synthetic drugs which are associated by young people with their recreation. Early intervention strategies to prevent drug dependence and related harm among young people using drugs need to be further promoted. These have to rely on scientific knowledge regarding vulnerability factors in drug abuse by adolescents, to be evidence based and involve a multisectoral collaboration of professionals.

Thérapie comportementale et cognitive chez des adolescents consommateurs de drogue placés sous la Protection Judiciaire de la Jeunesse de Martinique

Specificities in the application of behavioural and cognitive therapies to addictions – an experience in Martinique with adolescents under court protection orders. Nicolas Ballon, Christiane Roy, Jérôme Lacoste, Aimé Charles-Nicolas. Service de psychiatrie du CHU de Fort de France, Martinique.

Le couloir caribéen est devenu une route majeure du trafic de drogue, on observe une augmentation de l'utilisation de crack et de cocaïne par les populations des îles caribéennes et, une augmentation de la demande de traitement. Or l'absence de traitement médicamenteux spécifique et en particulier de substitution pour ces formes de toxicomanies rend leur prise en charge plus difficile et impose de mettre en place des modes de prise en charge institutionnels et psychothérapeutiques structurés. L'une des ap-

proches validées est celle des thérapies comportementales et cognitives (TCC). Le centre de soins spécialisé pour toxicomanes de Fort de France a depuis sa création, sous l'impulsion du professeur A. Charles-Nicolas, favorisé ce type d'approche. Nous rapportons une expérience, de prévention de la toxicomanie par les TCC, menée auprès d'adolescents placés sous la Protection Judiciaire de la Jeunesse (PJJ). Elle s'appuie sur les techniques comportementales et cognitives classiques décrites initialement par A. Beck, sur les méthodes spécifiques d'entretien motivationnels présentées par W.R. Miller et S. Rollnick et s'inspire du modèle trans-théorique de J. Prochaska.

The Caribbean corridor has become a major drug trafficking route; this induced an increase in the use of crack and cocaine by the populations of the Caribbean islands and in the demand for treatment. The absence of specific medicinal treatments, and in particular of suitable substitutes for this type of drug addiction, makes their treatment more difficult and means that we have to use structured institutional and psychotherapeutic treatments. One of the approaches that has proved useful is that of behaviour and cognitive therapies. The Fort de France drug addiction centre has favoured this type of approach from the outset, at the instigation of Professor A. Charles-Nicolas. We are reporting on our experience using behaviour and cognitive therapies on adolescent crack drug addicts placed under court protection orders. It uses classical behaviour and cognitive techniques described initially by A. Beck, the specific methods of motivational interviews presented by W. R. Miller and S. Rollnick and draws inspiration from J. Prochaska's trans-theoretical model.

Représentations de la drogue chez des adolescents de parents toxicomanes.

Luis Patricio (Centro das Taipas, Lisbonne, Portugal)

Nous avons fait passer un questionnaire sur les risques et les dommages des drogues à deux groupes:

- un groupe de 30 toxicomanes dépendants ou anciens dépendants de substances psychoactives (polyconsommateurs même si une des drogues était privilégiée)
- et
- un groupe d'adolescents, fils et filles des sujets du premier groupe âgés que 12-19 ans.

Polyconsommations de tabac, marijuana et alcool: une démarche compréhensive.

Didier Touzeau, Jacques Bouchez, Catherine Ziskind (Département Addictions Hôpital Paul Guiraud Villejuif, France)

Les adolescents sont soumis à une offre très diverse de produits psychotropes, offre qui pourtant n'en détermine le choix privilégié qu'en apparence. Une meilleure connaissance des propriétés pharmacologiques montrent qu'un subtil équilibre s'établit progressivement chez les polyconsommateurs les effets positifs de tabac compensant les effets négatifs de la marijuana, l'alcool permettant de gérer les périodes de pénurie... au delà de cette néorégulation, c'est le fonctionnement psychique qui s'organise autour de ces différentes consommations. La prise en charge suppose donc tant pour le médecin que pour l'adolescent une identification de ces phénomènes faite de quoi le traitement, résumé à un «sevrage» restera inopérant.

La relative banalisation de la consommation de cannabis chez les lycéens.

Nicole Catheline, responsable de «Mosaïque», accueil thérapeutique de jour pour adolescents. Centre Hospitalier H. Laborit, BP 587-86000- Poitiers)

La relative banalisation de la consommation de cannabis chez les lycéens masque souvent un état anxio-dépressif sous-jacent. Une enquête menée en collège et lycée dans la région Poitou-Charente, comparant deux systèmes de repérage du mal être des adolescents: celui existant au sein de l'Education Nationale et un autre mis en

place par les deux secteurs de pédopsychiatrie de la Vienne le met en évidence.

Cannabis à l'adolescence – problématique et prise en charge. Dr. Olivier Phan

Au cours des 10 dernières années la consommation de cannabis chez les jeunes s'est considérablement accrue. En 2000, 5000 des adolescents l'ont expérimenté au moins une fois et 1000 sont des consommateurs chroniques.

La demande de soins a suivi cette évolution et les consultations en C. S. S. T. concernant la consommation de cannabis en produit primaire sont passées de 10 à 1500 des prises en charge en 3 ans.

Le nombre de pathologies augmentant avec le nombre de consommateurs, on voit apparaître des troubles allant de l'altération cognitive à un état délirant franc.

Plusieurs méthodes thérapeutiques sont aujourd'hui à l'essai pour prendre en charge ces patients.

Globalement celles-ci, issues des thérapies comportementales et cognitives s'inspirent de ce qui est déjà utilisé pour d'autres consommations et comprennent:

- une évaluation globale sur le plan psychologique, personnel, familial et environnemental,
- des entretiens motivationnels centrés sur la consommation de cannabis des thérapies brèves de groupe avec jeux de rôles des thérapies familiales multidimensionnelles.

Nous proposons de décrire ces techniques et de parler de notre expérience dans ce domaine.

Cannabis among adolescents – problems and therapy. Olivier Phan

Over the past ten years, the consumption of cannabis amongst adolescents has dramatically increased. In the year 2000, 5000 adolescents have tried it once and 1000 are heavy smokers.

In specialized units 1500 of all demands for treatment concern cannabis addiction.

Pathologies due to cannabis consumption are becoming more and more frequent as the number of consumers increases.

Several therapies are being developed to treat those patients.

These methods are based on behavioral and cognitive therapy and are already used to treat addictions to other drugs:

- global evaluation
- drug enhance therapy – brief group therapy
- Multidimensional familial therapy

In this paper we propose to describe those therapies and to share our experience in this field.

S21–4:00 pm Symposium

Results of three countries experiences using family-based treatment for adolescent anorexia nervosa

James Lock, MD, Ph.D, Department of Psychiatry and Behavioral Sciences, Stanford University, Stanford, CA; Mima Simic, MD, MR-CPsych, Child and Adolescent Eating Disorder Clinic, The Maudsley Hospital London, UK; Solange Cook, Ph. D. Hôpital Robert Debré, Paris, France; Nathalie Godart, MD, PhD, Institut Mutualiste Montsouris Paris, France

Objective: The objective of this symposium is to provide four different variations of family-based treatment as developed at the Maudsley Hospital for the treatment of adolescents with anorexia nervosa.

Method: Each presenter will discuss the specific version of family-based treatment for adolescents with anorexia nervosa used in

their setting and provide data on the clinical outcomes on patients using their specific approach.

Results: Dr. Lock will review the therapeutic components of a manualized version of the Maudsley Approach used in a large randomized clinical trial for adolescent anorexia nervosa and provide data about outcomes of patients in this study in the US. Dr. Simic will present multi-family group day treatment as a more intensive form of family based treatment for adolescents with severe anorexia nervosa and describe a multicentre trial which compares this treatment with inpatient and outpatient family therapy in the UK. Dr. Cook will focus her presentation on comparing this treatment in prepubertal and adolescent patients with AN in France. Dr. Godart will present preliminary data based on a treatment trial of a cohort of 60 adolescent patients using the family treatment after inpatient treatment in France.

Conclusions: Family-based treatment is an effective and acceptable treatment for adolescents with AN. It appears to be flexible in the specifics of its application providing for a range of possible uses in a variety of clinical settings.

S22–5:45 pm Symposium

Suicide

Chair: Lynch F.

Challenging times: depressive disorders and suicidal behaviours in young Irish adolescents. F. Lynch Dr.,* C. Fitzpatrick Prof., C. Mills Ms., I. Daly Ms., S. Guerin Dr., Dublin, Ireland.

Objective: This study set out to determine rates of depressive disorders and suicidal behaviours in adolescents aged 12 to 15 years in a defined geographical area of Dublin city and county.

Method: The study population comprised all 12–15 year olds attending eight secondary schools. A two-stage procedure was used, involving a screening and an interview phase. Screening measures included the Children's Depression Inventory, and the Strengths and Difficulties Questionnaire. Those scoring in the clinical range on these measures formed the 'at risk' group, and these were interviewed, along with a comparison group matched for gender and school type. Measures used in the interview phase included the KSADS-PL, the British Picture Vocabulary Scale, the general functioning scale of the McMaster Family Assessment Device, the Beck Scale for Suicidal Ideation, the Beck Suicide Intent Scale, and the Hopelessness Scale for Children.

Results: Seven hundred and twenty three young people were screened, of whom 140 (19.4%) were identified as being 'at risk'. Being 'at risk' was not related to gender, age nor socio-economic group, but was related to living in a one-parent family, and for girls only, was related to school type.

One hundred and one (72%) of the 'at risk' group were interviewed, along with a comparison sample from the 'not at risk' group. A current depressive disorder was present in 13 (6.6%) of these young people, 30 (15%) had a past depressive disorder, 9 (4.6%) had significant past suicidal ideation, and 8 (4.1%) had attempted suicide.

Conclusions: Rates of depressive disorders and suicidal behaviours are similar in Irish adolescents to those in other western cultures. Mental health promotion should be given priority in schools.

Working things out: learning from adolescents who have recovered from depression. K. O'Hanlon Ms., S. Guerin Dr., C. Fitzpatrick Prof., Dublin, Ireland

Objective: Depressive disorders in adolescence are common and have serious implications for future mental health. In addition, up

to 70% of young people who die by suicide have depressive disorders, usually undiagnosed and untreated.

Most adolescents with depressive disorders have recovered at 2 year follow-up, but relapse rates are high, and almost nothing is known about what aids such recovery or how to reduce relapse rates. This project aims to learn from adolescents who have recovered from depression.

Method: Using both quantitative and qualitative methodology, two groups of adolescents aged 13 to 16 years who have recovered from depressive disorders have been studied. Group A (N=25) is made up of young people already identified in a community school-based study as having had a major depressive disorder in the previous two years, but who have now recovered without input from child and adolescent mental health services. Group B (N=25) are young people referred within the previous 2 years to child and adolescent mental health services with depressive disorders, but who have now recovered.

Quantitative measures will include the Children's Depression Inventory, the K-SADS-PL, and the Children's Global Assessment Scale. A qualitative semi-structured interview has been conducted with each adolescent covering their experience of depression, who and what helped them recover, their experience of going to see a professional, and use of medication. Their views of what should be incorporated into a treatment programme for adolescents with depression will be explored in a focus group setting.

Results: Adolescents have been eager to participate in this study, which is ongoing. Initial results suggest that support from family and friends is viewed by young people as most important in their recovery. Many mention that while out with friends, they can forget about their problems. Most value talking to someone, most often a parent. Counselling, attendance at mental health services, and use of medication are seen by young people as less important than their support networks.

Conclusions: This innovative project will provide unique information about what adolescents themselves view as important in their recovery. It will explore if there are differences between the community and clinical groups, and will provide information which may be included in the development of a treatment programme for depressed adolescents.

Reaching out to young people with suicidal behaviour. C. Fitzpatrick Prof, S. Bolger Ms., K. Malone Prof., Dublin, Ireland

Objective: Suicide is the leading cause of death in young men in the 15 to 24 year old age range in Ireland, and is a major public health problem. Suicidal behaviours among this age group are a common reason for attendance at Accident and Emergency Departments. Follow up arrangements for such young people are often not kept. This study set out to seek the views of young people about the services they had received when they attended an inner city hospital A/E Department with suicidal behaviour.

Method: The study population involved all 14–20 year olds who attended the Accident and Emergency Department of the Mater Hospital with suicidal behaviour during a six month period. A quantitative retrospective case note review was carried out, and a qualitative follow-up interview six months after initial attendance. A control group matched for age who attended A/E Dept. for reasons other than suicidal behaviour was also interviewed.

Results: Fifty two people (M:F = 2:3, average age 18 years) with 63 episodes of suicidal behaviour attended during the study period. One third had had a previous attendance at A/E for suicidal behaviour, and over half had attended the psychiatric services.

The qualitative follow-up study is ongoing. These young people are proving difficult to trace because many are homeless and others change address frequently. One third have been interviewed and most have very negative views of their experience of attendance at A/E with suicidal behaviour. They report the services as not meeting their needs, and have expectations for a more sensitive, responsive, less formal service.

Conclusions: This study shows high rates of repeated attendance

at A/E with suicidal behaviours, and high levels of dissatisfaction among service users. The views of the young people about how the services could better meet their needs need to be heard in planning effective service provision.

Monday, September 29th, 2003 Dickens 1

02–1:00 pm Oral communications session

ADHD

Chair: Schmeck K., Halfon O.

Inattention and impulsivity in parents of ADHD children. K. Schmeck*, Dep. Child & Adol. Psychiat., Univ. of Ulm, Germany; D. Claus, Neurologist/Psychiatrist, Wiesbaden, Germany; C. Stadler, Dep. Child & Adol. Psychiat., Univ. of Frankfurt, Germany; F. Poustka, Dep. Child & Adol. Psychiat., Univ. of Frankfurt, Germany

Objective: Genetic studies have shown high heritability of ADHD. Symptoms seem to persist into adulthood in 30 to 50% of cases. We examined the prevalence of symptoms of inattention and impulsivity in parents of children with a diagnosis of ADHD.

Method: Included in the study were 51 children aged 7–12 years (44 boys, 7 girls; IQ > 85) with their biological parents. ADHD was diagnosed according to DSM-IV criteria using a checklist that was filled out by experienced clinicians. Parents were assessed with WURS (Wender-Utah-Rating-Scale), Brown-Scales (inattention), FAIR (Frankfurter Aufmerksamkeits-Inventar; inattention) and Eysenck's I7 (impulsivity).

Results: In the retrospective assessment of ADHD symptomatology in childhood and adolescence both groups of mothers and fathers showed mean WURS total scores at about one standard deviation above the mean of a control group (Groß et al., 1999). Impulsivity was increased in mothers but not in fathers. However fathers of children with high levels of impulsivity showed higher impulsivity than those with lower impulsive children. Inattention level of mothers and fathers with inattentive children were higher than those of parents with less inattentive children.

Conclusions: Parents of ADHD children often suffer from similar problems as their children. This should be in the mind of clinicians who work with ADHD families.

Epidemiological data on adult attention-deficit/hyperactivity disorder (ADHD). J. J. Sandra Kooij, Jan K. Buitelaar, Edwin J. van den Oord, Johan W. Furer, Cees A.Th. Rijnders, Paul P. G. Hodiament. Parnassia, psycho-medisch centrum, Den Haag, The Netherlands

Objective: To present the results of confirmatory factor analyses of ADHD-DSM-IV symptoms obtained by self-report in an adult population-based sample, to examine the associations between ADHD symptoms and measures of impairment, and to present cut-off scores and prevalence estimates.

Method: The structure of ADHD symptoms was analyzed by means of confirmatory factor analyses for a sample of 1813 adults (aged 18 to 75 years) that was drawn from an automated general practitioner system used in Nijmegen, the Netherlands. Analyses were also done for gender and age subsamples separately. One, two and three factor models were compared. Other data used are the General Health Questionnaire (GHQ-28), and information about the presence of 3 core symptoms of ADHD in childhood as well as about current psychosocial impairment.

Results: The 3-factor model that allowed for crossloadings provided the best fit in the entire sample. This result was replicated across gender and age subsamples. Inattentive and hyperactivity symptom scores were significantly associated with measures of impairment, even after controlling for the GHQ-28. Subjects with 4 or more inattentive or hyperactive/impulsive symptoms were significantly more impaired than subjects with less symptoms. The prevalence of ADHD in adults was 1.3% (95% CI 0.9–2.0) and 3.2% (2.4–4.2) using a cutoff of 6 and 4 current symptoms respectively, and requiring the presence of 2 out of 3 core symptoms in childhood.

Conclusions: These results support the internal and external validity of ADHD in adults.

THDA et trouble bipolaire de l'enfant prépubère: caractéristiques cliniques et socio-démographiques et évaluation standardisée de 70 enfants THDA. V. Vantalon, D. Cohen, M. C. Mouren, Hôpital Robert Debré, Paris, France

Objectifs: Les relations entre le Trouble Hyperactivité avec Déficit de l'Attention (THDA) et le Trouble Bipolaire chez l'enfant prépubère sont sources de controverses depuis 1990.

Nous nous sommes intéressés, dans une démarche développementale, aux particularités cliniques qui permettraient d'identifier les enfants THDA à risque de développer un Trouble Bipolaire.

Méthodes: Nous avons réalisé une étude des caractéristiques démographiques, sémiologiques et familiales d'un groupe de 70 prépubères ayant un THDA, comparé à un groupe de témoin.

Résultats: Au sein de cet échantillon évalué à l'aide de la K-SADS-P/L (Kaufman et coll., 1997), nous avons identifié un sous-groupe d'enfants ayant une symptomatologie maniaque ou hypomaniaque selon les critères DSM-IV (APA, 1994). Ce sous-groupe (n = 7) est constitué d'enfants ayant soit un Trouble Bipolaire non spécifié (de type «hypomanie chronique»), soit un Trouble Bipolaire de type I ou III. Ils se distinguent des autres enfants hyperactifs par un THDA d'intensité le DSM-IV significativement plus sévère (p = 0,01), par un score global à l'échelle de manie de Young (MRS, traduction française Vantalon et Bouvard 1992) significativement plus élevé (p < 0,001), par l'absence de Troubles des Apprentissages comorbides, et par la présence d'antécédents familiaux de troubles thymiques.

Conclusions: Les résultats de cette étude sont comparés aux travaux conduits dans des populations équivalentes. Le faible effectif de notre étude, les différences et les biais méthodologiques rencontrés dans les différentes recherches menées sont discutés.

Cette étude préliminaire met en cause l'évolution vers un Trouble Bipolaire de l'adulte les sujets THDA prépubères ayant une symptomatologie maniaque et ou mixte.

Is there an association between attention deficit hyperactivity disorder and suicide? A. James, Honorary Senior Lecturer, Department of Psychiatry, Oxford University, Oxford OX3 7JX, UK; C. Dahl, Ärztin im Praktikum, Klinik für Kinder- und Jugend-Psychiatrie, Olgahospital, Stuttgart, Germany; LAL, Fong Hwa, Honorary Psychiatrist Consultant Psychiatrist, Department of Psychiatry, Penang Hospital, Malaysia

Objective: To review the evidence of a possible association between Attention Deficit Hyperactivity Disorder (ADHD) and suicide.

Methods: We reviewed the electronic data bases: Medline, Psych LIT, Embase and the Cochrane library up to March 2003 looking for articles on ADHD, ADD, hyperactivity, deliberate self-harm, attempted suicide and suicide. Two principle sources of information were used: first, psychological autopsy studies of teenage and young adult suicides and second, long-term follow-up studies of ADHD children.

Results: An association of ADHD and completed suicide was found, especially for younger males, however, the evidence for any direct or independent link was modest with a suicide rate in two re-

cent long-term follow-up studies of ADHD of 0.69% – 0.74%. Closer scrutiny reveals that ADHD increases the risk of suicide in males via increasing severity of comorbid conditions, particularly conduct disorder and depression, and through a combination of impulsivity, aggression and psychosocial adversities. Neurobiological links include alterations in both dopamine and serotonin transmission

Conclusions: It is argued that identification of those at risk, particularly males with comorbid ADHD, depression and conduct disorder (CD) may represent a useful clinical means of reducing completed suicide in adolescence Word count 190.

Children's gender, informants and prevalence of behavior problems. M. Bader, M. D., Blaise Pierrehumbert, Ph. D., Sara Thévoz, Anna Kinal, Olivier Halfon, M. D.

Service Universitaire de Psychiatrie de l'Enfant et de l'Adolescent, Lausanne, Switzerland

The likelihood of boys and girls being referred to mental health services is not equal, and several studies suggest that there are gender-specific problem patterns. It is not clear however whether such differences reflect actual gender differences.

Informants (such as parents, teachers, or the children themselves) are different as far as their sensitivity and tolerance regarding specific behavior problems is concerned. Also, sensitivity to specific problems is likely to vary according to the child's gender.

Parents and teachers of more than one thousand French speaking school aged Swiss children (5–15 years old) filled in Achenbach's Child Behavior Checklist and Conners' questionnaires on hyperactivity. Children who were at least 10 y.o. also filled in self-report questionnaires.

Data analyses, currently in progress, will be presented.

Evaluations of the different informants (mothers, fathers, teachers and children) will be compared in view of revealing possible interactions between informants' and children's gender, regarding different kinds of behavior problems.

03–2:15 pm Oral communications session

ADHD

Chair: Schmeck K., Halfon O.

Attention deficit disorder in adolescents. Cornellà J, Llusent A. Institut Català Salut. Girona. Spain

Objective: To describe and identify the presentation forms, the comorbidity, and the treatment of the Attention Deficit Disorder (ADD) in adolescents.

Study design/methods: The study includes 70 adolescents (aged between 14–25 years) diagnosed of ADD in an Adolescent Unit over a period of 48 months. The diagnosis is based on: clinical history, DSM IV criteria, and physical, neurological and psychological evaluations.

Results: Prevalence: 17% of first visits during the indicated period. Mean age: 16.55 (SD: 2.83) years; 87.1% of them were males. Consultation reason: poor school performance (34.3%), school failure (12.9%), emotional disorders (8.6%), conduct disorders associated to school failure (8.6%), attention and concentration problems (7.1%), conduct disorder (5.7%), organic discomfort (4.3%) and hyperactivity (4.3%). Treatment: Family and school orientation in all the cases. Pharmacological treatment (90%): Methylphenidate (MFD) (45.7%), MFD + fluoxetine (7.1%), nortriptyline (17.1%). 6% of the cases didn't accept the recommended treatment. Evolution: Globally favorable in 68.6%, bad evolution in 4.3%, and lost to follow-up in 27%. Comorbidity: Toxic habits (23%), depressive dis-

orders (10%), speaking difficulties (5.7%), negativist defiant disorder (5.7%), impulsivity (5.7%), learning disabilities (4,3%).

Conclusions: ADD in adolescents can come up as school failure, but it can debut as any comorbid form. The clinical history is especially important and so are the psychological and neurological exams. The treatment must be based on family, teachers and patient orientation and support, and medication.

Is there an association between asthma and attention deficit hyperactivity symptoms? A. Hervas, M. Vergara-Duarte, E. Duran-Tauleria

Objective: 1) To assess the prevalence of attention deficit hyperactivity symptoms in a population based case-control study and 2) to assess the relationship between asthma and attention deficit hyperactivity symptoms.

Methods: For this analysis we used data from the SARI study. Phase I had a population based cross sectional design including children aged 7–8 attending primary schools in the cities of Sabadell and Barcelona (Spain). Data were collected using the ISAAC II questionnaire. A total of 10,821 (response rate 87.4%). In phase II, based on respiratory symptoms a total of 2070 (response rate 79.1%) cases classified into 6 symptoms groups of asthma related symptoms and 1015 (78.6% response rate) controls free of symptoms were included. Information on deficit hyperactivity symptoms was collected using the Strengths and Difficulties Questionnaire (SDQ) for parents and teachers.

Results: A total of 1935 cases and 965 controls (parents SDQ) and 1874 cases and 919 controls (teachers SDQ) were included in the analysis. The prevalence of attention deficit hyperactivity symptoms was 22.4% in children with an asthma diagnosis and experience wheeze in the last 12 months. In contrast, the prevalence in controls was 17.0%. The risk was higher in these cases, OR 1.41 (95% CI 1.03–1.93). The prevalence was 24.3% in children without an asthma diagnosis but with wheeze and cough at night in the last twelve months, crude OR 1.57 (95% CI 1.13–2.18), adjusted by sex 1.48 (95% CI 1.06–2.08).

Conclusions: Asthma and asthma related symptoms were associated to attention deficit hyperactivity symptoms.

Is stress during pregnancy a cause of attention deficit and hyperactivity problems? N. Bilenberg, University of Southern Denmark, C. Obel, T. B. Henriksen, M. Hedegaard, N. J. Secher, J. Olsen, Aarhus University, Denmark

Background: Attention deficit hyperactivity disorder (ADHD) is one of the most prevalent childhood psychiatric disorders. Animal studies suggest that stress in pregnancy cause behavioural conducts that resemble ADHD in the offspring. We investigated the association between foetal exposure to stress and ADHD related behaviour in childhood.

Methods: A total of 4031 Danish speaking women gave information on stressful life events during pregnancy. Behaviours related to the diagnosis of ADHD were rated when children were 9 to 11 years old, using a 12-item 'ADHD problem scale' developed from the Child Behaviour Checklist (CBCL).

Results: A high ADHD problem score was found in 5% of the girls and 10% of the boys. Women, who reported stressful life events during pregnancy gave birth to children with a higher risk of ADHD related symptoms, especially in boys. The number of life events the mother experienced in the second trimester of pregnancy was associated to high ADHD scores in a dose-response like fashion (test for trend, $P < 0.01$). If the child was a girl, a high ADHD score was found in offspring of mothers who reported more than one life event in first as well as second trimester of pregnancy (OR = 2.3; 95% CI: 1.3–4.2).

Conclusions: Stress in pregnancy was associated with attention problems in the offspring. The mechanism behind this finding may be a hormonal mediated influence on the fetal brain.

Higher-order controlled motor performance as a marker for genetic susceptibility to ADHD. D. Slaats-Willemse¹, L. de Sonneville², H. Swaab-Barneveld¹, J. Buitelaar^{1,3}

¹ Department of Child and Adolescent Psychiatry 'University Medical Center Utrecht, the Netherlands; ² Department of Pediatrics, Vrije Universiteit Medical Center Amsterdam, the Netherlands; ³ Department of Psychiatry and Academic Center for Child and Adolescent Psychiatry University Medical Center St. Radboud, Nijmegen, the Netherlands

Our findings indicated that the non-affected siblings of ADHD probands experience fine motor problems similar to their ADHD siblings, but only in movements that require higher-order cognitive processing. The results suggest that higher-order controlled motor deficits in ADHD may be influenced by genetic factors.

Objective: Fine motor flexibility and fluency were investigated in a family-genetic study of ADHD. We hypothesized that ADHD probands would perform significantly worse on tasks measuring motor fluency and flexibility than controls of the same age and IQ. Further, we expected that if motor problems are a familial marker for susceptibility to ADHD, non-affected siblings would experience motor problems similar to those of their ADHD siblings.

Method: Ninety-eight children aged 6 to 17 years participated in the study: 25 carefully phenotyped ADHD probands with a family history of ADHD, 25 non-affected siblings of the ADHD probands, and 48 normal controls. A motor fluency task and a motor flexibility task were administered. The motor fluency task measures the planning and execution of an automatized movement, whereas the motor flexibility task measures the execution of non-automatized movements that require continuous adaptation to novel situations.

Results: The ADHD children performed significantly worse than the controls on both tasks. Strikingly, the performance of the non-affected siblings did not differ from that of the ADHD probands on the motor flexibility task; however, on the motor fluency task the non-affected children had results similar to those of the controls.

Conclusions: Children with ADHD display poor fluency and flexibility of motor movements. However, non-affected siblings of ADHD probands also experience complex motor problems, but only in movements that require higher-order cognitive processing, as measured in a motor flexibility task. The results suggest that higher-order controlled motor deficits in ADHD may be influenced by genetic factors.

Prise en charge plurimodale de l'activité. R. Traube, pédopsychiatre privé, Neuchâtel, Suisse

Objectif: Est présenté un modèle d'intervention qui conjugue traitements pédopsychiatriques et guidance en réseau pour des enfants hyperactifs.

Méthode: Sont analysés des suivis prolongés sur plusieurs années d'enfants présentant des problèmes de comportement liés à l'hyperactivité et au déficit d'attention, avec ou sans comorbidité (douance, dyslexie, traits autistiques, Tocs, tics, dysharmonie, prépsychose, difficultés familiales, parentales et sociales)

Résultats:

- Nous pouvons distinguer d'abord la consultation familiale. Nous avons isolé par microanalyse le développement d'une interaction symptomatique spécifique entre enfant et thérapeute. Dans les thérapies familiales longues, nous avons pu constater le développement de la personnalité de l'enfant au travers des jeux symboliques psychodramatiques.
- Les difficultés parentales sont concrètement abordées par des tâches psycho-éducatives. Le traitement médicamenteux (métylphénidate) intervient dès le début. L'amendement des troubles du comportement prévient le risque d'exclusion scolaire. De plus, l'enfant modifie rapidement son image de soi vis-à-vis de ses camarades, des enseignants et de sa famille, avec un effet qui peut être qualifié de psychothérapique.
- Nous pouvons indiquer dans un deuxième temps une psychothérapie psychodramatique de groupe comme espace de

développement relationnel de la mentalisation, de la fantasmatisation et de la socialisation de l'enfant. L'enfant bénéficie souvent parallèlement d'orthophonie, de psychomotricité ou d'ergothérapie.

– Nous organisons systématiquement une pratique de réseau avec les thérapeutes, les enseignants, les assistants sociaux éventuels, les parents et l'enfant, dans des réunions régulières d'ajustement.
Conclusion: La conjugaison d'abords psychologiques et sociaux nécessite une formation continue ad hoc et des supervisions portant sur l'identité multiple des intervenants.

04–4:00 pm Oral communication session

Méthodes d'investigation

Chair: Guilé J. M.

Introduction and validation of a teacher-based interview. D. J. Petersen, N. Bilenberg, Department of Child and Adolescent Psychiatry, Odense University Hospital, Denmark

Objective: Attrition rates in epidemiologic studies are increasing. Non-responder analyses are therefore important. In order to assess non-responders, a teacher-based interview was developed.

Methods: A brief, modified version for teacher interviewing was developed from The Schedule of Affective Disorders and Schizophrenia for school-aged children, Present and Lifetime Version (K-SADS-PL). The validity of this interview vis-a-vis in-depth assessment was checked in 75 children in a one-in-four (case/non-case) test sample. Teachers and interviewer were blinded as to case status according to the case-criteria above.

Results: The following psychometric values of the teacher-based interview were found: Sensitivity, 0.69; Specificity, 0.92; Correct Classification Rate, 0.87.

Conclusions: The teacher-based interview was deemed valid in assessing case status in 8–9-year-old children.

Berner Intelligenz Kurztest (Bern Brief Intelligence Test) BIK – A computer based Intelligence test for the ages 11–99. U. Preuss, L. Baumgartner, R. Blaser, R. Schnyder, Research and Education Department Child and Adolescent Psychiatry; University Bern Switzerland, K.-D. Hänsgen, Centre pour le développement de tests et le diagnostic au Département de Psychologie Université Fribourg Suisse

Objective: Based on the concept of fluid and crystallized abilities developed from Horn and Catell a brief measure of intelligence was built up consisting of four subtests to assess lexical functioning, vocabulary, spatial abilities, working memory in visual and acoustic channels, long-term memory, and general intelligence. All subtests were developed new or represent adaptation of proven measures of information processing. The battery was exclusively developed for the administration on a computer. Therefore, the BIK is probably the first comprehensive compute only test. All data collection for analyses to item characteristics, reliability, validity, and factor analyses are done or will be made throughout on computer. A "classic" version of this test doesn't exist.

This test is a brief measure of intelligence, it also measures some neuropsychological components. Not all subtests have to be administered in one testing session, but a selection of subtests according to diagnostic hypothesis can be used in a modular test plan.

Methods: The result of the first tryout will be presented in this session and also all illustrated introduction in this test battery will be given.

Results: Also the state of the standardisation will be demonstrated and the special features of the computer test will be explained and discussed in detail.

Conclusions: The test meets criteria of psychometrics. A French version is in preparation.

Development and validation of the child-diagnostic inventory for narcissism (C-DIN). J. M. Guilé, M. D., Department of Psychiatry, McGill University and University of Montreal; V. Mbékou, Ph. D., L. Bergeron, M. Ps., H. Fortier, B. Sc., Douglas Hospital, Montreal, Qc, Canada

Objective: To describe the development and examine the reliability and validity of a self-administered questionnaire (C-DIN) tapping the pathological narcissistic behaviour of childhood in a sample of Canadian preadolescents.

Methods: A previously reported literature search yielded a set of clinical items congruent with both psychodynamically-oriented studies and DSM-IV criteria. In a first study, the C-DIN was administered to a school sample of 322 children (mean age: 8.6 years). A second study was performed on a clinical sample (n = 25) using a concurrent clinical assessment of narcissistic symptoms according to the LEAD procedure.

Results: Using a factor analytic approach (principal component analysis), three factors were extracted. Factor I (reactiveness/interpersonal relationships) encompassed 15 symptoms with loadings > 0.55. Factor II (grandiosity) included 10 symptoms with loadings comprised between 0.81 and 0.35. Factor III (lack of empathy/idealization) regrouped 3 symptoms with loadings > 0.55. The three factors explained 48 % of the total variance. Internal consistencies of the respective dimensions were: I, 0.92; II, 0.90; III, 0.73; and total scale, 0.77. To evaluate test-retest reliabilities, a sample (n = 16) was given the C-DIN 2 to 4 weeks after. ICC for the total score was 0.66 (p < 0.05). Using a cut-off score of 10, preliminary results from the second study are as follows: sensitivity, 0.75 and specificity, 0.46, with a positive predictive power of 0.56.

Conclusion: Preliminary results suggest that the C-DIN might be a reliable measure of the pathological narcissistic behaviour in a school population of preadolescents. Based on encouraging results, the clinical validity has to be further investigated in a larger clinical sample.

Cross-cultural translation and validation of diagnostic and research instruments: about the Icelandic experience with the diagnostic interview KIDDIE-SADS-PL. B. Lauth, National University Hospital, University of Iceland, Reykjavík, Iceland; P. Ferrari, University of Paris-sud, France

Objectives: The "Kiddie-Schedule for Affective Disorders and Schizophrenia for School-Age Children" (K-SADS) is a semi-structured diagnostic interview that has been used in numerous clinical, naturalistic follow-up, treatment, psychobiological, family-genetic and epidemiological studies.

The K-SADS-PL ("Present and Lifetime Version") has been designed to assess current and past episodes of psychopathology according to DSM-3R and DSM-4 criteria.

This instrument has been shown to be very relevant for systematic and standardised research in clinical populations, and its psychometric properties have been studied in English-speaking populations.

It has been translated in several countries and in Iceland, but the application of an instrument in a new cultural group involves more than simply producing text in another language, administering the translated instrument, and comparing the results.

Objectives of the current Icelandic study: 1) Translation and cross-cultural adaptation of the K-SADS-PL, with achievement of Semantic Equivalence, Content and normative Equivalence, Conceptual Equivalence and Criterion Equivalence. 2) Description of the psychometric properties of the K-SADS-PL in an Icelandic clinical population: Test-Retest Reliability, Inter-rater Reliability, Construct and Concurrent Validity.

Method: Only the first part of the study will be described here:

different techniques will be discussed to detect and solve construct bias, method bias and item bias.

Results: Transfer of validity from one cultural context to another cannot be taken for granted but has to be demonstrated. Concrete examples from our Icelandic experience will be described.

Conclusions: There is a need for a European consensus statement about standard and validated practices for translating diagnostic and research instruments.

French adaptation of the “Five Minute Sample Speech”. F. Perdureau, Z. Rein, F. Curt, N. Godart

Objective: We chose to adapt for the first time in France a measuring instrument of the Expressed Emotion. The Expressed Emotion, which was described in the families of schizophrenics in the Fifties, reflects the family emotional climate reigning towards a subject reached of chronic disease. We choose to use an evaluation of this dimension that consists in rating 5 minutes of the speech (Five Minute Speech Sample) of related being expressed concerning the subject indexes.

Method: We have, with the agreement of the authors, translated then back-translated this tool and its handbook. We then used this evaluation in a study concerning anorexia nervosa.

Conclusion: The advantage of this new French instrument available will be discussed.

W4–5:45 pm Workshop

Prévention des troubles du comportement alimentaire Zarima-prévention Prevention of eating disorders zarima-prevention

Présentation du programme scolaire contrôlé de prévention primaire et secondaire de troubles du comportement alimentaire ZARIMA-Prévention.

Chair: Ruiz-Lázaro P.M.

The ZARIMA Prevention Group multi-disciplinary team which works on eating disorders (ED) has developed a community action programme to promote mental health through primary and secondary prevention (published in Directory of Projects in Europe, Mental Health Promotion of Adolescents and Young People M. H. E. financed by the European Commission).

The goal of the project is to achieve primary and secondary prevention of eating disorders in adolescents at school and in youth associations, NGOs, leisure clubs, and informal education.

Method: An experimental design was set up with a control group (randomised controlled trial) to be followed up over a one to three year period in ten schools of Zaragoza, Spain, with pupils from Secondary School. The intervention consisted of five weekly sessions of 120 min duration. It was integrated into the regular school hours, with group work, involvement techniques in eating nutrition, body image, sociocultural influences, self-esteem/self-concept and social skills. Work was effected with adolescents, parents and teachers. Standardised psychological measure (EAT-26, SCAN with DSM-IV, ICD-10 diagnosis) is used with the intervention and control group, pre- and post-intervention. One year later a booster session on nutrition and body image, was given with a video for pupils and another for parents. A guide has been published for the prevention of ED and is distributed free of charge.

The programme has proved to be effective when evaluated scientifically (result is a statistically significant decrease in the incidence of eating disorders in intervention group) at the one year follow-up using standardized methods.

Monday, September 29th, 2003 Dickens 2

W5–1:00 pm Workshop

Actualité du syndrome du manque d'attention, avec ou sans hyperactivité

Symposium de la Société Catalane de Psychiatrie Infantile.

Chair: Dr Josep Tomàs.

Imagerie cérébrale dans l'étude diagnostique du trouble de l'hyperactivité. Bielsa A., Roca I., Tomas J.

Les auteurs exposent un group d'une vingtaine de cas quels on été soumis à une valorisation clinique, et exploratoire avec questionnaires de Conners et Edelbrock, après sa validation clinique auprès de critères DSM-IV. Les patients son compris dans l'age de 6–16 années. Après la confirmation diagnostique on soumet l'enfant à un registre de Spect. Les images sont valorisés d'un point de vue qualitative et après quantitative. Pendant un mois et demi le patient est soumis à un traitement avec metilphenidate a 0.5 mg par kg et jour et après ce temps on refait toute l'explorationun autre fois et on constate la validité du Spect comme exploration diagnostique objective à travers de la deuxième exploration.

Diagnostiquer l'hyperactivité. J. L. Pedreira

L'hyperactivité chez l'enfant est le premier diagnostic dans beaucoup pays.

La prévalence de ce trouble est discutée: dès 3–5% en Europe jusqu'à chiffres presque des 12–14% dans certains dernier travaux des Etats Unis de l'Amérique. C'est pour ça que les critères pour le diagnostic sont très difficiles d'unifier.

L'utilisation massive des tableaux internationaux de Classification des Troubles Mentaux, aussi chez l'enfance, a été un obstacle pour le développement des Etudes sur Psychopathologie. Mais cette utilisation a été seulement d'une manière assez descriptive.

1. Utilisation seulement des critères d'inclusions, sans utiliser les trois critères généraux d'exclusions: L'existence d'un problème somatique qu'il ne justifie aucun symptôme (ex une maladie chronique pas du tout acceptée); la présence d'en carreaux cliniques généralisés qu'il justifie une part du carreau clinique (ex la déficience mentale, surtout avec QI limite) et, finalement, la complexité de la clinique faut discuter avec professionnels avec d'expérience et obtenir un consensus.
2. La possibilité de clarification de trois concepts:
 - a. Attention: Faute d'attention? Faute de compression? C'est un concept quantitatif?
 - b. Impulsivité: Mauvaise éducation? Acting-out?
 - c. Hyperactivité: Inquiétude? Description ou pathologie? Agitation?
3. Le pouvoir diagnostique des échelles.
4. L'étape du développement psychologique.
5. Le contexte de la famille, de l'éducation et de la société dans la définition des problèmes.

Conclusion: Diagnostic catégoriel: oui, mais... pas seulement une description catégorielle parce qu'il y a quelques choses plus encore.

Trouble pour déficit d'attention avec ou sans hyperactivité: comorbidité. Sasot, J.

Le trouble pour déficit d'attention avec ou sans hyperactivité (TDAH), il est composé pour deux variables principales, le déficit d'at-

tention et ses conséquences dans l'apprentissage et les comportements hyperactives et impulsives et ses conséquences dans le comportement.

L'étiologie biologique des TDA-H, c'est claire, mais aussi il-y-a beaucoup d'influence du environ familial, scolaire et social, tous très déterminant pour le pronostic.

L'étiopathogénie biologique, encore pas bien connue du TDA-H, et le fait bio psychosocial du trouble mental, ce sont des éléments décisifs pour une correcte compréhension du TDA-H.

Dans les neurosciences c'est bien connue que la dysfonction biologique d'une part du Système Nerveux Central facilite la probabilité d'autres altérations dans territoires neurologiques prochaines.

Pendant beaucoup de temps, la compréhension simple en excès du TDA-H, et aussi des autres troubles psychiatriques, ont conduit à des visions partiales diagnostiques et thérapeutiques, et la plus important, la non-résolution du problème.

Le TDA-H, il est fondamentalement un diagnostic psychiatrique co-morbide. Les études actuelles confirment que plus de la moitié de ces enfants et adolescents présentent, aussi même, un autre trouble associé. Les principaux troubles co-morbides se sont: le trouble pour négativisme et défi, le trouble dyssocial, les troubles spécifiques de l'apprentissage, le retard du développement de la coordination, l'anxiété, la dépression, les tics, le syndrome de Gilles de la Tourette et le trouble obsessionnel compulsive.

Le TDA-H, il est un trouble co-morbide, fait clinique décisive dans la pratique psychiatrique diagnostique et thérapeutique.

Aspects du traitement. Cornellà J., Llusent A.

Il y a 5 axes fondamentaux pour le traitement des troubles pour déficit d'attention:

1. Rééducation de l'attention et la concentration, avec programmes spécifiques. Nous avons expérience avec les programmes: «Esucha», «Enfocate».
2. support émotionnel au patient, avec leur implication quand il s'agit de l'adolescent.
3. orientation vers la famille.
4. Orientations vers les professeurs.
5. Médication:
 - 5.1. la médication d'élection c'est le metilphenidate. Il doit être le premier médicament qu'on essaie. Mais, d'accord avec notre expérience, il peut être associé à des autres médicaments:
 - Antidépresseurs (IRSS), spécialement quand le déficit d'attention est co-morbide avec un trouble émotionnel.
 - Risperidone (a petites doses), quand l'association co-morbide est avec un trouble de conduite ou un trouble d'opposition et défiant.
 - Topiramate, quand la symptomatologie prédominante c'est avec un trouble pour impulsivité.
 - 5.2. quand le metilphenidate ne sort pas les effets désirés, nous avons fait l'essai avec d'autres médicaments, parmi lesquels il faut détacher:
 - Venlafaxine
 - Nortriptiline
 - Maprotiline.
 - 5.3. Cas a part c'est le traitement de l'enfant préscolaire ou le metilphenidate ne seul pas être effective. Nous avons utilisé, avec exit, la risperidone a petites doses.
 - 5.4. A l'adolescence, il est possible un échec avec le metilphenidate. Le traitement pharmacologique s'impose quand le trouble d'attention peut conduire à des autres troubles psychiatriques plus graves. Il faudra essayer d'autres médicaments.

05-2:15 pm

Oral communications session

Anorexia nervosa

Chair: Van Elburg A. M.

Leptin and physical activity levels in patients with anorexia nervosa: changes during treatment. A. van Elburg¹, M. Snoek¹, E. Stevelmans², H. van Engeland¹

¹ Department of Child and Adolescent Psychiatry, University Medical Center Utrecht, the Netherlands; ² Eating Disorders Unit Rintveld, Altrecht Psychiatric Hospital, Zeist, the Netherlands

Objective: A large proportion of Anorexia Nervosa (AN) patients uses not only reduced energy intake but also some degree of hyperactivity to lose weight. Clinically there appears to be a subgroup of AN patients with extreme levels of physical activity hampering treatment. Leptin levels are reduced in the acute state of AN and slowly rise with weight and body fat restoration. Leptin is presumably the major hormone to trigger the adaptation of an organism to food restriction. Leptin administration has been shown to suppress semi-starvation induced hyperactivity both prior to and after its onset in food restricted rats.

It was demonstrated that serum leptin levels inversely correlate with physical activity levels in AN patients during the acute state of semi-starvation indicating that hypoleptinemia which ensues from energy restriction and subsequent weight loss may be one important factor in developing excessive physical activity.

In our study we wanted to test the hypothesis that during re-feeding increasing leptin levels correlate with decreasing levels of physical activity in patients who show the most extreme levels of physical activity.

Methods: In a longitudinal treatment study of 60 young AN patients we compared weekly expert and self-ratings of degree of activity, rate of weight gain and leptin levels.

Results: Weight and hormonal restoration correlated with degrees of physical activity and leptin levels.

Conclusions: As was already shown in animal models of AN, activity levels seem to play an important part in the pathophysiology and outcome of AN, and may need to be addressed separately in treatment.

Psychoneuroendocrinological aspects of anorexia nervosa in adolescence. A. van Elburg, H. van Engeland. University Medical Center Utrecht, Rudolf Magnus Institute of Neurosciences, The Netherlands

Objective: Anorexia nervosa is a disorder with psychological and physical symptoms, a high morbidity and mortality rate and a protracted course. Adolescents are the age group with the highest risk for developing anorexia nervosa and are studied the least. Studying the recovery process will augment our knowledge of the pathophysiological changes. Weight loss results in changes in leptin (a product of the ob gene with a central role in the neuroendocrinology around hunger & satiety, reproductive system etc.), the hypothalamus-pituitary-adrenal (HPA)-axis, the hypothalamus-pituitary-gonadal (HPG)-axis and in several other feedback loops and target organs (stomach, bones, cardiovascular system).

Methods: 60 female adolescents, mean age 16.7 years, diagnosed with anorexia nervosa according to DSM IV were included in a study looking at changes during recovery. The recovery process was defined complete if weight gain resulted in the resumption of a regular menstrual cycle.

Results: Data were collected on weight, body composition and several somatic parameters. Biweekly blood samples and ratings on mood changes and activity levels completed the data collection.

Conclusion: Outcome groups showed significant differences in age, weight gain and activity levels over time, initial leptin levels, body composition, but no differences in duration of illness, length

of study, comorbidity or the diagnostic subtype of anorexia nervosa. Weight gain did not differ significantly between the group that showed increased weight and resumption of menses and a second group that gained weight but without a restart of the menstrual cycle, but leptin and activity levels did differ between these groups.

Anorexia nervosa: new backgrounds? A. van Elburg, University Medical Center, Utrecht, The Netherlands

In order to develop new treatment strategies in Anorexia Nervosa we need to study very young patients, using the knowledge gained from animal studies of the energy balance, animal models of AN, genetics and early neurobiological changes.

According to the NIMH research workshop on eating disorders such as Anorexia Nervosa, limited progress has been made in elucidating the pathogenesis of eating disorders despite the advances made in understanding the neuroendocrinological mechanisms that regulate appetite and food intake in animal models. Anorexia nervosa is a disorder with both psychological and physical symptoms, a high morbidity and mortality rate and even in the case of full recovery, a protracted course. Even though the aetiology of anorexia nervosa is thought to be multicausal, psychological and cultural paradigms so far dominate treatment and research programs. Recent advances in genetics and neuroscience have been fruitful in uncovering the circuits that underlie the regulation of feeding and appetite, such as the discovery of several polymorphisms, leptin and other neuropeptides.

Adolescents are the age group with the highest risk for developing anorexia nervosa and are studied the least, due to ethical and practical reasons. It is likely that anorexia nervosa and the onset of puberty are related. Therefore, this age group presents a window of opportunity regarding the study of early treatment intervention and early neurobiological changes. Studying these will augment our knowledge of the pathophysiological changes and disturbances in cognitive and emotional processing in young patients with anorexia nervosa.

The advancement in knowledge through neuroscience is in sharp contrast with the paucity of new treatment possibilities. Integrating the findings of animal models and other neuroscientific research with clinical knowledge may contribute to understanding the pathogenesis of eating disorders and help to develop new treatment strategies.

Olanzapine in the treatment of anorexia nervosa: a research plan for a randomized controlled trial. H. Bissada, G. Tasca, J. Bradweijn, University of Ottawa, Ottawa, Canada

Introduction: Anorexia Nervosa (AN) is a serious debilitating illness that affects 0.5% of females aged 15–24. Frequent treatment failures remain a serious concern. Olanzapine, an atypical antipsychotic, is characterized by a broad dopaminergic antagonist profile (D1-D4) as well as an antagonist 5HT_{2A} action which confers to it some antidepressant properties similar to the antidepressant Nefazodone (Serzone). Weight gain is a reported side effect to Olanzapine, which is more pronounced among individuals with low baseline BMI. In addition, Olanzapine may have some anti-obsessive and anti-anxiety properties as a result of its antagonist 5HT_{2A} action. Such properties would be beneficial to patients with AN whose obsessional traits and free floating anxiety contribute to their underlying psychopathology, and their resistance to treatment.

Method: This 12 weeks placebo controlled, randomized double blind trial of Olanzapine in AN will include 28 patients attending a 4 day/week intensive Day Hospital Program for eating disorders. Patients meet DSM IV criteria for AN (restricting and binge/purge types) including a body mass index (BMI) of 17.5 or less. Fourteen subjects will be assigned to the Olanzapine treatment group, and 14 will be assigned to the placebo control group. The two groups will be matched for subtypes (restricting vs binge/purge) of Anorexia Nervosa.

Primary Objective: To evaluate the Olanzapine weight gain ef-

fect, when administered to anorexia nervosa patients in order to facilitate the desired weight component of their nutritional rehabilitation.

Secondary Objective: To evaluate possible anti-obsessional and anti-anxiety properties of Olanzapine which could prove beneficial to anorexia nervosa patients, restricting and binge/purge subtypes respectively.

The co-occurrence of anorexia nervosa and anxiety – results of a clinical study. U. M. E. Schulze, S. Calame, F. Keller, J. M. Fegert, A. Warnke, Departments of Child and Adolescent Psychiatry, Universities of Würzburg and Ulm, Germany

Objective: Results of follow-up studies show that there is a high percentage of anxiety disorders in spite of eating disorder outcome in former anorexic patients. Except for a co-occurrence of social phobia, little is known about comorbid anxiety symptoms during the acute phase of anorexia nervosa.

Methods: We investigated a group of 29 inpatients (mean age 14.54 years, SD \pm 1.89) by means of a clinical study. Using standardized interviews, we assessed eating disorder severity (ANIS, EDI, FEV) and comorbid anxiety (STAI, SPAI-C) symptoms. Statistical analysis was done using the statistical programs SPSS and SAS.

Results: Mean BMI (body mass index) was 14.26 kg/m² (\pm 1.50), the duration of hospital treatment varied between 14 and 202 days (mean 84.93; \pm 44.35). Correlations between trait anxiety/social phobia and anxiety/severity of eating disorder – but not to the initial BMI – were found.

Conclusions: Striving for an effective treatment of anorexia nervosa, we should more focus on the co-occurrence of anxiety and eating disorder psychopathology.

06–4:00 pm Oral communications session

Les enfants maltraités

Chair: Célestin-Westreich S.

Maltreated Children's Expression of Traumatic Family Experiences. Prof. Dr. S. Célestin-Westreich¹, Dr. L. P. Célestin², Prof. Dr. I. Ponjaert-Kristoffersen¹

¹ Dept. Developmental Psychology, University of Brussels (VUB), Belgium; ² C. H. I. Poissy – St. Germain-en-Laye, France

Objectives: The traumatic effects of child maltreatment have been increasingly underscored in recent years. Gaining insight into maltreated children's traumatic experiences nevertheless remains critical to adequate recognition of the maltreatment impact, both in relation to assessment and therapeutic intervention. Given maltreated children's disclosure difficulties, self-expression and projective techniques have been widely used in this context but the lack of systematic investigation hereof has limited their reliability and validity to date. This presentation provides an overview of systematic comparative investigation of maltreated children's expression of traumatic family experiences.

Methods: Using standardized self-expression measures (the 'Animal-Family-Drawing' test and the 'Family Relations Test'), maltreated children's self- and family-related experiences were assessed through systematic quantitative and qualitative analysis as collected in several Centers for Family & Child maltreatment evaluation.

Results & Discussion: Maltreated children appear to express their traumatic self- and family experiences in ways that reflect a set of differentiated modalities as regards attachment pathways. Thus, when used in a standardised and systematic way, the self-expression measures offered valid and reliable insights into these children's personality and relational development, showing characteristic ex-

pression features such as 'mental frozenness', affective polarization, or coping through idealisation & overcompensation. Discussion further details maltreated children's family experiences in relation to vulnerability and resilience in the face of trauma. The importance of identifying differential patterns through which maltreated children attempt to deal with their traumatic family experiences is thus analysed in the context of the transactional model of developmental psychopathology. Conclusions finally highlight guidelines for coherent integration of research and practice data.

La présentation orale sera faite en français.

Nomadisme maternel et ermitage filial. A. Lopez de Lacalle, Service de Psychiatrie de l'Enfant et de l'Adolescent, Genève, Suisse (Prof. F. Palacio-Espasa); F. Madioni, Laboratoire de recherche en psychopathologie clinique EA 3278, Université Aix-Marseille I

Les comportements de retrait dans la petite enfance posent un certain nombre de questions psychopathologiques à savoir, si nous sommes dans le domaine de la psychose autistique, du traumatisme ou de la dépression.

Les comportements de retrait dans la petite enfance posent un certain nombre de questions psychopathologiques à savoir, si nous sommes dans le domaine de la psychose autistique, du traumatisme ou de la dépression.

L'histoire de Léa, âgée de 23 mois, illustre bien ce questionnement psychopathologique. Léa souffre de poussées d'eczéma comme sa mère. Elle s'isole, se fige alors que sa mère bouge, voyage. Le travail thérapeutique mère-fille a permis de signifier le nomadisme (symptôme de la mère) en symétrie avec le retrait, l'isolement (symptôme de la fille) favorisant entre elles une rencontre jusque là niée.

Le tableau clinique de Léa nous fait formuler l'hypothèse que la somatisation soit pour elle une issue développementale face au risque de psychose. Cela dans un jeu de miroir avec sa mère qui montre un évident manque de symbolisation avec une pensée opératoire.

L'identification précoce de cette organisation permet d'envisager un pronostic plus favorable pour la petite Léa et il nous montre l'intérêt de relater de la psychopathologie de la somatisation en âge précoce du développement.

Maternal nomadism and childhood hermitage: Isolative behaviours in very young children pose a diagnostic challenge, as we must differentiate whether such behaviours represent an autistic-spectrum pervasive developmental disorder, the result of childhood trauma, or a childhood depression.

The story of Lea, age 23 months, illustrates this psychopathological question. Both mother and child suffer from eczema. In contrast to her mother who is restless and travels frequently, Lea has retreated into herself. Mother-infant therapy has focused on giving meaning to the symmetrical symptoms presented by mother and daughter.

Our working hypothesis is that for Lea, somatisation has been a developmental escape from a pervasive developmental disorder. Her somatisation mirrors that of her mother's, who lacks symbolisation and presents a *pensée opératoire*. Early identification of such a formulation leads us to consider an improved prognosis and prompts us to explore further the psychopathology of somatisation in early childhood development.

Adolescents – survivors of child abuse and neglect in the context of violence. Oliver Vidojevic, Institute for Mental Health, Palmoticeva 36, 11000 Beograd, Serbia and Montenegro, Tel. + 38 11 444 98 94, E-Mail: olivido@ptt.yu; Ivona Milacic, Institute for physiological disorders and speech pathology, Kralja Milutina 52, 11000 Beograd, Serbia and Montenegro, Veronika Ispanovic-Radojkovic, Institute for Mental Health, Palmoticeva 36, 11000 Beograd, Serbia and Montenegro

Background: General context of war, forced migration of populations and political and social instability in the society, has brought

violence, abuse and neglect of children in the families. History of intrafamilial abuse and neglect are increasing among adolescents treated in mental health services in Belgrade and Serbia. Interdisciplinary child protection team has been established in Institute for Mental Health (IMH) in Belgrade in 2001.

Aim and method: To present data of assessment and diagnostic procedure of abused and neglected children and adolescents referred to IMH from 2001–2003. Individual approach to every single case of abuse and neglect of children, using standard protocol consisting in: Risk assessment matrix, Social psychiatric questionnaire, YSR (Youth Self Report) Achenbach; ARAS (Adolescent Resilience Assessment Scale); SFF (Scale of Family Functioning) and semi-structured psychiatric interview for children and adolescents. Results of assessment of 30 adolescents (20 females and 10 males) aged 12–18 yrs, survivors of child abuse and neglect was compared with group of 30 adolescents with no history of abuse matched by age and sex.

Results: Most abused children and adolescents have survived two or more types of abuse in family. Most frequent psychiatric disorders were depression, conduct disorders, mixed emotional and conduct disorders. Their families are highly dysfunctional.

Conclusion: Several methods of treatment, group and individual, were proposed for children and adolescents, but importance of family intervention was emphasized. Long term follow-up is to be proposed for those children, adolescents and their families.

Child protection team within mental health service – three years experience. V. Ispanovic, Pejovic-Milovancevic, T. Mincic, J. Radosavljev, D. Kalanj, O. Vidojevic. Department for children and adolescents; Institute for mental health, Belgrade, Yugoslavia

Introduction: The purpose of the following presentation would be to present the networking model of prevention and treatment strategies in working with child abuse and neglect at Belgrade, Yugoslavia. Child protection team was founded in 1998, when we recognized the need for closer assessment and monitoring of these rising phenomena in our society. In this presentation we would discuss our experience as mental health service and the controversies that our team is facing concerning the protection of abused children and adolescents.

Method: We would present the structure of our team and the way of our functioning. We would analyze the total amount of registered cases, ways how we diagnose the maltreatment, how patients are referred to our institution, the type of abuse, the number of hospitalized cases, how maltreatment is widespread in our clinical work and strategies of treatment and future prevention of abuse.

Results: In the period of three years 215 children and adolescents are referred to our institutions because of severe abuse and neglect. Most cases are referred by Center for social work (18.6%), pediatrician (15.3%) or other – school pedagogues and psychologists (23.3%), nonabusive family member (23.3%). Abuse and neglect was discovered during hospitalization because of some different reasons in 44.2% of all cases. The treatment strategies were: individual work, work with non abusive parent, family therapy, coordinative work with other agencies.

Conclusion: Our work is mostly based on family system and we try to stand up and help to create the national system of child protection. The phenomenon of child maltreatment is still not well recognized even between the professionals.

The effect of intrafamilial abuse on adolescents. M. Pejovic-Milovancevic, V. Ispanovic, T. Mincic, J. Radosavljev, D. Kalanj, O. Vidojevic. Department for children and adolescents; Institute for mental health, Palmoticeva 37, Yugoslavia

Introduction: The effects of maltreatment on children and adolescents are often severe and long-lasting, although for any given case, the consequences will be shaped by the intensity, duration and type of abuse as well as the age at the time. Interfamilial abuse and neglect have even more traumatizing effects. Such acts damage im-

mediately or ultimately the behavioral, cognitive, affective or physical functioning of the adolescents.

Method: 35 adolescents aged between 11–18, abused by the family member were assessed by the following procedures: Semistructured interview, Matrix for high abuse risk assessment, Youth self report (Achenbach, 1987), REWISC Revised Wechsler, SFI (family inventory) and ARAS (Adolescent's Resiliency Attitudes Scale; Biscoe, 1994).

Results: Almost all adolescents exhibited some kind of emotional or behavioral disturbances. The most common are behavioral problems (conduct disorder, mixed emotional and behavioral problems) and depressive disorder. Their resilience scores were low and family dynamics were understood as problematic.

Conclusion: Interfamilial abuse of adolescents is a significant threat to the psychological functioning. This threat is usually either high-risk status or exposure to severe adversity or trauma. These are more pathogenic when severe adversity or trauma is superimposed on a person of high-risk status such as the victim of direct abuse.

Munchausen by proxy: a type of child abuse. J. L. Jiménez Hernández (Dpto. Psiquiatria; Hosp. "12 de Octubre"; Madrid); M. López-Rico (Dpto. Fisiología & Farmacología; Universidad Salamanca) Spain

In Munchausen syndrome by proxy (MSBP) pediatric patients are victims of their parents' psychiatric pathology. It is a potentially lethal form of child abuse, better knowledge of MSBP characteristics is needed in order to reveal diagnosis and correct treatment. We describe six cases of this variant of child abuse, ages 5 to 13 years. The clinical picture of all of them is full of medical consultations, hospital admissions and needless investigations. The duration of symptoms ranged from 10 months to 6 years, before the correct diagnosis was made. A great number of medical and surgical procedures for their treatment had been performed without any results on the symptomatology that remained unchanged at the time of psychiatric consultation.

Three of the 6 patients had recurrent comatose states in which the etiology was non-accidental poisoning with psychotropic drugs, perpetrators were their mothers, in these cases we will propose a MSBP full diagnostic. In the other patients, their mothers developed an illness falsification behavior, they reported factitious clinical features with chronic and severe digestive complaints, we will consider for them a particular kind of MSBP, labeled "Dr. Shopping" with the child as proxy patient.

Nature of the motivation, in at least some cases of MSBP, and the importance of distinguishing the motivation found in MSBP from that found in other forms of child abuse is very important, our mothers were using their "sick" children to gain entry into a caregiving milieu. Psychodynamic considerations of mother-child relationship pointed to an attachment disorder, implicating disturbances in separation individuation phase of child development.

It is hoped that increased understanding will eventually allow more rapid, reliable identification of these patients and more effective interventions within the family system, mainly the need to confront perpetrators with the reality and make them accept their own psychiatric care. However, Court intervention is sometimes unavoidable to stop the child abuse.

Mental health problems; protective and risk factors. A comparison of children in kinship foster care and non-kinship foster care. Amy Holtan, John A. Rønning, Andre Sourander

Objective: Knowledge about behavioural and emotional problems of children in kinship foster care is scarce. No such data have been published from the Scandinavian countries. This study compares the prevalence of behavioural and emotional problems and social competence of children living in kinship foster care and non-relative foster care. The associations of some risk and protective factors and behavioural and emotional problems are also investigated.

Method: A total of 214 aged 4–13 participated in the study. The children were assessed using Child Behavioural Checklist and Parenting Stress Index, completed by the foster parents. Information related to demography, placement characteristics and social support was also collected.

Results: The study documented association between emotional and behaviour problems and type of foster care. Kinship foster children scored significantly lower on externalising and total problem scales and reported higher scores on total competence and school competence. Boys had a higher risk than girls in both types of placements. Compared to children in the general population, both children in kinship and non-relative foster care demonstrated consistently lower levels of competence and higher levels of problem behaviors. Substantial proportions of both groups scored above clinical cutoffs on almost all CBCL measures.

Conclusion: The study uncovered groups of children highly in need for professional follow-ups of their psychosocial development. This finding matches earlier studies (Clausen, Landsverk, Ganger, Chadwick, & Litrownik, 1998; Berrick, Barth Richard P., & Needell Barbara, 1994; Keller et al., 2001).

References

- Berrick JD, Barth Richard P, Needell B. (1994) A Comparison of Kinship Foster Homes and Foster Family Homes: Implications for Kinship Foster Care as Family Preservation. *Children and Youth Services Review* 16:33–64
- Clausen J, Landsverk J, Ganger W, Chadwick D, Litrownik A (1998) Mental health problems of children in foster care. *Journal of Child and Family Studies* 7:283–296
- Keller T, Wetherbee K, Le-Prohn N, Payne V, Sim K, Lamont E (2001) Competencies and Problem Behaviours of Children in Family Foster Care: Variations by kinship Placement Status and Race. *Children-and-Youth-Services-Review* 23:915–940

Factitious Presentation of Psychiatric Disorder as a part of Munchausen by Proxy. Herbert Schreier M. D., Department of Psychiatry, Children's Hospital Research Center, Oakland California, USA 94609

In over 400 papers on Munchausen by Proxy there are only two papers which describe psychiatric illness as the method of illness production. This paper will describe several cases of MBP that present with psychiatric or behavioral symptoms, including a child hospitalized in a psychiatric unit for over 8 months before it was discovered. The dynamics of MBP have been described by this author as involving a need on the part of the mother to enter into a perverse [in the psychoanalytic use of the term] relationship involving neediness and hostility, with a powerful figure [usually, but not always a physician]. These dynamics culled from the author's experience with over 70 cases will be described, and video taped examples presented as well. Further the particular difficulties in recognizing psychiatric fabrications will be discussed and compared to issues found in medical MBP.

Monday, September 29th, 2003 Dickens 3

07–1:00 pm Oral communications session

Apprentissages

Phonological information processing and orthographic knowledge in German children with spelling disorders. A. Warnke, E. Plume, G. Schulte-Koerne, H. Remschmidt, Department of Child and Adolescent Psychiatry and Psychotherapy, University of Wuerzburg, Germany and Department of Child and Adolescent Psychiatry and Psychotherapy, University of Marburg, Germany

Objective: A German family genetic study assesses neurobiological, neurophysiological and psychological aspects of spelling disorders. Parts of this study examine the role of phonological information processing and orthographic knowledge in children with spelling disorders.

Methods: 51 children with spelling disorders at the age of 9 to 14 years (experimental group) were compared with their 31 non affected siblings (control group) according to several variables. Phonological awareness was assessed by phoneme blending and segmentation of pseudowords, phoneme reversal and backwards pronunciation of pseudowords. A pseudoword reading test was administered to assess phonological recoding and rapid naming tasks measured the speed of lexical access. Working memory capacity was assessed by digit span. Finally orthographic knowledge was assessed by a pseudohomophone test.

Results: Children with spelling disorders were significantly inferior in phonological awareness, phonological recoding, lexical access and orthographic knowledge in comparison to their non affected siblings. No group differences were found in digit span. Regression analyses showed that phonological awareness plays an important role in German primary school levels whereas orthographic knowledge is more substantial in secondary school levels.

Conclusions: Phonological information processing and orthographic knowledge are still important in older children with spelling disorders.

Learning difficulties, their appearance and comorbidity with internalising, hyperactive and externalising behaviour in 8 year old children. Irma Moilanen, M. D., Ph. D.(*) ; Katri Hautala, B. M.; Päivi Pölkki, B. M.; Arto J. Kotimaa, B. M.; Hanna Ebeling, M. D.; Anja Taanila, Ph. D. (Educ.). Clinic of Child Psychiatry, University Hospital of Oulu, Finland (I.Moilanen, K.Hautala, P.Pölkki, A. J.Kotimaa, Hanna Ebeling); the Department of Public Health Science and General Practice (A. T.)

The study examined the association of learning difficulties and symptoms of internalising, hyperactive and externalising disorders among 8 year old children in the Northern Finland birth cohort of 1985–1986. Children with intellectual handicap were not included.

To evaluate the abnormal behaviour and learning difficulties in reading, writing and mathematics, we used the Rutter Child Scales filled by teachers and parents. We analysed the differences of learning difficulties between different behavioural groups and between children of different age, gender, social class, family structure and maternal education.

Especially high rates of problems in learning were found among children with internalising and hyperactive disorders.

The comorbidity of learning difficulties with hyperactive and externalising disorders has been discussed a lot. In our study we found a remarkable association between learning difficulties and internalising disorders. This association needs further study to help improve these children's possibilities for normal learning and development.

Scolarité d'une population d'enfants dysphasiques. S. Franc, C. L. Gerard, Service de psychopathologie, Hôpital R. Debre, Paris, France

Depuis plus de 30 ans des études ont été menées sur les conséquences à long terme des troubles sévères du développement du langage. Elles mettent en évidence outre la persistance de difficultés linguistiques, l'existence de problèmes éducatifs, de maladaptations sociales et de difficultés scolaires. Les auteurs décrivent ici l'étude prospective qu'ils ont entreprise depuis 1990 concernant 240 patients dysphasiques. Après avoir présenté les critères d'inclusion et les modalités du suivi, ils s'intéressent plus particulièrement au cursus scolaire de ces patients en fonction des structures d'accueil existant en France, et aux adaptations à mettre en place pour améliorer la vie scolaire des jeunes. L'accueil scolaire suivant les différentes tranches d'âge est détaillé: scolarité maternelle, primaire, les années collèges et la formation des plus âgés (plus de 16 ans). Bien que les résultats soient encourageants, le devenir scolaire et professionnel des enfants dysphasiques ne semble pas être actuellement totalement en adéquation avec leurs capacités intellectuelles. Des récentes mesures gouvernementales semblent se mettre en place et devraient permettre une amélioration progressive de la situation à moyen terme.

Conception nosographique des troubles du développement du langage. C. L. Gerard, Service de rééducation de l'enfant, Hôpital R. Debre, Paris, France

Les troubles du langage sont un mode d'expression symptomatique commun en psychopathologie de l'enfant.

Le travail effectué depuis 20 ans dans notre unité est parti de la problématique des syndromes dysphasiques.

Nous avons évité d'utiliser de façon analogique les concepts neuropsychologiques pour classer ces syndromes. Notre classification nous permet de décrire trois niveaux de spécificité:

- Fonctionnel
- Adaptatif
- Remédiateur

La spécificité Fonctionnelle nous permet de donner une logique aux regroupements symptomatiques en regard aux modèles connus du fonctionnement du langage.

La spécificité Adaptative est liée à la reconnaissance pour chaque syndrome d'associations particulières: troubles du langage, troubles des apprentissages et troubles socio-émotionnels.

La spécificité Remédiateur émane d'une conception de la rééducation que nous appelons programmation éducative, liant directement singularités cognitives, évolutives avec décisions éducatives.

Ce concept de la programmation éducative propre aux troubles spécifiques du langage pourrait servir de modèle pour l'établissement de schémas de traitement en psychopathologie du développement.

l'évaluation clinique des fonctions exécutives en neuropsychologie du développement. A. Roy, Unité de Neuropsychologie/Département de Neurologie/Centre Hospitalier Universitaire, Angers, France

Objectifs: Les troubles cognitifs et du comportement, observés chez les enfants porteurs de lésions préfrontales (Vargha-Khadem & Waters, 1985; Mateer & Williams, 1991; Levin & al., 1997), dans l'autisme (Damasio & Maurer, 1978) ou l'hyperactivité (Barkley, 1998; Shallice & al., 2002) incitent à penser que les fonctions exécutives sont nécessaires aux apprentissages (Eslinger, 1996) et à l'acquisition des savoirs sociaux (Saver & Damasio, 1991).

Nous présenterons les outils cliniques d'évaluation des fonctions exécutives en neuropsychologie de l'enfant, en discutant leur spécificité et leur sensibilité dans le cadre des troubles des apprentissages.

Méthode: L'identification de facteurs indépendants dans les études empiriques (Levin & al., 1991; Welsh & al., 1991; Korkman,

2000) tend à préconiser une évaluation clinique plurielle, alliant planification et stratégies (Tour de Londres), flexibilité mentale (Trail Making Test, Wisconsin Card Sorting Test, Brixton), inhibition (Stroop, Hayling). Certains aspects ont été récemment regroupés et associés à l'évaluation de l'attention (NEPSY).

Résultats: La plupart des épreuves sont sensibles chez les hyperactifs mais les autres troubles développementaux demeurent peu explorés. Une symptomatologie dysexécutive proche des descriptions de l'adulte transparaît chez l'enfant, sans que l'implication des fonctions exécutives dans les apprentissages soit analysée par ailleurs.

Conclusion: La neuropsychologie des troubles comportementaux chez l'enfant est à construire (Gérard & Brugel, 1992) et les critères diagnostiques du syndrome dysexécutif à établir (Korkman, 2000). Parallèlement, une étude systématique du développement exécutif paraît essentielle à la compréhension des apprentissages, et à la distinction entre un retard provisoire et un déficit spécifique.

Caractéristiques développementales des enfants à «hautes potentialités» («surdoués»): atouts et vulnérabilité. L. Vaivre-Douret, K. Ennouri, C. Charlemaïne, B. Golse. U-483 INSERM, Groupe Hospitalier Necker-Enfants Malades, Service de Pédiopsychiatrie (Pr. B. Golse), 149 rue de Sèvres, 75743 Paris Cedex 15, France

Objectifs: Orienter des recherches développementales systématisées sur la construction des fonctions neuropsychologiques et de la personnalité chez l'enfant à hautes potentialités. Centration à la période périnatale et premier développement (avant 3 ans). **Méthodologie:** 1) En amont: suivi longitudinal en consultations de pédiatrie hospitalière d'enfants tout-venant, de la naissance à l'adolescence. Dégagement de critères neuro-comportementaux et repérage d'enfants à «hautes potentialités» (sur la base du Q. I.). 2) Etude pilote dès la maternité avec suivi longitudinal en PMI: 60 dossiers retenus par tirage au sort (données développementales avant 3 ans, Q. I. > 130 entre 4 et 7 ans, sans différence significative entre Q. I. V. et Q. I. P.)

Résultats: Données sur le développement global de l'enfant à «hautes potentialités», posturo-moteur, coordination visuelle, langage et développement cognitif et psycho-affectif aux âges préscolaire et scolaire. – Tableaux du fonctionnement neuro-développemental (moteur, socio-affectif, cognitif) de l'enfant à «hautes potentialités»: caractéristiques générales; caractéristiques principales avant la troisième année; caractéristiques aux âges préscolaire et scolaire et traduction par l'environnement social (école, famille, pairs); caractéristiques propres de l'enfant et incitation éducative, sociale/conséquences; troubles scolaires et/ou du comportement, et/ou de la personnalité.

Discussion: Hypothèse d'une organisation particulière (réseaux neuronaux, vitesse de conduction), en référence aux travaux neurophysiologiques et sur le cognitif. Capacité d'adaptation, précocité et rapidité d'acquisition des compétences, atouts qui ont leur revers de vulnérabilité, avec des facteurs de risque: échec scolaire (en France, près d'1/3), dépression; le rôle positif ou négatif de l'environnement social étant déterminant.

Borderline cognitive functioning as a risk factor: a preliminary study in school-aged children. V. Ivancich Biaggini, Dipartimento di Scienze Neurologiche e Psichiatriche dell'età evolutiva, Università di Roma "La Sapienza", Rome, Italy

While Borderline Cognitive Functioning, as currently defined in international literature (IQ scores 71–85 + adaptive deficits), affects a substantial portion of the general population, it is not a DSM-IV or ICD-10 diagnosis, only being considered as a condition possibly meriting clinical attention. However, several studies have shown its relevance; borderline cognitive functioning is significantly present in referred populations, especially in childhood and adolescence, thus justifying further, in-depth analysis of the problem.

Designed as a preliminary work-up to a larger follow-up study,

the work here presented involves a clinically-selected sample of 40 school-aged children, referred for behavioural problems and/or poor school performance. Objectives were to obtain an epidemiologic, neuropsychological, and psychopathological characterisation, and thus draw a tentative picture of this neglected population. Through the use of a specially designed semi-structured interview, particular attention was paid to self-reflective and mentalising functions of these children as one hypothetical core of psychopathological risk later in life.

Results: deficits in global functioning of these children seem to be definitely present; the psychopathological picture is rather heterogeneous, however there seems to be a combination of "behavioural" symptoms with dysthymic traits, which are a constant feature; finally, specific deficits in cognitive learning strategies have been pinpointed, as well as peculiar aspects in self-reflective and mentalising functions, which could hypothetically in part underlie the observed vulnerability of this population.

Psychopathological profiles and diagnostic assessment in preschool children. M. Noterdaeme, A. Hutzelmeyer, H. Amorosa, Heckscher Klinik, Department for Developmental and Behavioral Disorders, Munich, Germany

Objective: Preschool children with developmental disorders are characterized by a high rate of comorbid disorders. The purpose of this study is to assess the range of problems in these children in order to be able to evaluate their specific therapeutic requirements.

Methods: The population comprises all preschool children seen at the out-patient facility of the Department for Developmental and Behavioral Disorders of the Heckscher Klinik during the first three months of the year 2002. The children were evaluated by a multi-professional team of child psychiatrists, psychologists and speech pathologists. Diagnoses were made according to the multi-axial classification scheme. The CBCL 11/2–5 was completed by the mother of the child.

Results: 105 preschool children were assessed and diagnosed. Most of the patients had multiple specific developmental disorders (language disorder, in combination with motor disorder) or pervasive developmental disorders. About two thirds of the patients with specific developmental disorders had an additional psychiatric disorder. 30% of the patients had a pervasive developmental disorder and 5% had a severe mental retardation, often in combination with neurological disorders.

Conclusions: Preschool children with developmental disorders have a high risk for comorbid psychiatric or neurological disorder. Most children need intensive therapeutic support. Therapeutic measures include speech therapy, ergotherapy, pedagogic early intervention programmes as well as psychopharmacological and psychotherapeutic support.

Elective mutism in monozygotic twins. L. Sharkey Senior Registrar in child psychiatry; F. McNicholas, Professor of child psychiatry, Lucena Clinic, Tallaght, Dublin, Ireland

Elective mutism is a rare childhood disorder, characterised by a failure to speak in specific social situations despite demonstrating language competence in others. The refusal to speak is of at least one month duration, and causes impairment in communication, educational and occupational achievement.

Aims: The authors wish to present two case reports of female Monozygotic twins, presenting with elective mutism. To our knowledge this is the first case report of elective mutism in identical twins.

A and B were presented to the clinic, age 3 years, with a six month history of an inability to speak in social settings outside their home. This was on the background of behavioural inhibition and anxious attachment patterns. The family history was positive for elective mutism, social phobia, anxiety and depression.

Assessments were conducted in a clinical, home and school set-

ting. A speech and language and psychological assessment demonstrated no learning or speech and language difficulties.

Treatment was multi-modal, including behavioural therapy both individually, with the parents using video feedback, and in a group setting. Treatment also focussed on mother's mental state.

Results: Despite some progress in non verbal behaviour over an 18 month period, neither twin speaks in the clinic or at school.

Conclusion: The presentation will focus on the difficulties of treating elective mutism in monozygotic twins, and address the strong genetic contribution in this case. Given the poor response to intensive and long term treatment other treatment modalities will be discussed.

Precocity of depressive symptoms in children with learning disabilities. R. Donfrancesco, A. Dell'Uomo, D. Mugnaini, La Scarpetta Hospital, UO TSMREE, ASL RM/A, Roma, Italy

Objective: A neuropsychological view explains psychiatric symptomatology of learning disabilities (LD) as an exclusively secondary phenomenon consequent to primitive cognitive damage and reactive school failure.

Otherwise, because expression of a cognitive deficit, the impairment of social skills and capacity of environmental interpretation should be premature. That could cause an oppositional defiant disorder. The aim of this paper is to examine the temporal relations between these pathologies in LD children.

Methods: 72 LD children (50 male, 22 female, mean age: 109.64, mean IQ103.53) are matched with 68 Control children (49 male, 19 female, m. age: 112,16). Teachers who regard the child's behaviours in the following 6 areas fill the Social and Emotional Dimension Scale: depression, incongruent behaviour, somatic symptoms, teacher and classmate avoidance and aggressive relation. Children are divided in 4 age groups: 33 LD > 9, 39 LD < 9, 38 C > 9, 30 C < 9. The four groups are comparable for gender and ages two by two.

Results: 1) LD children show the clearest depressive symptoms: incongruent behaviour and teacher avoidance. 2) Only LD children over 9 show aggressive behaviours and teacher avoidance ($p < 0.01$). 3) LD children show a higher depressive symptomatology than Control children ($p < 0.01$), without age differences. 4) Cluster Analysis demonstrates that depressive symptoms are not related to a wrong interpretation of environment.

Conclusions: Depressive symptoms in LD children, otherwise aggressive behaviour, are precocious and unrelated to social skills. Psychiatric pathology is not always secondary and it could have an etiological relation with cognitive disabilities.

S23-4:00 pm Symposium

Motivation belief and learning disorders

Chair: Bailly D.

Role of the implicit theories of intelligence in learning situations. Cury F., Da Fonseca D., Bailly D., Rufo M., Service de Pédopsychiatrie, Hôpital Ste Marguerite Marseille

Most studies have tried to explain the school difficulties by analysing the intellectual factors that lead to school failure. However in addition to the instrumental capacities, authors also recognize the role played by other factors such as motivation. More specifically, the theory of achievement motivation aims to determine motivational factors involved in achievement situations when the students have to demonstrate their competencies. According to Dweck, it seems that beliefs about the nature of intelligence have a very powerful impact on behavior. These implicit theories of intelligence create a meaning system or conceptual framework that influences the individuals' interpretation of school situations. Thus,

an entity theory of intelligence is the belief that intelligence is a fixed trait, a personal quality that cannot be changed. Students who subscribe to this theory believe that although people can learn new things, their underlying intelligence remains the same. In contrast, an incremental theory of intelligence is the belief that intelligence is a controllable quality that can increase through efforts. The identification of these two theories allows us to understand the cognition and behavior of individuals in achievement situations.

Many studies carried out in the academic area show that students who hold an entity theory of intelligence have a strong tendency to attribute their failures to their bad intellectual abilities. In contrast, students who hold an incremental theory of intelligence are more likely to understand the same negative outcomes in terms of specific factors: they attribute them to a lack of effort. Several studies have shown too that entity theorists of intelligence are more likely than incremental theorists to react helplessly in the face of achievement setbacks characterized by a lack of persistence, and performance decrements. In contrast, incremental theorists tend to try harder, develop better strategies and continue to work.

Effect of the induction of an implicit theory of intelligence on cognitive task. Da Fonseca D., Cury F., Bailly D., Rufo M., Service de Pédopsychiatrie, Hôpital Ste Marguerite Marseille

In the last few years, several studies showed that people's theories of intelligence are not fixed traits. These studies suggested that students use the two types of beliefs and that the context particularly determines the choice between the two types of beliefs. According to these authors, the psychological state of the student depends on dispositional factors but also on situational factors.

The aim of this study was to demonstrate that it was possible to modify experimentally implicit theories of intelligence and subsequent cognitions and behaviors by modifying situational factors. So we have compared the effect of the induction of an implicit theory (theory of the entity of the intelligence vs. incremental theory of the intelligence) on a cognitive test performance. The studied population was composed of 4 groups of 25 adolescents. Each group has been exposed to one of the four experimental conditions. The results show that:

- the incremental theory induction (in which intelligence is believed to be a malleable) associated to a positive or negative feedback leads to a high score of competence expectancies and perseverance and a low score of cognitive anxiety.
- the entity theory induction (in which intelligence is believed to be a fixed characteristic) associated to a negative feedback leads to a high score of cognitive anxiety and a low score of competence expectancies and perseverance.
- the entity theory induction associated to a positive feedback leads to a high score of competence expectancies and a weak score of cognitive anxiety and perseverance.

Thus, these results demonstrate the positive motivational effects of the experimental induction of the incremental theory. Participants in incremental condition obtained better performance than participants confronted with entity condition. These results should lead to plan programmes of cognitive therapy in order to modify beliefs that underlie maladjusted achievement behaviors of children and adolescents in scholastic failure.

Estime de soi et délégation de l'autorité parentale dans la mobilisation scolaire de l'adolescent. Odette Lescarret, professeur de psychologie du développement, Université Montpellier III, Laboratoire «Personnalisation et Changements Sociaux» de Toulouse II; Tran Thu Huong, doctorante en psychologie, Université des Sciences Sociales et Humaines de Hanoi, Laboratoire «Personnalisation et Changements Sociaux» de Toulouse II

Quelles les conditions psychologiques nécessaires à la réussite scolaire, en particulier à l'adolescence? A une époque où la réussite scolaire de l'adolescent constitue et demeure un préalable essentiel à l'insertion sociale des jeunes, la centration récente des chercheurs

sur la dynamique socio-familiale contribue de plus en plus à renouveler l'éclairage de la question.

Cette communication s'inscrit dans la lignée des travaux actuels des psychologues en éducation familiale (Le Camus, 2000; Lescarret et Van Thi, 1999; Lescarret, 2001; Prêteur et de Léonardis, 1999; Tap 1995) étayant ainsi les avancées de la sociologie et des sciences de l'éducation (Bourdieu, 1993; Durning, 1995; Pourtois et Desmet, 1994).

Elle montre à travers un échantillon de 556 adolescents comment l'interaction entre les pratiques éducatives familiales et les processus psychologiques tels que l'estime de soi et les compétences cognitives développe chez l'adolescent des attitudes inégalement favorables à l'investissement et à l'accomplissement des tâches scolaires. Elle analyse en outre la dynamique de l'estime de soi et de la délégation de l'autorité parentale en se focalisant sur un échantillon de 60 sujets, et montre en quoi ces processus s'organisent différemment pour la fille et pour le garçon. Des questions pour l'avenir seront alors mises en perspectives.

08–5:45 pm

Oral communications Session

Anxiety disorders

Chair: Askenazy F.

Hearing voices in non psychotic children. F. L. Askenazy, K. Lestideau, Nice, University Nice Sophia-Antipolis, France

Clinical study of auditory hallucination in non psychotic out-patients aged from 6 to 12 years old on a 12 months consecutive period.

Background: Hallucinations were usually referred to as part of the psychotic symptom complex of schizophrenia. However it seemed to be very rare in non psychotic children. The aim of this study is to report the association between auditory hallucinations in non schizophrenic patients and DSM IV diagnosis in children.

Method: During a one year period all out-patients consulting in a child and adolescent University psychiatric department were screened with a questionnaire on auditory hallucinations. All children with hearing voices were included. KIDDIE-SADS structured DSM IV interviews, were assessed, and RMI and EEG was systematically performed. All details about psychiatric family history, life events and hallucinations were reported. Patients presenting schizophrenic symptoms were not included.

A matched control group was also screened.

Results: 15 children aged from 6.5 to 12 were included in 75 out-patients (20%) and 15 controls. In the study group, the main of initial referral was school difficulties (47%); sleep disturbances (47%) and the main DSM IV diagnosis observed was separation anxiety (60%). In the control group, the initial referral and DSM IV diagnosis were more dispersed. Ten patients were followed-up over a year period. For all, hearing voices disappeared after one month of therapeutic consultation. Four relapses were observed. Another important result was the presence of major psychiatric family history in this study group.

Conclusion: Anxiety disorder and auditory hallucinations in children seem to have a strong association. This report suggests the need for epidemiologic study on this subject.

The comorbidity of conduct disorders and anxiety disorders in a sample of 9–14 year old children. P. Kappen, Frankfurt, Germany; K. Schmeck, Ulm, Germany; F. Poustka, Frankfurt, Germany

Objective: Does a comorbidity of anxiety disorders and aggressive behavior lead to more severe conduct disorders? Is anxiety a protective factor to avoid aggressive behaviour? Are the issues of reported fears different between the comorbid and the anxious children?

Method: We investigated 49 boys and 26 girls, 9–14 years old, who were either inpatients at the university hospital of Frankfurt or residents of a Children's foster home in Idstein, Germany. The Children filled out the SCARED, the STAI, and a questionnaire for personality traits (Persönlichkeitsfragebogen (PFK) 9–14), and additionally their parents or care-takers the CBCL. According to the results we divided them into four groups: neither aggressive nor anxious, anxious, aggressive, and comorbid (aggressive and anxious). We compared those four groups according to gender, level of aggressiveness, different classification of anxiety disorders, the total psychopathological score and the associated abnormal psychosocial situations of upbringing actual and in the past and SES.

Results: Neither gender nor actual abnormal psychosocial situations or SES were associated to comorbidity. The comorbid children showed a more severe conduct disorder and a higher total psychopathological score than those without comorbidity. The comparison of the reported fears and anxieties showed significant differences between the four groups: The comorbid patients scored high on school phobia and separation anxiety whereas patients with anxiety disorders reported mainly social phobia and general anxiety.

Conclusions: Patients with Comorbidity of conduct and anxiety disorders show more psychopathologic symptoms and higher aggression than those without anxiety. The comparison of the reported fears and anxieties shows significant differences between patients with anxiety disorders and those with comorbid disorders. Anxiety disorder does not seem to play a significant part as a protective factor but as a personality trait it can help to avoid conduct disorders.

Reference

Walker J, et al. (1991) Anxiety, inhibition, and conduct disorder in children. *J Am Acad Child Adolesc Psychiatry* 30(2):187–191

Dog phobia: a new therapeutic approach. F. Zimmermann, Clinic for Child and Adolescent Psychiatry, Riedstadt, Germany; V. E. Kacic, Cambridgeshire and Peterborough NHS, Cambridge University Teaching Trust, United Kingdom

Objective: Children with dog phobia are rarely treated in Child Psychiatry because they often develop chronic mechanisms of avoidance. These, however, do not only lead to anxious avoidance of dogs, but often to a generalized phobic disorder, and consequently to deficits in psychosocial adjustment. We present a standardized short-term therapy program in which behavioural coping strategies are used in a small group therapeutic setting.

Method: Over 36 months n = 31 children aged 5–10 years were treated in group therapy settings (n = 3 max). In phase 1 psychoeducative training regarding the development of anxiety and coping strategies was provided. Specific questionnaires for children and parents were used in addition to standard diagnostic procedures to assess the situative extent of phobic disorders, the presence of further phobias, and impairments of social adjustment. In phase 2 groups of children were exposed to therapy dogs. In graduated in-vivo treatment children used coping mechanisms they had learned in phase 1, model learning took place, and non-verbal reinforcements of intrinsic processes were given. Phase 3 comprised specific consultations with parents concerning the detection and modification of conditions containing the disorder, and instructions for domestic exercises.

Results: Self- and parent-rating scales show a highly significant reduction of the phobic disorder within an average timeframe of 8 weeks. First catamnestic observations show a constant improvement of social integration and self-esteem.

Conclusion: Results of this successful process evaluation encouraged us to develop a therapy manual, that is currently in press. This will lead to cross-validation of our results in other clinical-psychological settings.

Infections in children with Tourette syndrome. R. Rizzo, L. Mazzone, P. Pavone, F. Fogliani, R. Bianchini, University of Catania, Italy

Objective: A consecutive series of children with Tourette syndrome were evaluated to investigate the potential association to infections especially group A hemolytic streptococcal infection, and determine if a clinical difference between Tourette patient's with or without associated infections exists.

Subjects and methods: One hundred and one patients were enrolled in the study (77 male and 24 female). Mean age at the time of the evaluation was 12.2 (range 7.21). The diagnosis of TS was made as defined by the Tourette's syndrome classification study group. The patients were assessed with the National Hospital Interview Schedule for the assessment of Gilles de la Tourette syndrome, tic severity was assessed using the Yale Global Tic Severity Scale and the Tourette's syndrome severity scale. Additionally patients were evaluated for attention-deficit hyperactivity disorder by use of DSM-IV criteria, for obsessive compulsive disturbance by interview of TSA Genetic linkage Consortium child version and by Children's Yale Brown obsessive compulsive scale (CY-BOCS) and schedule for affective disorder and Schizophrenia for school-age children lifetime version (K-SADS-E).

The antibody assays for antistreptolysin O (ASO), anti-deoxyribonuclease B (anti-DNAse B), antineuronal antibodies were also assessed.

Conclusion: Of one-hundred-one patients, 21 had a sudden, explosive onset or worsening of symptoms; 20 associated with a streptococcal infection and one with a viral infection.

Comparison between those individuals and the remainder of the study population was presented.

Hallucinations in non-psychotic children with OCD. H. Schreier, F. Askenazy, K. Lestideau, Nice, University Nice Sophia-Antipolis, France

We describe a French and an American cohort of children reporting OCD and non psychotic hallucinations. Until today nothing has been written about the association of these two symptoms. We proposed to discuss this clinical relationship.

Hallucinations have been described in a variety of childhood psychiatric conditions, and although considered by some to be synonymous with psychopathology, they may also be found in healthy children. There is reason to believe that hallucinations are underreported. The NIMH study [1997] found that 2.8% of adults reported hallucinating before they were 21 years old. Hallucinations are consistently defined as perceptions in the absence of identifiable external stimuli. It excludes eidetic images and imaginary friends and intense thoughts, recognized as the child's own. Hallucinations have been associated with a variety of childhood psychiatric syndromes, schizophrenia, reactive psychoses, depressive disorders, acute and long term outcome in temporal lobe epilepsy, as benign phobic hallucinosis, a self limited, acute-onset episode of tactile and visual hallucination in children under the age of 8, in severe social deprivation, and for children reared in an environment of mystical belief, children with conduct disorders, and with migraine headache.

We present here with video taped examples a report from two clinics one in California the other in France 21 cases of children with OCD and with and without Tourettes. In the French cases all Tourettes were observed when we observed three cases of identical symptoms in the mother and the child.

The relationship OCD to schizophrenia is under study and some have discussed schizo-obsessive subtype. Little is known and nothing written on hallucinations in children with OCD. Our children did not exhibit delusional thinking. Family histories will be presented as well as the children's own reports, and for four cases the follow up over a one year period.

**Monday, September 29th, 2003
Dickens 4**

09–1:00 pm

Oral communications session

Schizophrenia and affective disorders

Etude sur phase prémorbide et phase prodromique subjective de la schizophrénie. Dr Lise Barthélemy, Chef de Clinique Assistante, service de Pédopsychiatrie Peyre Plantade Montpellier; Guillaume Colin, interne, service de Pédopsychiatrie Peyre Plantade Montpellier; Dr Monique Batlaj, Chef de Service, unité de soins de jeunes adultes dans Polyclinique de Psychiatrie Montpellier; Pr Charles Aussilloux, Chef de Service de Pédopsychiatrie Peyre Plantade Montpellier

Un nombre croissant d'études s'intéressent au rôle du dépistage précoce des troubles schizophréniques, du fait de bénéfices reconnus d'un traitement précoce.

Actuellement, il est difficile de mettre en place un traitement préventif de la schizophrénie étant donnée la faible spécificité des signes apparaissant lors de la phase prémorbide et vues les difficultés éthiques que cela soulève.

Par contre, le traitement précoce devrait être possible si l'on pouvait identifier de manière fiable des critères de diagnostic précoce.

La théorie neuro-développementale, qui fait actuellement l'objet d'un consensus, nous permet de dégager des éléments de compréhension du processus pathologique qui pourraient être des aides au diagnostic précoce:

- certaines personnes ont des facteurs de risque de vulnérabilité à la schizophrénie: facteurs génétiques, pathologies obstétricales et périnatales, etc. . . .
- La phase prémorbide qui est la période précédant l'apparition des prodromes schizophréniques est le plus souvent silencieuse, mais elle est vraisemblablement marquée par des anomalies et des retards développementaux plus importants, qui seraient l'expression d'une certaine vulnérabilité à la pathologie.
- La phase prodromique est définie par la survenue d'un changement dans le comportement et le vécu des sujets; ses signes précurseurs sont variables dans leur intensité, leur durée et leur mode d'expression. Elle se situe avant la phase processuelle, qui entraîne elle généralement la mise sous traitement.

Il serait intéressant de vérifier si la prise en compte conjuguée des facteurs de vulnérabilité, des marqueurs de vulnérabilité de la phase prémorbide et des prodromes permettrait une meilleure approche diagnostique et donc des réponses thérapeutiques plus adaptées aux modalités cliniques quotidiennes.

L'étude de cas cliniques nous permettra d'illustrer ce questionnement.

Depression and suicidal behavior in adolescent schizophrenia. A. Apter, N. Horeh, O. Schwartz, G. Zalzman, Schneiders Children's Medical Center, Israel

Objectives: To evaluate the prevalence, nature and correlations of suicidal behaviors in adolescent inpatients diagnosed with schizophrenia. More specifically we examined the relationship of suicidal behavior to phase of illness, presence of and type of depression and degree of insight into illness. In addition the influence of post psychotic depression and negative signs were assessed.

Methods: In three related studies we examined 200 first admissions to an adolescent psychiatric inpatient unit. Patients with schizophrenia were compared to adolescents with major depressive disorder, other psychiatric diagnoses and normal controls. Depression defined as a score of > 6 on the Calgary Depression Scale for Schizophrenia (CDSS). The following assessments were used: the

Childhood version of the schedule for schizophrenia and affective disorders (K-SADS), the Blatt, depressive equivalent scale (DES), the childhood suicide potential scale (CSPS), the suicide risk scale (SRS), the Beck depression inventory (BDI), hopelessness scale (HS), the cognitive checklist (CCL), the positive and negative symptom scale (PANSS) the CDSS and the scale of awareness and understanding of mental disorder (SAUMD,) as well as a semi-constructed interview aiming to gather demographic details and data about the outburst of the disease.

Results: Thirty five percent of the schizophrenic patients met provisional DSMIV criteria for post-psychotic depression; There were differences in quality and content of depression from those found in the depressed patients. In addition we found that it is possible to separate between negative symptoms and depression. Furthermore, we found that post-psychotic depression and suicidal behavior phenomenon is directly correlated with the extent of the awareness and insight into the psychosis. There were differences in the quality of depression and reaction to life stress between schizophrenic subjects and those with major depression.

Conclusion: Depression and suicidal behavior are common in adolescent schizophrenia. These behaviors have specific features that are important to consider when developing preventative measures.

Risk factors and vulnerability in schizophrenia. Goeb J.-L., Petitjean F., Botbol M. (Angers, Paris, Sceaux; France)

Authors will review the various risk factors identified for the development of schizophrenia, distinguishing endogenous (genetic) and environmental ones. Early factors (operating during pregnancy and the perinatal phase) as well as late ones (during adolescence) have been described; this diversity leads to various endophenotypes and may explain the diversity of clinical presentations.

The present neurodevelopmental model will be presented, and authors will show how this approach is not linear. Various "window of vulnerability" phases will be described; these critical periods appear during the foetal period, and during the teenage years; this model has been described as the "three hit hypothesis". Authors will show how this model can be described in terms of a dynamic interaction between endogenous and environmental factors. A review of symptoms observed during infancy will be presented, leading to various research suggestions.

A better identification of high-risk individuals will lead to the improvement of preventive measures.

Memory and developmental psychopathology: self, memory systems and schizophrenic spectrum in adolescence. I. Ardizzone, Università "La Sapienza", Roma, Italy

Bio-psycho-social changes in adolescence maintain a further reorganization of the relationship between the self and memory systems (working, procedural, semantic and episodic memory). Such affective/cognitive reorganization is to be found at the base of the acquisition of new self knowledge that we can define as autobiographical consciousness. This developmental task characteristic of the adolescence brings about the comparison with one's own past experiences and the ability to see oneself projected into the future. Our clinical experience shows how in many of our psychotic and schizotypic patients the acquisition of the ability to "travel in time" indicates a painful mental experience. Such experiences are frequently avoided through the creation of a so-called autobiographical delusion. This symptomatology is particularly difficult to treat because it appears to be an adolescent pseudo-functioning that results in affective cognitive regression which is often chronic. The aim of this work is the study of the role of memory systems in the construction of the self and in developmental psychopathology. The hypothesis leading from this theoretical and clinical research will be applied to:

- the understanding, diagnosis and treatment of schizophrenic spectrum disorders in adolescence.

- the developmental psychodynamic theory, diagnosis and treatment
- the development of future approaches to other pathologies like OCD
- the development of research models suitable for studying a developmental point of view of the early relationship between memory system and normal and pathologic development of the self.

010-2:15 pm

Oral communications sessions

Famille

Composantes transgénérationnelles dans les toxicomanies et les troubles des conduites alimentaires à l'adolescence. M. Bader, M. D., ** Philippe Mazet, M. D., * Blaise Pierrehumbert, Ph. D., * Bernard Plancherel, Ph. D., * Olivier Halfon, M. D.

* Service Universitaire de Psychiatrie de l'Enfant et de l'Adolescent, Lausanne, Switzerland; ** Service de Psychiatrie de l'Enfant et de l'Adolescent, Groupe Hospitalier Pitié-Salpêtrière, Paris, France

Cette recherche investigate les représentations mentales d'adolescents, présentant des troubles des conduites alimentaires sévères ou des toxicomanies, les constellations familiales et les composantes transgénérationnelles.

Nos données indiquent le poids des dimensions transgénérationnelles et de certaines projections parentales qui nous semblent participer aux facteurs de risque du développement de ces pathologies à l'adolescence.

Les toxicomanes décrivent une prévalence de vécus familiaux lourds et de conflits familiaux, de séparations, de deuils non élaborés ainsi que de figures et de fonctions parentales transgénérationnelles insuffisamment structurantes.

Les sujets ayant des troubles sévères des conduites alimentaires ont tendance à relater des conflits entre les parents, des problèmes alimentaires et des conflits mère-fille transgénérationnels, et des fonctions parentales transgénérationnelles particulières (contraste entre des fonctions paternelles périphériques et des fonctions maternelles en général très présentes).

Les constellations familiales fournissent des pistes intéressantes dans la compréhension de ces pathologies, et dans le choix de certaines interventions thérapeutiques.

Devenir mère quand on a été adoptée ... réflexion autour d'un cas clinique. A.-L. Sculier Gobet, P. Stephan, O. Chouchena, O. Halfon, SUPEA, Lausanne, Suisse

Objectifs: En partant d'une situation clinique de sevrage impossible, la réflexion va se centrer sur l'impact transgénérationnel de la construction des liens parents-enfants dans cette situation particulière de filiation qu'est l'adoption.

Méthodes: La prise en charge a été organisée sous la forme de consultations thérapeutiques mère-enfant à un rythme bimensuel pendant environ une année.

Résultats: Un processus de changement dans l'appréhension, pour Mme, de son identité de mère et de femme va s'amorcer, permettant à son bébé de se dégager progressivement des projections maternelles envahissantes et de devenir plus autonome dans son fonctionnement, notamment sur le plan alimentaire.

Conclusion: La naissance de cette fillette, enfant du même sexe exprimant une symptomatologie autour de la séparation, a amené sa mère à «revisiter» l'histoire de sa petite enfance dont elle avait refoulé beaucoup d'éléments jusqu' alors, dans une perspective transgénérationnelle incluant deux lignées de filiation: l'adoptive et la biologique.

La représentation des liens de filiation. Ph. Kinoo, Cliniques Universitaires St Luc, Bruxelles, Belgique

Jérémy a presque cinq ans.

Il vit en famille d'accueil, mais voit régulièrement sa mère, et le compagnon de celle-ci, qu'il appelle «Papa». Son père – légal – est le mari de sa mère; ceux-ci sont séparés depuis près de dix ans, sans avoir divorcés. Son père «biologique» est un éphémère compagnon de la mère.

Faisant son plan de famille avec moi, Jérémy conclura lui-même en disant:

«J'ai deux papas, deux mamans, et un père».

A partir de la situation de cet enfant, et de ce qu'il représente de ses liens «parentaux» lors de l'entretien, nous pouvons reconnaître ainsi quatre types de liens de filiation (légal, biologique, social et affectif). Ces liens sont ou peuvent être repérés, différenciés et assumés par un enfant même très jeune, dès 3-4 ans.

Ce sur quoi nous voulons insister, c'est que dans les représentations de l'enfant et dans les nôtres, intervenants psycho-sociaux, il n'y a pas à avoir de hiérarchie entre ces quatre types de liens de filiation.

Jérémy a «deux papas, deux mamans et un père». C'est tout fait correct et bien dit. Il ne s'agit pas de lui interdire certaines représentations «Ce n'est pas ton vrai père, ta vraie maman»), il s'agit de permettre de représenter, de différencier et de nommer ces quatre types de filiation.

Ce qui fait problème, le cas échéant, pour ces enfants, ce ne sont pas ces liens multiples, c'est quand ils y sont l'enjeu de relations conflictuelles, explicites ou implicites.

Abstract: "I have two mammies, two daddies, and one father". Representations of filiation types.

Starting from the situation of a child living in a foster family, the author points out that, in some cases, a child should be able to imagine four filiation types: a legal one, a biological one, an affective one and a socio-educational one. It is important for the adults, professional or not to help the child clarify those representations without organizing them into a hierarchy.

Implications psychologiques et psychodynamiques de l'alcoolodépendance parentale chez un adolescent. S. Maes, Hôpital le Domaine – Université Libre de Bruxelles – Erasme, Braine l'Alleud, Belgique

Objectifs: Au-delà des aspects communs aux difficultés que peut rencontrer un enfant en phase de latence avec des parents alcoolodépendants, l'adolescent doit également faire face aux enjeux de la prise d'autonomie.

Méthode: Nous avons pu observer, dans le cadre de notre unité d'hospitalisation psychiatrique pour adolescents, plusieurs situations cliniques relevant de cette problématique.

Résultats: Il apparaît que le franchissement de l'adolescence nécessite entre autre un narcissisme suffisamment solide, un soutien familial et une relation parentale sécurisante. Or, dans une famille dont un ou plusieurs membres sont alcoolodépendants, il se rencontre en général une dynamique familiale rigidifiée avec isolement social, parentification des enfants, défaillance parentale et difficultés d'adaptation à une modification de sa composition permettant le départ d'un de ses membres. L'adolescent parentifié ne peut se distancier d'un parent sur lequel il se sent en devoir de veiller, ni d'un couple parental dont il assure la cohésion par une fonction tierce. Il alterne ainsi souvent entre un sentiment d'omnipotence et un effondrement dépressif.

Conclusions: De fait, il apparaît que le pronostic des ces adolescents quand à un épanouissement personnel et une éventuelle évolution vers une forme de dépendance ou de co-dépendance soit liée à la capacité de la famille à résister au développement de l'alcoolisme d'un de ses membres par un maintien de ses rituels préexistants, et le degré de rupture de l'adolescent avec les rituels de sa famille d'origine.

Ces différents aspects sont développés d'un point de vue psychodynamique et systémique.

Enjeux transgénérationnels et processus de guérison à l'adolescence d'une maladie héréditaire: modèle de la drépanocytose traitée par allogreffe de moelle osseuse

Transgenerational issues and recovery processes of a hereditary disease during adolescence: the model of sickle cell disease treated by allogeneic stem cell transplantation

O. Taïeb, J. Pradère, M. Champion, D. Bonnet, T. Abbal, D. NGaba, B. Dutray, G. Broder, L. Coïc, E. Gluckman, F. Bernaudin, M. R. Moro. Service de Psychopathologie de l'enfant et de l'adolescent, Hôpital Avicenne, Université Paris 13, Bobigny, France, Intersecteur de pédiopsychiatrie des 9^e et 10^e arrondissements, Paris, France, Institut de Recherche pour le Développement, Paris, France, Service de Pédiatrie, Hôpital Intercommunal, Créteil, France, Unité de Greffes de moelle osseuse, Hôpital Saint-Louis, Paris, France

Abstracts: La drépanocytose est une maladie du globule rouge héréditaire, se transmettant sur un mode autosomique récessif. C'est une maladie chronique, invalidante, mettant en jeu le pronostic fonctionnel et parfois vital. En France, elle touche principalement des patients originaires d'Afrique sub-saharienne et des Antilles. La greffe de moelle osseuse (avec un donneur dans la fratrie compatible sur le plan immunologique) est actuellement le seul traitement potentiellement curateur avec un taux de «guérison» de 90%. Il s'agit donc d'un modèle exemplaire pour étudier et comprendre les enjeux psychiques et culturels, individuels et familiaux des processus de guérison d'une maladie somatique chronique de l'enfant et de l'adolescent, la guérison ne pouvant être comprise ici comme un simple retour à l'état antérieur.

A partir d'une recherche pluridisciplinaire et multicentrique en cours, soutenue par l'Etablissement français des Greffes, nous montrerons, tout d'abord, comment la réalité potentiellement traumatique de la maladie, de son caractère génétique et des procédures médicales (la greffe, la cryopréservation d'un ovaire avant la greffe pour préserver la fertilité chez les filles, l'éventuel déclenchement hormonal de la puberté) met en tension de façon singulière la dialectique narcissico-objectale à l'adolescence au niveau de l'investissement du corps et au niveau des choix d'objet amoureux. Nous montrerons, ensuite, que derrière le désir de guérison se profile souvent le désir d'enfant, et, enfin, que la dette de vie (transmission verticale) peut être redoublée par le don de moelle d'un frère ou d'une sœur (transmission horizontale) qui a permis la guérison.

Sickle cell disease is a hereditary chronic anaemia characterised by a variable course of clinical severity with risks of substantial morbidity and early mortality. It affects mainly patients from Antilles and Africa. Bone marrow transplantation (with a matched sibling-donor) is the only treatment with curative potential with a probability of event-free survival of 90%. It provides a model for studying the recovery processes for adolescent patients suffering of a childhood chronic disease. In this case, recovery shall not appear as a simple return to previous state.

From an ongoing multicentered and multidisciplinary research with the Etablissement français des Greffes, we will show, first, how the potential traumatic reality of this hereditary disease and its treatments (transplantation, ovary preservation to protect fertility, and eventual hormonal-induced puberty) straightened the dialectical relation between narcissism and objects especially about the place of the body and the relations with peers. We will show, secondly, that behind the recovery desire could be found a child desire, and, finally, that the life debt (vertical transmission) could be increased by the bone marrow donation impact from a sibling (horizontal transmission).

Folie à trois? S. Zink, M. Rupps, Université de Erlangen-Nürnberg, Allemagne

La folie à trois est une maladie psychique extrêmement rare, qui conduit des proches du malade à tomber malades à leur tour.

Nous voulons présenter le cas rare de folie à trois d'une famille vietnamienne qui, pendant un an, a vécu isolée dans une pièce obscure de 16 mètre carré, dans un foyer de malades d'asile. Le

père était atteint de schizophrénie. A cause de sa peur d'être poursuivi par l'état allemand, il refusait les repas offert par le bureau d'aide sociale et il a enfermé sa famille dans la pièce. La fille, onze ans, ne mangeait pas à sa faim (26.5 kg, 1.44 m, BMI 12.8). Elle était caractérielle, impulsive et agressive, quelquefois muette et avait des difficultés à entrer en contact avec les autres malades et le personnel. Elle agissait d'une façon stéréotypée et créait de nouveaux mots.

Nous voudrions comparer notre cas aux quelques cas cités dans la littérature.

W6-4:00 pm Workshop

Adolescent substance use assessment

Chair: Bolognini M.

The proposed symposium includes five presentations referring to the experience using the ADAD (Adolescent Drug Abuse Diagnosis) both in a clinical and research perspective. A first presentation by the ADAD co-author, Arlene Terras (Philadelphia) will describe the instrument and its use with delinquent adolescents. Monique Bolognini (Lausanne) will give some results of an ongoing research about substance use evaluation of regular adolescent drug users (N = 102). Laurent Holzer (Lausanne) will give a presentation on the clinical use of the ADAD in an adolescents day care clinic. Marina Croquette Krokhar (Geneva) will refer to a recent experience with young adults on care for drug abuse at the Substance Abuse Division in Geneva. A short version of the ADAD has also been used at the in-patient adolescent clinic SUPEA (Jacques Laget, Lausanne) assessing adolescents in a crisis situation. The results of an evaluation with a small group of 10 adolescents will be discussed.

The ADAD: A multidimensional assessment instrument to evaluate the problems of adolescent drug use. A. Terras & A. Friedman, Belmont Center for Comprehensive Treatment, Philadelphia, PA (USA).

The ADAD was developed to fill a need for a systematic strategy to assess young substance using/abusing clients and provide improved treatment planning, at the time of treatment entry, on each of the following nine different problem areas of adolescent life: medical, school, employment, social, family, psychological, legal, alcohol and drugs. The specific aim of the authors of the ADAD, in responding to this need, was as follows: "To develop a new valid and reliable diagnostic instrument that will be useful for improving client diagnostic, for evaluation of client treatment needs, for treatment planning, and to enhance the potential for conducting research with adolescent substance abuse clients." The ADAD yields two types of scores in each problem area: The Interviewer Severity Ratings, which are the primary clinical indicator of the client's need for treatment; and the Composite Scores, which are mathematically derived from client responses and are used as measures of change in research.

In the original psychometric development of the ADAD instrument, good inter-rater reliability coefficients (from 0.85 to 0.97) were found for the interviewers' severity ratings of the nine problem areas. Favorable test-retest reliability was also found for the composite scores (except for "employment problems"); and adequate concurrent-external validity was established for each problem area by correlational analyses with known standardized instruments.

The ADAD has been used as the central data collection instrument in several studies and numerous data analyses. The ADAD was utilized in a treatment assessment study to provide pre, post, follow-up outcome measures in the (Friedman, Terras & Glassman, 2002), and earlier, to determine the relationship of family problems to

adolescent substance use behavior (Friedman, Terras, & Glassman, 2000), to compare risk and protective factors for substance use with delinquent males (Friedman & Terras, 1999), and to compare the importance of family problems and peer relationship problems as risk factors for substance use and delinquent behavior (Friedman & Glassman, 1999).

Adolescent pathways of drug involvement: a longitudinal study over 3 years in the French part of Switzerland. M. Bolognini, Ph.D., B. Plancherel, Ph. Stéphan, M. D., Ph.D., L. Chinet, M. Bernard & O. Halfon, M. D. University Child and Adolescent Psychiatric Clinic, Lausanne (Switzerland).

Objectives: The ongoing research project developed in the French-speaking part of Switzerland (1999–2003) aims to get a follow-up on a three-year period of a cohort of regular illegal drug or alcohol users and to identify the substance use sequence order and factors which can explain either drug use increase or drug use decrease over time during adolescence.

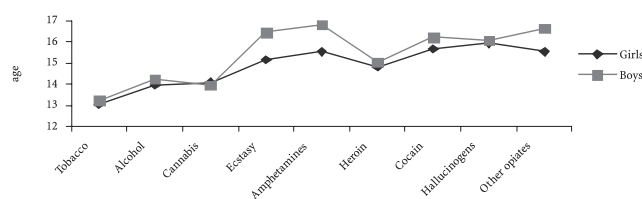
Method: Several instruments were included in the protocol. The ADAD (Adolescent Drug Abuse Diagnosis, Friedman & Utada, 1989), a structured interview, provides a comprehensive evaluation of the subject. The areas considered are: medical, psychological, school, employment, social, family, legal, drug and alcohol. 102 adolescents aged 14–19 yrs, using drugs or alcohol weekly at least for three months, were recruited for the study. The population includes 66 boys and 36 girls. Mean age is 17 yrs. 90 subjects (88.2%) have been traced after 9 months and 84 (82%) after 18 months.

Results: The initiation into substance use and the progression into use of other substances appears to follow a usual order of acquisition. Legal substances (alcohol and cigarettes) are almost always substances marking initiation into substance use. In this study, cigarettes use precedes alcohol and cannabis followed by hard drugs with an initiation earlier in girls compared to boys.

Early initiators of alcohol/tobacco had a higher progression risk to use hard drugs. Considering the evolution of substance use between time 1 and time 3, subjects have been divided into 4 groups: "increasers", "decreasers", "low persisters" and "high persisters". At the first assessment, the scores of the subjects characterised by low drug use are significantly lower in the school, family, legal and psychological areas. Scores in the different areas tend to decrease for "decreasers" subjects in the medical, social, family and legal area. Conversely "high persisters" have stable and rather high scores in the medical, school, social, psychological, family and legal areas.

Conclusion: Drug use prevention in adolescence should be focused on legal substances, a gateway to illegal substances. Furthermore, adolescent drug abuse care should include family, social and psychological aspects which come out to interact with substance use increase or decrease on a rather short period (3 years).

The research is financed by the Swiss Federal Office of Public Health, ref. 3189.002



Usefulness of a standardized instrument assessing substance use among adolescents in the day to day clinical practice. L. Holzer, V. Rossier, L. Chinet, O. Halfon. University Child and Adolescent Psychiatric Clinic, Lausanne (Switzerland)

Despite their growing utilization in research settings, standardized assessment tools are not systematically used in clinical practice.

The Adolescent Drug Abuse Diagnosis is a multidimensional assessment instrument, translated and validated in French, which has been systematically used with adolescents attending a day care unit. The clinical use of this tool appears to be relevant beyond substance use issues. Assessment with the ADAD at the beginning and at the end of the patient's stay provides a rough outcome measure of the care process. A survey among the adolescents, their parents, the care-givers and social workers has been carried out in order to confirm the usefulness and the reliability of the assessment through the ADAD (Does the assessment provided by the ADAD correlate with the opinion of parents, care-givers and social workers?). Stakes for the implementation of and benefits from systematic use of the ADAD in an institutional setting are discussed.

Adolescent drug treatment program at the Substance Abuse Division in Geneva. M. Croquette Krokhar, R. Delacoux, B. Reverdin, D. Benguetat, N. Becirevic, L. Chinet, Substance Abuse Division, Department of Psychiatry, University of Geneva

Adolescents entering drug treatment programs typically present with multiple problems (comorbid mental disorder, family, school, legal problems, etc.). Furthermore, retention rates are rather low in this age group compared to adults. Several studies evidenced that treatment programs providing multidimensional assessment and integrated treatment protocols improved outcomes as well as retention rates. The ADAD instrument assessment was implemented at the Substance Abuse Division of the Department of Psychiatry, University of Geneva. The objective was to collect information about the various aspects of adolescent life in order to provide clinicians with standard systematic data available for individualized treatment planning, coherent collaborations within the health care system and outcomes measurement. First results on 20 adolescents and young adults (aged 15–20 years) attending outpatient treatment units are presented, which describe substance abuse patterns and coexisting problems. Qualitative and quantitative effects of systematic multidimensional assessment on drug treatment protocol, outcomes and network collaboration are discussed. Notably assessing school problems may help provide coherent and integrated treatment together with socio-educational professionals.

The use of a semi-structured interview with adolescents in a University Adolescent Psychiatric Clinic. J. Laget, G. Youssef, J. Stockhammer, R. Beck, N. Racine, C. Oesch, O. Van op den Bosch, D. Groulx, University Child and Adolescent Psychiatric Clinic, Lausanne (Switzerland)

The Psychiatric Clinic for Adolescents in Lausanne (UHPA) is an inpatient Care Unit for adolescents aged 13 to 18 with acute mental health problems. Most of them are in a crisis situation or estranged from their family. There is a specific need to train multidisciplinary hospital teams and more specifically caregivers. To welcome an adolescent at the hospital requires both a complete evaluation of his/her difficulties and the setup of adequate cares in order to make him/her feel at ease and facilitate him/her to accept the intervention. The systematic use of a semi-structured interview by the referent caregiver during the first week of the adolescent's stay at the Unit makes it possible to take into account a set of problems he is confronted with. Some of these problems can emerge more clearly and their importance can be better perceived thanks to a multi-dimensional type of assessment.

This presentation aims to report on an experiment using a semi-structured interview that has been used at the UHPA. It will include:

- a description of the assessment instruments, a short version of the ADAD, the MINI and a self-report on suicidal behavior, sexual abuse, aggression and abuse;
- the main results of ten interviews carried out by the caregivers at the Unit;
- the more important aspects, which are positive but also critical, of the experience by the caregivers using a semi-structured interview;

- the clinical interest of this interview for the adolescent himself/herself, the care at the hospital and the follow-up, and for the caregivers, the quality of the care; and for the clinical research, the possibility to better assess the problems and the future of a population of hospitalized adolescents.

011–5:45 pm Oral communications session

Epidemiology

Prévoir la santé des adolescents 2 ans à l'avance? N. Zdanowicz, S. Verdicq, Ch. Reyanert, Université Catholique de Louvain, Yvoir, Belgique

Objectif: suivi de deux cohortes d'adolescents à 2 ans. Le premier échantillon est composé d'adolescents «sains» (n = 325), le deuxième: d'adolescents «en souffrance» (n = 86). Le suivi porte sur: 1) les mécanismes d'attribution de la santé (MHLC) 2) la dynamique familiale (FACES III) 3) les indicateurs de la santé.

Résultats: 1) Les adolescents «en souffrance» proviennent significativement de familles avec un bas niveau de cohésion et d'adaptabilité et ont une internalité nettement plus basse. Ces différences persistent même après 2 ans d'évolution. 2) Les mécanismes d'attribution de la santé se modifient dans le temps uniquement chez les adolescents «sains» et cette évolution est marquée par une diminution du pouvoir attribué aux autres. 3) Il existe des mécanismes qui relient le fonctionnement familial avec les mécanismes attributifs de la santé, le principal étant une corrélation entre le niveau de dépendance aux autres et la cohésion familiale. 4) On peut prédire les niveaux de différents paramètres de la santé 2 ans à l'avance, particulièrement chez les adolescents sains, surtout à partir des niveaux de croyance en la chance mais aussi à partir d'éléments de la dynamique familiale.

Conclusions: les mécanismes d'attribution de la santé avec la dynamique familiale permettent de prédire le niveau de santé des jeunes.

Comparative analysis of the quality of life of children with mental disorders (in-patients of child psychiatry units) and control population in secondary schools in Lithuania. S. Lesinskiene, L. Adomelyte, Vilnius University, Vilnius, Lithuania

Objective: To assess and compare the quality of life of children with mental disorders according ICD-10 and control population comprising health, family situation, social relationship and social adaptation.

Methods: In-patients of all of the 6 child psychiatric departments in Lithuania aged 11–18 years (removing those with psychotic symptoms and mental retardation) were interviewed using an anonymous questionnaire developed by the authors. Results were compared with the control group of similar age using a similar questionnaire in 7 randomly selected schools (6 urban and 1 rural).

Results: 875 children (462 girls and 413 boys) participated in the study, 175 (20%) children with psychiatric disorders and 700 (80%) controls. Children in the control group viewed their home and relationship with parents and peers significantly more positive. There was no difference comparing relationship with brothers and sisters between the two groups. Presence of seriously ill people in the family and social adaptation problems were significantly less common in the control group. Controls showed a more positive view of themselves, their health and leisure activities, and more of them wrote they feel happy.

Conclusion: Quality of life of the 11–18 year old children having psychiatric disorders that were treated at the in-patient departments was significantly worse comparing with the control group in school population.

Mental health disturbances in Danish infants – a population based epidemiological study. A. M. Skovgaard, T. Houmann, S. Landorph, S. K. Nielsen, E. M. Olsen, K. Heering, V. Samberg, Child and Adolescent Psychiatric Center, University Hospital of Copenhagen, Glostrup Denmark. E. Christiansen, Child and Adolescent Department, University Hospital of Copenhagen, Bispebjerg Denmark. A. Lichtenberg, Department of Health Planning, County of Copenhagen, Denmark, T. Jørgensen Research Center of Health Promotion, University Hospital of Copenhagen Glostrup, Denmark

Objective: To study the prevalence and diagnostic distribution of mental health problems in 1 year old children in a general population sample.

Methods: A birth cohort of 6233 children born in the county of Copenhagen in 2000 were screened by public health nurses concerning mental health problems in the first year of life. In a case-control study nested in cohort a sample of 306 children were assessed at 1 year of age by a standardised child psychiatric examination. Diagnostic classification was done according to ICD 10 and Diagnostic Classification Zero To Three, DC 0–3.

Results: Data were collected of 92% of the children at first stage. At second stage 65% were thoroughly assessed. The prevalence of mental health disturbances was 15% in the general population sample. The most frequent ICD 10 diagnoses were eating, sleeping, emotional and behavioural disturbances, but also pervasive developmental disorders and attention deficit disorders were found.

Conclusions: The prevalence of mental health disturbances in children 1 year of age corresponds to what is seen later in pre-school age. The diagnostic categories and the multi-axial classification in DC 0–3 are feasible to classify developmental psychopathology and relationship problems in infancy.

An analysis of individual and environmental vulnerability factors of children population in a Rome district at social risk. Capozzi F., Casini M. P., Ivancich Biagini V., Balbo M., Arbarello I., Giorgi E., Lazzarini M. University “La Sapienza”, Rome, Italy

Objective: This study was conducted on a population of children at social risk. The aim was to define the role and interaction of individual vulnerability and environmental factors in causing school desertion and psychopathological disturbances.

Method and material: The sample included 100 children attending secondary school in a Rome district at high social disadvantage. The average age of the sample was 11.6; the male/female ratio was 1.5:1. All the subjects of the sample underwent a cognitive assessment and an evaluation of learning abilities. Moreover attention, metacognitive competences and socio-emotional information processing were assessed with specific tests. The parents of the children underwent an interview with a trained examiner to evaluate the socio-economic status, the quality of family structures and the quality of parent-child relationship. Moreover the teacher, parents and children form of the CBCL was administered to screen subjects with behavioural and emotional disturbances at risk for psychopathological disorders.

Results: The results are still preliminary and show reciprocal role of individual vulnerability factors and environmental ones in determining either risk of school desertion or risk for psychopathological issues about the interaction of risk and resilience factors in determining psychopathological disorders.

Conclusions: Possible interpretations of these data are provided following Developmental Psychopathology issue about the interaction of risk and resilience factors in determining psychopathological disorders.

Monday, September 29th, 2003 Dickens 5

012–1:00 pm

Oral communications session

Troubles de l'humeur à l'adolescence

Chair: Célestin L. P.

Diagnostic and therapeutic pitfalls for early identification of bipolar disorder in adolescents. Dr. L. P. Célestin¹, Prof. Dr. S. Célestin-Westreich².

¹ C. H. I. Poissy – St. Germain-en-Laye, France; ² University of Brussels (VUB), Belgium

Objectives: Although Bipolar Disorder (BD) became increasingly recognised in recent years, its early identification remains a delicate, often unrecognised issue. Identification of BD in puberty is generally complicated by polymorphous clinical manifestations including oppositional behaviour, psychomotor hyperactivity, dysphoric mood, or grandiosity delirium and hallucinations. Early BD expressions also tend to be masked by important comorbidity, such as addictions. The difficulty of adequate recognition of BD onset further resides in apparent similarity with the developmental spectrum of adolescent transformations on the one hand, or, with the onset of schizophrenia on the other hand, possibly resulting in long-term misdiagnosis. Early recognition of Bipolar Disorder is crucial given the lifelong follow-up generally required and the association with significant risks for suicide and violent acting-out. Given the preceding elements, this presentation analyses the diagnostic & therapeutic pitfalls and defines a stepwise procedure for enhancing early BD identification.

Method & Discussion First, state-of-the art regarding early manifestations of Bipolar Disorder is reviewed. Second, key factors for adequate clinical evaluation are identified. Third, systematic qualitative analyses of case studies are provided highlighting critical aspects of early therapeutic implementation. The respective roles of genetic and family antecedents underlying the development of Bipolar Disorder are thus discussed and analysed in relation to the complexity of differential diagnosis through the range of behavioural and emotional expressions. Furthermore, a cognitive-behavioural therapeutic approach that contributes to adequate coping of the adolescent with Bipolar Disorder will be outlined, taking into account complicating factors such as medication acceptance difficulties and socio-cultural aspects of health and illness belief, which are critical to the successful implementation of long-term guidance for the adolescent with BD.

Association entre le gène candidat COMT et l'âge d'apparition précoce du trouble unipolaire: une étude multicentrique européenne. I. Massat, D. Souery, A. Serretti, D. Blackwood, G. N. Papadimitriou, R. Kaneva, C. Van Broeckhoven, J. Mendlewicz

La littérature abonde d'études mettant en évidence une susceptibilité génétique pour les troubles affectifs (TA) sur un mode de transmission complexe. Malgré la sophistication croissante des techniques de génétique moléculaire et les avancées considérables du décryptage du génome humain, ces variantes génétiques n'ont pas été clairement identifiées: d'une part, ces gènes ont probablement un effet mineur, d'autre part l'hétérogénéité clinique et génétique des TA rendent difficiles l'identification de ces gènes.

L'âge d'apparition précoce (AAP) du trouble pourrait être un «symptôme candidat», permettant de définir un sous-groupe phénotypique plus homogène.

Objectifs: Nous avons investigué le gène candidat codant pour la C-O-Méthyl Transférase (COMT), situé sur le chromosome 22 (22q11.21) dans une étude d'association cas/contrôle, en explorant

le phénotype «AAP (≤ 25 ans)» pour les troubles Unipolaire (UP) et Bipolaire (BP).

Méthode: Un total de 378 UP (dont 120 AAP), 767 BP (dont 222 AAP) et 628 sujets contrôles ont été recrutés selon des critères standardisés, dans le cadre d'une collaboration multicentrique européenne (Biomed2).

Résultats: Nous avons mis en évidence une association significative entre le phénotype «UP-AAP» et le gène candidat COMT: augmentation significative du génotype (2-2) chez les UP-AAP (33.3 %) en comparaison avec les contrôles (23.5 %), ($\chi^2 = 9,1$, $df = 1$, $p = 0,037$, $OR = 1,9$). Cette association est présente lorsque l'on compare les UP-AAP et les UP > 25 ans. La distribution des allèles montre également une augmentation significative de l'allèle 2 chez les UP-AAP comparativement aux contrôles (56.7 % et 47.5 % respectivement, $\chi^2 = 6,8$, $df = 1$, $P = 0,009$, $OR = 1,4$). Aucune association n'émerge lorsque l'on examine les UP et les BP (tout âge confondu) et les (BP ≤ 25 ans).

Conclusion: Nos résultats sont préliminaires mais suggèrent que le gène candidat COMT pourrait être impliqué dans le trouble UP d'apparition précoce et ouvre de nouvelles perspectives de recherche.

A randomized trial of an interpersonal/cognitive behavior intervention for preventing bipolar disorder in depressed adolescents. F. Kochman, E. G. Hantouche, D. Bayart, Département de psychiatrie de l'enfant et de l'adolescent, 59113, EPSM Agglomération Lilloise

Background: Adolescent offspring of bipolar or depressed parents and suffering from depression are at high risk for development of a bipolar disorder.

Methods: A randomized controlled trial compared 2 interventions in 36 adolescents (aged 12-18 years) at incipient risk of progression to bipolar disorder. These young patients entered our unit for the treatment of a Major Depressive Disorder. At least one parent had a lifetime diagnosis of Major Depressive Disorder or Bipolar Disorder. Needs-based intervention was compared with a specific preventive intervention comprising a new interpersonal/cognitive behavior therapy program built in 16 sessions. Treatment was provided for 12 months, after which all patients were offered ongoing needs-based intervention. Assessments were performed at baseline, and every month. Except during depressive episodes, and in 4 cases during hypomanic episodes, no psychotropic drugs were used during the assessment, and especially no mood stabilizers.

Results: By the end of treatment, 7 of 18 young patients who received needs-based intervention progressed to a hypomanic or manic access versus 3 of 18 from the specific preventive intervention program ($P = 0.03$).

Conclusions: More specific psychotherapy reduces the risk of early transition to depressive, hypomanic or manic episodes in young people at high risk for developing an early-onset bipolar disorder. This represents at least delay in onset and possibly some reduction in incidence of this underdiagnosed and life-threatening disease in young patients.

A prospective comparison of Risperidone vs mood stabilizers in paediatric bipolar disorder. M. Pavuluri, M. D., Institute for Juvenile Research, University of Illinois at Chicago, 840 South Wood Street, M/C 747, Chicago 60612; D. Henry, Ph. D.; J. Carbray, DNSc.; G. Sampson. BA; M. Naylor, M. D.; P. G. Janicak, MD.

Objective: This study compared the effects of mood stabilizers (lithium, divalproex sodium, carbamazepine), a novel antipsychotic (risperidone), and their combination on symptoms of pediatric bipolar disorder (PBD). **Methods:** Eighty-seven (87) outpatient children and adolescents with PBD (diagnosed using the WASH-U KSADS, and scoring above 15 on the YMRS) were treated with either mood stabilizer monotherapy, risperidone monotherapy or combination therapy. Progress was monitored prospectively using the Clinical Global Impression scale for bipolar disorder (CGI-

BP). Data were also collected on frequency of cycling, hospitalizations, and adverse effects of the medications. **Results:** Nine subjects were excluded because they had not received adequate doses of the study medication. Random-effects regression models of CGI-BP on visits during the six months of the comparison and medication group (risperidone only, $n = 20$; mood stabilizers only, $n = 21$; or combination, $n = 37$), found that improvement on all CGI-BP subscales was strong and significant regardless of medication group. Analysis of the predictors of medication choice showed that ADHD or a history of abuse resulted in a greater likelihood of receiving combination therapy. Risperidone monotherapy was associated with more rapid overall improvement than the other medication choices, although combination therapy showed more rapid improvement on individual symptoms of psychosis and depression.

Conclusion: Risperidone can be effective in controlling the symptoms of PBD alone or in combination with mood stabilizers. Risperidone monotherapy may be effective with a subgroup of subjects who present with prominent irritability, whereas combination therapy may be more useful with patients who present with more severe symptoms. It is also possible that risperidone plays a role in rapid onset of action.

W7-2:15 pm Workshop

L'impulsivité à l'adolescence

Chair: Myquel M.

At-risk behaviors in adolescents, a psycho-biological approach. F. Askenazy, Nice, Université de Nice Sophia-Antipolis

Summary: Most theories consider behavior disorders in adolescents to be the consequence of a psychiatric disorder, i.e. related to a categorical diagnosis probably present but not yet easy to identify at this age in life. The categorical approach is based on adult psychiatry, while the pathology observed in adolescence is expressed more often in terms of behavioural disturbances. Therefore exploring the relevance of a dimensional approach may be of interest.

We present the summary of at least five studies of our research group showing the use of clinical dimension could identify subgroups of populations. We discuss the place of impulsivity that could be considered as a basic psycholo-biological dimension in at-risk behaviors in adolescents.

Bipolar disorders ADHD and impulsivity in pre-pubertal children and young adolescents. J. Velt, M. Myquel, F. Askenazy, Nice, University Nice Sophia-Antipolis, France

Prospective clinical study of children and young adolescents outpatients suffering from bipolar disorders

Background: Before the 90's, the prevailing view has been that bipolar mood disorder (BP) was rare before puberty. Recent studies now found that BP is maybe not rare but rather difficult to diagnose because of its atypical presentation compared to that of adults.

Impulsivity appears to be a major dimension for the expression of pathology in youth and also a trait related to psychiatric vulnerability.

Our study has focused on the relationships between impulsivity and BP in youth.

We were also interested by the very controversial relationships between BP and attention deficit-hyperactivity disorder (ADHD).

Method: We studied all consecutive outpatients aged from 8 to 14. Patients and healthy control subjects and their parents were assessed with the WASH-U-KSADS (Washington Kiddie SADS), the IRS (Impulsiveness Rating Scale), the MADRS (Montgomery and Asberg Rating Scale) and the HARS (Hamilton Rating Scale).

Results: Twenty-five out of seventy-five consecutive outpatients

were recruited in the impulsive sample. 15 were young adolescents and 10 prepubertal children. 24 out of 25 impulsive patients had an actual or a lifetime mood disorder. 10 cases of mania and 1 of hypomania were found in the impulsive group and 7 cases of BP and 19 cases of depression. 9 out of 11 manic or hypomanic subjects (81.8%) presented past or present ADHD versus 3 out of 14 (21.4%) non-manic impulsive subjects.

Conclusion: Our results confirm that mood disorders are largely underdiagnosed in children and adolescents.

They also show the relationships between impulsivity and BP, and between ADHD and BP.

Place de l'impulsivité et de la dépression dans l'évolution de l'anorexie mentale restrictive vers la boulimie. K. Letideau, M. Myquel, F. Askenazy, Nice, Université de Nice Sophia Antipolis, France

Etude clinique prospective, avec une approche dimensionnelle, sur l'évolution boulimique de sujets anorexiques restrictifs en début de prise en charge

Introduction: D'après nos observations cliniques, nous posons l'hypothèse que l'impulsivité puisse être une dimension clinique éventuellement prédictive de l'évolution de l'anorexie mentale restrictive vers les conduites boulimiques chez les adolescents.

Méthode:

- Etude prospective sur 12 mois évaluant tous les 3 mois 13 sujets qui présentaient une anorexie mentale restrictive prise en charge pour la 1^{ère} fois.
- Nous avons utilisé plusieurs échelles d'évaluation psychométriques distinctes ayant montré leur sensibilité et leur validité en clinique adolescente: dépression (MADRS: Montgomery and Asberg Rating scale), impulsivité (IRS: Impulsiveness Rating Scale; BIS: Barratt Impulsivity Rating scale), troubles alimentaires (EAT: Eating Attitudes Test; BITE: Bulimic Investigatory Test of Edinburgh) et anxiété (HARS: Hamilton Anxiety Rating Scale).
- Evaluation catégorielle par le MINI (Mini International Neuropsychiatric Interview).

Resultats: Les résultats principaux de l'étude sont:

- l'évolution clinique boulimique, à 9 et 12 mois, des sujets qui présentaient à l'inclusion une anorexie mentale restrictive avec une impulsivité et une dépression
- l'évolution à 3 mois de tous les patients de l'étude: absence de scores pathologiques aux échelles psychométriques, quelle que soit la dimension évaluée, et l'absence de pathologie au niveau catégoriel.

Conclusion: Les résultats de notre étude semblent montrer qu'il est possible d'identifier les indices cliniques prédictifs d'une évolution, au début de la prise en charge, de l'anorexie restrictive vers la boulimie. Ces indices sont les dimensions «dépression» (MADRS) et «impulsivité» (IRS).

Place of impulsivity and depression in the evolution of restrictive anorexia nervosa toward bulimia.

Introduction: According to our clinical observations, we assume that impulsiveness could be a clinical dimension able to predict the evolution of anorexia nervosa toward bulimic behaviors of teenagers.

Method:

- Prospective study during 12 months to assess every 3 months 13 subjects who suffer from a restrictive anorexia nervosa treated for the first time.
- We used several distinctive psychometric evaluation scales which have shown their sensitivity and validity in teenager clinical treatment: depression (MADRS: Montgomery and Asberg Rating Scale), impulsiveness (IRS: Impulsiveness Rating Scale; BIS: Barratt Impulsivity Rating Scale), eating disorders (EAT: Eating Attitudes Tests; BITE: Bulimic Investigatory Test of Edinburgh) and anxiety (HARS: Hamilton, Anxiety Rating Scale)

- Category evaluation using the mini international neuropsychiatry interview.

Results: The main results are:

- Clinical bulimic evolution at 9 and 12 months of patients who presented at the beginning a restrictive anorexia nervosa with impulsiveness and a depression
- The evolution at 3 months of all the patients of the study shows no sign of pathological scores at the psychometric scale, independently of the evaluated dimension, and no sign of pathology at the "category" level.

Conclusion: The results of our study seem to show that it is possible to identify the clinical signs which can predict an evolution at the beginning of the treatment of anorexia nervosa toward bulimia. Those signs are the dimension "depression" (MADRS) and "impulsiveness" (IRS).

Anxiety and impulsivity levels identify relevant subtypes in adolescents with at-risk behavior. Karine Sorci, Martine Myquel, Florence L. Askenazy Lecrubier

Impulsivity (I) and anxiety (A) were hypothesized to be crucial clinical features in adolescents with at-risk behavior. We therefore classified them into sub-groups according to these two major dimensions. The study examined the relevance of these groups by describing their major diagnoses and behavioral characteristics.

Methods: During a 1-year period, all in-patients consecutively admitted for at-risk behavior, except those with a previous psychotropic treatment and/or schizophrenic disorders, were rated for anxiety and impulsivity, and categorized into four groups: impulsive and anxious (IA), impulsive and non-anxious (Ia), non-impulsive and anxious (iA), non-impulsive and non-anxious (ia). We assessed the main behavioral disturbances (suicide attempt, carving, violence, delinquency, substance abuse, and eating disorder) and the main current axis I disorder in each sub-group. Results: A total of 69 patients were included. In the IA group 62% exhibited hypomanic episodes and 87% recurrent suicide attempts. In the Ia group all exhibited conduct disorders, 93% were males, 80% delinquents, and 100% violent with others. Both groups reported a high percentage of cannabis use (67%). The iA group exhibited anorexia nervosa (73%) with a major depressive episode. The ia patients were mainly non-violent, first suicide attempts with low risk.

Limitations: Long-term data are needed to assess the stability of these groups.

Conclusions: We found that sub-typing adolescents with at-risk behavior into four groups according to their level of anxiety and impulsivity was highly predictive of being suicidal with mood disorders (AI), delinquent with conduct disorder (aI), anorectic or depressed (Ai), and with substance abuse associated only to impulsivity. It is likely that this sub-typing of patients may be useful for prevention and therapeutics. The impulsive-anxious group (IA) appears closely related to the soft bipolar spectrum. A replication and follow-up data are now needed.

Impulsivité et rythmes circadiens. Dr Hervé Caci, Pédiopsychiatre, Service de Pédiatrie, CHU de Nice (France)

Certains rythmes biologiques sont déterminés biologiquement et génétiquement, persistent tout au long de la vie et participent aux différences interindividuelles. Ainsi, la dimension matinalité-veespéralité correspond à la tendance à préférer des plages horaires extrêmes pour se livrer à ses activités habituelles. Nous nous sommes intéressés à ses rapports avec les traits impulsivité et recherche de sensations. En effet, différentes hypothèses suggèrent que ces traits et la dimension Extraversion peuvent être liés à des variables subsistant des variations circadiennes, comme l'éveil cortical: les sujets extravertis et/ou impulsifs manifestant une tendance vespérale.

Nous avons inclus plus de 600 sujets âgés de 17 à 25 ans environ, et nous avons analysé séparément les hommes et les femmes. La phase préparatoire de notre recherche a consisté à traduire en Français plusieurs échelles spécifiques et à en vérifier les propriétés

psychométriques. Nous avons d'abord construit un modèle structural des relations entre les traits impulsivité et recherche de sensations afin de tester l'influence des trois facteurs composant une échelle de matinalité. L'adéquation des différents modèles aux données est parfaite. L'heure de lever prédit positivement la recherche de frisson chez les hommes, alors que chez les femmes l'impulsivité est prédite négativement par l'heure de lever et l'affect matinal. Ces résultats confirment partiellement notre hypothèse (les femmes impulsives ont une tendance vespérale) et ouvrent la discussion sur les différences liées au sexe. Le lien mis en évidence entre impulsivité et matinalité est intéressant d'un point de vue développemental. La matinalité, l'impulsivité et la recherche de sensations sont transmissibles avec une composante environnementale non négligeable. De plus, on sait que le fœtus présente des rythmes circadiens qui seront entraînés après la naissance par les relations mère-enfant, notamment.

Impulsivity and circadian rhythms. Hervé Caci, MD, Child and Adolescent Psychiatry; Paediatric Department, University Hospital in Nice (France)

Many biological rhythms are generated by complex biological and genetical mechanisms, persist all life long and are involved in individual differences. Such is the morningness-eveningness dimension, which is the tendency to prefer extreme hour ranges. We investigated the relationships between the personality traits of impulsivity and sensation seeking. A couple of hypotheses suggested that they might be related to variables showing a circadian rhythmicity such as cortical arousal: extraverted and/or impulsive subjects showed a tendency toward the late hour ranges.

More than 600 subjects were included and data were analysed separately for males and females. In the preparatory phase of the research, we had to translate into French several scales to verify their psychometric properties. A structural model was constructed to formalise the relationships between the personality traits of impulsivity and thrill seeking, on which we subsequently tested the influence of the three components of our morningness scale. The fit of these models to the data was perfect. In males, time of rising predicted positively thrill seeking. In females, impulsivity was negatively predicted by time of rising and morning affect. These results partially confirm our hypothesis (impulsive women are evening-oriented) and emphasise on gender differences. This relationship between impulsivity and morningness is also interesting from a developmental point of view. Morningness, impulsivity and sensation seeking are all heritable with a non-negligible environmental component. Circadian rhythms are detectable in the foetus and their development in the child draw on the mother-child interactions.

013–4:00 pm Oral communications

Adolescence et violence

Chair: Danon-Grillat A.

La montée de la violence chez les adolescentes: la question de l'école. A. Danion-Grillat, Service Psychothérapeutique pour Enfants et Adolescents, Hôpitaux Universitaires de Strasbourg, Hôpital de l'El-sau, 15 Rue Cranach, 67200 Strasbourg, France

Les adolescentes sont de plus en plus souvent l'objet de violences physiques et sexuelles de la part d'adolescents, surtout dans les quartiers dits «difficiles». Mais il apparaît aussi qu'elles sont de plus en plus souvent impliquées très directement, comme auteurs cette fois, dans des affaires de violence verbale et/ou physique, envers leurs pairs et des adultes (surtout des professeurs).

La question est de savoir s'il n'existe pas un lien entre cette violence qu'elles mettent en acte et celle dont elles sont les victimes.

Cette façon que certaines ont de s'identifier aux comportements violents et agressifs des garçons qui les agressent, en intégrant le groupe des «agresseurs», est probablement une des manières de faire face à la violence subie et de s'en protéger, au risque de la faire subir à d'autres filles et d'y perdre une part de leur féminité. L'école est un lieu social dans lequel peut se déployer, de façon privilégiée, ces comportements de «défense» qui, de victimes, les font parfois devenir bourreaux.

Nous nous interrogerons ici, à partir d'études sociologiques et psychopathologiques en milieu scolaire, sur la spécificité des comportements violents et agressifs chez les adolescentes.

Les marques corporelles et la limite à l'adolescence.

Les adolescents de nos jours se marquent la peau, par le biais de tatouages, scarifications ou en «effranchant» leur surface corporelle. Le piercing est aujourd'hui pris dans un phénomène de mode, d'identification adolescente à un modèle provocant voire destructeur qui fait écho chez un nombre d'adolescents.

Est-ce l'émergence d'une nouvelle psychopathologie chez des adolescents en quête d'identité ou une banalisation de pratiques qui usuellement auraient été repérées comme masochistes. La limite recherchée de leur propre espace corporel, nous renvoie en tant que praticien ou thérapeute à des interrogations sur les limites de la psychopathologie que semblent arpenter ce type d'adolescents.

Ainsi nous proposons une réflexion sur ces adolescents aux limites, et de questionner leur recherche de limite entre leur espace de sujet et l'extérieur.

Le passage à l'acte comme modèle thérapeutique à l'adolescence. S. Maes, Hôpital le Domaine – Université Libre de Bruxelles – Erasme, Braine l'Alleud, Belgique

Objectifs: Le passage à l'acte étant courant dans la prise en charge d'adolescents hospitalisés en psychiatrie, l'unité du Domaine fonctionne depuis plusieurs années selon des modalités qui permettent de prévoir ces passages à l'acte, en fixer d'avance le cadre et les mettre en sens. L'équipe s'est ainsi dégagée de la gestion de l'acting en lui-même et peut se concentrer sur le message sous-jacent.

Méthode: L'adolescent est rencontré préalablement à l'admission avec son entourage. Le passage à l'acte est abordé. Lorsque celui-ci revêt un caractère transgressif important, celui-ci est sanctionné par une exclusion temporaire de quelques jours suivie d'une nouvelle rencontre au cours de laquelle le sens de l'acting et ses conséquences sur le séjour hospitalier sont abordées.

Résultats: Nous avons constaté que le passage à l'acte survient en général lorsque plusieurs facteurs transférentiels se cristallisent à un moment donné du séjour: conflit de loyauté, parents se vivant en rivalité avec l'équipe soignante, angoisses d'abandon, rapproché trop important avec l'équipe vécu comme intrusif.

La famille est en charge de la gestion du jeune pendant son exclusion. Celui-ci rentre en général à domicile.

Conclusions: Cette séparation temporaire du milieu hospitalier crée un espace transitionnel, un No Man's Land, ni retour définitif à domicile, ni hospitalisation. L'adolescent utilise cet espace pour questionner sa place en famille, rediscuter éventuellement du projet hospitalier initial, réaménager la distance relationnelle à son entourage. Cette interruption du séjour permet également de requalifier la famille dans ses compétences, et à l'équipe soignante de mettre une limite à sa propre toute-puissance curative et son pendant, le rejet du patient qui la met en échec.

La violence des adolescentes en bande: analyse d'un fait divers. P. Bizouard, S. Nezelof, service de Psychiatrie Infanto-Juvenile, C. H. U., 25030 Besançon Cedex, France; Ph. Vachet, Expert judiciaire, chef de secteur, 25200 Montbéliard, France

Ce travail a pour objectif d'analyser la spécificité de la violence des adolescentes commise en groupe.

Une analyse de la littérature récente montre l'augmentation de fréquence des comportements violents chez les filles adolescentes et invoque l'évolution du contexte socio-culturel pour l'expliquer.

A partir d'un fait divers d'extrême violence commise à deux sur une troisième, les auteurs ont recueilli les témoignages des nombreux pédopsychiatres (6) qui sont intervenus dans cette affaire pour apporter leur aide aux trois protagonistes, à leurs pairs, à leurs parents, à leurs professeurs.

Ils tentent d'analyser le mécanisme de montée de la violence et du passage à l'acte tant au niveau des fonctionnements individuels que collectifs.

Cette étude montre comment le mécanisme du passage à l'acte est complexe et résulte de l'intrication de multiples facteurs tenant tant à la psychopathologie et à l'histoire du développement personnel de chacune, qu'aux contextes environnemental, familial et culturel.

Ces constatations interrogent sur la possibilité d'une prévention.

Clinique et théorie de l'inceste fraternel à partir d'études de cas. Delanoue C., Doctorante Université R. Descartes, PARIS V, FRANCE.

Objectifs: Ce travail a pour objectif d'éclairer la question clinique et théorique du recours au passage à l'acte incestueux dans la fratrie, de cerner quels en sont les enjeux spécifiques, à partir d'études de cas.

Méthode: Une partie de l'étude convoque la mythologie, les textes littéraires en particulier ceux de M. Duras, et les études anthropologiques. L'autre partie, plus spécifiquement en lien avec la recherche s'appuie sur le corpus théorique psychanalytique et la métapsychologie freudienne. Le privilège est donné à la tradition clinique de l'étude de cas approfondie, cas suivis en psychothérapie. L'analyse tient compte des phénomènes de transfert et de contre-transfert, et de la pratique de l'interprétation.

Nous nous appuyons en particulier sur un matériel de psychothérapie de cas suivis dans le cadre hospitalier. Ce matériel clinique donne lieu à l'ébauche d'hypothèses en vue d'élaborer un travail de théorisation des données.

Résultats et conclusions: Il s'agit d'une recherche en cours d'élaboration. Pour expliquer le recours au passage à l'acte incestueux dans la fratrie, nous nous référerons à des concepts évoquant le trouble de l'identité, l'insuffisance du recours au symbolique, la faille de processus d'intériorisation de l'objet. Nous introduirons également le concept fondamental d'espace transitionnel de Winnicott. La notion de traumatisme sera également exploitée pour illustrer la réalité clinique.

Conduites violentes et psychopathologie sous-jacente à l'adolescence. A. Lasa, F. González-Serrano, Tapia X. Université Pays Basque/Service Psychiatrie Infanto-Juvenil. Bilbao-Espagne.

Chez nous au Pays Basque, comme ailleurs, les comportements violents des adolescents sont devenus un motif très fréquent de consultation et d'alarme scolaire et sociale.

Nous essayons de délimiter lesquels, en raison de sa pathologie sous-jacente, sont du ressort psychiatrique et doivent être abordés dans un registre thérapeutique, essayant aussi de réfléchir sur les réponses ambulatoires et institutionnelles plus adéquates.

Violence criminelle et psychopathie: à propos d'une jeune fille de 14 ans. B. Kabuth, C. Vidailhet; Service de pédopsychiatrie, CHU de Nancy, rue de Morvan, Vandoeuvre les Nancy, 54511, France

Objectifs: A propos d'un drame qui s'est déroulé dans un collège où une jeune fille de 14 ans a étranglé son amie de 13 ans, les auteurs font une étude de la psychopathologie de cette jeune fille et développent les différents mécanismes qui ont pu la conduire à cette violence extrême, en la resituant dans son histoire et ses antécédents familiaux marqués par la violence.

Méthodes: Seront évoquées les hypothèses de psychopathie, de perversion, de personnalité abandonnique, de personnalité limite.

Résultats: L'intérêt de cette observation est dans le suivi qui a pu s'effectuer sur 8 années alors que cette jeune fille a «bénéficié» d'une peine de prison de 9 ans.

Conclusion: Cette étude longitudinale a permis l'évaluation du devenir et des effets de la sanction sans autoriser le moindre pronostic.

014-5:45 pm Oral communications session

Substance abuse

Continuity and (Dis)continuities of drug use & allied troubles from childhood to adulthood – Clinical challenges & therapeutic responses.

The data issued from clinical observation and epidemiological research on drug abuse and other addictive behaviour reveal that the individual course & trends of these pathologies is neither simple nor linear in its presentation over time. We have also a much greater awareness of the fact that the early signs and symptoms of a child's development imbalance, beginning sometimes in the first infancy, preclude the occurrence of inadaptive behaviour troubles frequently leading to drug abuse and/or to other outcomes of a comparable gravity. Even if certain epidemiological concepts (like Rutter's "resilience" or Jessor's "risk ontogenesis", among others) plus the analysis of clinical work on these patients highlights early diagnosis and therapeutic action as privileged means to achieve a better outcome for the youngsters concerned by these pathologies, a clear prospective evaluation of the results of such a strategy is still missing. We think that only a more efficient clinical discussion on the psychopathological traits and behavioural features shared by the so-called "addictive pathologies" altogether with a more precise delimitation of a possible common ground can lead to an improvement of the diagnostic and therapeutic skills. Not forgetting, of course, the distinctive features between each of these clinical syndromes. This paper intends precisely to approach such matters not only on the basis of the author's clinical experience and epidemiological research activity, but also using the theoretical support of a meta-analysis of literature published in this issue.

Key words

drug abuse – inadaptive behaviour – individual course & trends – early diagnosis & treatment – therapeutic evaluation – outcome

Continuité et (dis)continuités de l'abus de drogues et troubles associés de l'enfance à l'âge adulte – Défis cliniques et réponses thérapeutiques.

Les données issues soit de l'observation clinique, soit des études épidémiologiques sur l'abus des drogues et d'autres conduites addictives nous permettent de conclure que l'évolution naturelle des individus atteints par ce type de pathologies se présente, d'habitude, comme un processus complexe, ayant tendance, tout particulièrement, à dévoiler un caractère changeant au cours du temps. Nous savons, par ailleurs, que l'apparition précoce de signes et symptômes révélateurs d'un déséquilibre du développement infantile, débutant parfois dans la première enfance, est souvent à l'origine d'un comportement inadaptatif du jeune enfant, pouvant conduire, en début d'adolescence, à l'abus de drogues ou à d'autres conduites ayant le même effet péjoratif sur la structuration réussie de la personnalité. Il est vrai que certains concepts épidémiologiques (comme le concept de «résilience» de Rutter ou celui d'«ontogenèse du risque» de Jessor, entre autres) tout autant que le

travail de réflexion autour de la pratique clinique auprès de ces patients souligne l'importance d'un diagnostic précoce suivi de prise en charge thérapeutique afin d'aboutir à la récupération des jeunes concernés par ces pathologies. Il reste, néanmoins, à établir de façon plus sûre le degré de réussite d'une telle stratégie, à travers l'évaluation prospective systématique des jeunes qui font l'objet de ce genre d'interventions. De ce fait, il nous semble que seule l'approfondissement de la discussion clinique sur les traits psychopathologiques et comportementaux qui sont partagés par le spectre de pathologies addictives, aussi bien que la délimitation plus efficace d'un terrain clinique commun peut aboutir à l'amélioration des compétences diagnostiques et thérapeutiques. Tout ceci sans oublier, bien sûr, les aspects différentiels de chacun de ces syndromes cliniques. Cette communication essaye d'apporter un regard innovateur sur ces questions à partir non seulement de l'expérience clinique et du travail épidémiologique de l'auteur, mais aussi de la méta-analyse de la littérature plus relevante publiée sur ce sujet.

Mots-clés: abus de drogues, comportement inadaptatif, processus d'évolution, diagnostic précoce, réponse thérapeutique, évaluation du traitement

Identification des adolescents avec une tolérance native élevée à l'alcool. M. Bernard, J. B. Daeppen, O. Halfon. University Child and Adolescent Psychiatric Clinic, Lausanne (Switzerland)

Une évaluation de la consommation d'alcool au moyen du questionnaire SRE, Severity Response to Ethanol (Schuckit, 1997) a été effectuée dans le cadre d'une étude longitudinale sur la consommation de substances à l'adolescence. Le but est de vérifier si les adolescents avec une tolérance native élevée ont tendance à boire plus que les autres. Ce questionnaire mesure la consommation d'alcool à trois temps distincts (5 premières consommations, fréquence maximale de consommation et consommation au cours des trois derniers mois). Les analyses effectuées portent sur 68 adolescents, divisés en deux groupes (groupe «tolérance native basse» et groupe «tolérance native élevée») à partir du score au SRE «cinq premières consommations».

Aucune caractéristique environnementale ne différencie les deux groupes. En revanche, le groupe «tolérance native élevée» présente des caractéristiques de consommation plus élevées que le groupe «tolérance native basse» pour les variables suivantes: la fréquence hebdomadaire, la consommation durant le dernier mois avant l'entretien, la dépense mensuelle, l'âge du début de la consommation et la durée moyenne de consommation. Enfin, les adolescents du groupe «tolérance native élevée» rapportent des épisodes d'ivresse plus fréquents. La validité test/retest se révèle relativement bonne avec une corrélation de Pearson entre T1 et T2 de 0.466 ($p < 0.01$).

Sur la base de ces résultats, l'utilisation de l'instrument SRE dans une population adolescente pourrait avoir une utilité préventive importante en permettant d'identifier suffisamment tôt les adolescents à risque de développer une consommation problématique.

This study was financed by the Federal Office of Public Health, ref. 316.98.8108.

Depression and substance use course in adolescents. L. Chinet, M. Bernard, M. Bolognini, B. Plancherel, Ph. Stéphan, J. Laget and O. Halfon. University Child and Adolescent Psychiatric Clinic, Lausanne (Switzerland).

The links between depression and substance use remains not clearly established. Several authors consider substance use as a self-medication to cope with affective disorders and thus consider depression as a predictive factor of substance use (Khantzian, 1997). For others, depression is the consequence of substance use (Bovasso, 2001). The longitudinal study developed at the University Child and Adolescent Psychiatric Clinic research Unit in Lausanne aimed to examine reciprocal influences between these factors.

102 adolescent substance users aged 14–19 yrs (66 boys and 36

girls) were included in the study. Subjects were assessed three times over a period of 18 months. Individual interviews included the BDI-13 (Beck Depression Inventory, French version, Cottraux et al., 1985) self-report assessing present depression and the ADAD (Adolescent Drug Abuse Diagnosis, Friedman & Utada, 1989). This structured interview allows adolescent substance use multidimensional assessment through the investigation of 9 life problem areas: medical, school, employment, social, familial, psychological, legal and drug and alcohol use.

Preliminary analyses carried out on 85 subjects (drop-out rate between time 1 and time 3 = 18%) using structural equation models show differentiated influences depending on substance use course patterns. Depression rate tends to parallel substance use course: depression decrease in subjects with substance use problem improvement, and increase in those who worsen their substance use. However, the predictive influence of depression may vary according to variables such as gender. Further detailed analyses will be presented in order to develop future hypotheses on this issue.

Monday, September 29th, 2003 Dickens 6

015–1:00 pm
Oral communications session

Conduct disorders

Chair: Martin G.

Correlates of graffiti behaviour in young adolescents. G. Martin, A. Richardson, H. Bergen, The University of Queensland, Australia; S. Allison, L. Roeger, Flinders University of South Australia, Australia

Objective: To examine covariates of graffiti ('tagging') behaviour in young adolescents.

Methods: Cross-sectional and longitudinal findings from a 3-wave repeated measures research program with normal community high school adolescents from 27 schools in South Australia. In the first wave, students aged 13.5 years ($N = 2596$) completed a composite questionnaire, which included measures of family functioning, psychological (eg. depression), and behavioural variables (eg. risk taking), as well as suicidal thoughts and behaviours.

Results: Suggest a strong relationship between antisocial behaviour disorder and graffiti in adolescents.

Conclusions: Graffiti have a significant financial and social impact on the community, through both the cost of graffiti clean-ups and increased insurance premiums and government taxes. Most studies into graffiti have either used content analysis or experimental design to investigate reasons behind the behaviour, but do not provide a full description and understanding of adolescents who graffiti. Very few studies to date have used a community sample to examine the prevalence of graffiti behaviour in adolescents and its behavioural and psychological covariates. Many current approaches to the prevention of graffiti focus on quick removal of the graffiti, reporting, surveillance, reinstitution of offenders, and implementation of crime prevention through environmental design. If our results are credible then, given the difficulty in treating antisocial behaviour problems, post hoc interventions are unlikely to either change the behaviour or reduce the number of occurrences. Parental, family, behavioural and psychological problems should be taken into consideration when designing early intervention and preventative approaches to graffiti behaviour.

Effectiveness and related costs of manualized behavior therapy versus care as usual with school-aged referred children with disruptive behavior disorders. N. van de Wiel¹, W. Matthys¹, P. Cohen-Kettenis², G. Maassen³ en H. van Engeland¹

¹ Department of Child and Adolescent Psychiatry and Rudolph Magnus Institute for Neurosciences, University Medical Center Utrecht, Utrecht, The Netherlands; ² Department of Medical Psychology, University Amsterdam, Amsterdam, The Netherlands; ³ Department of Methodology and Statistics, Faculty of Social Sciences, Utrecht, The Netherlands

Both treatment conditions are effective over time in decreasing the disruptive behavior and increasing the prosocial behavior of the children with ODD/CD. The costs of attaining the same improvement are cheaper in the manualized behavior therapy than in the Care as Usual. Implementation is advisable.

Objective: Parent Management Training and Social Problem-solving Skills Training appeared effective in the treatment of children with oppositional defiant disorder (ODD)/conduct disorder (CD) in research conditions. The aim of this study is to investigate whether these two (manualized) behavioral methods combined are also effective in everyday clinical practice. The effect of this Utrecht Coping Power Program (UCPP) is compared with the effect of 'Care as usual' (C).

Method: Data are collected from 77 referred ODD/CD children (aged 8–13 years). Measures related to disruptive behaviors and prosocial behavior are administered pretreatment, posttreatment, 6-months follow-up and (only with respect to the disruptive behaviors) again at 24 months follow-up. Cost-effectiveness is also investigated. Results: In both treatment conditions significant effects are found for the decrease in disruptive behavior at posttreatment and at the two follow-ups and for the increase in prosocial behavior at posttreatment. Between the two conditions no significant differences were found.

In contrast to the time-period from pretreatment to posttreatment in which all subjects received treatment, during the 6-months follow-up subjects in the two conditions differed in the treatment they were given: in the UCPP-condition, only four subjects received treatment, whereas in the C-condition treatment continued in 25 cases. Similar results were found during the second follow-up period. Related to the cost-effectiveness we found that the UCPP is almost half as cheap as C in attaining the same improvement.

Conclusion: Manualized behavior therapy given by inexperienced therapists appears to be effective and cheaper than 'Care as usual' in attaining the same improvement, so implementation is advisable.

Early behavior disorders: effects of brief treatment on symptoms and diagnosis. F. Lüthi, A. Sancho Rossignol, G. Merminod, S. Rusconi Serpa, C. Robert-Tissot, F. Palacio Espasa, Service de psychiatrie de l'enfant et de l'adolescent, Hôpitaux Universitaires de Genève, Suisse

The objective of this prospective study is to investigate the forerunners and the evolution of early behavior disorders. The main purpose of this presentation is to identify the effects of brief parent-infant interventions on children's symptoms (behavior, sleep, eating and separation problems) and to evaluate the changes on diagnosis. The association between the severity of symptoms reported by the parents and the presence of a diagnosis is also investigated.

Forty parents and their children aged from 18 to 36 months consulting for aggression, tantrums and negativity, were enrolled and participated in two evaluation sessions before and one week after treatment (Clinical Group). Thirty non clinical children of comparable age and gender and their parents were also enrolled in this study (Control Group). Behavioral and functional problems were assessed with the "Symptom Check-List", "0–3 Diagnostic Classification" was used to identify the presence of a diagnosis.

At the first evaluation, results indicate that the Clinical group had significantly more behavioral and functional problems than

the Control Group, even if Control children were not exempt from problems. In the Clinical Group the majority of children had a diagnosis (mostly Affective Disorders) whereas in the Control Group children had no diagnosis or disorders of mild severity (Adjustment Disorders). After treatment, results indicate changes in symptoms and diagnosis presented by the children of the Clinical Group.

Comportement de délinquance sexuelle du mineur comme compulsion: être attentif aux attentats à la pudeur. P. Adriaenssens, dept Pedopsychiatrie, Hopital Univ. Leuven, Belgique

Chez le jeune auteur d'attentats à la pudeur, le comportement transgressif peut se muer peu à peu en une obsession. Cela commence à un jeune âge, par le vol de sous-vêtements et le fétichisme, pour évoluer vers le voyeurisme, l'exhibitionnisme, les coups de téléphone et les lettres anonymes à caractère sexuel. A terme, cela peut conduire à l'agression et au viol. Dans la pratique clinique, l'obsession résulte souvent d'un effort soutenu pour conserver le contrôle sur des expériences traumatisantes, sans que cela signifie que le sujet a été victime d'abus sexuel. Le comportement social approprié de ces jeunes face aux adultes, le milieu familial complexe dans lequel ils vivent généralement et les conséquences réduites de leur comportement font d'eux un groupe spécifique ne donnant pas tellement d'espoir, sans une politique compétente. Nous décrivons nos expériences relatives à une dizaine de garçons, l'élaboration du diagnostic et le moment de l'administration des médicaments (SSRI) dans le traitement. Le volet psychothérapeutique du traitement individuel et familial a été interrompu de manière précoce par le sujet au cours de nos observations. La médication, en revanche, a été bien acceptée en tant que politique à long terme et s'est avérée favoriser la protection contre les récurrences. La question de savoir si un traitement global ne doit pas être soumis à des conditions légales est mise en question.

Treatment of young children with conduct and oppositional defiant disorder. A randomized control group design. Sturla Fossum, Willy-Tore Mørch; Department of Child and Adolescent Psychiatry, Faculty of Medicine, Tromsø, Norway

Preliminary results suggest that videobased parent and child programs are effective in the treatment of young children with conduct and oppositional defiant disorder in Norway.

Objective: Early onset of oppositional and conduct disorder in children is a high risk factor for criminality and substance abuse in older age. Early intervention in this child population is therefore of great importance in order to prevent antisocial development.

Method: In this study, parent training was compared with a combination of parent training and child training and waiting list control in a randomized trial with a total n = 140, using Webster-Stratton's "The incredible years" videobased parent and child program.

Results: The preliminary findings from about two-thirds of the sample show promising tendencies for some of the outcome measures.

W8–2:15 pm Workshop

Temps d'arrêt à Valmont: entre avatars du processus d'adolescence et psychopathologie

Stephan Ph., Saudan S., Marclay L., Rivier F., Fornerod D., Halfon O.: Supea Lausanne, Suisse

La violence fait partie intégrante du processus d'adolescence. Son expression tant dans la forme que dans l'intensité étonne aujourd'hui.

d'hui le monde des adultes et devient l'objet de toutes les attentions. Elle interroge le monde politique, éducatif, social, scolaire, judiciaire et médical en particulier psychiatrique.

Cette violence est globalement soit agie, soit subie. Dans les deux cas les réponses en place semblent débordées et mécontentent l'opinion publique ainsi que certains professionnels. Un débat s'engage donc de manière relativement dispersée autour de ce que l'on appelle communément «l'adolescence difficile».

A partir de l'expérience clinique et d'études d'évaluation d'une population d'adolescents placés dans un centre éducatif fermé à Lausanne en Suisse (Centre communal Pour Adolescents de Valmont), l'équipe du Service Universitaire de Psychiatrie de l'Enfant et de l'Adolescent dirigée par le professeur O. Halfon (SUPEA) se propose d'amener quelques éléments autour des enjeux de la «violence chez les jeunes», du potentiel psychopathologique retrouvé dans cette population et de la prise en charge ou plus globalement des réponses proposées dans de telles situations.

Le travail exposé a pour but d'affiner nos représentations, souvent malmenées par la brutalité des situations, de ceux que l'on considère comme des délinquants.

Un des résultats intéressants des différents travaux auprès de cette population est de relever l'impact de la rupture scolaire dans l'évolution péjorative d'un adolescent, et cela indépendamment de la psychopathologie sous-jacente.

Cette population d'adolescents placés le plus souvent par le tribunal des mineurs et le service de protection de la jeunesse suite à des délits, des actes de violence, des fugues ou des mises en danger particulièrement fortes, constitue l'objet d'une réflexion commune issue des apports différenciés de chacun.

Une confrontation entre différents types d'évaluation: clinique, psychométrique (échelle ADAD), psychologique (tests projectifs et de niveau), permet de redonner, au-delà de la phénoménologie, une place à la singularité du fonctionnement psychique de chaque adolescent. Il n'en demeure pas moins que cette population pose dans son ensemble la question du statut du fonctionnement limité à l'adolescence, des modalités de sa résolution, et des aménagements nécessaires en cas de défaillance. Dans ce sens une réflexion autour des différentes possibilités de contention dans notre société s'impose.

Marclay L., Saudan S., Stephan Ph., Halfon O.: Supea Lausanne, Suisse

La passation d'un même examen psychologique (WAIS, Rorschach, TAT) a été proposé à une population homogène d'une vingtaine d'adolescents placés au Centre Pour Adolescents de Valmont. La présentation des protocoles et l'analyse des résultats permettent de mettre en évidence un fonctionnement commun, aux limites de la psychopathologie, notamment dans des difficultés d'aménagement de la perte. Si la lutte active contre la dépression apparaît clairement dans les épreuves projectives, son impact sur le plan cognitif paraît plus électif.

Saudan S., Stephan Ph., Halfon O.: Supea Lausanne, Suisse

Le recours aux passages à l'acte et les conduites de dépendance signalent une difficulté à élaborer la position dépressive. Pour ces adolescents, l'évolution du narcissisme à l'objet est entravé parce qu'elle implique la perte de la toute-puissance. Le diagnostic d'état-limite pose cependant la question du processus évolutif propre à l'adolescence. La rupture scolaire, sociale ou familiale ne coïncide pas forcément avec une rupture au sens de la psychopathologie.

Rivier F., Chinet L., Bernard M., Plancherel B., Bolognini M., Stephan Ph., Halfon O.: Supea Lausanne, SUISSE

Dans le cadre d'une étude d'évaluation de l'observance des mesures préconisées lors d'une observation dans le Centre Pour Adolescents de Valmont, un questionnaire multiaxial, L'ADAD (Adolescent Drug Abuse Diagnosis) a été proposé à une population d'un trentaine d'adolescents. Ce questionnaire évalue les domaines suivants: scolaire, social, professionnel, familial, psychologique, médical légal, consommation d'alcool et consommation de drogues. Le résultat

principal est la fréquence de la rupture scolaire objectivée comme déclencheur ou accélérateur des troubles du comportement et notamment de l'augmentation de la consommation de substance chez l'adolescent.

Fornerod D., Stephan Ph., Halfon O.: Supea Lausanne, Suisse

Dans le cadre de l'observation d'un adolescent placé au Centre Pour Adolescents de Valmont, un travail d'évaluation interdisciplinaire est effectué auprès du jeune au cours duquel un examen psychiatrique est proposé.

Cette intervention relate l'histoire d'un pensionnaire de Valmont, sous forme de vignette clinique, nous permettant de discuter, dans la singularité de cette rencontre, de la difficulté d'établir un diagnostic à cet âge et de l'intérêt de l'approche interdisciplinaire.

Stephan Ph., Halfon O.: Supea Lausanne, Suisse

La réflexion autour des réponses à apporter aux difficultés que ces jeunes posent à eux-mêmes ainsi qu'à la société est très actuelle. Cette réflexion porte selon nous sur l'impact des moyens de contention sur la trajectoire sociale, familiale, scolaire et psychique de ces adolescents. Nous aborderons cette question à partir de l'expérience clinique et institutionnelle dans un centre éducatif fermé prenant en charge des adolescents placés en observation ou en détention.

016-4:00 pm Oral communications session

Anxiété

Chair: Arbisio C.

Formes actuelles des symptômes obsessionnels pendant la période de latence.

Depuis la fin des années 70, les différentes versions du DSM ont mis l'accent sur les Troubles Obsessionnels Compulsifs chez l'enfant. Du fait de l'absence de débat sur l'étiologie dans ce modèle, le processus même du diagnostic se trouve réduit, et limité aux seuls critères jugés pertinents. Ce système classificatoire basé sur des listes de signes évacue ce qui a donné naissance au savoir diagnostique: une relation avec un médecin. A fortiori, il élimine ce qui fonde l'écoute du symptôme par le psychanalyste: quelle est la vérité du sujet qui vient se dire ici?

Mais la problématique obsessionnelle chez l'enfant pendant la période de latence ne se laisse pas réduire si facilement. Freud nous a laissés avec des incertitudes sur le statut de l'obsession chez l'enfant. Premier à soutenir l'existence d'une véritable névrose obsessionnelle constituée dès la prime enfance, il affirme aussi que l'obsessionnalisation de la psyché de l'enfant est chose tellement banale pendant la latence que très peu d'enfants présentant ce type de symptômes deviendront des adultes névrosés.

En effet, période de latence et névrose obsessionnelle relèvent du même mécanisme, puisqu'il s'agit de tenir à distance le désir.

Le TOC a pu apparaître comme l'équivalent de la névrose obsessionnelle, à partir du moment où on entérinait la déliaison entre obsession, compulsion et personnalité. Si tant est que l'on accepte la perte du sens et de la structure du tableau clinique.

En revanche, la symptomatologie qui se développe actuellement chez les enfants en période de latence met ce modèle du DSM en porte-à-faux avec les données issues de la clinique. Nous rencontrons de plus en plus d'enfants présentant des troubles du comportement, et parmi eux un nombre non négligeable relève d'une problématique obsessionnelle. Pour ces enfants qui vivent dans un état d'extrême tension psychique, le seul exutoire devient la décharge motrice et le comportement, dans des formes moins «internalisées» qu'autrefois.

Peut-on faire le lien entre cette transformation des symptômes et l'évolution sociale? Dans un système où de plus en plus le soin psychique est considéré comme un objet parmi les autres, et les sujets comme des consommateurs potentiels, cette inflation se traduit paradoxalement par une diminution de l'écoute de la souffrance psychique.

Phobie Scolaire à l'adolescence: particularités psychopathologiques. Dr. Bonnier-Prin, Dr. Lida-Pulik

Le concept de phobie scolaire n'a pas cessé d'évoluer depuis son apparition dans les années 40. Cette constante évolution, en lien certain avec les progrès techniques et pharmacologiques, témoigne aussi de la complexité psychopathologique sous-jacente d'une telle conduite. Les premiers auteurs ont ainsi mis en évidence le caractère névrotique de ce symptôme. Le mouvement descriptif des années 80 va intégrer la phobie scolaire dans deux axes diagnostiques principaux: l'anxiété de séparation ou le trouble phobique.

Cette démarche va permettre des avancées certaines dont celle de préciser les liens entre les différents troubles anxieux de l'enfant et ceux de l'adulte. Les études familiales et les études rétrospectives vont ainsi mettre en évidence les rapports étroits entre l'anxiété de séparation dans l'enfance et une sémiologie de trouble panique et/ou d'agoraphobie à l'âge adulte. Les études familiales soulignent aussi la fréquence des antécédents familiaux de dépression, de troubles phobiques (simple ou sociale) et ce en particulier chez les enfants présentant un refus scolaire anxieux s'intégrant dans un trouble phobique. Ainsi, même si les données sont controversées et si les études prospectives manquent, la phobie scolaire tend à être appréhendée comme un trouble développemental s'exprimant sous la forme d'une angoisse de séparation dans l'enfance, d'une phobie scolaire à l'adolescence et d'un trouble anxio-phobique à l'âge adulte, en particulier sous la forme d'un trouble panique et/ou d'une agoraphobie ou d'une phobie simple et sociale.

Nous insisterons sur les particularités de la phobie scolaire à l'adolescence, son lien probable avec une défaillance narcissique majeure dans un contexte non seulement de dépression parentale ancienne, mais aussi souvent actuelle.

Le refus de l'école. Maria Formosinho, Faculté de Psychologie et des Sciences de l'Éducation, Université de Coimbra (Portugal), Tel.: + 351 239 85 14 50, Fax: + 351 239 85 14 65, E-Mail: cc@fpce.uc.pt

En rapport avec l'augmentation des années de scolarité obligatoire, on remarque un nombre croissant de cas d'enfants et d'adolescents qui, à un moment donné, manifestent des comportements de refus de l'école. Ce phénomène a été analysé et décrit, aux années 30, par Broadwin, qui met en relief les troubles émotionnelles et les traits d'anxiété qui sont sous-jacents au rejet de l'école chez certains enfants.

En 1939, Partridge tout en faisant référence au même cadre clinique, le présente comme un «absentisme psychonévrotique» dont la raison est la dépendance envers la mère.

Aux années 40, Johnson et al. introduisent le terme de phobie scolaire, tout en mettant en relief le manque d'unité du cadre clinique.

Donnée l'étendue du phénomène, l'intérêt heuristique devient croissant à l'heure actuelle. Des recherches récentes faites aux U.S.A, Angleterre et France essaient d'analyser l'épidémiologie du phénomène, son étiologie et modalités d'intervention. Dans la continuité de ces études, notre investigation a été faite avec l'échantillon d'une population urbaine et semi-urbaine d'élèves du 1^{er} cycle (200). C'est une étude épidémiologique à partir d'enquêtes faites aux professeurs et parents.

Mes premières données montrent une prévalence de refus scolaire qui, à ce niveau, équivaut à d'autres recherches, tout en mettant en relief la dynamique des facteurs familiaux, mais aussi scolaires. On discute quelques modalités d'intervention axées sur l'école.

Le refus anxieux de l'école: recherche d'un sens, d'un traitement et d'une prévention. P. Philippe, D. Philippart, Y. Szecl, B. Piccinin, Hôpital de la Citadelle, Liège, Belgique

Objectif: Recherche du sens à donner et des traitements à proposer au refus anxieux de l'école (aussi appelé phobie scolaire).

Méthode: À partir de leur expérience pratique à la fois ambulatoire et hospitalière, des thérapeutes d'une équipe pluridisciplinaire d'un service de pédopsychiatrie (hôpital de la Citadelle, Liège, Belgique) font part de leur réflexion sur ce sujet.

Résultats: Au travers de plusieurs approches (éthologique, systémique et psychodynamique) un sens est recherché au refus anxieux de l'école. Il cache toujours une faille narcissique importante chez l'enfant et s'accompagne le plus souvent d'un état dépressif. Les familles présentent des caractéristiques semblables: père peu présent, lien très fort avec la mère, parents opératoires... Quels traitements peut-on proposer? L'expérience de l'équipe comporte quatre axes: travail individuel (approche psychodynamique, comportementaliste et parfois médicamenteuse), travail de groupe (à travers le psychodrame), travail familial (pour préciser la place de chacun), travail scolaire (par des contacts pris avec les écoles). Des propositions pratiques de prévention sont proposées à partir d'une réflexion sur l'évolution de la société, de la famille et de l'école.

Conclusion: Une approche multidisciplinaire à la fois individuelle, en groupe, familiale et scolaire permet à la majorité des jeunes de réintégrer l'école et de poursuivre leur développement personnel.

Summary: Anxious school refusal: search for a sense, for a treatment and for a prevention.

Objective: Search for the sense to be given and treatments to be proposed to anxious school refusal (also called school phobia).

Method: From their practical experience, both ambulatory and hospital, therapists (multidisciplinary team of a child psychiatry service (hôpital de la Citadelle, Liège, Belgique) tell us about their reflection on this subject.

Results: Through several approaches (ethological, systemic and psychodynamic) a sense is looked for in anxious school refusal; it always hides an important narcissic fault in child and comes most often along with a depressive state. Many families present similar characteristics: absent father, very strong link with mother, operating thinking. Which treatment can one propose? The experience of the team contains four axes: individual approach (psychodynamic, behavioral and sometimes drugs), teamwork (through psychodrama), domestic work (to clarify the place of each), school work (by contacts taken with school). Practical propositions of prevention are proposed from a reflexion about the evolution of the group, family and school.

Conclusion: A multidisciplinary approach, individual as well as groupal, domestic and at school allows most of young people to reintegrate school and to continue their personal development.

La constellation familiale du trouble de l'anxiété de séparation. P. Canestri, I. Ardizzone, C. Brutti, G. Ciardulli, A. M. Lanza, L. Solletti, Dipartimento di Scienze Neurologiche e Psichiatriche dell'Età Evolutiva, Université de Rome La Sapienza, Italie

Ce Travail, faisant partie d'une étude en cours dans la II Division de l'Institut de Neuropsychiatrie de l'Enfance de l'Université de Rome, La Sapienza, est une étape préliminaire, qui à travers une synthèse de la récente bibliographie internationale, se propose d'enquadrer le trouble de l'anxiété de séparation à l'intérieur d'une constellation familiale dans laquelle naît et se nourrit le trouble même. Il est à notre avis important de décrire ce trouble d'un point de vue évolutif qui considère soit les caractéristiques individuelles de l'enfant et le développement de ses relations objectives dans son parcours d'individuation-séparation, soit les éléments transgénérationnels et les caractéristiques du milieu familial dans lequel l'enfant grandit. A ce propos nous concentrerons notre attention surtout sur les dynamiques de la dyade mère-nourrisson, sur les dynamiques du couple et sur le rôle du père dans l'interaction avec la dyade mère-

nourrisson et avec l'enfant même. Il sera enfin important de considérer les éléments transgénérationnels qui participent à la genèse de l'anxiété de séparation.

Anxiété Sociale et Solitude à l'Adolescence. René Pry, Marion Brandwyk, Université Paul Valéry – Montpellier III

Les relations qui peuvent se nouer entre anxiété sociale et solitude à l'adolescence ont souvent été abordées dans leur formulation de «déficit social». C'est ainsi que Crick & Ladd (1993) ont avancé l'idée qu'un certain mauvais ajustement social à l'adolescence pouvait être associé à un niveau élevé de solitude. De même, Newcomb & Bagwell (1996) ont constaté que la difficulté à résoudre des conflits entre pairs, toujours à l'adolescence, pouvait être lié à un sentiment de solitude associé à l'anxiété sociale, et ceci chez les filles comme chez les garçons. Plus récemment, Johnson, Lavoie, Spencer et Mahoney-Wernly (2001) ont obtenus des résultats allant dans le même sens: solitude, anxiété sociale et évitement social semblent bien liés à l'incapacité à résoudre les conflits entre pairs.

D'ailleurs, que la plupart des auteurs donne à la solitude une formulation émotionnelle comme Qualter & Munn (2002), ou une formulation cognitive comme Perla & Perlman (1979), tous s'accordent à dire que cette dernière, en tant qu'expérience subjective, différente de l'isolement social, pourrait résulter d'une «déficience sociale». A titre d'exemple, Puklek et Vidmar (2000) constate qu'il pourrait exister une liaison positive entre anxiété sociale et sentiment d'être incompetent.

Il nous a donc semblé intéressant de reprendre cette relation dans une perspective moins marquée par le déficit et dans laquelle la solitude pourrait être envisagée comme une stratégie d'adaptation, peut être différente pour les filles et garçons, face à la résolution d'une tâche de nature développementale: la socialisation et ses avatars, avatars dont l'anxiété sociale pourrait être une manifestation.

Au total, 277 adolescents ont participé à la recherche. Ils sont âgés de 11 ans et sont en classe de 6^{ème} (N = 103), âgés de 13 ans et sont en classe de 4^{ème} (N = 127) et enfin âgés de 16 ans et sont en classe de 2^{nde} (N = 47). Ils sont tous issus d'établissements publics.

A chaque adolescent a été administré la Sociale Anxiety Scale for Adolescent, SAS-A (La Greca and Lopez, 1998; Myers, Stein & Aarons, 2002) ainsi que la Louvain Loneliness Scale for Children and Adolescents, LLCA (Marcoen, Goossens & Caes, 1987).

Au niveau des résultats obtenus on retrouve tout d'abord la classique différence entre filles et garçons quant au niveau d'anxiété sociale exprimé, plus marqué chez les filles à ces âges (Inderbitzen & al. 2000; Kashani; La Greca, 1998; Orvaschel, Rosenberg & Reid, 1989). Les hypothèses suggérées par Maccoby (1990) selon lesquelles les filles sont plus concernées par la question de la «compétence sociale», et le fait qu'elles semblent accorder une place plus importante aux relations interpersonnelles que les garçons, seront discutées.

Comme l'avait déjà signalé Mallet & Rodriguez-Tomé (1999) et Puklek et Vidmar (2000), il semble également que l'anxiété sociale tende à diminuer avec l'âge au cours de l'adolescence, alors que le sentiment de solitude, tout au moins dans un cadre familial tend à augmenter. Ce vécu subjectif par rapport à la solitude semblant également présenter des aspects attractifs nouveaux avec l'âge.

Enfin il y semble exister une corrélation positive significative entre anxiété sociale et sentiment d'incompétence personnel (Puklek et Vidmar, 2000).

L'ensemble de ces résultats sera commenté dans une perspective de psychologie développementale.

Monday, September 29th, 2003 Posters Session

N°1

Historiogenetic analysis of mental disorders of adolescents. O. E. Davydova, MD, Crimean Republican Association of Psychiatry, Psychotherapy and Psychology, Simferopol, Ukraine

The research included examination of 119 male adolescents in the age from 14 till 22 years with mental disorders. The data of clinics, symbols of imaginations and dreams, projective tests, psychodynamic and ethological research were used. As a result we have found out, that the axial structure of adolescent mental disorders correlates with ritual initiation – age dedication, practiced in the majority of primitive cultures.

Thus with the adolescents with schizophrenia, the accent on individual character of initiation is marked, which corresponds with initiation, accepted for the cultural hero in traditional societies. A general similarity of adolescent drug addiction with ritual use of psychoactive substances in process of initiation is observed. The personal disorders correlate with corrupted variant of initiation behavior, at which the ritual remains outstanding up to the end owing to deviation at a stage of antisocial behavior. With the persons with an organic brain pathology the picture of disorder corresponds by an initial stage of initiation that minimized excessively stressful action of ritual on the adolescents.

With the help of comparative historiogenetic analysis the universal representative system of diagnostics of adolescent mental disorders including clinical, ontogenetical, psychological, psychoanalytical and evolutionary circles of interpretation is revealed.

N°2

Domestic violence in Panama. A. Sotillo, Panamenian Society of Psychiatry, Panama, Republic of Panama

N°5

Particularities of different variants of deprived states. G. Burtin, State Pedagogical University, Chelyabinsk, Russia

Objective: The aim of the presented investigation was to evaluate the different non-psychotic forms of pathocharacterological development that were caused by dysfunctional family structure and psychogenic style of family's upbringing.

Methods: Children included were 7–10 years of age and diagnosed as deprived developed. Psychological, psychometric and clinical-psychopathological tests were used accompanied by visual scientific supervision. The main criteria were parental family and the normal level of intelligence in the researched group.

Results: The revealed forms of behavioral reactions were divided according to the main psychological characteristic of disturbed development. The extent of deviations was limited by the point of subpathology and did not reach the pathological degree. Thus the outlined forms of deprived development were identified as cognitive, conative and affective ones.

Conclusions: The study of results have shown that personal psychic characteristics and psychogenic deprived family's atmosphere could provoke the disturbance of psychological development in childhood with different leading radicals.

N°13

Childhood autism and brain-functional asymmetry. V. KAGAN, M. D., Ph. D. VeriCare, Dallas, USA; Association of Child Psychologists and Psychiatrists, Moscow, Russia

Objective: To investigate the relationship between clinical-dynamic features of childhood autism and the brain-functional asymmetry.

Methods: Clinical observation, original and adapted psycholog-

ical and neuropsychological methods of assessment have been used since 1971 within the framework of multimodal treatment.

Results: Autistic children exhibit a lack of and intolerance of "eye contact". However, they like to play with "smooth toys" including facing them. The most reasonable explanation is associated with visual gnosis: lively and extremely changeable human mimicry is too difficult an object to process whereas a stable toy's facial expression can be recognized and accepted. The "sameness phenomenon" is focused on most stable details of the environment. Even those children who speak use no onomatopoeic or figurative words. Speech expressiveness and emotional shading as well as the ability to recognize household noises and people, including their emotional state by voice, are poor. But the recognition of phonemes and words dependent upon the left hemisphere is above average level. A predilection for unusual and complex words and a disposition toward pedantic grammatical accuracy of their own and other's speech are common for autistic children who speak. This corresponds to data regarding hypoactivity of the right hemisphere and to data of psychological/neuropsychological assessment. Clinical dynamics demonstrate that the initial break of the "autistic shell" is concerned with the explosion of right-hemispheric activity; additionally, the more balanced the brain-functional asymmetry, the better the social adaptation.

Conclusion: Most prominent peculiarities of childhood autism are associated with hypoactivity of the right hemisphere.

N°31

Increased hypothalamic-pituitary adrenal axis activity in children with anxiety disorders and matched controls. D. van West, D. Deboutte, University Centre of Child and Adolescent Psychiatry Antwerp (UCKJA), Belgium; S. Claes, Department of Psychiatry, University Hospital of Antwerp (UZA), Antwerp, Belgium; J. Sulon, Département de Physiologie de Reproduction, Université de Liège (Ulg), Liège, Belgium

Background: There is growing interest in the role of the hypothalamic-pituitary-adrenal (HPA) axis in neuropsychiatric disorders and there is some evidence that the HPA axis may be overfunctional in emotionally disturbed children.

Methods: Thirty-five patients, including children with generalized anxiety disorder, obsessive-compulsive disorder and posttraumatic stress disorder were compared with 25 age- and sex-matched healthy controls; the effect of cortisol response to a psychosocial stressor, consisting of a public-speaking task, was studied.

Basal activity of the HPA was assessed using salivary cortisol collection over a 24-hour period.

Results: The clinical group demonstrated significantly elevated cortisol levels when compared with the control group. Thirty patients with an anxiety disorder demonstrated a significantly higher 95% increase in salivary cortisol to the public speech task.

Conclusions: The physiological response of children with an anxiety disorder may be characterized by heightened adrenal activity; there seems to be a connection between cortisol levels and behavioral inhibition.

N°43

Mental health of children and lasting armed conflict in chechnia. E. V. Koren, Moscow Research Institute of Psychiatry, Russia

Introduction: necessity of special attention of the psychiatrists to long extreme situations in particular to armed conflict in Chechnaya gets increasingly urgent. At the same time the lack of asking special researches which have been carried out directly in a zone of the conflict is marked.

Method: We surveyed 44 child subjects in Chechnaya, asked for help, with clinical interview based on criteria ICD-10 and DSM-4. Most persons have help for the first time.

Results: It is necessary to note presence at the overwhelming majority surveyed of pathological "ground". Besides the significant densities so-called psychosocial infringements (social apathy, un-

certainty, amplification of aggression, forming in the teenagers a stereotype "the man with a gun" etc.), the tendency to fixing negative forms of behavioural reactions and close connection with structure of available mental infringements was observed.

Conclusions: The acuteness of a problem has amplified in comparison with the last campaign of battle actions, relative increase of frequency of mental frustration, phenomenon "sensibilization" (fast rate of formation at the sensitized persons mental disorders) was marked, revealed tendency to a deepening and long current depressive disorders. It would be important to learn from our experiences to find out common strategies to mitigate consequences of military actions.

N°46

The rehabilitative help for family with mentally ill child. N. M. Iovchuk, Independent Association of Child Psychiatrists and Psychologists, Moscow, Russia

The difficulties of work with family having mentally ill child dependent on accumulation among his relatives many persons with twisted signs of character and persons suffering from mental illnesses. On a level with pathology of child, this conditions lead to disturbed situation in family, to contradictoriness of conduct approaches, to high level of divorces. The challenges of correctional work with family members are:

- the formation of positive attitude to child's attendance of the correctional group;
- the formation with all family members of common principles of bringing up children;
- the overcoming of apathy to child's future;
- the formation of the orientation to top possible level of general and professional education;
- the desire integration with a group of healthy children of the same age;
- the stimulation of the use in home conditions of the adequate educational methods;
- the overcoming of a conservatism of family mode;
- the overcoming of the negativism to psychopharmacological treatment of ill child;
- the correction of mental disorders of persons who immediately surround the child;
- the formation of emotional interaction and mutual aid among members of several families having similar problems.

The rehabilitative work with parents should be realized in multidisciplinary medical-psychological-pedagogical centers for rehabilitation and correction, in special or integrative kindergartens and schools. One approved and high effective model of the work with "problematic" children and their families is "Parent's School" for foster-parents, for families having children suffering from mental illnesses and deep school disadaptation.

N°47

Child psychiatry: the experience of distant education. A. A. Sev-erny, N. M. Iovchuk, Association of Child Psychiatrists and Psychologists, Moscow, Russia

Border mental pathology spreads among children about 80%. All specialists who work with children are faced with psychiatric problems. But teachers and other specialists don't know much about child mental problems, and they cannot take this into consideration in their activities. On the other hand, it is impossible in Russia to get training in child psychiatry for non-medical specialists. At the same time only 10% children, who need psychiatric help, can get this in State Health Service! Border mental disorders in children aren't recognized in time, children don't receive opportune help, their conduct and educational deviation are regarded as inadequate, they are exposed to unjustified actions of influence up to psychological and physical abuse. Non recognized border mental disorders lead to severe school and social disadaptation.

We realized the author's correspondence course "Child Social

Psychiatry” for 50 several non-medical specialists from 16 remote Russian regions with the aid of electronic communication (e-mail). The course includes 23 lectures dedicated mainly to border psychopathology, social disadaptation, interprofessional interaction, organization of multidisciplinary departments for children suffering from border mental disorders. Each lecture ended with control tasks and the list of recommended issues. At the end of the course each student received individual control tasks as three problematic situations of children with deviation of behaviour, communication, education etc. In the educational process combination of group and individual communications, mutual discussion of teaching material and results of control tasks was realized.

Our first experience allowed to formulate main principles and conditions of distant education with aid of electronic communication.

N°48

Family therapy in Russia: tasks and problems. A. A. Severny, T. A. Balandina, Research Center of Mental Health, Moscow, Russia

The Russian family, deprived of state paternal guardianship and state control, has not found self-value and self-sufficiency, while the State continues to consider family as an object of management, enforcement, charity-giving, repression. Unsolved social-psychological problems don't allow to realize full-bodied help for an ill child and his family.

We are treating more than 250 children suffering from psychosomatic disorders, whose nature is bound with psychopathological and family problems. But parents of our patients often reject offers to take part in psychotherapy. This opposition has deep social-psychological reasons:

1. Dispsychophobia – a fear to admit the mental disorders in one's own child, and to admit one's own mental disorders as a reason for psychosomatic illness in child.
2. Dissocialphobia – a fear to lose the social status, because mental disorders and psychiatric treatment are leading to seizure of ill child from child institutions and from groups of “normal” children and their parents, and because mental pathology has for many decades in public mind been connected with several social limitations.
3. Traditional “closing” of Russian family, a fear of external penetration in family problems.
4. Paternalist mentality of Russian population – State institutions must solve any problems of person and of family; specifically, the specialists are not allowed to demand help from parents, if child is treated in medical institution.

Social-psychological help for family in Russia has no cultural tradition, education trains not enough family therapists. Indicated problems are in need of new approaches to planning of family politics, to the training of psychotherapists, to changing of public mind.

N°66

Detection and prevention of the obsessive-compulsive disorder (OCD) in childhood and adolescence. G. Ochando, J. Loño, Hospital Universitario “La fe”, Unidad de Salud Mental Infanto-Juvenil, Valencia (Spain)

Objectives: During 2002 we made an investigation project dealing with detection and prevention of Obsessive-Compulsive Disorder in childhood and adolescence, put into practice in the school area and in collaboration with the Ministry of Education of the Community of Valencia (Spain).

We had a double objective: 1) Detecting the tendency to develop OCD to show the possible genetic and hereditary factors involved, 2) Detecting signs and symptoms of alarm in case they appear in the behavior.

Materials and methods: As two points of inflection exist in the appearance of obsessive symptomatology (ages between 8 and 9 and 15 and 16), we chose a sample of 2000 children between the ages

of 8 and 15, and as area of performance 10 schools in the Community of Valencia to put into practice our investigation. The project was divided into the following steps: 1) Tests made by pupils, 2) an interview with the teachers about OCD characteristics, guidelines of behavior and intervention to be followed in the classroom, 3) delivery of results of the tests to the teachers, 4) meeting with parents to explain what is OCD, how to understand and help their sons and where to go to receive treatment.

Results: After correcting and analyzing the tests we see that from 1700 pupils, 32.85% got a positive value in the scales specifically (Layton, Yale-Brown and CDI) made to detect obsessive symptomatology in childhood. Moreover an interpretation of three kinds of drawings was attached (a fear, a dream and the illness). This interpretation was made by the 2000 pupils selected in the investigation and provided more information in relation to the evaluation of the obsessive symptoms.

Conclusions: As the school staff is situated in a special position to continuously observe and relate to students, it is fundamental for them to learn to identify OCD symptoms in the school area, to give help evaluating the child and sending him/her to a specialist and this way participate in the treatment undergone by the child.

N°68

Somatization of psychiatric disorders in childhood. Yury F. Atropov, Irina N. Tatarova; * Chair of Child and Adolescent Psychiatry, Russian Academy for Post-Graduate Medical Training, Moscow, Russia, E-Mail: europsy@mail.ru; Moscow Research Institute of Psychiatry, Moscow, Russia

Objective: Investigation of clinical-pathogenic aspects of somatization in childhood, specifically, role of affective pathology in development of somatic disorders; correlation between depressive and somatic characteristics; role of (dys)ontogenesis (constitutional, cerebral-organic and psychosocial).

Material: 882 children with somatization (male/female ratio 1:1.3), aged 1 to 16 years (mean 10.1 ± 0.2 years). Mean age of onset of somatization: 5.7 ± 0.3 . Somatization was presented by functional disorders in digestive, motor, endocrine, respiratory, cardiovascular, excretory systems, skin and thermoregulation and algic symptoms.

All patients had depressive disorders of neurotic level: in 64.7% as principal mental disorders and in 35.3% as syndrome within neurotic disorder. 78.8% had psychogenic depression, 22.6% – somatogenic and 4.6% – endogenous depression. In 88.4% depression was mild and in 11.6% moderate. Depressive disorders were presented by anxious (36.3%), asthenic (22.3%), sad (3.2%), asthenoanxious (30.4%) and anxious-sad (7.8%) variants.

Earliest somatization of depression is observed for skin disorders (2.4 ± 0.6 years), excretion (3.5 ± 1.0), thermoregulation (3.9 ± 1.5) and digestive system (4.1 ± 0.5). Relatively late somatization presented as motor (6.4 ± 0.5), respiratory (7.0 ± 1.4), algic (8.9 ± 0.5), cardiovascular (8.9 ± 2.0) and endocrine (10.2 ± 0.9) disorders was also associated with (dys)ontogenesis factors. Mean hereditary influences are significantly higher in early somatization while psychosocial factors prevalence is not significant. Cerebral-organic insufficiency was insignificantly higher in late somatization patients. Early somatization was associated with dysontogenetic (biological) factors, functional maturity and overload of specific systems.

N°69

Increased brain volumes in medication naive high-functioning subjects with autism. S. Palmen¹, H. Hulshoff Pol², C. Kemner¹, H. Schnack², R. Kahn², H. van Engeland¹
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Objective: Autism is a neurodevelopmental disorder associated with volumetric brain abnormalities. However, it has not been well es-

tablished whether brain enlargement is still present from later childhood on, and if so, whether enlargement is confined to the gray and/or to the white matter and whether it is global or more prominent in some cortical lobes. The present studies investigated these issues in two groups of high-functioning subjects with autism one with subjects aged 7–15 and one with subjects aged 16–25.

Methods: Brain volumes were measured in the two groups, each consisting of 21 medication naive patients with high-functioning autism and 21 comparison subjects, matched on age, gender, IQ, handedness, parental education, light and weight.

Results: Both patient groups showed an increase in cerebral gray matter and cerebellum volume, proportional to the increase in total brain volume. All four frontal, parietal, temporal, and occipital-cortical gray matter volumes were evenly enlarged. The lateral and third ventricular volumes were disproportionately enlarged in the patient groups, compared to the control groups, and were still significantly larger after correction for total brain volume.

Conclusions: Patients showed a global increase in gray matter and cerebellum volume, proportional to the increase in brain volume and a disproportional increase in ventricular volumes, still present after correction for brain volume. Thus, at least in high-functioning patients with autism, brain enlargement may still be present from later childhood on.

N°72

Association studies pertaining to children and adolescents with obsessive-compulsive disorders and candidate genes of the serotonergic system. S. Walitza¹, C. Wewetzer¹, A. Warnke¹, M. Gerlach¹, Y. Ritzke¹, M. Gössler¹, F. Geller⁵, G. Gerber², T. Görg⁵, B. Herpertz-Dahlmann³, E. Schulz⁴, H. Remschmidt², J. Hebebrand², A. Hinney²

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Objective: In the present study, we screened polymorphisms within the serotonin transporter gene (5-HTT, promoter polymorphism) and the 5-HT1B receptor gene (silent 861 G/C), for which positive associations with obsessive compulsive disorders (OCD) in adults have been reported (McDougle et al., 1998; Bengel et al., 1999; Mundo et al., 2000).

Methods: We analysed 50 Trios comprising a patient with OCD and both parents. All patients fulfilled the diagnostic criteria for OCD according to DSM-IV. To certify the criteria all patients were interviewed with the Y-BOCS and DIPS.

Results: There was no evidence for transmission disequilibrium for any of the alleles of the analysed polymorphisms.

Conclusion: There is strong evidence for an involvement of the serotonergic system in the development of OCD. In a previous study, we demonstrated an association of the A-allele of a promoter polymorphism (-1438G/A) of the 5-HT2A receptor gene with OCD in children and adolescents (Walitza et al., 2002). Our new data indicate that the 5-HTTLPR and the 5-HT1B receptor gene do not play a major role in OCD in our study group of children and adolescents. The use of parental data, instead of unrelated controls, minimizes population stratification. Further more extended studies are warranted.

N°73

Epilepsy impairs some symptoms of autistic spectrum disorders.

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Objective: Epilepsy in autistic spectrum disorders has been reported in range 4.8–26.4%. The aim of this study was to investigate the relationship between this comorbidity and autistic psychopathology.

Methods: We examined a group of 77 autistic children (61 boys, 16 girls) at an average age of 9.1 ± 5.3 years. According to ICD-10 48 patients were diagnosed with childhood autism, 19 patients with atypical autism, 3 patients with other childhood disintegrative disorder, 4 patients with Asperger's syndrome and 3 patients with other pervasive developmental disorder. The rating scale CARS and semistructured interview ADI-R were used to obtain the psychopathological profile. Neurological examination focused on the evaluation of epilepsy and EEG records were performed.

Results: 79.9% of the patients were mentally retarded. Epilepsy was found in 22.1% of the subjects. The total CARS score was 37.3 ± 6.7 and did not correlate significantly with the occurrence of epilepsy. The presence of epilepsy correlated significantly with the ADI-R subscores ("Lack of shared enjoyment", $p = 0.020$; "Lack of, or delay in spoken language and failure to compensate through gesture", $p = 0.006$; "Lack of spontaneous make-believe or social imitative play", $p = 0.0012$) and the following items of the CARS: No. 2 ("Imitation", $p < 0.001$) and No. 7 ("Visual response", $p = 0.001$). No correlation was found between ADI-R total scores and epilepsy. The median difference of significantly correlating items was 0.75–1.00 for CARS and 2.5–2.75 for ADI-R.

Conclusion: Our results prove that epilepsy aggravates some symptoms of pervasive developmental disorders. Differences between the patients with and without epilepsy are clinically relevant.

N°76

The importance of psychological testing in differential diagnosis of childhood headache. I. Francula, I. Prpic, V. Rena, I. Vlastic-Cicvaric, Z. Korotaj, E. Paucic-Kirincic; University Children Hospital 'Kantrida' and Medical Faculty of University of Rijeka, Rijeka, Croatia

The aim of the study was to establish whether neuro-psychological tests may be helpful in the differential diagnosis of childhood headache. The retrospective results of neuro-psychological testing of 54 school age children with headache were analyzed. There were 18 boys and 36 girls with a mean age 11.4 years ($SD = 2.6$). No statistical difference between the boys and the girls regarding age and social background was detected. All tests were performed as soon as a child was able to cooperate – on average 2 days following the headache (minimum 0 days and maximum 9 days). General IQ was average in 28 children, higher in 24 children and lower in two children. The Bender-Gestalt visual-motor perception test (Bender test) was normal in 28 children, pathological (cerebral organic dysfunction) in 14 and inconclusive in seven children. When applying HIS criteria for headache differentiation we found that the majority of children with migraine had a higher IQ (higher in 15; average in nine children) while children with other types of headache were in the majority with an average general intelligence (average IQ 19; higher IQ nine children). These results were statistically significant ($Hi2 = 4.89$, $P = 0.02$). Bender test was pathological in 14 children with migraine and in one child with other types of headache. Normal Bender test was found in four children with migraine and 24 children with different types of headache. These differences were statistically significant ($Hi2 = 21.9$, $P < 0.01$). Only children with migraine (six) had an inconclusive Bender test. The results clearly show the importance and reliability of neuro-psychological tests in

differential diagnoses of migraine and 'ordinary' headache. In any child with a characteristic headache attack who has a high IQ and cerebral dysfunction on the visual-motor perception test, migraine should immediately be suspected.

N°77

Evaluation of visual-motor Bender-Gestalt perception test (Bender test) in diagnosis of childhood migraine. I. Francula, I. Prpic, V. Rena, I. Vlastic-Cicvaric, Z. Korotaj, E. Paucic-Kirincic; University Children Hospital 'Kantrida' and Medical Faculty of University of Rijeka, Rijeka, Croatia

According to HIS 3–5 attacks of headache are required to fulfil criteria for migraine, which sometimes means a period of a year or more. In order to speed up the diagnosing of migraine we have analyzed the results of Bender test. Retrospectively results of the Bender test were analyzed in 24 children with definite migraine diagnosis (according to HIS criteria). There were nine boys (mean = 9.8 yrs) and 15 girls (mean = 11.8 yrs). Boys were statistically significantly younger than girls. No difference between boys and girls regarding their general intelligence and social background. The children performed Bender test at an early phase of the headache (mean = 2 days, SD 1.5 day) and repeated in a period without headache (mean = 6 days, SD 2.5). At an early stage after the headache, suspected or definite organic cerebral dysfunction was found at 20 children while four had normal results. Bender test performed in phase without headache revealed only three children with organic cerebral dysfunction, and the rest of the children had normal results. There was a statistically significant difference between the results of first and second Bender test measurement (Fisher test: 0.00015). Our results revealed that visual-motor capacity is disturbed at children with migraine in an early phase of headache and it took at least 6 days to normalize. These findings demonstrated that Bender test may be used as a rapid and useful diagnostic tool in migraine diagnosis. One can make safe conclusion of migraine accompanied by disturbed visual-motor perception. Furthermore, it was shown that children with migrainous attack need 4–8 days to regain their visual-motor ability which is important information considering a child's daily school obligations, particularly reading and writing skills.

N°78

Discrimination of face identities and expressions in children with autism: same or different. L. Robel, K. Ennouri, H. Piana, L. Vaire-Douret, A. Perier, M. F. Flament, and M-C Mouren-Siméoni. Service de psychiatrie de l'Enfant et de l'Adolescent et Equipe «Développement» de l'Unité U 483, Hôpital Necker-Enfants Malades, 149–161 rue de Sèvres, 75015 Paris

Objectif: Autism is a pervasive developmental disorder (PDD) characterized by the association of communication and socialization impairments, and by stereotyped behaviours. Our aim was to investigate the discrimination of face identities and face expressions by autistic children.

Methodology: Twenty young children in the 6–10 year age range suffering from PDD were compared to twenty paired normal children, by use of the Minnesota Test of Affective Processing (MN-TAP).

Results: When the expressions on faces remained neutral, autistic patients had more difficulty recognizing difference than identity: they perceived different faces as being identical. However, recognition errors disappeared when expressions were changed together with face identity. When autistic children were asked to distinguish expressions, they discriminated better identity than difference, just as normal children do.

Conclusion: Analysis of face and expression discrimination in terms of identity and difference is a novel approach for the understanding of the clinical features of autism. Autistic children seek sameness and use an atypical strategy to analyse human faces and expressions.

N°86

The relationship between family environment factors and high self-esteem in Irish adolescents with normal psychological profiles. P. Robertson, M. Lawlor, D. James, N. Sofroniou. Child and Family Centre, Drogheda, Co. Louth

Objective: The aim of this study was to identify the family environment variables which predicted high self-esteem in a sample of Irish mid-adolescents. In order to minimise the bias produced on self-esteem ratings and perception of family environment by psychological problems, the subjects were initially screened for psychological disorder.

Methods: A sample of 391 adolescent students with non-clinical and non-borderline scores on Achenbach's Youth Self Report were administered and returned complete data on the Family Environment Scale (Moos and Moos, 1981) and the Culture-Free Self Esteem Inventory (Battle, 1991).

Results: Over 65% of this non-clinical sample scored in the high self-esteem range. Using Logistic Regression Analysis the Family Environment variables which emerged as being significantly predictive of high self-esteem were Cohesion, Independence and Achievement-Oriented. Gender by itself was not significantly predictive of self-esteem.

Conclusion: In this sample of mid adolescents with normal psychological profiles, the family environment variables which predicted high self-esteem were Cohesion, Independence and Achievement-Oriented. These results support previous studies in identifying family Cohesion as being the most significant family environment variable predicting adolescent self-esteem, cross-culturally and throughout adolescence. Family Independence and Achievement-Oriented factors may be more specifically related to mid-adolescence.

N°104

Comparative analyses of sexual behaviour and sexual attitudes of adolescents. M. Stankovic, J. Zdravkovic, P. Kostic. Clinic for Mental Health Protection, University Clinic Centre of Nis, Serbia and Montenegro

Objective: The subject of our research is analysis of the relation in sexual behaviour and sexual attitudes between genders in adolescents.

Methods: The sample contained 656 participants, 245 males and 411 females, the age from 18–24, from Serbian language speaking area (Serbia, Montenegro, Republic Srpska). As an instrument of the research we used "Sexual Behaviour" questionnaire specially constructed for a National study of Serbian sexual behaviour. For our research we used questions about sexual behaviour divided in 5 parts: foreplay, coital behaviour, masturbation, sexual fantasy, sexual dreams, which we statistically compared with 9 factors of sexual attitudes detached by factorial analyses.

Results: Our findings showed that males have had significantly more coital experience than females ($p < 0.001$), more frequently masturbated ($p < 0.01$), dreamed and fantasised about coital interactions, than females ($p < 0.001$). But, males have less liberal sexual attitudes than females ($p < 0.001$).

Conclusions: On the basis of received data, we concluded that sexual behaviour is in agreement with biological influences on genders and their social roles. Our findings showed that sexual attitudes are a relatively changeable category compared to sexual behaviour, which is a relatively stable category.

N°110

Validation française d'un instrument d'évaluation des représentations maternelles au cours de la grossesse: résultats préliminaires. L. Angladette, B. Golse², M. Schwarzing³, M. Uzan⁴, C. Atale¹, M.-R. Moro⁵.

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Objectif: Il n'existe en France aucun outil spécifique d'évaluation des représentations maternelles pendant la grossesse. Un tel instrument a été développé par l'équipe italienne d'Ammaniti, sous la forme d'un entretien semi-structuré, l'Interview pour les Représentations Maternelles pendant la Grossesse (IRMAG). Il étudie à la fois le contenu du discours et sa structure narrative et permet de distinguer trois catégories représentatives (représentations intégrées/équilibrées, étroites/désinvesties, non intégrées/ambivalentes).

L'IRMAG explore deux séries de représentations (représentations de soi en tant que mère, représentations de l'enfant), chacune comprenant sept dimensions (richesse des perceptions, ouverture au changement, intensité de l'investissement, cohérence du discours, différenciation, dépendance sociale, fantaisies).

Méthode: 25 primipares ont été recrutées à la consultation d'obstétrique de l'hôpital Jean Verdier de janvier à avril 2002. L'entretien, effectué au cours du troisième trimestre de leur grossesse par un clinicien a permis de recueillir les données cliniques utiles et de faire passer le MINI et l'IRMAG. 17 femmes, ne présentant ni trouble psychiatrique actuel ni pathologie gravidique ont constitué la population d'étude.

Résultats: La version française de l'IRMAG a une bonne validité apparente. Nous avons mis en évidence une corrélation entre la représentation de soi et la représentation de l'enfant pour 5 des 7 dimensions et nous avons réalisé une ACP à deux facteurs pour les deux séries de représentations. Les résultats sont très proches de ceux de la validation italienne, pour les corrélations et pour les facteurs issus de l'ACP, attestant de la stabilité de l'instrument. La concordance inter-juges est excellente pour l'attribution des catégories représentatives.

Conclusion: Ces résultats semblent indiquer que la traduction française de l'IRMAG possède de bonnes qualités métrologiques. Néanmoins, l'effectif étant restreint, il conviendra de les confirmer à plus grande échelle.

N°121

The communicative use of pointing in autism: developmental profile and factors related to change. F. Muratori, Camaioni L., Pecurichini P., Parrini B., Cesari A.: Scientific Institute Stella Maris, University of Pisa. University of Rome, Italy

Objective: To describe different longitudinal profiles in communicative abilities and symptoms severity in early autism.

Methods: Ten children with autism, aged from 3.3 years to 4.10 years at baseline, were tested for production and comprehension of imperative and declarative pointing about 4-month intervals. Concurrently with these sessions, children were evaluated in terms of cognitive and communicative abilities, and symptoms severity.

Results: Seven subjects showed a mild to severe retardation in communicative and linguistic abilities. For production, eight children exhibited only the imperative pointing. For comprehension, four subjects showed the same profile as in production ('only imperative' and 'first imperative - later declarative' respectively). Two children didn't show any clear comprehension of the pointing gestures produced by the experimenter, and two children were able to understand both pointing in the same session. CARS global scores tended to decrease across sessions for all subjects and different individual profiles were identified.

Conclusion: Declarative or experience-sharing pointing emerged later in two children; it remained absent in eight children as production, and in two children as comprehension. A preliminary conclusion based on CARS rating, is that autism involves a symptomatology that may decrease across time even if children differ in the decreasing profile relative to specific scores.

N°124

Prevalence of PDD in children and adolescents with MR. A. de Bildt, S. Sytema, D. Kraijer, R. Minderaa, Child and Adolescent Psychiatry, University of Groningen, Groningen, the Netherlands

Objective: Insight into the prevalence of PDD in children and adolescents with MR is known to be of clinical importance with respect to early identification, and providing services and interventions for those affected. However, estimating the prevalence of PDD in MR is a complicated issue. The literature reports various prevalence rates, ranging from 3 through 50%. This variation seems to be related to the different concepts of PDD under study, the different instruments used, and the different studied populations. The present study aimed to estimate a reliable prevalence rate of PDD. With respect to the concept of PDD, prevalence rates for various concepts were compared. With respect to the population, a total population of children and adolescents (age 4 through 18) was studied, including all levels of MR.

Method: A total population based screening with the PDD-MRS and the ABC (n = 825), was followed by further assessment of children and adolescents at high risk for PDD according to these instruments, and for controls, with the ADI-R, ADOS and a DSM-IV-TR classification (n = 188).

Results: The different instruments led to different prevalence rates. Based on the screening the estimated prevalence rates ranged from 7.8% to 15.9%. Further assessment with the ADI-R, ADOS and DSM-IV-TR classification revealed higher estimated prevalence rates.

Discussion: The estimated prevalence rates will be related to the concept of PDD they represent, to the instruments and to the investigated population. Clinical and research implications of the prevalence rates will be discussed.

N°125

Désordres post-traumatiques dans une population d'enfants ayant vécu la catastrophe industrielle de Toulouse, le 21 septembre 2001. M. Fevre, J. Appelboom. Hôpital Universitaire des Enfants Reine Fabiola/Université Libre de Bruxelles. Bruxelles, Belgique.

Abstracts: Objectifs: Mesure des phénomènes post-traumatiques (PTSD) chez des enfants ayant vécu la catastrophe industrielle de Toulouse en fonction de leur proximité par rapport à la zone sinistrée. Evaluation du lien réactionnel parents - enfants. Rôle de la prise en charge médico-psychologique des enfants sur leur développement ultérieur.

Méthodologie: Réalisation d'auto-questionnaires: When Bad Things Happen Scale (WBTHS) pour les enfants, et Impact Of Event Scale Revised (IES-R) pour les adultes. Comparaison de trente deux enfants et leur famille résidant près de la zone sinistrée avec vingt résidant à distance du site.

Résultats: Le groupe d'enfants considéré à risque obtient un score de PTSD supérieur, mais la différence n'est pas significative, contrairement au groupe adulte. Les désordres des enfants, suffisants pour être objectivés par leur famille, ne sont pas corrélés avec les désordres des parents. Les plaintes somatiques des enfants souffrant de PTSD apparaissent au premier plan.

Conclusion: La proximité géographique du danger n'a pas d'impact significatif sur le score de PTSD chez les deux groupes d'enfants. Il n'y a pas de corrélation entre le groupe d'enfants et le groupe de parents. L'encadrement scolaire apparaît jouer un rôle primordial sur leur développement ultérieur.

N°126

The role of medical aspects and psychosocial aspects on later minor sequel and internal working model at 6 years old in very low birth weight infants without sequel at 30 months old. M. Ibáñez, M. Iriondo, P. Poo, E. Cortasa, I. Gisbert. Unit of High Risk Baby's Follow-up. Hospital Universitari Sant Joan de Deu of Barcelona, Spain

Etude longitudinale sur l'influence des aspects médicaux et psychosociaux sur l'apparition des Séquelles Légeres Tardives à 6 ans et sur le style de Modèle Interne d'attachement à 6 ans chez des prématurés Très Bas Poids Naissance < 1500 g sans séquelles à 30 mois.

Purpose: The purpose of our study is to determine whether there is a relationship: 1-between medical aspects (biological risk at neonatal period (BR), weight and size at 30 m.o. (WS)) and psychosocial aspects at 30 months (maternal stress during the premature infant's first years of life (MS 1st year), the maternal internal working model (MIWM), the presence of feeding problems (FP)) on the presence of Later Minor Sequel (LMS) and Child's Insecure Working Model (ChiWM) at 6 y. o. 2-between ChiWM and LMS at 6 y. o. in a VLBW < 1500 g.

Method: We carry out prospective study with 48 VLBW < 1500 g without sequels at 30 m. o., born in 1996 and 1997 in our hospital, included in follow-up program. The assessment is carried out at neonatal period, at 30 m. o. and at 6 y. o. Two control groups of NBW > 2500 g exist, 34 infants aged of 30 m. o. and 34 childrens of 6 y. o. Variables and measures: a-BR (clinical data), b- MS 1st year («R» Interview 6 section, Stern 89), c- MIWM («R» Interview and EDI-CODE Pierrehumbert 99), d- FP (Symptom check list, Robert-Tissot 89), e- LMS (EDEI, Perron-Borelli 80, Bender, Rey), f- CHI WM (Cartes Completer Historiques, Pierrehumbert 2000). The data will be analysed through multivariate analysis (multiple regression) and bivariate analysis (Chi²).

Results expected: In previous studies on VLBW < 1500 g we found a significant relationship between the medical aspects and psychosocial aspects at 30 m. o. and presence of MLS, if we find similar significant relationship with ChiWM, we can bring signs of developmental vulnerability in VLBW which can help to cible of preventive and clinical interventions.

N°141

Depressive symptoms of the parental couple across the transition to parenthood: associations with individual and family risk factors. S. Perren, D. Zimprich, A. von Wyl, H. Simoni, D. Bürgin, K. von Klitzing, Department of Child and Adolescent Psychiatry, University of Basel, Switzerland

The aim of this study was to investigate the depression trajectories of first-time parents following them prospectively from pregnancy to 18 months after birth. Using latent growth curve methodology, we examined how the level of depression and the rate of change over time were influenced by the following risk factors: maternal and paternal psychiatric disorder, couples; relationship history, having twins, as well as family adversity. The analyses were performed for individual and couple level.

This study is part of an ongoing longitudinal project on 80 couples and their first-born children. Between pregnancy and 18 months after birth, parents completed questionnaires on depressive symptoms (EPDS, Cox et al., 1987: 5 measurement points). Parents' psychiatric disorders were assessed during pregnancy by means of self-report (SCL-90-R, Derogatis, 1977) and anamnestic data. The family adversity index (Rutter et al., 1989) was also established during pregnancy.

During pregnancy and the first months after birth, parents often reported high levels of depressive symptoms – particularly women and participants with psychiatric symptoms. For most participants depression decreased over time. However, the level of depression and the rate of change was associated with individual risk factors (parental psychiatric disorder) and family risk factors (having twins, couple's relationship history, and family adversity). Although

we found strong sex differences regarding level of depression, the rate of change within a couple was significantly associated. The results suggest that postpartum depression is not just a transitory phase for mothers due to hormonal changes, but is strongly related to the couple and family context.

N°142

Peer relations and victimisation in kindergarten children: associations with self- and other-reported psychopathological symptoms. S. Perren, A. von Wyl, D. Bürgin, K. von Klitzing, Department of Child and Adolescent Psychiatry, University of Basel, Switzerland

There is a clearly established link between peer relationship problems – such as victimisation or peer rejection – and the development of psychopathology. The quality of peer relations may be considered as indicator or result of emotional/psychopathological problems but also – in more complex models – as being a resource or a risk factor for children's well-being and mental health. Studies among school age children showed that internalising and externalising symptoms can be risk factors for peer victimisation. However, having friends may moderate the relation between behavioural risk and victimisation. Until now, no study addressed this issue in kindergarten children.

Our study among 4–6-year-old children from 13 kindergarten classes investigated the association between peer relationships and self- and other-reported psychopathological symptoms. All children of the kindergarten class (N = 140) completed a peer nomination task on liking/disliking peer status (popular, rejected, controversial, neglected). Children also nominated their best friends and playmates. Children who were the first year in kindergarten (N = 80) were interviewed using the symptoms and social scales of the Berkeley Puppet Interview (BPI, Measelle & Ablow). Moreover, parents and teachers completed the Strengths and Difficulties Questionnaire (SDQ, Goodman). In addition, teachers completed a questionnaire on bullying and victimisation.

We hypothesised that victimisation and peer rejection are associated with self- and other-reported internalising and externalising symptoms. Moreover, we investigated whether having friends can be considered as protective factor against peer victimisation. Our results will be discussed regarding their clinical implications.

N°149

Tolerance, pathology and defence to an abuse child. F. Iftean*, O. Butiu, S. Filipoi, Child and Adolescent Psychiatry Department, Medicine and Pharmacology University Cluj-Napoca, Romania

Objective: We tried to study a particular psychological phenomenon with some psychiatric and medical consequence in our case: a girl about 11 years old who grew up in a family in which both parents had somatic and psychiatric illnesses. Father had been diagnosed with persistent delirant disorder about 10 years ago and he had a surgical operation for renal cancer 2 years ago. Mother was diagnosed with systemic lupus eritematosus, in 1998 moderate depression.

Methods: This is a study case. We used physical examination, psychological and psychiatric examination, genograms, test for depression, drawings.

Results: We tried to obtain as much relevant information as possible about a host of factors including girl's thoughts, feelings, life experiences, social relationship, family history and conflicts.

Conclusion: Even if there was no sign of physical abuse from her father, girl suffered by emotional abuse and negligence which perhaps had a major contribution in her somatic, psychiatric and social problems: failure to thrive, many episodes of diarrhea in the past with hospitalization, an episode of acute psychosis after ingestion of 5 mg metoclopramid (this could be an adverse reaction to medication), moderate depression, social withdrawal.

N°152

Prospective neuropsychological study to evaluate external validity in Asperger's disorder. N. Barth, I. Kamp-Becker, F. Matthejat, J. Hebebrand, H. Remschmidt, University of Marburg, Germany

According to DSM-IV Asperger's disorder is a pervasive developmental disorder, characterized by distinctive abnormalities in communication, qualitative abnormalities in reciprocal social interaction, poor social empathy, and circumscribed (intense) interests. An often observed associated feature is motor clumsiness. The etiology and validation of the Asperger's disorder is unclear. Genetic factors, distinctive neurobiological impairments and neuropsychological deficits are discussed as nosological factors.

In comparison to childhood autism Asperger's disorder has not been studied as extensively. The few available studies are difficult to compare, as they often differ in diagnostic criteria.

Purpose of this study is to contribute empirically based results to the current debate pertaining to the validation of Asperger's disorder. Special emphasis is placed on the distinction from childhood autism. The study is undertaken in cooperation with the Child Yale Study Center (Title: "Autism and Asperger Syndrome: Neurocognitive Studies of Social Development").

The present study is based on three components: The central part tries to phenotype individuals with Asperger's disorder by standardized neuropsychological testing. Further study interests are pertained to neuroimaging and genetics.

The 'Autism-Diagnostic-Interview-R' (ADI-R) and 'Autism-Diagnostic-Observation-Schedule-Generic' (ADOS) are used as basic diagnostic methods. Furthermore the 'Family History Interview' is used to assess family abnormalities; the 'Vineland Adaptive Behavioral Scale' is used to assess adaptive functioning in communication, daily living skills and socialization.

Furthermore we do assess psychiatric comorbidity with standardized interviews. The neuropsychological assessment consists of the following items: Intelligence profile, handedness, sensorimotor abilities, visual-motor coordination, central coherence, visual-spatial perception, facial recognition, perception of emotions, executive functioning, social cognition ('theory of mind') and diagnostic tools to assess attentional deficits.

The whole examination of the family (index patient, mother, father) requires 3 to 4 days. At the end of the examination period the whole family is counseled on further therapeutic and supportive measures.

Preliminary results of the neuropsychological assessment are presented.

N°159

Plasma Oxytocin and vasopressin levels in adult autistic patients during psychosocial stress. L. M. C. Jansen, H. van Engeland, Rudolf Magnus Institute of Neuroscience, University Medical Center (UMC) Utrecht, Department of Child and Adolescent Psychiatry, Heidelberglaan 100, 3584 CX Utrecht, The Netherlands

One of the major characteristics of autistic children is their impairment in social interactions. Also, they show an increased sensitivity to stress. Oxytocin and vasopressin are important for social behavior as well as for the regulation of the Hypothalamic-Pituitary-Adrenal(HPA)-system in response to stress. Therefore, it has been suggested that these neuropeptides may play a role in the etiology of autism. In autistic children, increased cortisol responses to stress, decreased basal oxytocin levels and increased basal vasopressin levels have been found.

In the present study, vasopressin and oxytocin levels were measured during a psychosocial stressor (public speaking) in ten adult autistic patients and 14 adult healthy controls. Before and after the stressor, 8 blood samples were taken for the measurement of oxytocin, vasopressin, and cortisol. Heart rate was measured continuously.

Repeated measures analyses revealed significant stress effects on heart rate and cortisol ($F = 29.6$, $p < 0.001$, $F = 3.22$, $p < 0.05$). Autistic patients showed decreased heart rate responses ($F = 6.02$,

$p < 0.01$), while their cortisol responses did not differ from controls. No effect of stress on plasma oxytocin and vasopressin levels was detected. However, autistic patients showed overall increased plasma oxytocin levels ($F = 6.70$, $p < 0.05$).

Although autistic patients did show relatively increased cortisol responses, this could not be related to oxytocin and vasopressin levels in plasma. Central oxytocin and vasopressin responses to stress may not be detectable in plasma. The increased basal oxytocin levels and normal vasopressin levels in plasma of autistic patients are in contrast to findings in children. Whether this is due to developmental or other factors should be elucidated.

N°169

Early psychomotor maturation of children with social and emotional developmental disturbances. N. Krstic, N. Rudic, O. Aleksic, Department of Neuropsychology, Section for Children and Adolescents, Institute for Mental Health, Belgrade, Serbia & Montenegro

Most of the children with nonverbal learning disability syndrome do show some delay in early maturation of motor and visuomotor skills, attention, interests and/or social interaction, but language as well.

Disturbances of social and emotional development typical for non-verbal learning disability syndrome (NLD; Rourke 1988, 1989, 1991), as well as cognitive processing deficits in NLD children, are mostly left neglected/untreated until first few years of school have already passed, despite the fact that parents, usually during the preschool years, often do recognize their child develops and behaves somewhat 'differently' to expected. Suspecting 'signs' of atypical development even earlier, we have tried to "track back" the acquisition of early psychomotor, emotional and communicative milestones in a group of 24 NLD children 8-12 yrs of age (mean referral age 9.9 yrs; in all cases diagnosis confirmed by comprehensive neuropsychological assessment) by using structured interviews/assessment scales for their mothers. The results have shown frequent delay in early maturation of language, general skills, attention, graphomotor and constructive abilities in this sample, as well as the problems in areas of developing interests and social interaction. Although neither 'developmental' data, nor characteristics of cognitive processing indicate a single, homogenous 'profile' in this sample, a specific pattern of early psychomotor development in individual child could possibly offer an additional frame for exploring NLD/related syndromes and their neurobiological basis, in addition to well-timed and appropriate start on the treatment in these children.

N°170

Identification of a susceptibility region for autism on chromosome 2q. Gallagher L., Ennis S., Conroy J., Segurado R., Meally E., Kearney G., Fitzgerald M., Stallings R., Green A., Gill M.

Autism is a neurodevelopmental disorder of childhood presenting in the first three years with abnormalities of social interaction, communication and behaviour. The causes remain uncertain although the role of genetic factors has been well established through twin and family studies (Bolton et al. 1994, Bailey et al. 1995). Molecular genetic studies have endeavoured to identify susceptibility genes for autism, but to date few candidate genes have been conclusively identified. Genomewide sib pair studies have shown several regions showing evidence for linkage with the strongest regions occurring on chromosomes 2q and 7q (IMGSAC, 1998, IMGSAC 2001, Buxbaum et al. 2001, Shao et al. 2002). Here we describe a case of autism that was identified with an abnormality on chromosome 2q that lies within the linkage findings. Association studies in a population of trios ($n = 100$) with autism recruited in the Irish population have been conducted. One microsatellite marker within the region showed evidence for association ($\chi^2 = 7.84$, $p = 0.05$, OR = 1.8). A fine-mapping experiment using SNPs is currently in progress and results will be presented.

N°195

Postnatal depression and mental health of preschool children. Galina Skoblo, Ekaterina Porohovaja, Research Centre on Mental Health, Moscow, Russia

The Objective: The aim of this prospective study was to assess mental disorders in preschool children from mothers with clinical postnatal depression (PD) and to estimate the features of the upbringing of these children.

Methods: Our samples consisted of 32 outpatient children aged 4 to 5 from depressed mothers. PD of their mothers was verified by the psychiatric examination according to ICD-10 at 2 months postpartum. We used the clinical examination according to ICD-10 for children, the upbringing questionnaire (E. G. Eidemiller, St.-Peterburg, Russia, 1996) and the Taylor personality scale of manifest anxiety (1963) for mothers. The control group includes 20 subjects in the same age range.

Results: Mental disorders in preschool children were significantly higher in subjects from mothers with PD compared with control group (62.5% and 20%, $p < 0.01$). Emotional disorders (F93), Other disorders with onset usually occurring in childhood and adolescence (F94, F98), Adjustment disorders (F43.2) appear to be most common disorders in children of depressed mothers. The main upbringing style in mothers with PD was hyperprotection and high anxiety level was typical for them. These results were not found in control group.

Conclusions: Postnatal depression is considered to be the risk factor for mental disorders in preschool children. Mothers with PD are of great need for long-term psychotherapy for preventing the abnormal upbringing style. The intervention can be focused on the high anxiety level in mothers and will be discussed.

N°200

Unique chromosomal anomalies in individuals with autism: A strategy towards the identification of genes involved in autism. J. Steyaert, Child Psychiatry, Katholieke Universiteit Leuven, Belgium/Clinical Genetics University of Maastricht, the Netherlands. D. Castermans, V. Wilquet, W. Van de Ven, J. P. Fryns, K. Devriendt, Dept. of Human Genetics, Katholieke Universiteit Leuven, Belgium

Objectives: Develop a different approach to find candidate genes and molecular pathways associated with autism. The classical "backward"; approach of genome screens of affected siblings has not been very successful, at least partly because autism is polygenic, and that different combinations of genes are implicated in unrelated individuals. In some cases, a "forward"; candidate gene approach is promising, but in general it may miss a number of genes, as the selection of candidate genes is mainly based on our hypotheses of the molecular biology of autism.

Methods: Subjects with autism are screened for possible unique structural chromosomal rearrangements (reciprocal translocations, inversions), in which only the one or two gene(s) at the breakpoints are affected. If such an anomaly is found, the gene(s) can easily be identified using the available data from the Human Genome project. The next steps are positional cloning of the gene, expression studies in mice, and then applying classical candidate gene approaches in a group of subjects with autism.

Results: So far, we found six subjects with unique chromosomal rearrangements and autism, four of which have an intelligence level in the normal or mildly retarded range. One gene (NBEA) has been cloned in a subject with severe autism and normal intelligence. The others are under research.

Conclusions: Since this approach allows the identification of susceptibility genes for autism more directly, it is likely, in combination with other approaches, to produce results in the near future.

N°202

Neurobeachin: A new candidate gene for autism. J. Steyaert, Child Psychiatry, Katholieke Universiteit Leuven, Belgium/Clinical Genetics University of Maastricht, the Netherlands. D. Castermans, V. Wilquet, W. Van de Ven, J. P. Fryns, K. Devriendt, Dept. of Human Genetics, Katholieke Universiteit Leuven, Belgium

Objectives: Analyse the chromosomal breakpoints and the function of the disrupted gene(s) in a subject with severe autism and normal intelligence, associated with a de novo balanced chromosomal translocation t(5;13)(q12.1;q13.2).

Methods: Tracing possible genes associated with these chromosomal breakpoints in Human Genome Project. Consequently, finding exactly which gene is involved through positional cloning. Finally, performing an expression study in foetal mice and reviewing current knowledge on this particular gene.

Results: We found the neurobeachin encoding gene located on chromosome 13 to be disrupted in this subject with autism. Neurobeachin is an A-kinase anchoring protein that recruits the cAMP-dependent protein kinase A to endomembranes near the trans-Golgi network. An expression study of neurobeachin in the embryonic mouse strongly suggests an important role of neurobeachin protein during brain development.

Conclusions: In a probably unique patient, we found how disruption of the neurobeachin gene is associated with autism. It is of particular interest that this falls within a region that was identified through linkage analysis as a candidate region for autism on chromosome 13q. In other subjects, more common expression anomalies of this gene may play a role in the development of autism. Consequently, neurobeachin is a candidate gene for autism.

N°212

A prospective study of 135 cases of pervasive developmental disorders: What are the medical conditions associated with autism? C. Bodier, P. Lenoir, J. Malvy, M. Wissocq, D. Damie, Service Universitaire de Pédiopsychiatrie (Pr D. Sauvage) – CHRU de Tours – 37 044 Tours Cedex – France

Background: To establish a qualitative and quantitative record of the associated medical factors in a population of children with pervasive developmental disorders.

Method: 135 children with pervasive developmental disorders (PDD), aged 3 to 13 years, admitted to the day hospital or the autism regional centre of the child psychiatry department of Tours regional university hospital between 1999/09/01 and 2001/06/30. A prospective study which involved for each child, systematic and comparable medical and child psychiatric check-up, including genetic, paediatric, and neurological examinations. The psychiatric diagnoses were established according ICD 10 criteria using standard tools (CARS, BSE). Children were grouped into 3 categories: infantile autism (IA), atypical autism (AA), and other pervasive developmental disorders (OPDD). Cognitive assessment leading to developmental quotient (DQ) was made with appropriate tests.

Four groups were established according to the associated medical factors: group I with known or probable genetic pathologies (mean DQ = 43), group II with morphological signs (mean DQ = 61), group III with neurosensory pathologies (mean DQ = 46), and group IV without associated pathologies (mean DQ = 61).

Results: Distribution of nosological categories in total population is: IA = 43%, AA = 16.3%, OPDD = 40.7%. In total population average DQ = 50 [15–131] and boy/girl sex ratio = 2.7/1.

In group I the main diagnosis was OPDD (43.5% of the children of the group), then IA (37%). In group II the main diagnosis was IA (48%) then OPDD (40%). In group III the main diagnosis was OPDD (71.5%). Finally, in group IV the dominant diagnosis is IA (63.9%).

Conclusions:
– 73.3% of children of total population have an associated pathology or identifiable morphological signs, which leads for systematic examinations.

- in the group without associated pathologies we found 63.9% of children with infantile autism (IA)
- the presence of morphological signs is not linked to a nosological category
- the 2 groups with morphological signs and without associated pathologies have the best intellectual level (DQ = 61). This result confirms the link between severity of associated medical factors and mental retardation.

N°218

Tranquilizer and Hypnotic Drug Use in French Children, Adolescents and Their Families. G. Michel, C. Chambaud-Peycher, D. Purper-Ouakil, C. Saurat, F. Perez-Diaz, P. Abensour, A. Bourillon, J. F. Allilaire, M. C. Mouren-Simeoni, M. F. Flament. Hôpital Robert-Debré and CNRS UMR 7593, Paris, France

Objective: The aims of the study were to assess lifetime frequency of tranquilizer and hypnotic drug use in children and adolescents, and to search for relationships between children drug consumption and family patterns regarding drug use.

Method: 640 subjects aged 6 to 16 years (group 1: 183 psychiatric outpatients, group 2: 177 pediatric outpatients, group 3: 113 children of psychiatric patients and group 4: 167 children of adults followed up in a medical center) and family members (mothers and fathers) were assessed for lifetime and current (past 4 weeks) tranquilizer/hypnotic drug consumption, and current analgesic and minor sedative/tonic over the counter (OTC) drug consumption.

Results: Lifetime frequencies of tranquilizer/hypnotic drug use for child in the four groups: 44% (group 1: psychiatric) vs 15% (group 2: pediatric) ($p = 0.0001$); 32% (group 3: children of psychiatric patients) vs 8% (group 4: children of adults followed up in a medical center) ($p = 0.0001$). Using multiple logistic regression (four groups combined), the factors most strongly associated with child's tranquilizer/hypnotic drug consumption were: consultation in psychiatric center (child: $OR = 4.515$, $p = 0.0001$ or mother: $OR = 2.051$, $p = 0.02$), length of children recent OTC drug consumption ($OR = 3.850$, $p = 0.012$), mother's lifetime tranquilizer/hypnotic drug consumption ($OR = 2.315$, $p = 0.02$).

Conclusions: Tranquilizer/hypnotic drug use in children and adolescents is strongly linked to their mothers' own consumption of the same type of drugs, and over the counter (OTC) consumption of minor sedative/tonic drugs.

N°220

Autisme et troubles apparentes: rôle des facteurs ante et périnataux à partir de l'étude de 133 enfants. M. Wissocq, C. Bodier, D. Damie, S. Viaux, J. Malvy, P. Lenoir, Service de pédopsychiatrie, Chru Tours, France

Objectifs: Etude de la fréquence des antécédents ante et périnataux rencontrés dans la pathologie autistique et du profil des enfants autistes présentant des antécédents ante et périnataux.

Méthodes: Population de 133 enfants d'un âge médian de 7 ans et 4 mois, portant le diagnostic d'Autisme Infantile, Autisme Atypique, et TED sans précision.

Données pédopsychiatriques et néonatales obtenues à partir d'entretiens avec les parents, dossiers cliniques, compte-rendus pédiatriques et carnet de santé.

Quatre groupes de facteurs: Préma-Dysmaturité, Autres Hospitalisés, Non Hospitalisés, Pas de Facteur et un groupe en population générale.

Résultats: 76% des enfants étudiés ont un antécédent ante ou périnatal.

Les facteurs significativement retrouvés dans l'étude sont: l'hospitalisation néonatale, l'ictère, la prématurité, l'hypotrophie, une pathologie amnioplacentaire.

L'intensité autistique est significativement plus élevée dans les trois groupes de facteurs réunis que dans les groupes «Non Hospitalisés» et «Pas de facteur».

Le profil autistique est significativement plus «En Retrait» pour

les enfants «Préma-Dysmaturité» et «Actif-Bizarre» que pour les enfants «Autres Hospitalisés» et «Sans Facteur».

Conclusion: Cette étude montre que les enfants autistes étudiés ont des antécédents ante ou périnataux. La présence de facteurs ante et périnatal influence l'intensité et le profil comportemental autistique.

N°225

Preliminary results on weight gain in the Dutch KCRN multicenter study of Risperidone in autism spectrum disorders. P. W. Troost¹, B. E. Lahuis², S. Hein¹, A. Mosman², E. J. Mulder¹, C. E. J. Ketelaars¹, J. K. Buitelaar², H. van Engeland², L. Scahill³, R. B. Minderaal

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Objective: To evaluate weight gain and associated clinical risk factors in children and adolescents with autism spectrum disorders, receiving risperidone for severe disruptive behavior problems.

Method: The ongoing Korczak Clinical Research Network (KCRN) open label study is conducted in two Dutch sites. Efficacy, weight and body mass index (BMI) of children and adolescents ($n = 33$, 30 boys and 3 girls) with autism spectrum disorders, treated with risperidone (0.5–3.5 mg/day) are prospectively monitored for 8 weeks. Diagnosis is established by DSM-IV TR criteria and the Autism Diagnostic Interview-Revised. Efficacy is evaluated by using the Clinical Global Impressions-Improvement scale (CGI-I). Various clinical risk factors are tested for association with weight gain: age, baseline BMI, severity of illness, dosage and response to treatment.

Results: Of the 33 children enrolled in the study so far, 79,1% show much to very much improvement; on the CGI-I after 8 weeks. Significant weight gain is recorded in all children at 8 weeks (mean 2.6 ± 1.5 kg); 17 out of 33 (51.5%) show extreme weight gain (higher than 7%). Weight gain is not positively correlated with age, baseline BMI, baseline CGI severity, dosage, and CGI improvement.

Conclusion: Risperidone is effective for the treatment of severe behavior problems in children and adolescents with autism spectrum disorders, but strongly associated with extreme weight gain. This is comparable with other clinical populations in this age group, but much higher than reported in adults. In this study, no clinical risk factors are identified for the occurrence of this major side effect.

N°231

Anger control training for adolescents with Tourette's syndrome. D. G. Sukhodolsky, L. Scahill, D. Findley, L. A. Vitulano, D. Carroll, and J. F. Leckman, Yale University, Child Study Center, New Haven, USA

Background: Tourette's syndrome (TS) is a neuropsychiatric disorder characterized by motor and phonic tics that vary in number, anatomic location, frequency, intensity, and complexity over time.

Fifty to 90% of clinically referred children and adolescents with TS also have disruptive behaviour disorders, aggressive behavior, and anger outbursts. Historically, research and treatment efforts in TS have focused on reducing tic frequency and severity. However, disruptive behavior is often a source of greater impairment than tics (Sukhodolsky et al., 2003). Despite the increasing appreciation for these problems, there has been little effort to apply well-established cognitive-behavioral interventions for disruptive behavior disorders in the TS population.

Objective and methods: To evaluate the efficacy of a 10-session, cognitive-behavioral, anger-control training (ACT) for adolescents with TS and comorbid disruptive behavior. ACT is compared to treatment-as-usual in a randomized clinical trial. The purpose of ACT is to improve disruptive behavior in adolescents with TS by enhancing affect regulation and social problem-solving skills. The

treatment is based on anger-control training (Feindler, 1986) which has been empirically supported for reducing aggressive behavior and improving social functioning in aggressive youth.

Results: 15 subjects have been enrolled in the study (1 girl and 14 boys, Mean age = 12.9, SD = 1.04). Of these, 12 have completed the study and 3 are receiving ACT and/or the follow up evaluation. The 6 subjects randomized to ACT demonstrated an average of 50% reduction in the severity of disruptive behavior ratings conducted by the blinded clinician. By contrast, 7 subjects in the comparison condition showed only 8% reduction.

Conclusions: ACT appears helpful for reducing disruptive behavior in adolescents with TS.

N°245

Imitative interaction as intervention for children with autism. M. Heimann, University of Bergen, Norway; K. E. Laberg, B. Nordoen, Eikelund Resource Centre, Norway

Objectives: The purpose of this study was to investigate the hypothesis that an intervention based on intense imitative feedback will increase the prevalence of social behaviour among non verbal children with autism.

Methods: Twenty children with autism (mean chronological age: 77 months; mean mental age: 25 months) were randomly assigned to one of two intervention strategies: imitation or contingent response. Both groups were presented with a 24 minutes long modified version of the "still face" paradigm (still face/intervention/still face/spontaneous play; Nadel et al., 2000). The procedure was videotaped and subsequently coded with the Noldus Observer System (Global categories: Proximity, Look, Social Gesture and Sounds). In addition, elicited imitation was measured with the Psycho-Educational Profile - Revised (PEP-R) both before and after the intervention.

Results: The analysis showed a significantly higher duration of overall social behaviours (e.g. look, positive gestures and touch) across categories in the imitation condition compared with the contingency condition. In addition, eight of the ten children in the imitation group also increased their scores on the PEP-R as compared with only two children in the contingent response group ($p < 0.05$; Fisher Exact Test).

Conclusion: The result suggests that repeated sessions of imitation may be an effective intervention with young non-verbal children with autism. However, clear guidelines as how to incorporate this strategy in the psycho-educational work with children with autism needs to be established.

N°252

Season of birth in autism. M. Akcakin Ph. D., G. Erden Ph. D., *Ankara University, School of Medicine, Department of Child Psychiatry, The Research, Diagnostic and Treatment Center for Autistic Children, Dikimevi, Ankara-Turkey. Ankara University, Faculty of Letters, Psychology Department, Sihhiye, Ankara-Turkey

Objective: Numerous studies suggest that seasonal birth plays a pathogenic role in the development of mental disorders. Variations of season of birth among autistic individuals were studied and seasonal variations in births of autistic individuals have been reported by earlier studies. The aim of this study was to examine the children with autism, autism + mental retardation and mental retardation in an attempt to identify patterns of birth dates that deviated from expected frequencies by month or season.

Methods: The sample was obtained from Ankara University, School of Medicine, Department of Child Psychiatry & The Research, Diagnostic and Treatment Center For Autistic Children. The autistic (N = 156) group, autistic + mentally retarded (N = 246) group and the mentally retarded (N = 180) group were diagnosed according to DSM IV criteria. The Chi-Square technique was used for statistical analyses.

Results: According to preliminary results, the seasonal effects

were observed for autistic group. There was an excess of January birth in the group of children with autism.

Conclusions: This study having three comparison groups was shown different results from the earlier studies. The possible reasons for this finding are discussed.

N°253

Autism and 22Q13 deletion syndrome: a case report. A. Gras-Vincendon, L. Croce°, M. J. Gregoire°, P. Bounaix°, P. Jonveaux°, C. Bursztejn°

° Service Psychothérapique pour Enfants et Adolescents, Hôpitaux Universitaires de Strasbourg; °°: Laboratoire de génétique, Centre Hospitalier Universitaire de Nancy

Autism is a developmental disorder defined by early signs of impairments in socialization and communication, and the presence of repetitive behaviors. It includes a wide range of severity and intellectual ability, from severely impaired to high functioning. Recent studies suggest the implication of genetic factors, and in several cases chromosomal abnormalities have been reported.

We describe a child in whom a regression of his psychomotor and language development, associated with hypotonia started at the age of 2. At age 5 years-10 months, a new psychiatric evaluation was undertaken. Severe mental retardation was evidenced; the patient met the DSM IV criteria for autistic disorder, all the scores of the A. D. I. were above the thresholds for this diagnosis, and the C. A. R. S. scored in the severe autistic range (score of 43). However these highly pathological scores were mainly due to lack of social responsiveness rather than qualitative alterations of interactions and communication. Because of unusual features (major hypotonia, very low manual skills), a new genetic examination was performed, despite previous negative results: a 22q13 microdeletion was evidenced.

Previously reported cases of 22q13 microdeletion shared global developmental delay, generalized hypotonia, absent or severely delayed speech, and normal to advanced growth but autism was rarely specifically reported.

In conclusion, it appears useful to consider 22q13 microdeletion as a possible etiology in cases of autistic disorder with mental retardation. However the specificity of the association of this genetic abnormality with autism has to be evaluated.

N°263

Le conflit parental et la régulation de l'exercice de l'autorité parentale. De la perspective juridique à l'intervention psychologique. M. C. Tabora Simões, Université de Coimbra, Portugal

Dans le présent travail, le conflit parental en couples ayant un litige dans le procès de régulation de l'exercice de l'autorité parentale est l'objet d'étude.

Après quelques considérations théoriques, on a procédé à l'analyse d'un ensemble de données recueillies à partir de situations de rupture familiale signalées par le recours des progéniteurs au tribunal comme un moyen de surmonter les divergences qui s'installent dans leur relation en ce qui concerne la vie future des enfants. Les résultats obtenus soutiennent l'idée que le conflit parental contient une dimension émotionnelle qui échappe à l'étendue du juridique. Ils indiquent, ainsi, la nécessité d'une redéfinition de l'activité des psychologues auprès des tribunaux de famille, où il est, sans doute, justifiable une structuration des services d'intervention psychologique capables d'entretenir un accord parental authentique visant sauvegarder davantage l'intérêt du mineur.

N°267

Coping in children of somatically ill parents. M. Haagen, M. Pott, R. Saha, B. Paschen, G. Romer, Department of Child and Adolescent Psychiatry and Psychotherapy, University Hospital Hamburg-Eppendorf, Hamburg, Germany

A severe somatical illness of a parent represents a stressor for the children. Coping is regarded as a central mediating factor between this stressor and the children's health outcomes. In this study, coping of children with somatically ill parents is investigated on three different levels as well as related to too different health measures.

Objective: A parent's severe somatical illness represents a stressor for the children and can lead them at risk for developing mental health problems. Coping is regarded as a central mediating factor between the stressor and the child's mental health. In this study, children's coping is being examined on three different levels and linked to health outcomes. It is of special interest whether or not different coping measures (i. e. individual coping strategies, individual coping styles and family coping styles) reflect discriminative parts of the children's coping.

Methods: In a European funded research project, "Children Of Somatically Ill Parents (COSIP)", we have examined children and adolescents up from the age of 11 (n = 30). The following data were collected for each child: coping strategies (KIDCOPE), coping styles (SCSI) and family's coping styles (F-COPES) as well as mental health status (CBCL) and health related quality of life (KINDL). Coping measures were correlated with each other and with each of the health outcome measures.

Results: The correlations between the different coping instruments representing different levels of coping are described. Furthermore, their contribution to predict children's health outcomes and health related quality of life are depicted.

Conclusions: When exploring the coping of children of somatically ill parents, it is important to differentiate between different coping levels. The consideration of different coping measures is assumed to ameliorate the prediction of health outcomes. The respective explanatory power and value of different instruments measuring coping in children and families are discussed in a comparative approach.

N°268

Seizures and abnormal EEG in children and adolescents with Tourette syndrome. R. Rizzo, D. Cocuzza, F. Fogliani, M. Gulisano, D. Mazzone, University of Catania, Italy

Introduction: The concepts surrounding Tourette syndrome (TS) are also becoming increasingly complex. TS is now recognized to be associated with a wide variety of behaviours, psychopathologies and comorbid disorders.

Subjects and methods: The authors report on a series of 81 consecutive young patients affected by Tourette with the aim to evaluate their experience regarding the prevalence of seizures and or epileptic/seizures and EEG abnormalities.

The sample concerns 63 males (78%) and 18 females (22%) from 3 to 16 years.

Diagnosis has been given according to diagnostic criteria of Tourette's syndrome classification international group. The patients were submitted to the standard clinical and laboratory exams including EEG, ECG, and when indicated MRI and TC scan.

Results: On our series of 81 Tourette young patients 6 (group A) suffered from seizures (7.5%) in 5 the crises were recurrent and in one occasional. Three patients (4%) (group B) had abnormal EEG. Finally 2 patients (group C) had febrile seizures. On cerebral MRI patients of group A showed: dilation of the temporal horns in 3 cases, enlarged lateral ventricles in two and fronto-parietal hypodensity due to ischemia in one case. According to this series, in TS patients abnormal EEG is within normal expectations for the age. On the contrary the risk of epilepsy is higher compared to the general population but it does not seem correlated to TS itself but rather with coexistent neurological disorders.

N°273

Anxiety and temperament in childhood and adolescent headache. L. Mazzone, R. Rizzo, P. Pavone, D. Mugno, D. Mazzone, University of Catania, Italy

Introduction: The Authors evaluate anxiety and depression in a population of paediatric and adolescent patients correlating temperamental features with headache.

Subjects and methods: 103 subjects (53 males and 50 females) aged between 6 and 15 years. On the basis of the classification criteria proposed by the International Headache Society (IHS) the sample was subdivided into three groups: A) migraine with aura, B) migraine without aura, C) tension-type headache and compared with 50 controls. Anxiety, depression and temperament were assessed with Multidimensional Anxiety Scale for Children (MASC), Children's Depression Inventory (CDI) and EAS questionnaire.

Results: In our experience depressive and anxiety traits tend to be more prevalent in tension-type headache and migraine without aura sufferers than in the migraine with aura. Subjects with anxiety and anxiety-depression traits also showed higher scores on emotion and shyness than normal subjects.

N°275

Comparison of efficacy and tolerability of Risperidone and Haloperidol in children and adolescents with autistic disorder: a double-blind, comparator, prospective trial. S. Miral, Ö. Bozabal, F. N. Inal Emiroglu, B. Baykara, A. Baykara, E. Dirik, Dokuz Eylul University, Faculty of Medicine, Dept. of Child Psychiatry, Dept. of Child Neurology, Izmir, Turkey

Objective: The corroborating data to the recent RUPP study would add rigor to the data already existing. The aim of the study was to investigate safety and efficacy of Risperidone in comparison with Haloperidol in the treatment of autistic disorder.

Method: This study was designed as a double blind, comparator, prospective study, for a 12 week period. 32 subjects were included with autistic disorder based on DSM IV criteria. Dosage of Risperidone was 0.08 mg/kg/day and Haloperidol was 0.06 mg/kg/day.

Results: Risperidone and Haloperidol caused a significant improvement in Aberrant Behavior Checklist scores from baseline 54.9 and 28.2 respectively and Risperidone was superior to Haloperidol ($p < 0.006$).

Improvement in Turgay DSM-IV scores from baseline with Risperidone was 38.0 and with Haloperidol was 18.6. Risperidone was found to be superior to Haloperidol ($p < 0.006$).

Risperidone demonstrated significant improvement in RF-RLRS sensory motor scores from base line as 0.54 ($p < 0.003$) while change from baseline in Haloperidol group was 0.19.

RF-RLRS Language scores (0.48) were improved markedly in Risperidone group ($p < 0.004$). 85% of Risperidone group and 60% of Haloperidol group showed severe and moderate improvement according to the CGI Rating Scale. No difference in ESRs scores for both groups when compared with baseline scores. No serious adverse events were observed.

Conclusions: Risperidone treatment in Autistic disorders is superior to Haloperidol in improving behavioral symptoms, impulsivity, cognitive functions, language skills and social relations. Both treatments were well tolerated. This study supports the efficacy and safety of Risperidone.

Key words

autistic disorder – antipsychotic – treatment – risperidone

N°276

Anxiety, depression and antisocial behaviour in children and adolescents: data from a longitudinal study. A. C. Fonseca, University of Coimbra, Portugal

This study examines the relationship between anxiety, depression and self-reported antisocial behaviour. Data were collected from a

large random sample of boys and girls who attended several primary and secondary public schools in a municipality of Coimbra, in the centre of Portugal.

Each participant completed a questionnaire of anxiety, a scale of depression and a self-reported antisocial behaviour questionnaire. Additional information was also gathered from parents and teachers and the schools regarding emotional, behavioural and academic problems of this sample. All instruments were previously adapted and standardized to Portuguese population.

The results revealed moderate and positive (but statistically significant) relationship between these three constructs. This relationship was particularly strong in the girls subgroup and tended to increase with age. However, the predictive power of anxiety and depression on subsequent antisocial behaviour was very modest. From these findings several implications can be drawn for future studies on the origins, nature and treatment of antisocial behaviour in the community.

N°278

Efficacy and safety of Risperidone in the treatment of children with pervasive developmental disorders (PDD): a randomized, double-blind, placebo controlled trial. S. E. Shea, H. Orlik, I. M. Smith, A. Turgay, S. Jones, and F. Dunbar, IWK Health Centre, 5850 University Avenue, Halifax, Nova Scotia, Canada, B3J 3G9

Objective: This trial was designed to assess the efficacy and safety of risperidone in the treatment of behavioural symptoms in children with PDD.

Methods: During this 8-week, randomised, double-blind, multi-centre trial, 80 children aged 5 to 12 years with PDD received oral risperidone (0.01/0.06 mg/kg/day) or placebo. Behavioural symptoms were measured using validated assessment scales.

Results: At endpoint, patients receiving risperidone (mean dose 0.04 mg/kg/day) showed a significantly greater decrease from baseline on the Aberrant Behaviour Checklist (ABC) irritability subscale compared with placebo recipients (12.1 vs. 6.7, $p < 0.001$, primary outcome). Additionally, significant improvements were recorded on all other ABC subscales. Significant differences favouring risperidone were observed on the conduct-problem subscale of the Nisonger Child Behaviour Rating Form (0.01). Differences on other subscales showed a similar trend, but were not statistically significant. Decreases on the most troublesome symptom visual analogue scale were significantly greater in the risperidone group (38.4 vs. 26.8, 0.05). Improvements on the Clinical Global Impression scale were observed in 85% of risperidone and 42% of placebo recipients (0.01).

Risperidone was well tolerated. Somnolence (72.5%) was the most frequently observed adverse event, but seems to be manageable with dose and dose schedule modification. There were no significant differences in mean total score on the Extrapyramidal Symptom Rating Scale at any timepoint between groups. Body-weight increased significantly more in risperidone recipients (2.7 vs. 1.0 kg, $p < 0.01$).

Conclusions: Risperidone significantly improves behavioural symptoms of PDD (primary and secondary outcomes) and is well tolerated by children.

N°281

Organizing and intervention program in a small Greek community which lost 21 students in a traffic accident. A Roussos MD, D. Mastrogiannakou MD, S. Karagianni MD, M. Kakaki MD, A. Stathopoulos MD, Attiki Child Psychiatry Hospital, Athens, Greece

Organizing and conducting a multi-staged intervention program in a small Greek community which lost 21 students in a school-bus accident: crisis intervention, assessment of the psychological sequel of the trauma, psychotherapeutic interventions and re-assessment.

Objective: To organize a multi-staged intervention program in order to assess the psychological sequelae of the trauma and to support psychologically students, parents and teachers of a small town

in Northern Greece, in which a very serious school-bus accident took place in April of 2003. In this accident, 21 15-year old students were killed and 25 students were injured.

Methods: 1st stage of the intervention program: crisis intervention 2 months after the accident, which will include group supportive sessions with students (survivors and schoolmates of the victim), group sessions with parents/teachers and individual supportive sessions whenever needed.

2nd stage: assessing and evaluating PTSD symptoms, depressive reactions and the overall functioning of the survivors and the schoolmates of the victim, 2 and 5 months after the accident. For this purpose, 4 instruments will be administered: a Traumatic Experience Exposure Questionnaire, the UCLA PTSD Reaction Index, the Depression Self-Rating Scale and the Youth Self-Report.

3rd stage: psychotherapeutic intervention (school, family, group, individual).

4th stage: evaluation of the intervention program.

5th stage: re-assessment of the same population after 2 years

Results-Conclusions: The results will be announced. This study demonstrates the necessity of planning for intervention strategies and providing mental health services to reduce symptom severity and chronicity after a serious traumatic experience. Early clinical intervention is recommended to prevent chronic post-traumatic reactions and secondary depression.

N°284

Risperidone in the treatment of children with autism and behavioural problems. E. Barlou MD, C. Francis MD, C. Kampakos MD, A. Stathopoulos MD, Mastrogiannakou MD, A. Roussos MD, Attiki Child Psychiatry Hospital, Athens, Greece

A 6-months open trial with risperidone followed by an 8-week randomized, double-blind, placebo-controlled discontinuation phase was conducted for children 5 to 17 years old with autistic disorder, accompanied by severe tantrums, aggression, or self-injurious behavior.

Risperidone has potent effects on 5-HT and DA neuronal systems, both of which have been implicated in the pathophysiology of autism. Unlike the typical antipsychotics, risperidone appears to produce a lower risk of acute and chronic extrapyramidal side effects. Clinical evidence supports the use of risperidone to treat aggression and irritability, target of pharmacotherapy for many patients with autism. However, data on the safety and efficacy of atypical antipsychotic agents in children are limited.

Methods: We conducted an 8-week open trial with risperidone, the responders of which entered in a four-month extension study followed by a two month, randomized, double-blind, placebo-controlled discontinuation phase. Our sample comprised subjects 5 to 17 years old with autistic disorder accompanied by severe tantrums, aggression, or self-injurious behavior. The primary outcome measures were the score on the Irritability subscale of the Aberrant Behavior Checklist and the rating on the Clinical Global Impressions - Improvement (CGI-I) scale.

Results: Till now a total of 10 children were enrolled in the study. 2 subjects were withdrawn because of weight gain, 2 have completed the whole protocol and the rest are currently in the extension phase. Risperidone was found to be effective (dose range, 0.5 to 2.5 mg per day) in reduction of the Irritability score, and the benefit was maintained after six months. Apart from the weight gain other common side effects were increased appetite and fatigue.

Conclusions: Risperidone was effective and well tolerated for the treatment of tantrums, aggression, or self-injurious behavior in children with autistic disorder.

N°286

3-year follow-up of post traumatic stress disorder and depression in adolescents from Ano Liosia Greece, a community affected by earthquake. A Roussos MD, A. Stathopoulos MD, D. Mastrogianakou MD, E. Barlou MD, T. Korpa, M. Kakaki, Attiki Child Psychiatry Hospital, Athens, Greece

Aim: To follow up the long term outcome of depressive and PTSD symptoms in an adolescent population affected by earthquake 3 years after the first evaluation.

Sample: The adolescents came from Ano Liosia, Greece, an area severely damaged by earthquake in 1999. The sample included the total adolescent population in Ano Liosia. Data were collected in 1257 adolescents. Out of the initial sample of 1138 adolescents it was possible to follow up 511 adolescents aged 12–18 years old of both sexes.

Methods: the following questionnaires were administered in the classrooms to all adolescents attending school on the day of the research: Post Traumatic Stress Reaction Index (PTSD-RI), depressive Self Rating Scale (DSRS), Achenbach Youth Self Report (YSR) and the Adverse Living Conditions Questionnaire (ALCQ). The results were cross-examined with the answers of the same population immediately after the earthquake. The questionnaires of adolescents evaluated for the first time, three years after the earthquake, were analyzed separately. We are reporting on the follow up results only.

Results: Both the depressive and the PTSD symptoms were significantly higher in girls than in boys. The depressive symptoms did not decrease significantly at follow up. The overall PTSD symptoms did not significantly decrease at follow up. However the severe cases of PTSD (scoring above 37 at the PTSD-RI) did not show significant decrease in their symptoms. The YSR profiles showed significant deterioration.

The above results indicate that untreated depressive and severe PTSD symptoms, after a natural disaster, do not show improvement. According to the literature intervention by mental health professionals is warranted in order to prevent the consequences in the psychological well being of adolescents.

N°287

TIC disorder in children and services provided. S. Lesinskiene, D. Valikonienė, V. Karaliene, Vilnius University, Vilnius, Lithuania

Objective: The aim of the investigation was to analyze the psychosocial aspects of children with tic disorder together with the opinion of their parents about the medical help provided.

Methods: Parents of children with tics diagnosed according to ICD-10 criteria were investigated in the outpatient mental health centers using the anonymous questionnaire developed by the authors. Control group consisted of parents rearing normally developing children without tics.

Results: Parents of 62 children with tics and 124 controls filled the questionnaire. The most frequent age onset of tics was 3–4 years, the motor tics dominated. Relationship between parents in families bringing up children with tics were more disturbed, they had more difficulties upbringing and controlling the child's behavior. Children with tics were more sensitive, irritable, having frequent mood changes. Tics influenced adaptation at school, secondary emotional reactions and difficulties with peers.

Conclusions: Parents tended to react inappropriately to the child's symptoms of tics and were lacking information about the disorder. Results revealed that the possibilities of the paediatric care to notice and observe tics and provide the necessary information, to send the child for specialized treatment are still used insufficiently.

N°293

Distorted representation of risk in maintaining Sanogene sexual behaviour explicite/implicite models. A. Blain, Université de Médecine et Pharmacie "Iuliu Hatieganu", Cluj-mpoca, Roumanie; F. Colar, Université "Babes-Bolyai" Cluj-Napoca, Roumanie

Objectives: We have started our investigation by assuming that cognition mediates behaviour. Relevant theories in health promotion include both general theories on behaviour decisions and specific theories on health-related behaviours. The decision of accomplishing or not a certain SB (Sanogene Behaviour) is guided by two types of expectancies: action out-come expectancies and self-efficiency expectations.

Methods: We advance several methods on behavioural intentions, as main determinants of a certain behaviour.

Behaviour intentions come out of a cognitive parallel processing; on one hand, personal attitudes regarding SB are involved and, on the other hand, relevant social norms. Attitudes are defined as product of beliefs regarding the probability of a certain behaviour consequences and their evaluation. Norms comprise two aspects: the first is the perception of the extent to which significant persons (friends, relatives or other persons whose opinions are important to the subject) approve/want the engagement/non-engagement in SB ("does my sexual partner think that we should use a condom?"). the latter refers to the subject's motivation of responding favorably to these expectancies ("I really want to do what my friends/partner think I should!")(Abraham & Sheeran, 1997).

Results Individuals act according to their intentions and the perceived behaviour control, whereas intentions are influenced by personal attitudes regarding behaviour, norms and perceived behaviour control (Ajzen, 2001).

Conclusions: Repetition and direct experience consolidate attitudes making them more easily accessible from memory and, therefore, they are more likely to be automatically (unconsciously) activated by relevant contextual indices (Fazio, 1990, apud Abraham & al. 1998). The activation of cognitive representation of a certain situation and of its mental characteristics may lead directly to action, as conscious control is not necessary (Bargh, 1997; Macrae, 1998, apud Macrae & Bodenhausen, 2000). But, automatic activation is mediated by exogene (contextual indices) and endogene (the subject's own objectives etc.) factors. (Macrae & Johnnton, 1998, apud Macrae & Bodenhausen, 2000). Therefore, cognitive mediation may follow different paths: automatically or intentionally, teleologically.

N°298

Le génogramme: un autre dessin de la famille. A. M. Garnier, Intersecteur de Pédopsychiatrie, Vincennes, France; F. Mosca, Intersecteur de Pédopsychiatrie, Cergy-Pontoise, France

A partir de notre pratique de pédo-psychiatre et de psychologue dans des centres médico-psychologiques pour enfants et adolescents, nous souhaitons décrire l'apport du génogramme en pratique courante.

Le génogramme est une représentation graphique codée de la famille, facile à expliquer à la famille et à réaliser avec elle. Elle est le support d'un récit collectif de l'histoire familiale dans ses diverses dimensions: relations affectives, transmissions de valeurs, modalités d'alliance et de séparation, contexte historique et sociologique...

C'est un outil qui a été systématisé par des thérapeutes familiaux d'orientation systémique et analytique.

Nous nous appuyons dans ce cadre essentiellement sur des concepts systémiques: loyauté, légitimité constructrice ou destructrice, frontières générationnelles, alliances, mythe familial, patient désigné, fonction du symptôme...

Le génogramme permet de situer l'enfant dans sa filiation, de lire ses symptômes à travers la dynamique familiale et de mettre en valeur les ressources dont la famille a fait preuve dans son histoire.

Ce travail enrichit la dynamique de la consultation et mobilise

souvent intensément parents et enfants, en leur permettant de se réapproprier leur histoire.

Nous illustrerons cette présentation par des exemples cliniques.

N°327

Developing an autism assessment clinic. K. Papanikolaou, S. Vgenopoulou, E. Paliokosta, S. Giannopoulou, D. Arvanitis, S. Anasontzi, V. Dre, L. Gatsou, V. Theodorou**, I. Tsiantis

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Though autism was supposed to be a low-prevalence disorder, recent data show that Pervasive Developmental Disorders (PDD) are far more common and complex than thought, suggesting the need for specialized diagnostic assessment settings.

The present study describes the development of an assessment service for PDD at the Athens University Child Psychiatric Department. The multidisciplinary team includes child psychiatrists, child psychologist, occupational therapist, speech therapist, neurologist and health visitor.

The assessment includes a semi-structured diagnostic interview, the Autism Diagnostic Interview-Revised (ADI-R), a semi-structured assessment of the child based on Autism Diagnostic Observation Schedule (ADOS), medical examination and investigations, psychological assessment, speech therapist assessment, occupational therapist assessment, the Vineland Adaptive Behavior Scales, discussion involving all members of the team and feedback to parents.

153 children suspected for autism have been admitted to our clinic since 1998. The boys to girls ratio was 1:4. 19.7% younger than 3 years old and 41% older than 5 years. One third of them had never been assessed in a child psychiatry service in the past. 38% of the children had phrase speech, 26% were saying words and 31% were non-verbal. Indications of neurological problems were found in 7% of the children. Based on both structured interviews and clinical impression, 63% of children were given the diagnosis of autism, 14% of PDD, while 6% of a language disorder. One of the assessed children was diagnosed as having Rett syndrome, two as disintegrative disorder, two as Asperger syndrome, one as mental retardation and one as psychosis.

Demand has increased over the years but the paucity of specialized educational settings and adequate services for supporting parents make us put in high priority the need to support the development of such centers in parallel with assessment services.

N°335

Autisme: recherche de corrélation phénotype/génotype: exemple d'application: chromosome 7 et troubles du langage. D. Cohen, service de psychopathologie Hôpital Robert Debré, Paris, France; C. Betancur, INSERM U513, Créteil, France; M. Leboyer, service de psychiatrie, Hôpital A. Chennevier, Créteil, France

Objectifs: Les études d'agrégation familiale et de jumeaux ont montré la participation prépondérante des facteurs génétiques dans l'étiologie de l'autisme. Les différents criblages du génome ont retrouvé des résultats convergents pour certaines régions, notamment les chromosomes 7q et 2q. Cependant, l'absence de mise en évidence de régions fortement liées à l'autisme suggère l'existence de loci multiples à effet mineur interagissant entre eux. Ces résultats soulignent l'importance d'une approche alternative basée sur le démantèlement du phénotype autisme pour augmenter les possibilités de détecter les gènes de susceptibilité.

L'objectif de ce projet de recherche est de déterminer si la région 7q21-q32 contient un gène impliqué dans les troubles du langage observés chez les patients autistes. Cette étude a été réalisée chez les familles recrutées dans le cadre d'une collaboration internationale, l'étude PARIS, coordonnée par le Prof. Marion Leboyer (Inserm U513) en France.

Méthodologie: Nous avons réalisé une cartographie fine de la ré-

gion 7q21-32 chez les familles ayant au moins deux enfants atteints; puis les analyses de liaison ont été réalisées chez des sous-groupes homogènes de patients ayant ou non un retard de développement du langage. Nous avons également étudié selon le même principe le chromosome 2q.

Résultats: L'analyse de liaison non paramétrique (GENE-HUNTER) n'a pas confirmé l'existence d'un locus de susceptibilité dans la région 7q pour les familles de l'étude PARIS (lod score maximum: 0.60) même après stratification des familles en fonction du phénotype langage. Dans le chromosome 2q, l'analyse du sous-groupe des familles ayant un retard d'apparition des phrases augment le lod score (de 0.24 à 1.14) autour du marqueur D2S2299. L'augmentation de scores dans l'échantillon restreint indique qu'il est génétiquement plus homogène est suggère que cette région du chromosome 2q pourrait contenir un locus de susceptibilité impliqué dans l'autisme et les troubles du langage.

Conclusion: Ces données soulignent la nécessité de démanteler les phénotypes dans le cadre des pathologies à traits complexes tels l'autisme, afin d'établir des liens entre des loci de susceptibilité et certains traits du syndrome.

N°342

Follow up of patients diagnosed with obsessive compulsive disorder in childhood and adolescence. A. Roussos MD, T. Kiriakidou MD, T. Korpa MD, S. Karagianni MD, E. Barlou MD, D. Mastrogiannakou MD, A. Stathopoulos MD, Attiki Child Psychiatry Hospital, Athens, Greece

The aim of the study was to assess the outcome of childhood and adolescence onset of OCD 1 to 14 years after the initial diagnosis. The severity of the disorder was measured with the use of Child Yale Brown Obsessive Compulsive Scale. The psychiatric assessment included comorbid disorders in the probands as well as the presence of OCD, OCS, OCPD, Anxiety Disorders, Depression and Tic Disorder in the families of origin.

The aim: of the study was to assess the outcome of childhood and adolescence onset of OCD 1 to 14 years after the initial diagnosis.

Sample: The sample was drawn from the OCD clinic of the D' Child Psychiatric Department of the Attiki Child Psychiatric Hospital. Out of 244 patients diagnosed since 1993 we were able to re-assess 115 Patients. Of those, 25 were children 8-12 years old, 65 adolescents 13-18 years and 25 young adults 19-25 years old. The young adults were included provided the onset of the disorder dated back to childhood or adolescence.

Method: The diagnosis of OCD was based on the psychiatric assessment using the DSM IV criteria. The severity of the disorder was measured with the use of Child Yale Brown Obsessive Compulsive Scale. The psychiatric assessment included comorbid disorders in the probands as well as the presence of OCD, OCS, OCPD, Anxiety Disorders, Depression and Tic Disorder in the families of origin.

The time range between initial assessment and follow up ranges from 14 to 1 years.

At follow up the patients and at least one parent (except for the young adults) were re-assessed using the same methodology.

The parameters examined as contributing to the outcome were age of onset, comorbidity, family history, length of pharmacotherapy, pharmacotherapy and combination of other therapies, no treatment.

Preliminary analysis shows no clear pattern of correlation among the above parameters. The analysis is still in progress.

N°348

Dépistage et évolution des troubles visuels dans les troubles envahissants du développement de type autistique. D. Damie, S. Arsène, M. Santallier, M. Wissocq, C. Bodier, S. Viaux, P. Lenoir, G. Couturier, J. Malvy, Service Universitaire de Pédiopsychiatrie (Pr. Sauvage), Service Universitaire d'Ophtalmologie (Pr. Pisella), CHU, TOURS, France

Objectifs: faire l'inventaire des troubles ophtalmologiques d'une population d'enfants autistes.

Méthodes: L'étude a inclus 30 enfants, âgés de 20 à 75 mois, ayant reçus le diagnostic d'autisme selon les critères diagnostiques du DSM IV. Ces enfants ont eu un bilan pédiopsychiatrique associé à une évaluation comportementale (ECA-R). Ils ont bénéficié d'un examen ophtalmologique complet comprenant pour certains une mesure de l'acuité visuelle à l'aide du test Bébé- Vision Tropicque.

Résultats: Douze enfants (40 %) avaient un strabisme (10 en convergence, 2 en divergence). Dix-sept enfants ont eu une mesure de l'acuité visuelle dont 12 par le test Bébé- Vision Tropicque. Pour la majorité d'entre-eux, l'acuité visuelle était insuffisante pour l'âge en binoculaire et en monoculaire. Quinze enfants (65 %) avaient une réfraction anormale (33 % d'astigmatismes et 47 % d'hypermétropies).

Conclusions: Cette étude confirme la forte prévalence des dysfonctionnements visuels chez l'enfant autiste. Ce travail préliminaire a permis d'élaborer un protocole de recherche, débuté en octobre 2003, concernant des enfants autistes âgés de 3 à 10 ans. Le recueil des données associe une double démarche: un bilan pédiopsychiatrique (évaluation diagnostique, cognitive et comportementale) et un bilan ophtalmologique (mesure de l'acuité visuelle, bilan orthoptique, mesure de la réfraction sous cycloplégie, un examen du segment antérieur oculaire et un fond d'œil). L'intérêt de cette étude est d'approcher la prévalence des troubles ophtalmologiques dans une population d'enfants présentant un trouble envahissant du développement. Elle présente également un intérêt thérapeutique par la détection et le traitement des troubles de la vision dès le plus jeune âge.

N°350

Pathologies génétiques associées à l'autisme: étude comparative de trois observations liées au chromosome 15. J. Malvy, D. Damie, S. Viaux, C. Bodier, S. Blesson, O. Rouvre, E. Derckel, P. Lenoir. Service Universitaire de Pédiopsychiatrie, Service Universitaire de Génétique, CHRU Tours

Les études portant sur l'autisme infantile permettent actuellement de décrire des associations fréquentes avec des pathologies génétiques. Les diagnostics génétiques de trois enfants autistes ont concerné le chromosome 15: syndrome d'Angelman, syndrome de Prader-Willi, délétion terminale du chromosome 15.

Objectifs: Etude descriptive du morphotype et du phénotype des trois cas cliniques ayant reçu trois diagnostics génétiques différents. Etude comparative et longitudinale à l'aide d'évaluations: comportementale (échelle ECA-R) et psychométrique (QD).

Résultats: Les aspects des morphotypes et phénotypes comportementaux sont présentés grâce à différentes photographies.

Les évaluations comportementales et psychométriques permettent de décrire des profils comportementaux particuliers pour chaque enfant.

Conclusion: Ces trois cas cliniques illustrent la nécessité d'une coopération étroite entre pédiopsychiatre et généticien pour le diagnostic génétique de pathologies associées à l'autisme.

Elles mettent l'accent sur le chromosome 15 et permettent de discuter des aspects étiopathogéniques.

N°360

Gender differences in preschoolers: externalizing/internalizing problems and social cognitions. M. Dorado, M. C. Jané, S. Ballespi, E. Domènech, Universitat Autònoma de Barcelona, Spain

Objective: The objective of this investigation is to explore the gender differences of the incipient problems in preschoolers.

Method: A sample of 150 preschoolers (3 to 6 years old) from three nurseries of Barcelona was used. Parents and teachers were administered the Spanish version of the Early Childhood Inventory - ECI - (Gadow & Sprafkin, 1996), a screening instrument for 13 psychiatric disorders based on DSM-IV. Children were assessed through a new pictorial instrument created specially for this research. This tool is based in the theory of social information process (Dodge & Crick, 1990) and assesses aggressive attributions and strategies.

Results: In general, both types of problems: internalizing and externalizing problems were found less severe in girls. The main differences were in the "conflict between equals" and "generalised anxiety" scales. It was observed that aggressive strategies were less used with age increasing, also attributional bias was less often as children grew older, but this decreasing effect was different between girls and boys. As boys showed a decreasing effect in both measures, girls only showed a decreasing effect in strategies, they kept high scores in attributional bias through four to six years old.

Conclusions: Girls show less difficulties in the early years of life compared to boys, but on reward of social cognitions, girls have more negative perceptions. It would be interesting to keep investigating why it seems that girls have better adaptative behaviours but also have more hostile cognitions in preschool ages and if this fact has any future implications.

N°361

Behavioral inhibition as a risk factor of somatization in preschoolers. S. Ballespi, M. C. Jané, M. Dorado, J. M. Aliaga, Domènech-Llebaria E., Garralda E, Universitat Autònoma de Barcelona, Spain

Introduction: It has been proved that the temperamental trait called behavioral inhibition (BI) is a risk factor of anxiety disorders (Muris et al., 2001; Oosterlaan, 1999). There is also a strong association between anxiety disorders and functional somatic complaints in children and adolescents (Campo et al. 1999; Garralda, 1996).

Objective: The aim of this paper is to analyse if behavioral inhibition predisposes to somatic symptoms in preschool age children.

Method: Data were collected from a sample of 697 preschoolers (3 to 6 years old) in a small town of 27068 inhabitants. Parents of 526 children (75 %) completed questionnaires about BI, child and parental psychopathology and socio-demographic information. Children with chronic physical disorder or with other psychical symptoms were excluded from the analysis leaving a sample of 476 children. Frequently complaining children (FCC) have been defined as those with four or more complaints over the last two weeks.

Results: FCC show significant higher levels of BI compared with non-complaining ones, but there was also a strong association between frequent somatic complaints, number of life events and high levels of mental distress in mothers and fathers.

Conclusions: We may conclude that there is an association between BI and functional somatic symptoms in preschool age children probably due to anxious tendency of the most inhibited ones. Very probably this relation is being mediated by other factors like parental mental distress, number of life events or socio-economic status.

N°377

EEG and MRI findings in children with pervasive developmental disorders. Ö. Öner, Ö. Özcan, Ö. Ünal, M. Akcakin, A. Aysev, G. Deda, Ankara University School of Medicine, Child Psychiatry and Child Neurology Departments, Autism Research, Diagnosis and Treatment Center, Ankara, Turkey

Objectives: To evaluate the electroencephalography (EEG) and magnetic resonance imaging (MRI) abnormalities seen in a group of patients with pervasive developmental disorders (PDD).

Method: Medical and psychiatric records of 146 children diagnosed as autism or other PDD via DSM-IV criteria (age: 2–15, mean = 6.5, sd = 2.9; 34 girls 23.3%, 122 boys 76.6%) were screened retrospectively. Patients were divided into four groups according to their IQ level (normal, mild, moderate and severe mental retardation).

Results: 21.2% of the cases had abnormal EEG recordings and 15.8% of the cases had MRI abnormalities. Patients with severe mental retardation had significantly higher risk of having abnormal EEG ($p = 0.003$), but not having abnormal MRI. Patients with abnormal EEG did not have increased risk of having abnormal MRI. The most frequent EEG and MRI abnormalities were active epileptic anomaly and cerebral atrophy/periventricular leukomalacia, respectively.

Conclusions: Consistent with previous studies, almost a fourth of the patients in this relatively large sample of children with pervasive developmental disorders had EEG and/or MRI abnormalities. Patients with severe mental retardation have significantly higher EEG problems.

N°385

Differential diagnosis of childhood insomnia. Fernandez V. E., Bauzano E.

Objective: To review the causes and differential diagnosis of childhood insomnia.

Methods: There are multifactorial causes involved in the aetiology of childhood insomnia. It is important to remember that because the parents are the providers of the history, it is usually their complaint, and not the child's, that must be evaluated. The complaint often refers to the effect that the child's symptoms are having on the parent's lives. A detailed history, with a sleep-wake evaluation chart and aspects about sleep hygiene; a physical and psychological evaluation and some appropriate laboratory evaluations including polysomnography if indicated, are necessary to evaluate the child.

Results: Insomnia is the lack of sleep at times when convention dictates that one should be asleep, related either to the inability to initiate sleep or to maintain sleep. Sleep in the paediatric population differs in many important ways from sleep in adults. Sleeplessness and insomnia in childhood should alert the clinician to a disorder affecting the maturation of the nervous system, since normal sleep development is an index of global brain function peculiar to each age.

Conclusions: Childhood insomnia is most frequently caused by environmental, behavioural and psychological factors. A correct diagnosis of its aetiology should differentiate insomnia from other sleep disorders that occur with a relative high frequency during childhood: parasomnias or motor disorders affecting waking and sleep.

N°386

Correlates and predictors of attachment in a population sample of young adolescents. A. M. Sund, Department of Neuroscience, Norwegian University of Science and Technology, NTNU, Trondheim, Norway; L. Wichstrøm, Department of Psychology, Norwegian University of Science and Technology, NTNU, Trondheim, Norway

Objective: Assess demographic correlates to and predictors of change in attachment scores to parents during one year among young adolescents.

Methods: Attachment to parents was assessed by The Inventory of Parent and Peer Attachment (IPPA) in a representative sample of 2465 adolescents (50.8% girls and 49.2% boys) with a mean age of 13.7 years ($SD = 0.58$) in the midst of Norway at Time 1 and Time 2, 1.1 year apart. Depressive symptoms, measured by the Mood and Feelings Questionnaire (MFQ), stressful events and demographic factors were assessed at T1. The response rate was 88.3% at T1 and 84.5% at T2.

Results: At T1 lower attachment scores (less secure) to parents were found among girls, among those adolescents who did not live with both parents or did not share their time equally between the parents (in case of divorce), and among those with lower SES and who were adopted. Lower attachment scores to parents among girls, but not among boys, were found among adolescents having one or both parents from East-Europe or the Third World compared to adolescents with parents with a Norwegian background.

The attachment scores to parents declined from T1 to T2 among both genders. Significant predictors for change in attachment scores were attachment scores to parents at T1 and levels of stressful events at T1.

Conclusion: Increased attention to the specific relationships between children and parents has been suggested. Early adolescence seems to be a vulnerable period for changes in attachment relationships to parents.

N°387

(Hidden) child abuse and neglect; advantages and disadvantages of different specialized care units. A. Bernardon, H. Eichberger, B. Mangold, M. Friedrich*, Child and Adolescent Psychiatry and Psychosomatic, University Hospital Innsbruck; * University clinic for Child and Adolescent Neuropsychiatry Vienna, Austria

Objective: This project compares cases of estimated or proved child abuse and neglect of children referred to two different clinical settings. On the one hand the University clinic for Paediatrics Innsbruck with the Department for Child and Adolescent Psychiatry and Psychosomatic and on the other the University clinic for Child and Adolescent Neuropsychiatry Vienna, with the forensic outpatient department. The aim of this project is also to reveal possible stigmatisation of concerned children and adolescents.

Method: Children referred during the period of one year to these specialized care units, between 8–16a are tested and examined with several ratings as the Child Behaviour Checklist (CBCL), Youth Self Report (YSR), Child Sexual Behaviour Inventory (CSBI) and a standardised stigmatisation questionnaire.

Results: First findings at the Department for Child and Adolescent Psychiatry and Psychosomatic Innsbruck divided in subgroups are: 32.5% suspected/proved physical abuse, 30% suspected/proved neglect, 22.5% suspected/proved sexual abuse and 15% not clearly part of the three main groups. (of 40 cases recorded). 29% of these children were referred to the clinic previously because of other symptoms or problems. Further data were not analysed at the time of submission.

Conclusions: Approximately one third of children with estimated or proved child abuse or neglect were referred to the clinic because of other symptoms or problems. This underscores the importance of different clinical settings with knowledge in child protection and the multiprofessional and scientific approach to this materia.

N°388

Effects of methylphenidate on cultured mesencephalic neurons. A. G. Ludolph¹, A. Storch², J. M. Fegert¹, J. Kirsch³
¹ Department of Child and Adolescent Psychiatry, University of Ulm Medical School, Germany; ² Department of Neurology, University of Ulm Medical School, Germany; ³ Department of Medical Cell Biology, University of Heidelberg, Germany

Objective: Psychostimulants, predominantly Methylphenidate (MPH), are the medication of choice for the treatment of the Attention Deficit Hyperactivity Disorder. MPH binds to the presynaptic

dopamine transporter (DAT) of dopaminergic neurons, thereby increasing the availability of dopamine for the postsynaptic neuron. Furthermore, it was postulated that MPH could induce an impairment in the dopaminergic system later on in life. Therefore, we investigated the short- and long-term effects of MPH in cultured dopaminergic neurons.

Methods: In primary cultures from rostral mesencephalic tegmentum from embryonic day 14 rat embryos we investigated MPH effects using the MTT assay. Immunocytochemistry was used to characterize mesencephalic neurons and for monitoring the subcellular localization of DAT in the presence and absence of MPH.

Results: We confirmed the presence of dopaminergic neurons and demonstrated synaptogenesis within one week in culture. In contrast to MDMA, neither short- nor long-term MPH treatment had any detectable effect on cell viability. DAT immunoreactivity was first detected at day 4 in vitro. Most intensive labelling was observed in intracellular vesicles. An accumulation at nerve terminals was not observed at this stage. The same distribution was found in neurons treated with increasing concentrations of MPH. However, the intensity of the intracellular immunoreactivity was increased depending on the MPH concentration and the treatment time.

Conclusions: MPH treatment elicits no short-term neurotoxic effect on cultured mesencephalic neurons. It is possible that MPH can affect the targeting and/or turnover of DAT terminals. Moreover, MPH could influence DAT expression at additional regulatory levels.

N°395

Autism spectrum disorders and epilepsy/epileptiform discharges in EGG. C. M. Freitag, Department of Child and Adolescent Psychiatry, University Hospital Cologne, Germany

Children and adolescents with autism spectrum disorder (ASD) show a higher rate of epilepsy and epileptiform discharges in the EEG than IQ matched non-autistic children.

We will present a review of the literature with respect to

1. the prevalence of epilepsies and epileptiform discharges in children and adolescents with ASD and associated risk factors
2. the association of autistic regression with epilepsy and/or epileptiform EEG.

We further report preliminary results of a study of the frequency of epilepsy and epileptiform EEG in a clinical sample of children and adolescents with idiopathic ASD.

We will discuss these findings with regard to the brain area of the epileptic discharges and its role in pathogenesis of autism and – as idiopathic autism and idiopathic epilepsies are genetically determined – with regard to possible common underlying or contiguous genes.

N°398

Mother's symptoms of anxiety and depression: different developmental risks for a child. I. Luoma, P. Kaukonen, T. Tamminen, Tampere University Hospital and University of Tampere, Finland

Objective: To examine whether maternal symptoms of anxiety and depression in a prospective setting predict differently child's behavioural/emotional symptoms in middle childhood.

Methods: Self-reported symptoms of anxiety and depression were screened among 147 Finnish first-time mothers during pregnancy, after delivery, at 2 months, at 6 months and at 8–9 years of child's age. The depression and anxiety subscales of the Edinburgh Postnatal Depression Scale (EPDS; Cox et al. 1987) were used according to Brouwers et al. (2001). The emotional/behavioural symptoms of the 8–9-year-old children were screened using the Child Behavior Checklist (CBCL; Achenbach 1991) and the Teacher's Report Form (TRF; Achenbach 1991). Children were categorized symptomatic if the Total problem score exceeded the cutoff ($T = 60$) in the CBCL and/or in the TRF.

Results: Maternal high scores in the anxiety subscale antenatally ($p = 0.048$) and concurrently ($p = 0.002$) had significant associa-

tions with child symptoms. High scores in the depression subscale at 2 months ($p = 0.033$) and concurrently ($p = 0.021$) were associated with child symptoms. In the logistic regression model the presence of child's emotional/behavioural problems was predicted only by high concurrent maternal anxiety level (OR 5.2, 95% CI 1.8–14.9).

Conclusions: Maternal symptoms of anxiety and depression are different risks for child development. Antenatal anxiety may have impact on child development in utero by physiological mechanisms, whereas postnatal depression probably affects child by affecting mother-child interaction. Concurrent maternal anxiety, however, was the strongest predictor of child's symptoms in this study.

N°400

The comparison of developmental levels of children in perinatal risk and nonrisk groups. N. Kocoglu Ma. Health Association of the City, Kocaeli, Turkey and M. Akcakin, Ph. D. Ankara University, School of Medicine, Department of Child Psychiatry, Dikimevi, Ankara, Turkey

Objective: The aim of this study was to determine the developmental differences among 4 groups of children who were born as full term, early delivery, vacuum extraction and perinatal asphyxia.

Methods: The sample consisted of 120 children born in The Children Hospital of Sanlı Urfa between January 1997 and July 1999. Groups were compromised according to different delivery process (full term, early delivery, vacuum extraction and perinatal asphyxia). The age range of groups were 10–33 months of age. There were 30 children in each group. Ankara Developmental Screening Inventory (ADSI) was used to assess the developmental level of the groups. One way analysis of covariance conducted on ADSI scores of general development, language and cognitive skills, fine and gross motor skills and social skills subscales.

Results: The results indicated that full term babies had significantly higher scores than the other 3 groups on all of the ADSI subscales. No significant differences were found between early delivery, vacuum extraction and perinatal asphyxia group of children.

Conclusion: The results showed that the early delivery, vacuum extraction and perinatal asphyxia were the risk factors for further development of children.

N°409

Organizational strategies and memory in children with obsessive-compulsive disorder. S. Andrés, L. Lázaro, T. Boget, G. Canalda, Hospital Clínic de Barcelona, Spain

Objective: The main aim is to assess different cognitive functions in children with obsessive-compulsive disorder (OCD).

Methods: A group of children with OCD ($n = 25$) were evaluated by the Rey-Osterrieth Complex Figure (RCFT) and neuropsychological tests assessing intelligence, verbal and nonverbal memory, attention and executive function. Patients were assessed by a depression inventory (CDI), an anxiety scale (STAIC) and an obsessive-compulsive symptomatology interview (YC-BOCS).

Results: An overall pattern of cognitive impairment was not observed in our sample. We found two groups in the organizational strategies used to copy the RCFT figure. Patients with a worse strategy recalled significantly less information on both immediate and delayed testing, with nonverbal and verbal information. Patients who had lost more information in immediate testing showed a significantly higher mark in YC-BOCS' compulsive subscale.

Conclusions: Children with diagnosed OCD demonstrated no overall cognitive impairment on the neuropsychological tests. A subgroup of children, with more compulsive symptoms organizes worse nonverbal information and they lose more information nonverbal and verbal in both immediate and delay recall. Worse performance in this function is related with severity of OCD.

N°415

Community based services for traumatised children in an urban setting in South Africa. K. Stellermann, U. Bawa, H. Adam, S. Hawkridge, Universities of Stellenbosch and the Western Cape, South Africa; University of Hamburg, Germany; Children for Tomorrow Foundation, Germany

While South Africa is no longer polarised by the political and institutionalised violence of the apartheid era, the years of democracy have, perhaps related to decades of injustice and social dislocation, been marked by spiralling rates of crime, in particular, violence against children. Against a background of increasing mortality rates from AIDS, many children in the Western Cape Province of South Africa are victims of severe social stressors, including violent physical and/or sexual assault, gunshot injuries, motor vehicle accidents, shanty town fires, witnessing violence against their parents and loss of their parents through illness or violence. Where they exist, specialist child and adolescent mental health services are often inaccessible to children who are severely socially disadvantaged, or they are fully extended in caring for those with major psychiatric disorders. The Children for Tomorrow Foundation (CTF), in conjunction with the Tygerberg Academic Hospital Child and Adolescent Psychiatry Unit, the Department of Psychiatry of the University of Stellenbosch and the Department of Psychology of the University of the Western Cape, runs community-based services in underprivileged areas accessible to the children most vulnerable to severe social stressors. This paper describes the clinical profile of children referred to the CTF services during 2001–2003, gives an overview of interventions applied and provides follow up evaluation on children referred to the service.

N°417

Attachment relevant experiences of boys with disruptive behaviour disorders. C. Eichhorn^{*1}, K. Tiedtke¹, T. Jacobsen², U. Ziegenhain¹, J. M. Fegert¹, ¹ Department of Child and Adolescent Psychiatry, University of Ulm, Germany; ² Department of Psychiatry, University of Illinois at Chicago

Objective: Pilot study on the relationship between disruptive behaviour disorders and attachment relevant experiences with respect to transgenerational transmission of attachment.

Method: 15 boys aged 8 to 12 years with diagnosis of conduct disorder (ICD-10: F91) or hyperactive conduct disorder (ICD-10: F90.1) and their mothers have been studied. Diagnosis is done with DISYPS according to DSM-IV/ICD-10 criteria. Attachment quality of boys is investigated with the Separation Anxiety Test and the Child Attachment Interview. In addition questionnaires are used to assess social support and self-esteem. Attachment representation of mothers is assessed with the Adult Attachment Interview. Moreover mothers are interviewed about attachment relevant experiences of their children. This clinical sample is compared with an already existing sample of 17 non-referred boys and their mothers, starting with the assessment of the strange situation in infancy and followed with the SAT at ages 6 and 10 as well as the AAI with mothers.

Results: Preliminary results on the relationship between disruptive behaviour disorders and attachment relevant experiences, especially early separations, are presented. In addition a case report of a nine year old boy with oppositional defiant disorder (F91.3) is discussed.

Conclusions: Besides a higher rate of insecurity in the boys of the clinical sample compared with the non-referred we expect a higher amount of children with indices of high insecurity in the clinical sample. Moreover a relation between indices of high insecurity and the amount and/or intensity of attachment relevant experiences is expected.

N°434

Prenatal maternal mental representations about the child and mother-infant interaction at three months of age. L. Thun-Hohenstein, C. Wienerroither, M. Schreuer, G. Seim, H. Wienerroither, Institute for Education and Research in Child & Adolescent Neuropsychiatry (KNIFFF) & Childrens Hospital; Salzburg; Austria

Objective: To study the predictive value of prenatal maternal mental representations about the child for mother infant interaction at three months after birth.

Probands: During pregnancy 109 mothers entered the study. Of these, 73 mothers agreed to take part in the interaction study at three months after birth.

Methods: At gestational age 38th week a questionnaire (Child Concept Questionnaire) for assessing maternal representations about the child was given to the mothers. Also, depression (Beck depression Inventory) and pregnancy risk (Pregnancy Optimality Score) were assessed. At three months mother and infant were invited to be videotaped during interaction. Interaction analysis was performed by the Munich Communication Diagnostic Scale, dividing the taping session into 4 periods: free-play, still face, reunion and object play. Statistical analysis included descriptive statistics, correlation, logistic regression and general linear model analysis with interactive behaviour as the dependent variable.

Results: Maternal interactive behaviour such as parenting competence was not predicted by prenatal representations about the child. Overall regulatory ability of the infant was predicted by a compound factor of the prenatal representations, referred to as the Concern-factor. Infant overall eye contact was predicted by maternal representations as was interaction readiness during the still face period. Significant co-variables were maternal age, education, parity and Pregnancy Optimality Score as well as neurologic optimality and age of the infant.

Conclusion: Prenatal maternal representations about the child predict only regulatory ability, but predict more infant interaction behaviour especially during the still face period. Parenting competence is better predicted by infant interactive behaviour.

N°445

A review of non-pharmacological treatment options for nursing mothers suffering from postpartum depression. Olza Ibone, Child Psychiatrist, Zaragoza, Spain

Objective: Depression is the most common maternal disease during the postpartum period (estimated prevalence ranges from 10 to 15%) and it can have a very detrimental effect on the attachment relationship and infant development. However it often is not diagnosed and therefore not treated. The treatment of depressed mothers who are nursing their infants poses several dilemmas for the primary care or mental health professionals. Depression can lead to weaning, which may worsen the depressive symptomatology. Professionals may even suggest weaning under psychopharmacological treatment due to the possible harmful effects of psychotropic drugs on the breastfed infant, which eliminates the well-known benefits for infant development (even though side effects are exceptionally rare since most antidepressants do not cross the serum-milk barrier). In other cases, the mother may resist taking medication even though she is experiencing severe mental distress.

Methods: we review the most recent findings and make some recommendations to treat depressed nursing mothers while avoiding psychotropic drugs.

Results: Recently, several studies have found therapeutical options that avoid or minimise the use of psychotropic drugs to treat postpartum depression. These include individual or couple psychotherapy, support and therapy groups, community interventions by nursing professionals and other treatments such as luminotherapy. We discuss those options thoroughly.

Conclusions: Psychotherapy has proven to be an effective treatment for postpartum depression in nursing mothers.

N°459

Autisme et migration: caractéristiques et spécificités d'une population d'enfants autistes et apparentés issus de l'immigration. S. Viaux, P. Lenoir, J. Malvy, M. Wissocq, C. Bodier, D. Damie, D. Sauvage, Service de Pédiopsychiatrie, CHRU de TOURS, France

Différentes études épidémiologiques notent une augmentation de la prévalence de l'autisme en général et de celle des enfants issus de l'immigration en particulier.

Objectifs: Etudier la composante migratoire parmi une population d'enfant autistes et apparentés issus de l'immigration. Problématique:

- Caractéristiques migratoires
- Profil clinique spécifique
- Parcours de soins particuliers

Méthodes: Étude descriptive semi-prospective d'une population de 24 enfants présentant un trouble autistique dont un des parents est migrant, recrutés entre 01/2001 et 04/2003 au Centre de Ressource Autisme (CRA) et à l'Hôpital de Jour (HDJ) du CHRU de Tours.

Données établies par un entretien semi-structuré et un bilan, comprenant:

- données migratoires,
 - profil clinique: diagnostic CIM 10, intensité du trouble (CARS), évaluation psychométrique (QD)
 - parcours de soins
- Résultats préliminaires (en cours):** [2-7 ans]; M/F: 3
HDJ = 17.4% migrants/CRA = 15.9%

Migration:

- 12% CEE/USA 39% Afrique 12% DOM
- parent migrant: père 37% mère 20%, nationalités mixtes: 67%
- bain bilingue: 83%

Clinique

- diagnostic: Autisme infantile (69.6%), Autisme Atypique (17.4%), TED sans précision (13%)
- Début des troubles: précoce progressif (78%)
- QDGM = 48
- CARSm = 36

Parcours de soins:

- Repéré entre 1 et 2 ans par les parents
- Début des soins: 3-4 ans
- Premiers soins: psychomotricité/HDJ

Conclusion: Population d'origine hétérogène présentant majoritairement un autisme typique.

Le bilinguisme comme facteur aggravant reste à définir.

Parcours de soins: mobilisation rapide des parents et des professionnels de santé.

Perspective: étude comparative/population non migrante.

N°465

Antecedents of non-organic failure to thrive in 0-1 year old children. A population-study. E. M. Olsen, A. M. Skovgaard, J. Petersen, B. Weile, T. Jørgensen, Department of Child & Adolescent Psychiatry And Research centre for Preventive Medicine and Health, Glostrup University Hospital, Copenhagen - Denmark

Objective: Non-Organic Failure to thrive (NOFTT) in infancy is associated with developmental, behavioural and emotional problems in later childhood. Whether these problems precede the onset of failure to thrive (FTT) or are consequences of it is still unclear. This epidemiological study investigates the incidence and predictors of FTT in a general population of children.

Methods: The study population constitutes 6090 children born in Copenhagen in the year 2000. Detailed and prospectively collected data concerning the physical and mental health and development of the children as well as information about nutrition, parent-child-relationship and various psychosocial risk factors are obtained from standardised records of the public health nurses. In Denmark families with infants are offered at least 3-4 home visits by a public health nurse during the first year of living and more than

90% of the cohort has been monitored this way. Demographic data and information about perinatal conditions and hospital diagnoses are obtained from validated National registers.

Longitudinal growth-curves are generated and associations between NOFTT and preceding factors are analysed, especially with regard to feeding problems, difficulties in parent-child-relationship, delayed motor development and signs of psychopathology in the infant.

Results: Preliminary results show that 5.6% of the children with Failure to Thrive have had early feeding problems compared to 11.3% of the total study population. Only 3.6% of the children with early feeding problems subsequently developed FTT. Difficulties in the mother-child relationship were recorded in 3.5% of the study population and 3.7% of children with FTT.

Conclusions: Most children with early feeding problems do not develop FTT and only a minority of children with FTT seems to have had early feeding problems or obvious difficulties in the mother-child relationship. Further analyses are needed to investigate possible symptoms of child psychiatric disorders in children with FTT and the influence of multiple risk factors in developing FTT.

N°468

Stabilité du diagnostic précoce de troubles envahissants du développement. R. Militerni, C. Fico, C. Falco, A. Frolli, Servizio di Neuropsichiatria Infantile, Seconda Università di Napoli, Italia

Objectifs: Le diagnostic de Troubles Envahissants du Développement (TED) formulé dans l'âge précoce peut donner des problèmes de «stabilité» pendant le temps. Pour cette raison, a été réalisée une étude pour évaluer l'évolution clinique de 96 sujets, auxquels avaient été diagnostiqué un TED à un âge près de 2 ans.

Méthodes: Au début, pour 69 se représente un Trouble Autistique (TA), alors que les autres 27 présentaient un Trouble Envahissant du Développement non Spécifié (TED-NS). Ces sujets ont été soumis un follow-up pendant une période de 6 ans.

Résultats: L'observation réalisée à l'âge de 8 ans a permis de remarquer que des 69 sujets avec un premier diagnostic de TA, 35 (50.7%) présentaient encore le même diagnostic; 6 sujets (8.7%) montraient un Syndrome de Asperger; 24 sujets (34.8%) présentaient un TED-NS; 4 sujets (5.8%) montraient un tableau neuropsychique NORMAL. Alors que des 27 sujets avec un premier diagnostic de TED-NS, 8 (29.6%) présentaient un diagnostic de TA; 9 sujets (33.3%) montraient un Syndrome de Asperger; 6 sujets (22.2%) présentaient un TED-NS; 4 sujets (14.8%) présentaient un tableau neuro-psychique NORMAL.

Conclusions: La variabilité relevée peut se rapporter aux phénomènes de développement du SNC, qui déterminent sensibles modifications dans l'expression des conduites caractéristiques du Trouble.

Pour cette raison, la formulation du diagnostic dans l'âge précoce ne peut pas représenter un point de arrivée pour un jugement définitif de catégorie, mais un point de départ pour un parcours à faire ensemble: opérateur - famille - enfant.

N°494

The child psychiatrist as case-manager in cases of severe school phobia. Dr. Küng Anne, Mag. Grubinger Petra, Pramstaller Günther, Mag. Wieser Elke; Dept. Child and Adolescent-Psychiatry, Universitätsklinik Innsbruck, Austria

School phobia is a very common diagnosis in the child and adolescent psychiatry that leads to the stay in a psychiatry. Treatment mostly starts in a stationary or partly stationary setting and is continued as an out-patient treatment. The accompanied re-entry into the school that follows a graduated plan turned out to be a successful strategy. To provide this, the close co-operation between the ward (doctors, psychologists, educators), ward-school, parents, youth welfare department and the regular school is an essential requirement.

The three described cases shall display this co-operation as well as the complexity of the diagnosis "school phobia".

The concept of the therapy we will present turned out to be efficient in breaking the persistence of the severe school phobic behaviour. Therefore it is necessary that the case leading psychiatrist doesn't see himself only as doctor in the common sense but also as "case manager" who's concerned with the networking of the partners of the helping system. Additionally he's responsible for the mutual understanding of these partners to avoid break-ups ahead of schedule.

We see the risk of enduring attendant symptoms, though, such as depressive mood, social isolation or compulsion.

The reasons for the question of our prospective study about the correlation between persistent attendant symptoms and social origin are the following:

- the parents (especially the mothers) showed similar characteristic treats as the patients (anxiety, depressive mood)
- strong influence of the relationship between the parents on that of mother and child/adolescent.

N°500

Prematurity, maternal stress and mother-child interactions. Muller-Nix C., Forcada-Guex M., Pierrehumbert B., Jaunin L., Nicole A., Ansermet F., University Hospital of Lausanne, SUPEA & Division de Néonatalogie, Switzerland.

Objective: Previous studies have shown that premature birth and the immaturity of the child can affect the quality of parent-child relationship. The present study examines the relationship between maternal and infant interactional behavior over time and infant perinatal risk factors as well as maternal perinatal recollected traumatic experience. Few studies have explored the relationship between maternal stress and the quality of parent-infant interaction.

Method: Mother-child interaction was recorded at 6 and 18 months of infant's age, in a population of 47 preterm infants (GA < 34 weeks) and 25 full-term infants, born in 1998, during a play interaction. According to the Care Index (Crittenden 1988), sensitivity, control, and unresponsiveness have been used to code maternal interactional characteristics, and cooperation, compliance-compulsiveness, difficulty and passivity have been used to code the infant's interactional characteristics. Level of maternal stress was evaluated with the Perinatal Posttraumatic Stress Disorder Questionnaire (PPQ, Quinell & Hynan, 1999), and the infant's perinatal risk factors were assessed with the Perinatal Risk Inventory (PERI, Scheiner & Sexton 1991).

Results: Mothers of high-risk infants, as well as mothers that had experienced traumatic stress in the perinatal period were significantly less sensitive and more controlling at 6 months. The interactional behavior of the preterm infant was different from that of the full-term infant only at 18 months of age, and correlated with maternal traumatic stress but not with perinatal risk factors.

Conclusion: Results underline the importance of maternal traumatic experience related to premature birth and its potential long lasting influence on mother-child interactional behavior.

N°505

Une naissance prématurée: un événement pour les parents et les frères et sœurs. J. Despars, F. Savary, C. Muller-Nix, F. Ansermet. Pédiopsychiatrie de Liaison, SUPEA, Lausanne, Suisse

Objectif: A partir du travail en pédiopsychiatrie de liaison en néonatalogie, nous nous sommes intéressés au vécu de la fratrie lors d'une naissance prématurée. Peu d'études sont consacrées au vécu des frères et sœurs dans ce genre de situation. L'objectif était de donner une place à la fratrie lorsque la parentalité est mise en crise.

Méthode: Une équipe de professionnels du service de Pédiopsychiatrie de Liaison et de la Division de Néonatalogie offre chaque semaine un moment d'accueil pour la fratrie et les parents afin de préparer les aînés à la première rencontre avec le bébé hospitalisé et pour un temps d'échange, suite à la visite en néonatalogie.

Résultats: Lors d'une naissance prématurée, les enfants plus âgés ont tendance à s'identifier à la détresse et à la dépression de leurs parents. Les plus jeunes semblent davantage souffrir du manque de disponibilité des parents et éprouvent des sentiments d'abandon. Ils tentent de gérer leur culpabilité et ambivalence par des mouvements agressifs et par une mise à distance du bébé. Le groupe s'avère également bénéfique pour les parents: contenant des émotions, soutien de nouvelles représentations du bébé.

Conclusion: La prématurité affecte toute la famille. Le groupe d'accueil révèle la dynamique familiale et permet aux parents, à travers le vécu des frères et sœurs, d'aborder, entre autres, leur ambivalence vis-à-vis le bébé hospitalisé. Ce groupe peut être apparemment à une scène sur laquelle il est possible de traiter certains aspects du traumatisme parental lié à la prématurité.

Objective: As child psychiatrist in Liaison in Neonatology, we got interested in what happens for siblings when there is a premature birth in the family. Only few studies are focused on this subject. The aim was to give some space for the brothers and sisters when the parents are suffering because of their premature infant's hospitalisation.

Method: A team of professionals of the Liaison Child Psychiatry Unit and of the Neonatal Intensive Care Unit are available, each week, to welcome the siblings and the parents. The aim of this meeting is to prepare the siblings for the first encounter with the hospitalised baby and for a discussion after the visit in the NICU.

Results: When there is a premature birth, the older brothers and sisters are often identifying themselves with the parental depression and distress. The younger brothers and sisters seem to suffer more from the lack of availability of their parents and suffer from abandonment feelings. They try to manage their guilt and ambivalence with aggressive reactions and a kind of coldness toward the baby. The group is also beneficial for the parents: emotional support and new representations of the premature baby.

Conclusion: The premature birth affects the whole family. The siblings' group is a mirror of family's functioning and allows parents, through the siblings' experience, to evoke, for example, their ambivalence toward the hospitalised baby. This group allows elaborating certain aspects of parental traumas linked to a premature birth.

N°509

Anxiety and depression in hyperkinetic conduct disorder. Dusan Backovic, M. D., Ph.D, Jelena A. Marinkovic, M. D., Institute of Hygiene and medical ecology, School of medicine, Belgrade University, Pasterova 2, 11000 Belgrade, Serbia and Montenegro, Tel/Fax. + 9111 3612762

Hyperkinetic conduct disorder (HKCD) is a separate category within hyperkinetic disorders (which contain characteristics of both hyperkinetic disorders and conduct disorders), according to X revision of International Classification of Diseases (WHO, 1993).

Aiming at better understanding of features of this diagnostic category, we have implemented the following standardized questionnaires: State and Trait Anxiety Inventory - STAI (Spielberger C. D., 1970), Children's Depression Inventory - CDI (Kovacs M., 1985) and Youth Self-Report and Profile - YSR (Achenbach T., 1991), to group of 9 adolescents diagnosed with HKCD (mean age 14.50 ± 1.27) and control group of their peers with no psychiatric diagnosis (mean age 14.85 ± 1.40).

There was no significant difference in STAI scores between these two groups. (32.67 ± 3.35 for group with HKCD vs 36.38 ± 8.19 in control group). Total CDI score was 10.22 ± 4.94 in group of adolescents with HKCD and it was not significantly different from control group (8.88 ± 5.32). Differences were also non significant in 5 empirically derived subscales of CDI (negative mood, interpersonal problems, ineffectiveness, anhedonia, negative self-esteem).

Analyses of YSR scores revealed non significantly lower scores in activity competence for group with HKCD (40.56 ± 7.14 vs 43.33 ± 8.83). All other subscales of YSR showed insignificant differences between studied groups. The only apparent feature that

distinguished adolescents with HKCD was significantly higher scores on subscale "attention problems" (59.44 ± 6.67 vs 55.04 ± 7.89 ; $p = 0.036$).

N°514

Low birthweight, behavioural problems and psychiatric disorders at eleven years of age. Elgen I., Sommerfelt K., Department of Pediatrics, University of Bergen, Norway

Background: To describe and compare behavioural problems and psychiatric disorders in low and normal birthweight school children.

Method: A population based cohort of 130 children weighing less than 2000 g at birth (LBW) who were without major handicap, and a random control sample of 131 children born at term weighing over 3000 g (NBW), were investigated at 11 years of age. Mothers completed the Children Behaviour Check List, the Yale Children's Inventory and the Asperger Syndrome Diagnostic Interview, and teachers completed the Teacher's Report Form. The first author utilising the Children Assessment Schedule (CAS) interviewed all children.

Results: Forty per cent of the LBW children compared to seven percent of NBW children had behavioural problems as defined by abnormal scores on more than four of 32 measures. Twenty seven percent of the LBW children compared to nine percent of the NBW children were diagnosed with a psychiatric disorder. The LBW children were more often inattentive, had social problems, low self-esteem. The most common psychiatric diagnosis was Attention Deficit Hyperactivity Disorder. The LBW children were not more sensitive to the negative impact of parental risk factors than NBW children. None of the pre-, and perinatal variables in the low birthweight (LBW) group were statistically significant predictors of the behavioural outcomes or psychiatric disorders.

Conclusion: Low birthweight significantly increases the risk of behavioural problems and psychiatric disorders.

N°520

Prématurité et psychopathologie. C. Esporin, F. Bastida, G. Perkal, Hospital Sta. Caterina (IAS) Girona, Spain

L'étude d'enfants avec une prématurité légère, qui n'ont pas des séquelles organico-sensorielles, nous porte à questionner si au cours du développement présentent des difficultés tardives et si on doit les considérer un group à risque de développer troubles psychopathologiques.

Objectifs: Cet étude évalue la prévalence des troubles psychofonctionnels, à l'an de vie, chez un group d'enfants nés prématurement (Prématurité légère: 2500 grams > poids gestationnel > 1500 grams et 37 semaines > age gestationnel > 32 semaines).

On évalue aussi la qualité interactive et la réciprocité dans la dyade mère-enfant ainsi que l'anxiété maternelle.

Méthode: L'étude comparatif entre deux groupes, clinique et contrôle, est constitué par 20 dyades mère-enfant chaqu'un.

Instruments: On a utilisé le Symptom Check List (Robert Tisso, 1989) à fin d'évaluer la présence des troubles psychofonctionnels.

L'Attachment Indicators During Stress Scale (Massie et Campbell, 1983) a déterminé la qualité interactive.

L'anxiété maternelle a été constaté avec le Stait Trait Anxiety Inventory (Spielberger, 1982).

Procédé: L'analyse se réalise just à l'an de vie et au cours de deux entretiens.

Résultats: Les résultats nous montrent des différences entre les deux groups. Les prématurés montrent plus tendance à présenter des troubles alimentaires et de comportement. Dans ce groupe les mères se manifestent plus anxieuses et les interactions sont de moins qualité.

Conclusions: Ces premiers résultats nous portent à questionner si ces différences se maintiennent au cours du développement et si on peut les associer à la condition de prématurité légère.

N°527

Parental experience of caring for a child with Tourette's syndrome. U. Chowdhury, D. Chaudhury, Bedfordshire and Luton Community NHS Trust, United Kingdom; M. Robertson, University College London and National Hospital, Queen Square, London, United Kingdom

Introduction: Tourette's Syndrome is a condition in which the patient has multiple motor and vocal tics. It is not rare but occurs in 0.5-1.85% of children. We wanted to improve the local service for these children in line with recent UK national recommendations, which has placed an emphasis on family involvement. We therefore decided to look more closely at parental experiences.

Method: Parents of children with Tourette's Syndrome who were attending the CAMHS in Bedfordshire and Luton and 4 parents attending the National Hospital, Queen Square, were invited to take part. Three parents were initially interviewed as part of a focus group. The group generated a number of themes and a qualitative interview was constructed. Ten parents were then interviewed and their comments audiotaped. Data transcription and content analysis was then applied in relation to Grounded Theory to explore themes.

Results: Five core themes emerged:

- a) Length of time to receive a diagnosis.
- b) Immediate response to being given a diagnosis.
- c) Impact of diagnosis on family.
- d) School related issues.
- e) Severity and prognosis.

Discussion: Key recommendations from this study are that:

- 1) More training is needed for clinicians in order to make earlier diagnosis.
- 2) Parents should be offered support once a diagnosis is made.
- 3) Health clinicians should work with colleagues from education in order to help address difficulties that arise in school.

N°531

From risk to real maltreatment: study about 26 infants. Niesen N., Raffeneau F., Mille C., Consultation de Psychopathologie de l'Enfant et de l'Adolescent, Amiens, France

This study has been made consequently to a work about aggressiveness in early infancy interactions and the way this aggressiveness can become physical or psychological child abuse.

It is a retrospective study about 12 maltreated infants and 14 infants in risk of maltreatment. It was realized with an open questionnaire which has been proposed to the team of an outpatients' department.

Children included had endured maltreatment or had risks of enduring it. They were 0 to over 3 years of age and came to the outpatients' department or received care at the hospital from January 1999 to December 2001.

Cases without risk or without real child abuse were excluded, so were those which lacked information.

In this poster, we present the results of this study concerning:

- parents' symptoms, psychopathology and history;
- infants' medical history and symptoms;
- parents-infant interactions (behavioural, affective and fantastical interactions);
- follow-up.

Du risque à la maltraitance avérée: à propos de 26 nourrissons et jeunes enfants. Niesen N.*, Raffeneau F., Mille C. Consultation de psychopathologie de l'enfant et de l'adolescent, Amiens, France

Cette étude accompagne un travail que nous avons réalisé en 2002 sur l'agressivité qui se joue au sein des relations précoces et la façon dont cette agressivité «normale» se mue en agression physique ou psychologique dans le cadre de la maltraitance du nourrisson et du jeune enfant.

Il s'agit d'une enquête rétrospective portant sur 12 cas d'enfants

maltraités et 14 cas d'enfants en risque de l'être. Ces situations ont été retrouvées dans les files actives d'un centre médico-psychologique et d'une consultation hospitalière.

Cette étude a été réalisée sur la base d'un questionnaire ouvert proposé aux consultants.

Les critères d'inclusion étaient le risque ou les faits de maltraitance pour des enfants de 0 à 3 ans révolus ayant consulté entre janvier 1999 et décembre 2001.

Ont été exclues les situations sans risque ou maltraitance avérée et celles où les renseignements étaient insuffisants.

Nous présentons dans ce poster les résultats de l'étude en ce qui concerne:

- les caractéristiques parentales (sémiologie des troubles, psychopathologie et éléments transgénérationnels);
- les caractéristiques de l'enfant (antécédents médicaux, symptômes);
- les interactions parents-enfant (comportementales, affectives et fantasmatiques);
- et les modalités de prise en charge.

Type de présentation: communication orale

N°535

Visual-spatial processing in normal children and children suffering from autism. Bruning, N.¹, Manjaly, Z.², Konrad, K.¹, Fink, G.^{2,3}, Herpertz-Dahlmann, B.¹

¹ Department of Child and Adolescent Psychiatry, Technical University of Aachen, Germany; ² Department for Medicine, Research Center Jülich, Germany; ³ Department for Neurology, Technical University of Aachen, Germany

Objective: Several studies indicate that compared to healthy children, autistic children have an advantage in performing visual-spatial search tasks like the Embedded Figures Task (Gottschaldt 1926) and the Navon-Task (Navon 1977). Autistic children perform the Embedded Figures Task with shorter reaction times and fewer mistakes (Ropar & Mitchell 2001). Likewise autistic children show a relative local processing advantage in the global - local processing task from Navon (Rinehart et al. 2000). A prominent theory for explaining these findings is the "theory of weak central coherence" (WCC).

According to this assumption, autistic individuals exhibit a deficiency in central processes responsible for combining component features into a coherent whole.

Methods: This study intends to investigate the specific cognitive processes involved in the EFT and a global/local task using paradigms we have previously employed (Manjaly et al., in press; Fink et al. 1997). In particular, we studied 6 children with the diagnosis of autism and 6 children with an Asperger's syndrome, with an age range between 10 and 18 years. In addition, 12 healthy controls in the same age range were recruited. All female and male participants had to have an IQ higher than 80. The children were matched according to age and IQ. Beside differences between healthy controls and patients we hope to make assumptions whether both autistic groups differ not only in a quantitative but also in a qualitative dimension.

Results/Conclusions: By using analysis of variance we tested our data. The neuropsychological significance of these findings will be discussed in the context of the WCC.

N°565

Abused child's part of democracy or not? L. Kalvo, Psychiatry Clinic, Tallinn, Estonia

Objective: In the last 10 years we have dealt with many abused children cases. Connected with this came up the question if abuse is a part of our society and what kind of role it is playing in our rapidly changing life.

Methods: In year 2000 was taking place questioning among Tallinn schoolchildren, who were mostly 15 years old, the number of kids was 2006 including boys and girls, the number of boys and girls was fifty-fifty. During questioning were investigated following

subjects: relations at home, at school, kids' pocket money, punishment, emotional, physical and sexual abuse.

Results: Part of these children who have been emotionally or physically abused think that this is quite normal and they do not complain.

Conclusion: In the last years more and more adults have understood the meaning of physical abuse. Years ago there were everywhere slogans "Do not hit the child". Increase public awareness through media. And still emotional abuse is partially accepted as abuse. Education in child development and management of family problems is needed.

N°597

Psychosomatic approach to paediatric dermatology. L. Perulli, C. Berta, Child Psychiatry Unit, Venice, Italy

Aim of the study: To study the usual approach to the treatment of skin disorders such as atopic eczema, alopecia, psoriasis in children; to evaluate the type of psychiatric care (when given) and the characteristics of the partnership between paediatrician, child psychiatrist and parents.

Methods: We retrospectively examined the charts of children with skin disorders who were attending the Child Psychiatric Unit for any reason, i. e. both children see because of their skin manifestations and those in whom the skin disorder was a co-morbid condition.

Results: Children with presumably psychosomatic skin disorders are seldom referred to the child psychiatrist, since there is a prevalent biologic approach. The most commonly referred conditions are atopic eczema and alopecia. In these cases the therapeutic approaches change according to the age of the child and are: child-parents, childmother, child therapy, including a preliminary work with parents, therapy of the parents or one parent alone.

Discussion: Skin disorders are approached by paediatricians under the biologic profile. In the minority of cases referred to the psychiatrist, the relationship parent-therapist has been difficult, for the emergence of feelings of jealousy, rivalry and anger, displacement of the family conflict on the therapist, defences, such as ambivalence and denial.

For this reason a preliminary work with parents is mandatory and ideally should be carried on during the therapy, to reinforce the therapeutic alliance and to ease the process of linkage and separation of the parent's own personal problems with those of the child.

N°611

Social problems and neuropsychological profiles in Klinefelter syndrome. Hanna Swaab, Ph. D., P. Cohen-Kettenis, Ph. D., H. van Engeland, Ph. D.

Klinefelter syndrome is found in approximately 1 of 600 boys and is therefore one of the most common sex chromosome abnormalities that exists. Patients with 47,XXY do not have consistent dysmorphic facial features, but are known to have endocrine and learning problems. The majority of these children have IQ scores in the normal range. Not much is known about the psychopathology in this group and the nature of the social problems that are often reported by patients and their parents.

In our study we focussed on the social functioning of 47,XXY boys. We compared the social problems and several relevant neuropsychological functions of 35 47,XXY boys to the performance of boys with ADHD (n = 51) and PDD (n = 41), and to normal control boys (n = 50). In children with 47,XXY we found severe social problems, comparable to the problems of children with severe psychiatric diagnoses. Underpinning the social problems we found difficulty in using pragmatic language, difficulty in recognition of faces and emotions and problems in selecting essential information. Clinicians should know about the social and emotional developmental risks in 47,XXY.

Tuesday, September 30th, 2003 Amphithéâtre Léonard de Vinci

S24–11:15 am
Symposium

Genetics of early onset bipolar disorder

Chairs : Marion Leboyer (France), Gillbert Christopher (UK)

Clinical genetics of autism. Christopher Gillberg, M. D., Ph. D., Professor of Child and Adolescent Psychiatry, University of Göteborg and University of London (St George's Hospital Medical School)

Autistic disorder is a multifactorially caused condition that affects child development from the first few years of life. Most of what is currently known about its etiology derives from genetic and clinical studies. Genes play a crucial part in the etiology of autism. A specific medical disorder – often genetic in its own right – is associated with autism in 12–35% of cases depending on the clinical setting (child health clinic, pediatric clinic, child psychiatry setting or autism diagnostic centre) with the lowest proportion in the autism specialized tertiary referral centre. Each newly diagnosed case of autistic disorder needs to be worked up from the point of view of clinical genetics. A number of disorders known to have a substantial subgroup with autism need to be identified or excluded. These include tuberous sclerosis, fragile X syndrome and a number of other conditions associated with chromosomal abnormality/known gene defects. Several other syndromes not yet demonstrated to have a specific genetic basis need to be taken into account. All individuals with autism and other disorders in the autism spectrum must be examined by a medical doctor with state-of-the art knowledge both about these conditions and about autism.

Génétique de l'autisme. Marion Leboyer^{1, 2}, Stéphane Jamain³, Thomas Bourgeron³

¹ Département de Psychiatrie, Hôpital Albert Chenevier et Henri Mondor, CHU Créteil, 94000 Créteil, France; ² INSERM U513, Faculté de Médecine, Université Paris XII, 94000 Créteil, France; ³ Génétique Humaine et Fonctions Cognitives, Institut Pasteur, INSERM E021, Université Paris 7, 25 rue du Docteur Roux, 75724 Paris Cedex 15 ; thomas@pasteur.fr

L'autisme est caractérisé par un déficit des interactions sociales et de la communication, associé à des comportements restreints, répétitifs et stéréotypés. Le syndrome d'Asperger décrit des sujets sans retard de langage et avec des capacités cognitives plus élevées. Les études sur les couples de jumeaux, réalisées durant les années ont permis de déceler une forte influence génétique dans l'apparition de ce syndrome. Depuis 10 ans, l'étude Paris Autism Research International Sib-pair (PARIS) coordonné par le Pr. Marion Leboyer en France et le Pr. Christopher Gillberg en Suède, regroupe de nombreux centres cliniques dans le but d'identifier les gènes de susceptibilité à l'autisme. Notre recherche combine l'analyse d'endophénotypes, les données des études de liaisons et l'analyse des remaniements chromosomiques identifiés chez les enfants autistes. Grâce à ces approches génétiques, nous présentons des données récentes qui suggèrent que les synapses glutamatergiques sont altérées dans certains cas d'autisme. Les premiers résultats concernent le récepteur Glutamate Recepteur Inotropic Kainate (GRIK2 ou GluR6) qui est fortement partagé chez les enfants atteints et dont un haplotype est transmis plus fréquemment que ne le voudrait le hasard (Jamain et al., 2002). Enfin, nos derniers résultats portent sur des mutations identifiées chez des enfants atteints d'autisme ou du syndrome d'Asperger (Jamain et al., 2003). Les deux gènes mutés, NLGN3 et NLGN4 sont

localisés sur le chromosome X et font partie de la famille des neuroligines. Ces molécules d'adhésion cellulaire situées au niveau de la membrane post-synaptique semblent être spécifiques des synapses glutamatergiques et sont des facteurs déterminants dans la formation des synapses fonctionnelles. Par conséquent, nous suggérons qu'un défaut dans ces gènes GRIK2, NLGN3 ou NLGN4 pourrait supprimer la formation et/ou la stabilisation de synapses glutamatergiques essentielles pour les processus d'apprentissage qui sont déficients chez les sujets atteints de troubles autistiques.

References

- Jamain S, Betancur C, Quach H, Philippe A, Fellous M, Giros B, Gillberg C, Leboyer M, Bourgeron T and the Paris Autism Research International Sibpair (PARIS) Study (2002) Linkage and association of the glutamate receptor 6 gene with autism. *Molecular Psychiatry* 7:302–310
- Jamain S, Quach H, Betancur C, Rastam M, Colineaux C, Gillberg IC, Soderstrom H, Giros B, Leboyer M, Gillberg C, Bourgeron T and Study t. P. (2003) Mutations of the X-linked genes encoding neuroligins NLGN3 and NLGN4 are associated with autism. *Nature Gen* 34:27–29

Genetics of early onset bipolar disorder. Franck Bellivier^{1, 2}, Marion Leboyer^{1, 2}

¹ Service Universitaire de Psychiatrie. Hôpital Henri Mondor and Albert Chenevier, CHU Créteil. France; ² INSERM U513, Créteil. France

Initial enthusiasm for the genetic investigation of affective disorders has been tempered by a series of failures to replicate linkage results (Gershon et al. 1998). Conflicting results may be due to the lack of consensus regarding the proper definition of the affected phenotype and the questionable homogeneity of bipolar illness. Thus, attention is shifting towards the study of specific clinical indicators of affective disorders which are familial and may be useful for identifying heritable forms of the illness. One such possible indicator is the age at onset (AAO) of affective disorders.

In bipolar affective disorder (BPAD), clinical, familial and biological differences have been reported according to age at onset. The familial nature of AAO is shown by the similarity in AAO among affected siblings ($r = 0.42$, $p = 0.0001$) (Leboyer et al. 1988). It has also been suggested that relatives of early onset bipolar probands have a higher risk of affective disorders than those of late-onset probands (Schurhoff et al. 2001). Clinical profile has been studied extensively demonstrating that early-onset BPAD is associated with: (i) higher frequency of affective disorders in relatives (Weissman et al. 1984; Strober et al. 1988), (ii) higher rates of comorbid conditions such as psychotic symptoms during affective episodes (Strober et al. 1988; MacG Lashan et al. 1988, Schurhoff et al. 2001), lifetime panic disorder (Schurhoff et al. 2001) or conduct disorder, alcohol abuse and drug addiction (Baschir et al. 1987) and (iii) more frequent suicidal behavior (Weissman et al. 1984). Poor prognosis and bad lithium response are also thought to be associated with early onset (Strober et al. 1988, Schurhoff et al. 2001). Genetic association and linkage studies also suggest differences between early and late onset BPAD. An association between the apolipoprotein E $\epsilon 4$ allele and early-onset BPAD (Bellivier et al. 1997, Holmes et al. 1991) and between late-onset BPAD and the tyrosine hydroxylase gene polymorphism (Bellivier et al. 1997) have been reported. In linkage studies, Baron et al. (1990) suggested that X-linked BPAD is characterized by an early age at onset, a high familial loading of affective disorder and a high frequency of depressive relapses. Finally, a recent segregation analysis showed that the disease is transmitted differently in early and late-onset groups (Grigoriu-Serbanescu et al. 2001). In the early-onset group a non-mendelian major gene with a polygenic component was favored while the data in the late-onset group were compatible with a multifactorial model.

Further evidence of the existence of different subgroups ac-

cording to age at onset is provided by two subsequent admixture analyses which identified three subgroups (group 1 (16.9 + 2.7 yrs; group 2 (26.9 + 5 yrs); group 3 (46.2 + 8 yrs) (Bellivier et al. 2001, 2003).

Altogether, early-onset BP I seemed to be a genetically homogeneous subtype of manic-depressive illness with greater familiarity. Focusing on families with early-onset BP I problems probands might thus increase the chance to detect genes of major effects.

References

1. Leboyer M, Bellivier F, McKeon P, Albus M, Borman M, Perez-Diaz F, Mynett-Johnson L, Feingold J, Maier W (1998) Age at onset and gender resemblance in bipolar siblings. *Psychiatry Res* 81:125–131
2. Schürhoff F, Bellivier F, Jouvent R, Mouren-Simeoni MC, Bouvard M, Allilaire J-F, Leboyer M (2000) Early and late onset bipolar disorders: two different forms of manic depressive illness? *J Affective Dis* 58:215–221
3. Bellivier F, Golmard JL, Henry C, Leboyer M (2001) Admixture analysis of age at onset in bipolar affective disorder. *Arch Gen Psychiatry* 58:510–512
4. Bellivier F, Golmard JL, Rietschel M, Schulze T, Malafosse A, Priesig M, Mc Keon P, Mynett-Johnson L, Henry C, Leboyer M (2003) Age at onset in bipolar affective disorder: Further evidence for three subgroups. *Am J* 5:999–1001

S25–1:00 pm Symposium

Sexual offences: Juvenile perpetrators and their victims

The sex-baro, a screening device to detect psychopathology in juvenile sex offenders. T. Doreleijers, VU University medical center, Amsterdam; A. van Wijk, Dutch Police Academy, Apeldoorn; R. Bullens, Vrije Universiteit, Amsterdam, The Netherlands

Presentation of a prototype screening instrument for juvenile sex offenders: who needs care? Preliminary results of the validation study.

Objective: To develop a screening instrument which will be applied in the justice procedures when a juvenile is suspected of having committed a sex offence.

Method: Development of a prototype device on the basis of literature, secondary analyses of relevant Dutch databases, and practice experiences; validation of the prototype.

Results: In this presentation the BARO will be demonstrated on the basis of which the prototype of the sex-paragraph has been developed. The developmental process will be explained. Then the preliminary results of the validation study will be presented.

Conclusion: At the time of submission of this abstract no results of the project were available.

Psychopathology and social dysfunctions of adolescent mass murderers. U. Preuss

The act of mass murder of adolescents is virtually impossible to predict because of its extremely low frequency. Most mass murderers are male, white, conservative and come from relatively stable, lower-middle class backgrounds. There seem to be three types of mass murderers: the family annihilators, the paramilitary enthusiasts, the disgruntled workers. They all tend to be young, white males with easy access to weapons. Epidemiology: postal workers, high school students, U.S.A. and Germany, former members of the Red Army Soviet Union and Australians and New Zealanders suffering “lethal madness”.

Most “rampagers” tend to save the last bullet for themselves. The adolescent mass murderer is predatorily rather than affectively violent. J. Reid et al. (2001) demonstrated in their review of 27 mass murders between 1958 and 1999 some typical trait of this small group. The sample consisted of males with a median age of 17. A majority were described as “loners” and abused alcohol or drugs; almost half were bullied by others, preoccupied with violent fantasy, and violent by history. Although 23% had a documented psychiatric history, only 6% were judged to have been psychotic. Depressive symptoms and historical antisocial behaviours were predominant. There was a precipitating event in most cases – usually a perceived failure in love of school – and most subjects made threatening statements regarding the mass murder to third parties. But they typically don’t show any sudden or highly emotional warning signs. Certain clinical and forensic findings can alert the clinician to the need for further, intensified primary care, including family, school, community, law enforcement and mental health intervention.

Treatment of juvenile sex offenders in Switzerland. M. Elgi-Alge, M. Scmelze, Kinder- und Jugendpsychiatrischer Dienst Thurgau, Muensterlingen, Switzerland

The paper presents the treatment of juvenile sex offenders in Switzerland against the background of European trends in the treatment of sex offenders.

Objective: Obtain more insight in the handling, assessment and treatment of juvenile sex offenders with psychiatric disorders.

Methods: Descriptive study of trends in the treatment of juvenile sex offenders in Switzerland and other European countries.

Results: The situation of adolescent sex offenders in Switzerland is not really registered. There is a different situation for adult sex offenders and for delinquent adolescents who commit other offences, for example robbery. The Swiss penal law for adults has been revised in the last few years because of a special case of sexual offence, and as such, there are now several punishments and treatments for adult sex offenders in outpatient-settings and prison (inpatient) settings. Some political efforts are still going on and will be presented.

The juvenile penal law in Switzerland is liberal and supportive, built on the model that adolescent delinquents (and their families) not only require punishment, but also require specific treatment and support.

Conclusion: Against the background of the Swiss juvenile penal law, several treatments will be described, specifically one outpatient-treatment developed in the Netherlands and experienced in Switzerland and other European countries. At the beginning of every treatment, there is a necessity of a careful diagnostic; in an international collaboration an assessment for adolescent sex abusers is worked out, to be tested and experienced in Switzerland, and presented here at this congress. Moreover, some future perspectives and needs of the adolescent sex abusers in Switzerland will be presented.

S26–2:15 pm Symposium

Internet Vidéo

Chair : Tisseron Serge

L’appropriation des images par les jeunes. Serge Tisseron, docteur en psychologie et en psychiatrie, Université Paris X Nanterre, EA 3460

Depuis quelques années, des études sur les relations des jeunes aux médias ont mis l’accent moins sur ce que les images leur

feraient – théorie dite des «effets» – que sur ce qu'ils en font – théorie dite des «usages». Cette approche a eu le mérite de mettre l'accent sur l'activité des jeunes dans l'appropriation des médias plutôt que sur leur passivité. Mais elle a parfois produit des excès inverses, notamment dans l'idée que cette activité les rendrait moins influençables par ce qu'ils regardent.

En fait, les jeunes sont engagés par les images qu'ils voient dans une dynamique de déconstruction et reconstruction permanente de leurs repères (Tisseron S., 1998). S'ils ont des interlocuteurs, ils prennent de la distance par rapport aux images qu'ils voient. Ils le font en utilisant trois moyens : le langage, la construction d'images – par exemple de photographies et de vidéos – et le jeu corporel. Mais, s'ils n'ont pas d'interlocuteurs, les images violentes provoquent un resserrement de leurs liens avec leur groupe, et des effets grégaires s'ensuivent, qui vont de l'attaque fuite à l'intégration des images dans des rituels initiatiques (Tisseron S., 2000). Ces conséquences sont d'autant plus probables que les jeunes sont entourés d'adultes qui leur semblent ne rien ressentir face aux images violentes. Pour les éviter, il est indispensable d'encourager les trois moyens par lesquels les jeunes prennent de la distance par rapport aux images.

Appropriation of pictures by young people

These last years, studies about relationships between young people and media insisted less on their "effects" than on their "uses". This approach highlights the activity of teenagers in the appropriation of media rather than their passivity. But sometimes, inverse excess comes up, especially in the idea that the activity made young people less influenced by the media.

In fact, in front of media, young people are in a continual movement of construction and deconstruction of their references (Tisseron S., 1998). If they have interlocutors, they keep distance from pictures. For that, they use three ways: language, construction of pictures – for example photographs or video – and imitation of gestures, mimics and postures of the heroes in numerous plays. But, if young people don't have any interlocutors, violent pictures strengthen the links in their group and favor gregarious behaviors which include attacks, flights, and ritual uses of the pictures (Tisseron S., 2000). These consequences are more probable when young people are surrounded by adults who seem to feel nothing. To avoid them, it is necessary to encourage the three ways to keep distance from pictures.

Rapport entre les modalités de réception de la télévision de la part des enfants et des adolescents et leur manière de vivre la violence. Bernabei Marco

Cette communication a pour but de préciser le rapport entre les modalités de réception de la télévision de la part des enfants et des préadolescents et leur manière de vivre la violence, que celle-ci soit réelle ou fictionnelle. En particulier, en partant de quelques-uns des résultats les plus significatifs d'une recherche menée dans les écoles de la Campanie, je mettrai en parallèle la manière qu'ont les enfants et les préadolescents de mettre en scène – par le biais d'une dramatisation – une séquence du programme télévisé qui les a le plus frappés, et leurs souvenirs et leurs vécus liés à des scènes de violence réelle auxquelles ils ont assisté. A cette fin, j'analyserai les contenus d'une trentaine de Focus Group qui ont été menés dans les écoles de Naples, Salerne et Avellino par l'équipe de sociologues de la faculté de Sciences de la Communication de l'université de Salerne.

Parmi les réponses données concernent les souvenirs d'enfants de ces deux classes d'âge concernant des épisodes de violence réelle dont ils ont été les spectateurs et celles qui concernent le type de violence vue à la télévision qui les a le plus frappés. J'essaierai en particulier de montrer les corrélations – du point de vue psychodynamique entre une manière particulière de dramatiser des séquences de programmes télévisés et le type d'expériences d'impact avec la violence réelle et fictionnelle que déclarent avoir

vécu ces mêmes enfants et préadolescents, protagonistes des dramatisations en question.

Videogame addiction in children and adolescents. Professor Mark Griffiths, Psychology Division, Nottingham Trent University, Burton Street, Nottingham, NG1 4BU, UK

The rise and popularity of videogames as a leisure phenomenon has become an ever-increasing part of many young people's day-to-day lives. Coupled with the rise in popularity and usage, there have been a growing number of reports in the popular press about excessive use of the videogames ("joystick junkies"). Although the concept of "videogame addiction" appears to have its supporters in the popular press, there is a form of "knee-jerk scepticism" amongst the academic community – not least among those working in the field of addiction research. More recently, such addictions (including addictions to the Internet and slot machines) have been termed "technological addictions" (Griffiths, 1995a; 1996a) and have been operationally defined as non-chemical (behavioural) addictions which involve excessive human-machine interaction. They can either be passive (e.g., television) or active (e.g., computer games), and usually contain inducing and reinforcing features which may contribute to the promotion of addictive tendencies (Griffiths, 1995a). Technological addictions can thus be viewed as a subset of behavioural addictions (Marks, 1990) and feature core components of addiction first outlined by Brown (1993) and modified by Griffiths (1996b), i.e., salience, mood modification, tolerance, withdrawal, conflict and relapse. Research into the area of videogame addiction needs to be underpinned by three fundamental questions: (1) What is addiction? (2) Does videogame addiction exist? (3) If videogame addiction exists, what are people actually addicted to? This paper examines these questions by examining both the author's own research in this area and other relevant research.

S27–4:00 pm Symposium

Enfants adolescents et internet

Chairs : Pr. J.-Y. Hayez ; M. F. Goethals ; M. M. Heinis.

Internet est une source de bienfaits ou de méfaits potentiels pour ses jeunes utilisateurs et nous décrirons d'abord les plus importants de ceux-ci : de l'accroissement de la confiance en soi à la facilitation... ou à l'évitement de la communication incarnée, en passant par l'acquisition de compétences antisociales, il y a beaucoup à dire sur le sujet.

Nous décrirons ensuite l'utilisation d'Internet à des fins de prévention ou de psychothérapie, en commençant par rappeler qu'il peut constituer un gigantesque groupe de self-help.

Nous parlerons notamment de l'utilisation du courriel dans les psychothérapies de préadolescents et d'adolescents.

Nous terminerons par la description d'un forum original, Pasado, (www.passado.be), initiative imaginée comme un espace pour penser la traversée de l'adolescence, où animateurs et jeunes entres eux s'énoncent dans un dialogue créatif.

Bienfaits et méfaits potentiels d'Internet pour les jeunes. Frédéric Goethals, licencié en psychologie, groupe Cyberrecherche, Unité de pédopsychiatrie, Cliniques Universitaires Saint-Luc, Bruxelles

Tel la langue d'Esopo, Internet peut constituer la meilleure ou la pire des choses pour ses jeunes utilisateurs. L'on constate d'ailleurs souvent que le même effet positif pour les uns peut devenir nuisance pour d'autres, en fonction de certains critères d'utilisation.

Au rang des bienfaits potentiels, citons: l'enrichissement des connaissances; celui de la confiance en soi; un entraînement positif à la communication; la meilleure acceptation d'un Soi mosaïque, la possibilité d'éviter en zone intermédiaire un trop-plein d'agressivité ou de sexualité, etc. En outre, quand on ne se sent pas bien, Internet peut constituer un immense groupe de self help.

Et parmi les chausse-trappes, il y a: des erreurs et tromperies dans la circulation de l'information; l'aggravation de l'évitement de relations incarnées; l'acquisition de compétences anti-sociales; la mise en place d'une illusion de toute-puissance; l'Internet addiction disorder, etc. . . .

Quelques-uns de ces thèmes seront développés, avec une application particulière aux jeux vidéo on line.

Utilisation d'Internet à des fins de prévention et de thérapie.
Pr. J.-Y. Hayez, responsable de l'Unité de pédopsychiatrie, Cliniques universitaires Saint-Luc Bruxelles

En 2003, les «psy» n'ont plus le droit d'ignorer l'impact d'Internet sur les jeunes ni d'analyser celui-ci en référence à leur propre résistance au changement.

Ce qui se passe sur Internet est loin d'être toujours du virtuel illusoire. C'est bien plus souvent de la communication médiatée, susceptible d'être enrichissante, et qui correspond très bien à la culture et au tempo des jeunes.

Partant de quoi, il peut être tout à fait intéressant de:

- s'enquérir concrètement des rapports de chaque jeune client avec le Net et les multimédias;
- créer des forums de discussion ou des sites d'information sur des problèmes psychologiques; fréquenter ceux qui existent et y jouer un rôle actif;
- utiliser le courriel comme technique d'appoint dans les psychothérapies de préadolescents ou d'adolescents: c'est de cette pratique, que j'ai particulièrement développée, que je vous parlerai plus longuement.

Une expérience d'entraide et de transfert, par le groupe, dans l'accueil de la traversée adolescente. Michel Heinis, Département «adolescents et jeunes adultes» Service de Santé mentale «Chapelle-aux-champs»: Bruxelles: Belgique

Espaces et Passages pour l'Adolescence est une initiative imaginée comme un espace pour en penser la traversée. L'accueil à un vécu étrange, un événement, une question ou une urgence, constitue l'amorce d'une réponse, donc d'un possible. Par cette chance donnée à l'adolescent d'une adresse et si, par le partage d'expériences, se rapporter à d'autres aide à se saisir soi, cet accueil sera préventif et de santé mentale.

Les adolescents pratiquant volontiers l'Internet, créer un site est l'occasion d'y installer ce lieu d'accueil. C'est www.passado.be où s'échangent des messages, par le relais d'animateurs, dans un Espace accessible aux seuls adolescents participants. Son architecture permet plusieurs niveaux de dialogue. Des traces de ces passages adolescents, accessibles sur le site, en témoignent pour tous.

Au cours des neuf premiers mois, quatre-vingt adolescents s'en sont saisis et environ sept cents messages ont été échangés. L'Espace d'échanges s'est enrichi de possibilités et déploie la spécificité de son moyen, l'écriture. Des adolescents y cherchent des ressources pour traverser en confiance des moments périlleux. S'y déploient les notions de rencontre, d'interlocuteur, d'adresse, de savoir, et d'appel, entre jeunes et entre jeunes et adultes.

L'expression personnelle cherche un lieu où dire trouvera un écho. Ce transfert est en herbe et cherche la rencontre au risque de la page blanche de savoir. En ce lieu, en équipe, l'animation doit trouver à faire tiers pour assurer une circulation de ce qui arrive à et de chacun. Individuellement chaque animateur doit engager sa créativité tant dans la pensée que dans l'écrit.

PS3-5:45 pm Parallel Symposium

ADHD Interventions and Epidemiology Symposium sponsored by LILLY International

Chair: Jan Buitelaar

Advances in Pharmacotherapy
Pal Zeiner

Multimodal Treatment Implications of the MTA Study for Europe
Paramala Santosh

Epidemiology of ADHD
Marina Danckaerts

Tuesday, September 30th, 2003 Diderot

S28-11 :15 am Symposium

Transmission transgénérationnelle de la psychopathologie

Chair : Manzano Juan

Les «scénarios narcissiques de la parentalité» et leurs conflits dans la psychopathogénèse de l'enfant. Juan Manzano et Francisco Palacio Espasa

Notre expérience clinique nous a permis de constater que des «mises en scène» inconscientes similaires à celles décrites par Freud comme propres aux relations amoureuses narcissiques adultes [1] sont présentes dans des proportions et des formes variables dans toutes les relations parents-enfants. Nous avons été amenés alors à formuler le concept que nous avons appelé «les scénarios narcissiques de la parentalité» [2] et nous avons pu en différencier les principales formes et types [3]. Les scénarios sont constitués par quatre éléments essentiels:

- une projection des parents sur l'enfant
- une identification complémentaire du parent (contre-identification)
- un but spécifique
- une dynamique relationnelle agie.

La projection des parents sur l'enfant constitue plus exactement une identification projective. Il s'agit en effet d'une représentation de soi (self) du parent qui est projetée, soit directement en tant que telle, soit à travers l'image d'un objet interne du parent.

L'identification complémentaire des parents, que nous avons appelée contre-identification s'effectue avec une autre représentation interne du parent.

Le but de la mise en scène intègre dans tous les cas la réalisation d'une satisfaction de nature narcissique. Mais d'autres buts peuvent également apparaître et se surajouter, de nature défensive – tel un déni de la perte – ou permettant des satisfactions libidinales objectives comme la satisfaction déguisée de pulsions oedipiennes refoulées.

L'interaction agie entre les acteurs est le résultat de ces projections et identifications. Cela permet de lui donner une existence qui dépasse l'imaginaire pur et de le convertir en un symptôme avec des satisfactions substitutives déguisées.

Ainsi les fantasmes et rôles imaginaires inconscients déterminent non seulement la représentation de soi (self) des parents, mais également les conduites qu'ils ont avec leurs enfants dans le sens général du terme: attitudes et comportements verbaux et infraverbaux, expressions d'affect, omissions, etc. L'enfant va réagir à ces pressions fantasmatisques exprimées dans le comportement communicatif des parents en fonction de ses propres motivations, notamment son besoin d'attachement et de "holding" suscité par ses propres pulsions et défenses; il va s'identifier, totalement ou partiellement, à la représentation projetée sur lui, mais il peut aussi reprojeter et rejeter le rôle que les parents lui attribuent, ce qui peut affecter son développement et son identité, et faire surgir des symptômes. Une transmission transgénérationnelle de la psychopathologie est ainsi possible.

La psychopathologie des parents à la base des scénarios narcissiques potentiellement pathogènes peut être identifiée dans ce que nous avons appelé «les conflits de la parentalité» (4). Ceux-ci peuvent être classés en trois grandes catégories:

A. Les conflits de la parentalité névrotique surgissent lorsque l'enfant est utilisé (de manière inconsciente) dans le processus de dénégation de certains aspects des deuils des parents. Dans ces cas, les identifications projectives ne sont pas «externalisantes» et «empathiques», mais forcent inconsciemment l'enfant à s'identifier aux images projetées sur lui, afin d'annuler les affects pénibles des deuils parentaux mal élaborés (par exemple, lorsque l'enfant est perçu comme aussi colérique et agressif qu'un parent perdu).

B. Dans les conflits de la parentalité masochique, les deuils des parents sont chargés d'avantage de culpabilité. Il s'agit de parents qui ont vécu leurs propres parents comme des parents plaintifs avec des traits dépressifs. De tels parents ont tendance à identifier projectivement leur enfant avec l'image de l'enfant «difficile» ou «revendicateur» qu'ils croient avoir été dans le passé, alors qu'ils s'identifient avec le parent «victime» ou «indigne» qui subit les reproches ou attaques de l'enfant dans des scénarios narcissiques «antidépresseurs» de sévérité diverse.

Les relations parents-enfant qui découlent de ce masochisme parental entraînent chez les bébés des symptômes fonctionnels, mais surtout des problèmes de comportement plus ou moins sévères. Ces traits maniaco-narcissiques ont tendance à changer de signes pour évoluer vers d'autres de nature dépressive chez l'enfant en âge scolaire. Ainsi, la dépressivité plaintive des grand-parents se perpétue et se transmet aux parents qui deviennent soumis et plaintifs, tendant à culpabiliser et à déprimer leurs enfants.

C. Dans les conflits de la parentalité narcissique-dissociée, les deuils des parents sont très difficiles à mettre en évidence. De ce fait:

Les identifications projectives que les parents font sur leurs enfants sont plus pathologiques, et donc unidirectionnelles, «évacuatrices» (d'aspects négatifs d'eux-mêmes ou des personnes significatives de leur passé) et déformantes de l'image de l'enfant. De telles identifications projectives génèrent chez ces parents des sentiments de persécution à l'égard de leurs enfants.

Les identifications complémentaires se font avec des images parentales distantes, rejetantes, ou parfois hostiles, afin de se protéger des vécus de persécution. Les identifications parentales rejetantes et négatives sont recouvertes de façon superficielle et plaquée par d'autres images parentales «non conflictuelles» et «irréprochables» qui sont à la base du qualificatif de «narcissique-dissocié». Il s'agit d'un narcissisme destructeur visant à dénier les vécus de persécution par une très grande pauvreté de contenus mentaux.

Les interactions parents-enfants qui en découlent sont très problématiques et tendent à générer chez le bébé d'importants troubles de l'attachement, comportant des troubles dépressifs et/ou des troubles du développement de type dysharmonique qui, dans des cas extrêmes, peuvent être de type psychotique. Chez l'enfant d'âge scolaire, ou chez l'adolescent, cette lourde psychopathologie du bébé a tendance à évoluer vers des troubles de la personnalité de sévérité diverse, voire même des psychoses.

References

1. Freud S (1914) Pour introduire le narcissisme. In: La vie sexuelle, PUF, Paris, 1969
2. Manzano J, Palacio Espasa F, Zilkha N (1999) The Narcissistic Scenarios of Parenthood, The International Journal of Psychoanalysis, Vol. 80, 3:465-476
3. Manzano J, Palacio Espasa F, Zilkha N (1999) Les scénarios narcissiques de la parentalité, PUF, Paris
4. Cramer B, Palacio Espasa F (1993) La technique des psychothérapies mère-bébé. Etudes cliniques et théoriques, PUF, Paris

W9-1:00 pm Workshop

Optimising the Treatment of ADHD

Workshop sponsored by JANSSEN – CILAG

Workshop Objectives:

The objectives of this workshop are:

- To present the evidence from the MTA study that supports the role of pharmacotherapy in the treatment of ADHD
- To discuss the relevance of the MTA findings to European practice and demonstrate that MPH is a valid treatment for hyperkinetic disorder
- To establish that ADHD medications are effective and well tolerated
- To demonstrate that long term use of medication is both effective and safe
- To provide an update on long acting therapies that provide up to 12 hours symptomatic cover, these are now becoming available to clinicians in Europe

The Optimal Treatment Paradigm: Is the MTA Study Relevant to Europe? Paramala Santosh

The multimodal treatment study (MTA) demonstrated that pharmacotherapy is the cornerstone of a multimodal treatment approach, whether or not in combination with behavioural therapy. However, it was unclear whether the MTA findings could be generalised to hyperkinetic disorder, the diagnosis commonly used in Europe. This presentation will review the results of a re-analysis of the MTA results that provides practical guidance for European physicians. Ensure behaviour therapy is covered!!!

Developments in Pharmacotherapy. Marc Lerner

This presentation will review the evidence supporting the efficacy and safety of ADHD medication from short and long term studies. The development and testing of new medications, which are now becoming available in Europe, will also be discussed.

S29–2:15 pm Symposium

Troubles du langage

Chair: Catherine Epelbaum

Children with early and severe developmental language disorders: differential diagnosis with autistic and pervasive developmental disorders. Bertrand Lauth, MD, National University Hospital, Dept of Child and Adolescent Psychiatry, Dalbraut 12, 105 Reykjavík, ICELAND.

Children with developmental language disorders are known to show a high prevalence of behavioral and emotional disorders. Despite long-running debate about the meaning of this association between language difficulties and psychiatric problems, many agree that the highest rate of disorder are reported for children with receptive problems. Subjects in this category often show primary social impairments that persist through adulthood, and in some cases the differential diagnosis with a pervasive developmental disorder can be quite difficult, making the child falsely classified.

Objectives: to study the symptoms overlap and the differential diagnosis between children with severe specific language developmental disorders and children with autistic and pervasive developmental disorders.

Methods: 32 children aged from 7 to 13 yo who received a diagnosis of severe specific language developmental disorder were assessed for psychopathology and developmental profile. An ADI (Autism Diagnostic Interview) was performed for all children.

Results: many children showed specific behavioral development disorders associated with autism, and 12 out of 32 (37.5%) could be considered as having had an autistic profile of development before 5 yo (ADI).

Conclusion: the importance of assessing the early developmental profile of the child is emphasized, and the hypothesis that some specific developmental disorders of language could represent a kind of “scar”, positive outcome in the evolution of some forms of autistic disorders is discussed.

Les facteurs cognitifs des troubles du langage oral et écrit. Catherine Billard. Hôpital de Bicêtre

Au delà de la polémique sur les dyslexies, au delà de la multiplicité des facteurs en causes, les déficits cognitifs sous jacents aux dysphasies et dyslexies existent. Les enfants présentent le plus souvent un tableau où ces déficits cognitifs s'intriquent avec des difficultés psychologiques ou sociales. Leur connaissance ne s'oppose pas au regard psychanalytique. Seule une reconnaissance et une évaluation de ces déficits cognitifs peut permettre de construire une rééducation et une adaptation scolaire, faute de quoi certains de ces enfants rejoindront le couloir de l'illettrisme. Ce versant neurologique ne s'oppose en rien au regard psychopathologique.

Effect of clinical intervention on long term evolution of learning disabilities: comparison of two adolescent groups. F. Capozzi, C. Di Brina, A. Pagnacco, R. Penge, N. Tomassetti, University of Rome “La Sapienza”, Italy

Objective: Learning Disabilities are, by definition, developmental disturbances. Their clinical picture varies as a function of age. Measures of change occurred after rehabilitative interventions have to take in account this spontaneous modification.

Methods: Aim of this study is to compare “natural history” and “clinical history” of LD through the data collected in two groups of 10 adolescents (aged 14–17): for the “natural group” the

diagnosis of LD has been made for the first time in adolescence, while for the “clinical group” diagnosis has been recognised during the first school years. They have received rehabilitation and psychological intervention plus family and school counselling.

For both groups (paired for the severity of reading disturbances) were compared data about neuropsychological profile, reading and writing efficiency, psychopathological and social profile.

Results: This comparison showed the presence in the natural group of 1) neuropsychological profile characterized by less severe but more widespread deficits. 2) less autonomous use of reading and writing as cognitive instruments 3) a more confused perception of their problems with an increased risk of school dispersion and social problems.

Conclusions: Though these data are referred to mild form of LD, some more general conclusion can be made: the effect of clinical intervention on evolution of Learning Disabilities seems to be more efficacious on the cognitive and psychological organization than on reading skills per se.

Adolescents that have received clinical support show a better control of their reading difficulties both in academic and social situations. Psychopathological comorbidity is more easily controlled and less severe in term of social and adaptive impairment.

Some evidence on the natural history of specific language disorders. M. Vlassopoulos, L. Legaki, V. Rotsika, I. Tsipra, H. Lazaratou, University of Athens Psychiatric Clinic, Athens, Greece

Objective: There is little reliable evidence on the natural history of specific language disorders, since there are serious ethical issues involving controlled studies of this sort. The present study comprises part of a longitudinal project at our Early Intervention Unit. Our aim was to compare the evolution of children who had completed our therapy programme (N=44) with children who had been diagnosed with specific language disorder, but who had failed to comply with treatment (N=65). All participants were re-evaluated 7.5–8.8 years after initial assessment.

Methods: Data were collected concerning the child's initial diagnosis, developmental history, intellectual ability, emotional, behavioural and social skills, family organization and socio-economic factors. A questionnaire provided information on the present status of the participants with respect to their language ability, scholastic achievement, behaviour, emotional and social skills.

Results: Statistical analysis showed that although the two groups were homogenous with respect to family organization, intellectual abilities and language comprehension, the language disordered group, who had not complied with therapy, initially had less serious problems than their peers who had received therapy. Nevertheless, at re-evaluation, they were more likely to exhibit persisting language disorder, greater difficulties at school, worse concentration and study skills and to exhibit behaviour disorders.

Conclusions: This study illuminates the course which language disorders may run without therapeutic intervention. It is interesting to note however that the older children who had received therapy also showed some persistent symptoms, which seems to reaffirm the need for early intervention in this field.

S30-4:00 pm Symposium

Genetics of autism

Chairs: S. Tordjman, P. Roubertoux

The Platelet Hyperserotonemia of Autism: Investigating the Phenotype and the Genetic Determinants. G. M. Anderson, E. J. Mulder, I. P. Kema³, A. de Bildt², N. D. J. van Lang², J. A. den Boer⁴, R. B. Minderaa²

Child Study Center, Yale University School of Medicine, 333 Cedar St., New Haven, CT, USA; ² Child and Adolescent Psychiatry, ³ Pathology and Laboratory Medicine and ⁴ Biological Psychiatry, University and University Hospital of Groningen, PO Box 660, 9700 AR Groningen, the Netherlands

Date characterizing the phenotype of platelet hyperserotonemia in autism and assessing the genetic determinants of the measure are presented.

Objective: The basic finding of platelet hyperserotonemia in autism is longstanding and well-replicated. However, it is necessary to have an improved description of the hyperserotonemic phenotype with respect to group specificity, distribution of the measure and underlying physiological and genetic mechanisms of the elevation.

Methods: Recent research has examined the heritability of platelet serotonin, investigated the role of serotonin transporter gene (HTT) variants in determining platelet serotonin uptake rates, and studied the across- and within-group distribution of serotonin levels.

Results: Extremely high heritability estimates are observed for platelet serotonin levels; thus, the measure appears to be highly genetically determined. The promoter polymorphism (5-HTTLPR) of the HTT is highly functional, in that uptake rates vary significantly with genotype. However, the 5-HTTLPR variant does not appear to contribute substantially to the elevated platelet levels seen in autism. New findings in a Dutch population confirm that the hyperserotonemic phenotype is specific to pervasive developmental disorder (PDD) or autism spectrum, with group mean elevations occurring in autism and pervasive developmental disorder-not otherwise specified (PDD-NOS), but not in non-autistic mental retardation. The Dutch study has also, for the first time, demonstrated a bimodal distribution of platelet serotonin within PDD.

Conclusions: An improved characterization of the hyperserotonemic phenotype is emerging and should facilitate research in this area. Work examining possible physiological mechanisms will be discussed and future approaches to understanding and exploiting the hyperserotonemic phenotype will be considered.

Contribution of clinical gene tics to the identification of specific genetic diseases associated with autistic disorder. A. Verloes, D. Cohen², C. Baumann¹, L. Burglen³, D. Heron², S. Tordjman² ¹Hôpital Robert Debré, ² Hôpital Pitié-Salpêtrière, et ³ Hôpital Trousseau, Paris, France

This communication will present consensual proposals to help practitioners to diagnose specific genetic diseases associated with autistic disorder. In our view, a rigorous clinical process should be used in order to avoid unnecessary laboratory exams.

Autism is a heterogeneous disorder that can reveal a specific genetic disease. The most frequent specific genetic diseases associated with autism are fragile X, duplication of 15q11-q13, Down's syndrome and tuberous sclerosis. Autistic features are less often reported in several other genetic syndromes, as Angelman syndrome, San Filippo syndrome, MECP2 mutations, phenylketonuria, Smith-Magenis syndrome, 22q13 deletion, adenylosuccinate lyase deficiency, Cohen syndrome, and Smith-Lemli-Opitz

syndrome. However, little is known about the contribution of assessment of dysmorphism to the identification of specific genetic diseases in autistic disorder. This communication will present consensual proposals to help practitioners to diagnose specific genetic diseases associated with autistic disorder. In our view, a rigorous clinical process should be used in order to avoid unnecessary laboratory exams. Indeed, the first step should be clinical, and requires a precise family history investigation, a careful report of child's developmental history, and systematic clinical-genetic and neuropediatric exams. The second step includes laboratory and imaging studies, and depends on the hypothesis formulated at the clinical step. According to recent studies, a growing number of cases of autistic disorder are secondary to specific genetic and chromosomal disorders. Searching for these anomalies may help to understand better the etiological factors of autism and facilitate genetic counseling. In addition, genetic studies are probably restricted by heterogeneity due to the possible occurrence of clinical and biological "subtypes" of autism. It is thus essential to try to identify the subtypes related to specific genetic diseases associated with autistic disorder, before proceeding with any genetic studies.

Searching for genetic factors in autism. C. Andres INSERM U316 Tours France, I. Martin INSERM U316 Tours France, P. Vourc'h INSERM U316 Tours France, F. Laumonier INSERM U316 Tours France, S. Briault INSERM 316 Tours France, C. Moraine INSERM U316 Tours France

The autistic syndrome is defined on clinical criteria including impairments in verbal and non verbal communication, social interactions and restricted interests and activities. This is a group of heterogeneous and complex conditions. The aetiology is unknown in most of the cases. The observation of autistic symptoms in some mendelian diseases (tuberous sclerosis for example) is an argument to imply genes in the aetiology of autism. More direct data are a high rate of intra-familial recurrence and the concordance in twins. A multigenic model could explain the high familial recurrence in sibs and the higher concordance in monozygotic than in dizygotic twins. Nevertheless, other models can account for these observations and there are probably situations of respectively monogenic, oligogenic, and more complex determinisms. Our group used different strategies to identify genes as risk factors in autism. The analysis of the breakpoint regions of a chromosome rearrangement showed a ruptured gene involved in synapse functioning. Some other candidate genes have been excluded (doublecortine, MECP2) by systematic DNA sequencing. We observed an association between the A allele of a SNP (A62G) in the OMGP gene in a group of autistic subjects. The A62G polymorphic sequence concerns the signal peptide of the protein. We are exploring the functional consequences of this polymorphism in an in vitro experiment. We observed another association with an UBE2H gene allele, located in the autism linked region 7q32. We will study the two allelic forms in cell cultures to search for differences of expression or abnormal splicing.

Serotonin transporter polymorphism associated to compulsive stereotyped behaviors in autism spectrum disorders. E. J. Mulder¹, G. M. Anderson⁴, I. P. Kema², A. de Bildt¹, N. van Lang², A. Brugman², C. Ketelaars², J. den Boer³, R. B. Minderaa²

¹ Child & Adolescent Psychiatry, ² Pathology & Laboratory Medicine and ³ Biological Psychiatry, University and University Hospital of Groningen, PO Box 660, 9700 AR Groningen, the Netherlands; ⁴ Yale Child Study Center, 333 Cedar St., New Haven, CT, USA

Objective: The serotonin transporter gene (HTT, SLC6A4) promoter ins/del and intron 2 VNTR polymorphisms are of special interest given the platelet hyperserotonemia of autism, the treatment effects of SSRI's, the role of serotonin in neurodevelopment and prior reports of genetic associations with risk and specific

autism phenotypes. This study explored the role of these polymorphisms in the behavioral phenotype of autism spectrum disorders.

Method: Patients diagnosed with autism spectrum disorders and their parents were genotyped (N = 120, age range 5–20 yrs, ADI-R and ADOS assessments, DSM-IV-TR based criteria). The transmission disequilibrium test (TDT) was used to examine possible preferential transmission of promoter [long (b), short (s)], VNTR (10 or 12) alleles and promoter-VNTR haplotypes. Multivariate analyses and quantitative TDT (QTDT) were used to examine the relationship of genotype and alleles with continuous measures of autism-related behavior derived from the ADI-R.

Results: Although preferential transmission was not observed for individual promoter and VNTR alleles, a promoter-VNTR haplotype (long/10) was preferentially transmitted (TDT, $p = 0.047$) in autism spectrum patients. Analyses of autism-related behavioral measures revealed that subjects with VNTR12/i2 genotype were significantly more impaired in the compulsions domain ($p = 0.008$). QTDT analysis showed significant associations of the VNTR 12 allele ($p = 0.015$) and the long/12 haplotype ($p = 0.41$) with compulsive behavior.

Conclusions: These results suggest that certain promoter-VNTR haplotypes of the HTT may influence the risk for autism. The promoter and VNTR alleles (or nearby alleles in LD) also appear to play a role in specific aspects of the behavioral phenotype of autism.

PS4–5:45 pm Parallel Symposium

Devenir des troubles dépressifs de l'enfant et de l'adolescent à l'âge adulte

Symposium parrainé par le Laboratoire LUNDBECK

Chairs: M. Corcos (France), J. F. Allilaire (France)
Institut Mutualiste Montsouris (Paris), La Salpêtrière (Paris)

ADHD symptom variations and bipolar disorder in children and adolescents. Diane Purper-Ouakil, Mathias Wohl, Gregory Michel, Marie-Christine Mouren-Simeoni. Service de Psychopathologie de l'Enfant et de l'Adolescent. Hôpital Robert Debré. Paris

ADHD and bipolar disorder share both symptoms and familial vulnerability. Some findings suggest that a specific sub-type of ADHD might be a developmental precursor of bipolarity. Severe temper tantrums and general emotional over-reactivity have been identified in children and adolescents with both ADHD and manic/hypomanic symptoms but they lack specificity. ADHD symptom variations before and during psychostimulant treatment are also likely to be associated with full-blown or prodromal bipolarity. We will review literature of relationships between ADHD and bipolarity with special focus on symptom fluctuations. Clinical implications for diagnosis and treatment will be discussed.

Onset and course of affective disorders in childhood and adolescence: a follow-up of 58 inpatients. Martin Holtmann, Katja Becker, Katharina Kohlbrenner, Martin H. Schmidt. Central Institute of Mental Health, Department of Child and Adolescent Psychiatry and Psychotherapy, Mannheim/Germany

Objective: To assess cross-sectional and longitudinal differences between depressive, manic and mixed first episodes in children and adolescents and to determine predictors for the course of the disorder.

Methods: Hospital records of all inpatients admitted to our department from 1976 to 1996 with a diagnosis of affective disorder (according to ICD-10) were examined retrospectively with regard to age at admission, gender, symptom severity, functional impairment, comorbidity, psychotic symptoms and frequency of relapses.

Results: Data of a total of 58 children and adolescents (mean age 16.3 years; range: 11.9 to 17.9) were included. Diagnoses at first admission included 30 (52%) depressive episodes, 17 (29%) manic episodes and 11 (19%) mixed episodes. Symptoms were less pronounced in younger patients. Every third patient experienced a relapse during follow-up (mean duration 8.7 years; range 1 to 20). Psychotic symptoms were present in 17% of patients and predicted an increased risk of relapse. Initially depressive patients showed few (23%) but early relapses, while an initial diagnosis of mania predicted frequent relapses (53%). Psychotic symptoms were of no predictive value for a later bipolar switch.

Conclusions: In our sample, an initial diagnosis of depression predicted few but early relapses, while manic patients experienced frequent relapses. In children, affective disorders were rare (possibly due to a selection bias) and had a different pattern of symptoms. Female preponderance in affective disorders after age 14 is due to a higher rate of depressed girls, while no gender differences were found in manic, mixed and bipolar patients.

Troubles dépressifs des adolescents et des post-adolescents. Lafay Nicolas, Fahs Hassan, Marcelli Daniel, Senon Jean-Louis. Centre Hospitalier Henri Laborit, 86000 Poitiers, France

Résultats de deux enquêtes poitevines en population scolarisée collégienne, lycéenne et étudiante.

Afin d'étudier la clinique et les facteurs associés aux troubles dépressifs des adultes jeunes, nous avons effectué une enquête par le biais d'un autoquestionnaire dans une population étudiante de l'université de Poitiers (n = 1521). Une précédente étude, reprenant la même méthodologie, avait été faite chez les adolescents scolarisés lycéens et collégiens dans le département de la Vienne (n = 465). En dehors de l'épisode dépressif majeur, nous pouvions individualiser d'autres troubles dépressifs représentés par la morosité avec son état de tristesse permanent, la crise anxio-dépressive caractérisée par une anxiété majeure et par la dépressivité, en faveur d'une hypothèse dimensionnelle de la dépression. Globalement, la prévalence d'épisode dépressif majeur ne variait pas dans les deux populations (7% chez les lycéens, 6% chez les étudiants). En revanche, les troubles dépressifs ne rentrant pas dans la catégorie «Épisode dépressif majeur» sont plus fréquents chez les adolescents (30%) que chez les étudiants (24.8%). Les principaux facteurs associés à ces pathologies étaient en rapport avec les parents (santé, conjugopathie, relations conflictuelles entre enfants et parents), ainsi que la consommation de produits toxiques.

Mots clés: Adolescence, Dépression

Adolescents and post-adolescents depressive disorders. Results of two surveys in college, high school and university population.

The purpose of this study was to identify the prevalence and risk factors associated with depressive disorders in adolescents and young adults. Data assessing a large number of variables were available from a representative sample of adolescents (n = 465) and university students (n = 1521). In addition to major depressive disorders, other depressive disorders were identified. The prevalence of major depressive disorders did not vary in these populations (7% among adolescents and 6% among young adults). However, other depressive disorders were more frequent in the secondary and high school population (30%) than in the university students' population (24.8%). The main factors associated with depressive symptomatology were related to parents' variables and to the use of psychoactive substances.

Key words

Adolescents – mood disorders

Long term outcome of adolescent depression in a treatment study. R. Barbe, D. Brent, D. Kolko, M. Baugher, J. Bridge, D. Holder, S. Iyengar, R. E. Ulloa, B. Birmaher; Department of Psychiatry, University of Pittsburgh Medical Center, Western Psychiatric Institute and Clinic, Pittsburgh, PA, USA

Background: Major depressive disorder considerably interferes with the child's normal development and is associated with increased risk for suicidal behaviors and psychiatric and psychosocial morbidity. Although most children and adolescents recover from their first depressive episode some will experience a poorer outcome with a recurrence or chronic evolution.

Objective: In this study we will investigate the long term outcome of adolescent depression in a treatment study and determine the predictors of a poor long term outcome.

Methods: One hundred seven adolescents with major depressive disorder randomly assigned to 12 to 16 weeks of cognitive behavioral therapy, systemic behavioral family therapy, or nondirective supportive therapy were evaluated for 2 years after the psychotherapy trial to document the subsequent course and predictors of major depressive disorder.

Results: Most participants (80%) recovered (median time, 8.2 months from baseline), and 30% had a recurrence (median time, 4.2 months from recovery). Twenty-one percent were depressed during at least 80% of the follow-up period. Severity of depression (at baseline), lifetime history of sexual abuse and presence of self-reported parent-child conflict (at baseline and during follow-up period) predicted lack of recovery, chronicity, and recurrence. Despite the similarity to clinically referred patients at baseline, patients recruited via advertisement were less likely to experience a recurrence.

Conclusions: While most participants in this study eventually recovered, those with severe depression, lifetime history of sexual abuse and self-perceived parent-child conflict were at greater risk for chronic depression and recurrences.

Tuesday, September 30th, 2003 Doppler

S31–11:15 am
Symposium

Diagnosis and risk assessment in early-onset schizophrenia

Chairs: E. Schulz (Freiburg); M.-A. Crocq (Rouffach)

Course and Outcome in Early-Onset Schizophrenia. E. Schulz¹, C. Fleischhaker¹, M. Martin², H. Remschmidt²

¹ Dept. of Child and Adolescent Psychiatry, Albert Ludwig-University Freiburg, Hauptstr. 8, D-79104 Freiburg, Germany. ² Dept. of Child and Adolescent Psychiatry, Philipps-University Marburg, Hans-Sachs-Str. 6, D-35033 Marburg, Germany

A poor prognosis can be found in patients with early-onset schizophrenia with pre-morbid developmental delays, and in patients who were introverted and withdrawn before the beginning of their psychotic state.

The aims of our study were to investigate premorbid functioning, the course and outcome in early-onset schizophrenia. The

study included all inpatients with DSM-III-R schizophrenia (n = 101) consecutively admitted to the department of child and adolescent psychiatry, Philipps-University Marburg, between 1983 and 1988. To assess pre-morbid adaptation and precursor symptoms of schizophrenia, we administered the Instrument for the Retrospective Assessment of the Onset of Schizophrenia (IRAOS). This instrument was modified by our group for investigating children and adolescents. SANS, SAPS and BPRS were employed to measure symptomatology. Additionally, the Global Assessment of Functioning (GAF) was made. After a mean duration of schizophrenia of 9.5 yrs, out of the study group, 81 patients (80.2%) could be investigated. Assessment of the highest level of adaptive functioning revealed outcome as following: very good and good (19.8%), fair and poor (38.3%) and very poor and grossly impaired (42%). A poor prognosis can be found in patients with pre-morbid developmental delays, and in patients who were introverted and withdrawn before the beginning of their psychotic state.

Can genetic risk and endophenotype identify patients at risk?

Crocq M. A. Centre Hospitalier, BP29, 68250 Rouffach, France; Guillon M. S. CHR La Citadelle, Liège, Belgique; Gros-Gean J. CHR La Citadelle, Liège, Belgique; Macher J. P. Centre Hospitalier, BP29, 68250 Rouffach, France

Familial history and biological indices, such as event-related potentials, may be of interest to identify subjects at high risk of developing schizophrenia. This may be particularly useful in adolescent psychiatry, where prognosis is difficult to establish. However, the predictive value of risk factors is limited by interaction with the environment.

Considerable evidence shows that genes play a major role in the vulnerability to schizophrenia. Data suggest that adolescents with a familial risk of psychosis have a higher risk of developing schizophrenia after cannabis abuse, and are more likely to present with a younger age of onset of the illness. However, no simple genetic diagnosis can be envisaged because of the multiplicity of genes involved, and their interaction between themselves and with the environment. Therefore, research has focused on biological traits, such as eye tracking dysfunction and event-related potentials, that might be both associated with disease vulnerability and more closely related to gene function. Such biological abnormalities have been termed the disorder's "endophenotype".

To discuss the diagnostic value of biological parameters, we present data on the association between event-related potential (P300, CNV) abnormalities and schizophrenia in adolescents, and on the putative association between certain genetic polymorphism (e. g., dopamine D3 receptor gene) and early onset.

Biological indices may be useful in the context of possible prodromal schizophrenia, where cross-sectional diagnosis based on clinical symptoms has limited prognostic value. However, the predictive value of risk factors is limited by interaction with the environment. The identification of patients at high risk to develop clinical schizophrenia might help us to offer better prophylactic and curative treatment to vulnerable subjects, while avoiding excessive drug treatment in the case of subjects who would show naturally a benign course.

Drug-induced psychosis and Schizophrenia in Adolescents. C. Fleischhaker¹, E. Schulz¹, H. Remschmidt²

¹ Dept. of Child and Adolescent Psychiatry, Albert Ludwig-University Freiburg, Hauptstr. 8, D-79104 Freiburg, Germany. ² Dept. of Child and Adolescent Psychiatry, Philipps-University Marburg, Hans-Sachs-Str. 6, D-35033 Marburg, Germany

The relationship between substance abuse and symptoms of psychosis and related disorders is evaluated. Adolescents with a drug induced psychosis can be distinguished from the group with schizophrenically ill patients with comorbid substance abuse in respect of type of onset of illness and premorbid functional level.

Introduction: We examined the relationship between substance abuse and symptoms of psychosis and related disorders using an evaluation of clinical inpatients at the Dept. of Child and Adolescent Psychiatry at the University of Marburg.

Method: We included in the Evaluation all patients with comorbid substance abuse using the child and adolescent version of the IRAOS (Instrument of the retrospective assessment of the onset of schizophrenia, Häfner et al., 1990). Patients with drug-induced psychosis ($n = 8$) were compared with psychotic patients with comorbid substance abuse ($n = 19$) and patients with other psychiatric disorders and additional substance abuse ($n = 30$).

Results: The three groups showed marked differences between premorbid symptoms and characteristics of onset of illness. Adolescents with a drug induced psychosis can be distinguished from the group with schizophrenically ill patients with comorbid substance abuse in respect of type of onset of illness (acute versus chronic) and premorbid functional level but not in respect of psychopathology at hospital admission. Adolescents with drug-induced psychoses have also more often a family history of parents with schizophrenia and other endogenous psychoses than the group of schizophrenic patients with comorbid substance abuse.

Discussion: There is some evidence from the IRAOS that psychotic patients with comorbid substance abuse can be distinguished from patients with drug-induced psychosis by the development of psychopathology and premorbid functioning.

Stability and relevance of negative symptoms criteria in adolescence. J. Guerrero. Université de Séville. Espagne

The presence of primary negative symptoms in adolescence is often understood to indicate schizophrenic prodromes. Our study does not confirm that isolated, mild to moderate, negative symptoms represent by themselves a validated risk factor.

Between 1992 and 1996, we evaluated the adolescent children (aged 14 to 18 years) of the patients who participated in group therapy for dysthymic disorder or chronic anxiety at the Day Hospital of the University Hospital of Sevilla. A total of 276 adolescents were investigated with PANSS and SANS, and other instruments, over distinct three month periods.

During the first year, 15.2% of the adolescent population presented with mild or moderate negative symptoms at two evaluation periods at least (Group A), 8% had mild or moderate negative symptoms at only one evaluation period (Group B), and 76.8% did not present with negative symptoms.

The three groups were followed up over five years to assess the stability of the negative symptoms, the appearance of psychopathological disorders, and relational functioning (Global Assessment of Relational Functioning [GARF] scale).

One hundred and ninety-five subjects could complete the study (70.6%). The stability of the groups was very limited. Negative symptoms that appeared during the first year persisted in only 5.10% of subjects, whereas negative symptoms appeared in 10.8% of subjects in Group C. No significant correlation was found with relational functioning at the end of the study.

In conclusion, the presence of isolated negative symptoms in adolescents is not stable over time. It shows little consistence. It does not correlate with relational functioning over a five year follow-up, nor with the development of schizophrenia.

S32-1:00 pm Symposium

Self-injurious behaviors

Chairs: S. Tordjman and G. Haag

Affect Regulation and Addictive Aspects of Repetitive Self-Injury in Hospitalized Adolescents. M. K. Nixon, Children's Hospital of Eastern Ontario, Ottawa, Ontario, Canada; P. F. Cloutier, Children's Hospital of Eastern Ontario, Ottawa, Ontario, Canada

Self-injurious behavior in hospitalized adolescents serves primarily to regulate dysphoric affect, and displays many addictive features. Those with clinically elevated levels of internalized anger appear at risk for more addictive features of this behaviour.

Objectives: The incidence of self-injurious behaviour (SIB) in psychiatrically hospitalized adolescents has been reported to be as high as 61% yet little data exist on the characteristics and functional role of SIB in this population. Due to the often-repetitive nature of SIB and its potential to increase in severity, features of SIB and its specific reinforcing effects were examined.

Method: Participants were 42 self-injuring adolescents admitted to hospital over a 4-month period. Data sources consisted of self-report questionnaires and medical chart review.

Results: Mean age was 15.7 + 1.5 years. Reported urges to SI were almost daily in 78.6% ($n = 33$), with acts occurring more than once a week in 83.3% ($n = 35$). The two primary reasons endorsed for engaging in SI were "to cope with feelings of depression" (83.3%, $n = 35$) and "to release unbearable tension" (73.8%, $n = 31$). 97.6% ($n = 41$) of the sample endorsed 3 or more addictive symptoms.

Conclusions: SIB in hospitalized adolescents serves primarily to regulate dysphoric affect, and displays many addictive features. Those with clinically elevated levels of internalized anger appear at risk for more addictive features of this behaviour.

The Ottawa Self-Injury Inventory: A Preliminary Evaluation. P. F. Cloutier, Children's Hospital of Eastern Ontario, Ottawa, Ontario, Canada; M. K. Nixon, Children's Hospital of Eastern Ontario, Ottawa, Ontario, Canada

Affect regulation is the primary reason reported by adolescent outpatients for engaging in self-injury and this finding was reliable over a two-week retest period. Consistency over time in reporting of addictive features was also evident for this population. Further evaluation of the Ottawa Self-Injury Inventory is recommended.

Objective: To evaluate the Ottawa Self-Injury Inventory (OSI), a self-report instrument which assesses quantitative and qualitative data around acts and urges to self-injure (SI), self-injury's effects on affect and its addictive features. A first step in evaluating this measure involves assessing the consistency of responses from one test administration to another over a two-week period.

Method: Participants were 23 self-injuring adolescents who were outpatients to mental health services at a tertiary care paediatric hospital. Participants completed the OSI and several other self-report questionnaires. 7 to 14 days later, they completed the OSI again.

Results: Mean age was 15.1 + 1.1 years. The most frequently endorsed reasons for initially engaging in SI were to relieve feelings of depression (60.8%) and to release anger (47.8%). Reasons for maintaining this behaviour were the same with rates reported at 45.4% and 72.8% respectively. Motivation for SI remained constant over time. Correlations on the rating of effectiveness of SI for releasing unbearable tension, anger and feelings of depression were significant over time (.71, 0.74 and 0.62 respectively). The mean number of addictive symptoms endorsed at the first

(4.8 + 1.6) and second (4.2 + 1.6) testing periods were also consistent ($r = 0.55$). Reliability was also evident in outpatients' reported lack of motivation to stop SI.

Conclusions: Affect regulation is the primary reason reported for engaging in SIB and this finding was reliable over a two-week retest period. Consistency in reporting of addictive features was also evident.

Interest of packing technique for self-injurious behavior. P. Delion, CHRU, Lille, France

The interest of the packing technique for treating self-injurious behavior in patients with autism or schizophrenia will be discussed based on previous observations and our study assessing the specific effects of the packing technique on autistic self-injurious behavior, as well as its more general effects on the different domains of autistic impairment.

The packing technique has been used for many years by adult psychiatrists in order to treat psychotic crises. More recently, this technique was proposed to treat self-injurious behavior in patients with autism or schizophrenia. Indeed, the packing technique seems to reduce self-injurious behavior in patients with autism or schizophrenia, but a rigorous study is necessary to demonstrate real therapeutic effects of this technique.

We are conducting a study (P. Delion and S. Tordjman) on 30 children and adolescents with autistic disorder according to ICD-10, DSM-IV and CFTMEA (French classification) criteria. All these patients show self-injurious behaviors which resist pharmacological treatment. The YAPA SIB scale (Yale-Paris Self-Injurious Behavior scale; Tordjman, Cohen, Haag et al.) is used to assess severity, duration and frequency of self-injurious behavior before, during and after the packing treatment.

The main objective of this study is to assess the specific effects of packing technique on autistic self-injurious behavior, as well as its more general effects on the different domains of autistic impairment (communication, social interaction and stereotypes). Another objective will be to try to understand better the active mechanisms of the packing technique. Our hypothesis is that the child will move from seeking painful sensations through self-injurious behavior to thermic sensations (quick increase of temperature in packing) via the spinothalamic activation system.

Topiramate in Pervasive Developmental Disorders. Roberto Canitano, Division of Child Neuropsychiatry, Azienda Ospedaliera Universitaria Senese, Siena, Italy

Background: Topiramate is an antiepileptic medication that is progressively demonstrating a wider spectrum of action, mainly as a mood stabilizer and as an agent for weight control. Patients with Autism and Pervasive Developmental Disorders (PDD) are treated with antipsychotics with different aims, frequently to limit aggression and self-injurious behaviours (SIB). They may experience weight gain which represents a major drawback associated to neuroleptics.

Objectives: topiramate was administered to a group of children and adolescents with autism on risperidone therapy. The purpose of add-on therapy was to attenuate weight gain and to take advantage of mood stabilizing effect.

Methods: This is a retrospective open study over an observation period of 1 year, the group of patients was constituted by ten subjects, eight males and two females, mean age 14.3 ys, SD \pm 4.7, range 8.1–21.2 ys, with a diagnosis of Autism or PDD according to DSMIV. All of them were taking risperidone and were subsequently given topiramate; starting dosage of 0.5 mg/kg/day was followed by titration of 0.5 mg/kg on a weekly basis.

Results: seven subjects had a significant weight loss, 82.6 ± 22.7 vs 79.8 ± 22.4 kg, $p < 0.01$; in two of them a general improvement in adaptive behaviour was also observed; in three patients topiramate was rapidly discontinued: two had remarkable adverse be-

havioral effects, agitation and emotional discontrol, one boy suffering also from epilepsy because of refractory seizures.

Conclusion: Topiramate may represent a useful tool to reverse weight gain induced by neuroleptics and to attain a more stable mood in autism. Behavioural changes warrant caution when using this medication, controlled studies in larger groups are awaited to confirm these preliminary findings.

S33–2:15 pm Symposium

Problématique de la transmission

Je compte traiter pour l'essentiel cette problématique de la transmission à partir de mon expérience de psychiatre d'enfants et d'adolescents ayant une pratique psychanalytique.

Il s'agit de transmettre ce dont nous avons pu nous emparer de ce qui nous a été offert au cours de la pratique analytique avec nos analystes et nos patients au cours de nos supervisions, au cours de la pratique des consultations commentées des séminaires avec ceux qui ont été nos maîtres (René Diatkine en particulier) avec nos collègues, nos patients et leurs familles.

Malheureusement les routines formelles sont ce qui se transmet le plus facilement et à notre insu à tous. Qu'il y a-t-il lieu de modifier dans ce que nous avons acquis? Qu'est-il déterminant de garder dans l'intérêt de nos patients? Beaucoup insistent sur la période de changement culturel que nous vivons et qui est indiscutable, mais il me semble que je serais tenté de retenir comme le fait déterminant à nos yeux de cette période est l'accès très large dans notre pays aux possibilités de soins.

Il me semble que deux thèmes seraient important à développer, le premier serait celui du travail des psychanalystes, du travail psychanalytique et de transmission j'en verrais une illustration dans la place de la consultation thérapeutique, dans les suivis à la demande, mais peut-on s'intéresser à la transmission de ce travail sans être attentif à la façon dont l'histoire nous montre la diversité des dérives possibles de toutes sortes de pratiques.

D'autre part, il me semble qu'il y a lieu d'insister sur l'existence de tendances lourdes et pourrait-on dire vraiment durables si ce n'est éternelles dans les relations avec des patients très difficiles, c'est sans doute là un des apports de la rencontre de l'analyse et de la psychiatrie de secteur, d'avoir mis en valeur la connaissance des risques attachés à la ségrégation des patients, et à leur regroupement dans des institutions, dont la lourdeur est toujours un inconvénient. J'en approcherai les avantages illusoire de la spécialisation, lorsqu'elle est exclusive, tout ceci constituant en quelque sorte des réponses sociales, à la peur de l'inconscient, au refus de la subjectivité, dont nous avons en France des exemples récents.

Elaborating identifications and imitative drifts in Psychoanalysis transmission.

 Ronny Jaffe (Milan SPI)

The concept of identifications runs across almost all the models in psychoanalysis, nevertheless it is not as evident, as it seems to be; we have to take care of the trap it can set to us. We have to think if it is a personal identification, elaborated inside the self which takes the liberty of transforming, or – if we are in the register of the acritical adhesives, imitatives, repetitives, identifications.

Gaddini studied in a very interesting way the concept of imitation. It coincides with repetitive behaviour which has not been interiorised by psychic apparatus and set at the limits of a rudimentary self; nevertheless this register is able to use intellectual mechanisms and to give room to pseudoidentifications which transmit non personal, devitalized and not much communicative knowledge.

How can happen some drifts in the knowledge and in the treatment when there exists collusion between institutions, which

squeeze analyst's creativity, subjectivity, and some parts of his mind which haven't elaborated enough identification process and stay attached to imitative and repetitive elements.

Passing the time, the analyst is subjected to a complex network of identification, he proposed and pass on to the patient his re-lagged his identification's network.

In the transmission of knowledge and treatment this becomes a crucial problem about which questions I have. What is personal in the communication, and therefore alive on one side between analyst and child and adolescent, and between analyst and student in respect of the analytic frame, analyst transmits his own background of knowledge in a passive and inasmuch imitative way transmission of object without passion and creativity, which takes risk to organise pseudo changes under the aegis of conformism instead of effective transformations?

Developmental psychopathology: Transmission and Change. Viviane Green, Centre Anna Freud, 21 Maresfield Gardens, London NW3 5SD

I will ask how can the therapist intervene to effect change, using their psychoanalytic understanding in either longer term work or shorter child and family interventions?

The phrase developmental psychopathology implies that development itself holds strains and stresses that may develop into full blown psychopathology. Within psychoanalysis this is inherent in the Freud's classic psychosexual theory which refers to the ordinary neurosis of childhood particularly in the child's negotiation of his oedipal dilemmas. Structuralisation and repression following the giving up of oedipal wishes is in and of itself a normal 'neurotic' solution. Of course this is different to the other sense in which Freud employed the term where the unresolved Oedipal drama was viewed as the possible seat of future, more truly psychopathological neurosis.

The work of Anna Freud went on to explore the ways which in the whole course of child and adolescent development from infancy onwards held inherent stresses and strains. Each developmental phase, in this view, is seen as ushering in specific psychic tasks which the child or adolescent was on the whole either able to meet with an overall progressive thrust or else had to do a regressive retreat or attempt to stand still. The work of assessment is in part to determine whether these developmental stresses were viewed as temporary and age appropriate or heralding a longer term difficulty whether this was the normal developmental psychopathology with the accent on normal or the developmental psychopathology with the accent on psychopathology.

Clinical experience has long since taught us that how an individual develops is in part how outer experience impacts on the inner life and more specifically how the conscious and unconscious life of the child's main caregivers sculpts the child's inner representational world, how he feels about himself, himself in relation to others and how he feels about others. Many years ago the American analyst Selma Fraiberg showed how "ghosts" from the parents' past live on in their parenting of their children. This has been corroborated by the work of attachment researchers.

In marrying this perspective with a more psychoanalytic view we can understand how the parents' capacities to know, to mentalise, to think and to respond will shape what is or is not possible for the child, in short there is an intergenerational transmission of the parents' conscious and unconscious forces, fantasies, affects and psychic defences that will impact on how the child lives within his own skin. The inner representational world of oneself and oneself in relations to others is also shaped and coloured by unconscious forces that indirectly make themselves known in the therapeutic setting. We also know that whilst there are shaping forces to the psyche there is also plasticity; the possibility for therapeutic change. How can this come about? The transformational possibilities of work lie in the therapeutic relationship be they in traditional psychoanalytic work or applied forms such as consultations, i. e. transference and counter transference whether

these are addressed directly or indirectly. What I briefly want to put on the table is the notion of the therapist as a new developmental object as an agent for change. This, some would argue is already encompassed within the work of the transference.

A counter response might be to suggest that it is precisely because of the analyst's understanding of the vicissitudes of development and the transmission of psychopathology within the invisible matrix of unconscious child-parent communications and brought alive in the therapeutic relationship, that a third new developmental position can be offered. In treatment terms the therapist can be positioned as the outsider who can empathise but also mentalise and make sense of these communications.

The therapeutic experience that transmits the notion that the child's inner world in all its complexity and with all its conflicts can be thought about. Finally? I would like to suggest that within an analyst's own development there needs to be an aperture for change so that when new ideas or knowledge about development emerge they are not dismissed as outside the main psychoanalytic project but are carefully considered to see how they may help us continue to evolve our own models of the workings of the mind.

S34–4:00 pm Symposium

Psychanalyse et «hérédité»: un temps pour comprendre

Dr. Florence Quartier, Hôpitaux Universitaires de Genève, psychiatre, psychanalyste, membre formatrice de la société Suisse de psychanalyse, Genève, Suisse.

Prof. Alain Malafosse, psychiatre, généticien, Hôpitaux Universitaires de Genève, Suisse.

Dr. Jean-Mattieu Lacroix, psychiatre-psychothérapeute FMH, chef de clinique adjoint, Hôpitaux Universitaires de Genève, Suisse.

Dans ce Symposium nous proposons d'ouvrir une discussion avec les participants au sujet d'un entretien avec un tout jeune adulte. Cet entretien permet d'instaurer une relation que le patient reconnaît comme intéressante parce que elle valorise l'intérêt qu'il peut porter aux difficiles et douloureux problèmes qui l'agitent et qui sont aux confins de son adolescence et de la psychose.

Une relation thérapeutique ainsi construite sur des bases psychanalytiques, sans forcer l'adhésion du patient et tout en l'accompagnant dans son questionnement, permet d'intégrer progressivement:

- la dimension biologique et la prescription des médicaments.
- la dimension des relations familiales et du développement des bases narcissiques de la personnalité.
- la dimension «hérédité».

Ce dernier point sera particulièrement développé par le Dr. Alain Malafosse, spécialiste de la génétique en psychiatrie. De nombreuses questions se posent aujourd'hui sur comment aborder ces questions, comment informer sans faire peur, comment dire ce que l'on sait et comment faire part de ce que l'on ne sait pas.

Le souci commun du psychiatre praticien, du psychanalyste bien sûr, et du généticien, est ici d'instaurer un dialogue avec le patient, et sa famille le cas échéant, un dialogue qui permette à chacun de réfléchir à son rythme, et à sa manière, à des questions auxquelles personne ne peut – ne doit – répondre de manière péremptoire.

Références

- Quartier-Frings FJ, et al. (2000) «Schizophrénies, dialogues, entretiens psychanalytiques en psychiatrie», P. U. F., Le fil rouge, Paris
Malafosse A (1990) Génétique en psychiatrie, doing

Psychoanalysis and “heredity”, a time for understanding

In this symposium, we would like to start a debate about interviews with very young adults. Such interviews make it possible to establish a relationship that the patient recognises to be of value because it validates the emphasis placed on the difficult and painful problems that disturb young adults, at the boundary between normal adolescence and psychosis.

A therapeutic relationship that is built on such a psychoanalytical basis, without forcing the patient to comply, but accompanying him in his questioning, makes it possible to integrate the following elements progressively:

- The biological dimension, including medicines
- The dimension of family relationships and the development of narcissistic personality traits
- The “heredity” dimension

Prof Alain Malafosse, a specialist in psychiatric genetics, will concentrate particularly on the third of these elements. Many unanswered questions remain today concerning how to tackle these questions, how to give information without scaring the patient, how to explain what we know and how to let patients know what we do not know.

Practising psychiatrists and geneticists have a common concern: how to generate a dialogue with the patient, and his family, if necessary. This dialogue must allow all parties to think at their own pace and in their own manner about questions that nobody can or should answer in a peremptory manner.

References

- Quartier-Frings Fl, et al. (1999) “Schizophrénies, dialogues, entre-tiens psychanalytiques en psychiatrie”, P. U. F., Le fil rouge, Paris
Malafosse A (2000) Génétique en psychiatrie, Doin ed

L2–5:45 pm

Lecture

La construction de l'identité sexuée

Colette Chiland, 31, rue Censier, 75005 Paris, France, Tel. + 33 (0)1 47 07 91 91, Fax + 33 (0)1 45 87 23 13, E-Mail: cchiland@wanadoo.fr

L'identité sexuée est construite par l'enfant à partir de son vécu corporel, qu'il interprète en fonction des messages conscients et inconscients de ces parents. La distinction qui a été introduite entre le sexe et le genre oblige à préciser la terminologie qu'on utilise. Et la référence aux intersexués et aux transsexuels fait discuter de la part biologique et cérébrale d'un côté, de la part interactionnelle et culturelle de l'autre. L'identité se constituant au sein de l'unité bébé-parents est d'emblée sexuée.

The gender identity is constructed by the child from his bodily experience, which he/she interprets in reference to the conscious and unconscious messages of his/her parents. The distinction between sex and gender obliges to clarify the terminology. The reference to intersex and transsexualism leads to discuss the biological and cerebral contribution, and the interactive and cultural contribution. The identity being constructed inside the baby-parents unit deals with sex from the beginning.

Tuesday, September 30th, 2003

Andrews

W10–1:00 pm

Workshop

Relevance of the Working Alliance concept in Infant Psychiatry

Chairman: Jean Pierre Visier, from Montpellier, France
Groupe de recherche Franco suisse sur l'alliance thérapeutique en psychiatrie précoce (French-Swiss Study Group upon Therapeutic Alliance in Infant Psychiatry)

In the field of infant psychiatry, therapeutic alliance has been mainly studied in clinical practice with high risk families. In adult psychiatry the design of assessment tools for measuring the therapeutic alliance (or helping alliance or working alliance) has been empirically studied in psychotherapy practice in different theoretical framework. This workshop has two purposes: to illustrate some applications of the concept of working alliance in infant psychiatry and to illustrate the clinical relevance of the concept of therapeutic alliance in infant psychiatry.

This workshop will combine a theoretical presentation by Nicole Guedeney, from Paris, France about the reassessment of transference trust, taking into account recent results about working alliance, with a presentation by Sandra Serpa-Rusconi from Geneva, Switzerland comparing the working alliance in two groups of mother infant treatment (one for infant with functional symptoms and the other with behavior difficulties) and one presentation by Marie Joelle Hervé, from Montpellier, France about the analysis of each partner's contribution in the therapeutic alliance in a therapeutic session with mother and infant. The last presentation by Marie Rose Moro, from Paris, France will describe the relevance of the concept of therapeutic alliance and the modalities in ethno psychiatric practice.

Martine Lamour from Paris, France will discuss these presentations.

To re-assess the concept of trust transference: is Working alliance notion exportable to other context of help providing. N. Guedeney, CMP-IMM, Paris, France, M. Morales-Huet, CMP-IMM, Paris, France, C. Rabouam, CMP-IMM, Paris, France

Objective: Clinical practice in Infant Psychiatry needs partnership with non specialized professionals. This partnership provides clinical improvement for both partners but needs also to share theoretical knowledge. Partners are now very well sensitized to the importance of the bond in any enduring care relationship, provided by whatever professional. This trust transference which is based on the trustful bond between the family and the professional is particularly important in the efficiency of referral to specialized settings when needed. The empirical validation of psychological concepts in other contexts than the psychological settings represents one of the opportunities of sharing knowledge. The concept of working alliance was theorized by adult psychologists: its pantheoretical dimension makes it very useful to assess and to objectivate the bond dimension in any help providing setting.

Method: we discuss the links between this concept of working alliance and those of therapeutic alliance by infant psychiatrists or psychologist as Fraiberg, Seligman and Mac Donough's work. We discuss why it can be useful in the context of adults applying for social assistance.

Results: the Working Alliance as captured by specific self reports can be used as indicators of therapeutic alliance and as therapeutic tools for training or improving social workers's practice.

This theoretical presentation shows how a study could be designed in collaboration with the social services of Paris.

Therapeutic alliance in brief mother-infant psychotherapies treating functional versus behavior disorders. S. Rusconi Serpa, F. Lüthi, A. Sancho Rossignol, G. Merminod, Ch. Robert-Tissot, B. Cramer, F. Palacio Espasa. Service de Psychiatrie de l'Enfant et de l'Adolescent, Hôpitaux Universitaires de Genève, 41, Crêts-de-Champel, CH- 1206 GENEVE

In a previous research on outcome and therapeutic processes in brief mother-infant psychotherapy, we investigated the evolution of therapeutic alliance during treatment. Data were collected with 40 mothers and their infants aged 8 to 20 months consulting our Clinic for functional disorders. Therapeutic alliance was defined in a restrictive way as patient's active collaboration during treatment (Frieswyck, 1986) and evaluated by therapist and mother. They completed after each session questionnaires focused on alliance, empathy and therapeutic focus. Results showed that the group treated for functional disorders was characterized by a good therapeutic alliance, associated with good outcome in therapy and a low proportion of drop-outs. Therapeutic alliance was identified as a necessary context for elaboration and identification of therapeutic focus, allowing an agreement between the therapist and the patient on a "common theory" of the problem addressed in therapy (Robert-Tissot & Cramer, 1998; Cramer & Robert-Tissot, 2000). The objective of this presentation is to compare therapeutic alliance of this group with another group of 40 mothers and their infants aged 18 to 36 months consulting our Clinic for behavior problems and enrolled in our actual research programme about forerunners, treatment and evolution of conduct disorders of childhood. Data are collected in similar conditions. Constellation of obstacles frequently observed in treatments for behavior disorders (high proportion of drop-outs, problems of settings, parental projections with resistance to the therapeutic work) contrasts with treatments for functional disorders. The association between therapeutic alliance and these typical problems will be investigated.

References

- Frieswyk SH, Allen JG, Colson DB, Coyne L, Gabbard GO, Horwitz L, Newsom G (1986) Therapeutic Alliance: its Place as a Process and Outcome Variable in Dynamic Psychotherapy Research. *J Consult Clin Psychol* 54:32-38
- Robert-Tissot C, Cramer B (1998) When patients contribute to the choice of treatment. *Infant Mental Health Journal* 19(2):245-259
- Cramer B, Robert-Tissot C (2000) Evaluating mother-infant psychotherapies: "Bridging the gap" between clinicians and researchers. In: Osofsky JD, Fitzgerald JE (eds) *WAIMH Handbook of Infant Mental Health*. Volume Two. Early Intervention and Assessment 8:271-312. New York: John Wiley.

Infant's participation in the alliance process during early consultations. Implications for the development of an assessment tool. M. J. Hervé, M. Maury, J. P. Visier, Médecine Psychologique pour Enfants et Adolescents, CHU de Montpellier, France

Objective: In mother-infant consultations, the therapist is confronted with two subjects having different needs. If the infant's presence has influence on the mother's emotional state and representations, it can also have an impact on the quality of the alliance between the partners. We will wonder about the place offered to the baby during the consultation and the interest of therapist's direct interventions towards him/her.

Method: We made a multiregister analysis of 16 first consultations with mothers and their infants from 3 to 10 months, sent for functional troubles. Two hundred "key moments" were analyzed at different levels: non-verbal behaviours, therapist's representations and affects (collected by post microanalytic interview) and verbal content between mother and therapist. An expert made an independent and clinical assessment of the therapeutic alliance.

Results: The results showed the importance to therapeutic alliance building of the presence in the consultation of threesome

moments. The place given to the infant can be a pertinent indication of the participants' emotional state. Some clinical examples from the research will allow to illustrate the different impacts that the interactions with the infant can have, on itself, on the mother and on the therapist.

Conclusion: These results led to elaborate a therapeutic alliance assessment scale in this context, with an analysis of non verbal behaviors and with a questionnaire including specific items for the baby.

Parent infant psychotherapy in situations of migration: how to build a therapeutic alliance? Marie Rose Moro, M. D., Ph. D., Benoit Dutray, M. D., Avicenne Hospital, 125, rue de Stalingrad 93009 Bobigny cedex, University Paris 13, France.

The application of transcultural approach to the construction of a therapeutic alliance will be discussed. This technique is formed by the association of psychoanalysis and anthropology to approach the understanding and treatment of situations in which a family or parent/child group have moved from one culture to another. The importance of cultural myths, taboos and modes of understanding relationships, child development and needs, and manifestations of dysfunctions will be discussed. We will analyse in special the therapeutic consultations during the perinatal period in situations of migrations. This period is particularly vulnerable for children and families. During this time cultural and family myths acquire great importance, they could be denied or abandoned due to the requirements of the "new" culture, while being vividly present in the mind of the parents, even if unconsciously. The use of transcultural principles as complementarity (the importance of anthropological understanding of clinical manifestations) and a therapeutic model of group consultation will be illustrated. The address to these consultations are numerous: difficulties during pregnancy, difficulties in feeding of the infant, failure to thrive, excessive irritability in babies... The construction of a specific therapeutic alliance is the main parameter of the efficacy of this kind of clinical work. The first data of a research done in this setting about the representation that the patient has of this alliance will be analysed.

S35-2:15 pm Symposium

Autism spectrum disorders: assessment, prevalence and novel intervention techniques

Chair: Prof. Dr. Fritz Poustka, Dr. Sven Boelte

Screening, observation, interview: psychometric properties of three scales for autism. S. Boelte, F. Poustka, Child and Adolescent Psychiatry, J. W. Goethe-University, Frankfurt/M., Germany

Objective: Various psychometric scales have been developed to improve the fidelity of the diagnostic ascertainment in autism. This study reports reliability and validity data of the German forms of three internationally used scales to assess autism.

Method: Applying classical test-theory, the reliability and validity of the German versions of Autism Screening Questionnaire (ASQ), the Autism Diagnostic Observation Schedule (ADOS) and the Autism Diagnostic Interview-Revised (ADI-R) is examined. Before, the ASQ had been translated into German and retranslated into English, while the ADI-R and ADOS were translated into German by bilingual clinical psychologists and psychiatrists. A total of 83 individuals with autism or PDD-NOS (and 58 controls: mixed psychiatric, mentally retarded, normal) participated in the evaluation of the ASQ, between 22 (interrater reliability) and 262 (factor

analysis) subjects with autism or PDD-NOS were included in the studies on the ADI-R and 15 (interrater reliability) respectively 20 (and 20 mixed psychiatric controls for diagnostic validity) subjects took part in the psychometrics of the ADOS.

Results: The ASQ shows good internal consistency (Cronbach's $\alpha = 0.85$), sufficient stability ($r = 0.74$) and diagnostic validity (sensitivity & specificity > 92%). Except for stereotyped, repetitive behavior ($r = 0.64$), the scales of the ADI-R are homogeneous ($r > 0.83$). The factor structure of the ADI-R indicates two social-communicative and one language factors. On the level of domains and diagnosis the interrater-reliability of the ADOS is high ($\text{Kappa} > 0.70$). Diagnostic validity studies showed a tendency of the instrument to overinclude non-PDD subjects in the autistic spectrum.

Conclusions: The ASQ, ADI-R and ADOS are valuable instruments for diagnosing autism. Nevertheless, more psychometric studies, especially regarding the retest-reliability of the ADI-R and ADOS, are necessary for a comprehensive evaluation of the scales.

Asperger Syndrome Project. I. Moilanen, M. L. Mattila, M. Kielenen, S. L. Linna, H. Ebeling, Dept. of Child Psychiatry, University of Oulu, Finland

Objectives: Description of study design. Prevalence of Asperger Syndrome (AS) at 8 years' of age, based on Asperger Syndrome Screening Questionnaire (ASSQ, Ehlers et al. 1999).

Methods: The screening comprised all children of the Northern Ostrobothnia Hospital District born in 1992, $n = 5484$. Teachers were given a lecture on AS and the 27-item ASSQ, which then was asked to be completed by teachers and parents. The questionnaires were completed by teachers of 4399 children (99.4%). Of the rated children 125 (2.8%) were invited and 111 (88.8%) participated in the diagnostic investigations at the University Central Hospital of Oulu. Their intelligence was normal or they had mild mental retardation, and basis for invitation was ASSQ score 1) 17 or more, rated by teachers, 2) 19 or more, rated by parents or 3) from 9 to 16, rated by teachers and from 7 to 18, rated by parents. The diagnostic instruments were Autism Diagnostic Interview-Revised (ADI-R, Lord et al., 1994), the Asperger Syndrome Diagnostic Interview (ASDI, Gillberg et al., 2001) and the Autism Diagnostic Observation Schedule-Generics (ADOS-G, Lord et al., 2000). The psychometric instrument was the Wechsler Intelligence Scale-Third (WISC-III).

Results: Rated by teachers, 9.2% of the children with IQ ≥ 50 scored ≥ 5 . The male to female ratio was 4: 1. Comments: The percentage of children scored ≥ 5 was higher than in Ehlers' study, 3.6%, with male to female ratio 3.5: 1, having 7-16 years old screened subjects from normal schools (Ehlers & Gillberg, 1993).

A retrospective evaluation of an intensive method of treatment for children with pervasive development disorder. A. Apter, Sackler School of Medicine, Tel Aviv University/Feinberg Child Study Center, Schneider Children's Medical Center of Israel, Petah Tikva, Israel.

Y. Vorgraft, Division of Child and Adolescent Psychiatry, Rivka Ziv Hospital, Safed Israel.

I. Farbstein, Division of Child and Adolescent Psychiatry, Rivka Ziv Hospital, Safed Israel.

R. Spiegel, Novartis Company, Professor of Clinical Psychology University of Basel, Switzerland.

Objectives: This study is a preliminary evaluation of the effectiveness of a novel intensive therapy program in young children with pervasive developmental disorder (PDD).

Methods: Twenty-three children treated between 1997 and 1999 at the Mifne Institute in Israel were retrospectively assessed. Videos taken before and after three weeks of intensive treatment at the institute and after another six months of continued treatment at patients' homes were rated blindly by trained personnel using the Childhood Autism Rating Scale (CARS) and the Social Behavior Rating Scale (SBR).

Results: Children showed improvement on almost all items of both scales with differences for some items reaching statistical significance. Total scores on both scales improved significantly after three weeks and after six months. Patients with more severe symptoms at baseline showed greater improvement than the milder cases.

Conclusion: Despite the small number of patients and the retrospective design used in the study, these preliminary results are promising.

The development and evaluation of a computer-based program to test and to teach the recognition of facial affect. S. Feineis-Matthews, S. Bölte, F. Poustka, Child and Adolescent Psychiatry, J. W. Goethe-University, Frankfurt/M., Germany

Objective: Autism is a chronic pervasive neurodevelopmental disorder characterized by the early onset of social and communicative impairments as well as restricted, ritualized, stereotypic behavior. The endophenotype of autism includes neuropsychological deficits, for instance a lack of "Theory of Mind" and problems recognizing facial affect. In this study, we report the development and evaluation of a computer-based program to teach and test the ability to identify basic facially expressed emotions.

Method: 10 adolescent or adult subjects with high-functioning autism or Asperger-syndrome were included in the investigation. A priori the facial affect recognition test had shown good psychometric properties in a normative sample (internal consistency: $r_{tt} = 0.91-0.95$; retest reliability: $r_{tt} = 0.89-0.92$). In a pre-post design, one half of the sample was randomly assigned to receive computer treatment while the other half of the sample served as control group. The training was conducted for five weeks, consisting of two hours training a week.

Results: The trained individuals improved significantly on the affect recognition task, but not on other measures.

Conclusion: Data support the usefulness of the program to teach the detection of facial affect. However, the improvement found is limited to a circumscribed area of social-communicative function and generalization is not ensured.

S36-4:00 pm Symposium

Psychopathology in juvenile delinquents

Chair: Dr. Susan Bailey

Discussant: Prof. Theodor Doreleijers, Free University of Amsterdam, the Netherlands

Review of psychopathology in juvenile delinquents. R. Vermeiren, University of Antwerp, Belgium, and Yale Child Study Center, USA

The paper presents an overview on the relationship between psychiatric pathology and delinquency in adolescents.

Objective: To present an overview on the relationship between psychiatric pathology and delinquency in adolescents.

Method: Articles on psychopathology in delinquent adolescents were retrieved through search engines (MEDLINE, Psychlit) and by exploration of references in those articles.

Results: Substantial evidence is at hand that delinquent adolescents have higher rates of externalizing and internalizing disorders compared to adolescents in the general population. Although substantial limitations hamper interpretation of the findings, the marked similarities across a diversity of samples from different countries suggest that the findings are fairly generalizable. Evidence is found for differences in prevalence and developmental significance of psychiatric pathology between adolescent limited offenders and life-course persistent offenders.

Conclusion: These findings emphasize the necessity of developing mental health services to delinquent adolescents and the necessity of adequate diagnostic and therapeutic interventions in these adolescents.

Psychiatric pathology in girls in detention. S. Hamerlynck, Free University of Amsterdam, the Netherlands; R. Vermeiren, University of Antwerp, Belgium; M. Bouw, F. Zutt, T. Doreleijers, Free University of Amsterdam, the Netherlands

The paper presents preliminary findings on a study of psychopathology among the girls in detention.

Objective: To investigate the prevalence of trauma and psychiatric pathology in girls in detention.

Methods: Recently, a psychiatric prevalence study was started in a Dutch Juvenile Justice institution for females. Until now, 30 females have been investigated. The diagnostic instruments include a semi-structured interview (K-SADS) and self-report questionnaires (e.g. SDQ, trauma questionnaire, CPTS-RI). In addition, a telephone interview is conducted with the parents, which includes the administration of the disruptive behavior disorder part of the K-SADS and the SDQ.

Results: Preliminary analyses show that a history of trauma occurs in the absolute majority of the girls. Also, almost all detained youths have a psychiatric diagnosis. Both internalizing as externalizing behaviors are frequent in this population. During the presentation, results will be provided on a larger group, as an estimated 50 girls will be investigated by September.

Conclusion: Girls in detention suffer severe psychiatric pathology and constitute a population at risk. Therefore, diagnostic investigation should be done on a regular basis in this population, and therapeutic interventions must be available in juvenile justice institutions.

Psychopathology in Russian incarcerated juvenile delinquents. V. Ruchkin, Yale Child Study Center, USA; R. Kopolosov, Northern State Medical University, Russia

The paper presents findings from a large study of psychopathology among incarcerated Russian juvenile male delinquents.

Objective: To assess the relationships between psychopathology and 1) violence exposure and trauma, 2) early-onset conduct problems in a sample of delinquent youths.

Method: Psychopathology and violence exposure are assessed by a semi-structured psychiatric interview (K-SADS-PL) and self-reports in 370 Russian male juvenile delinquents.

Results: Most delinquents report some degree of post-traumatic stress: 42% fulfill partial criteria and 24% fulfill full DSM-IV criteria for PTSD. Violence-related experiences are the most common types of trauma. Higher levels of posttraumatic stress are accompanied by higher rates of psychopathology. Delinquents with full PTSD also more frequently have an early onset of conduct problems than those without PTSD. In addition, delinquents with early-onset of conduct problems in general have greater odds of comorbid psychiatric diagnoses, and especially of externalizing psychopathology (ADHD, alcohol and substance abuse) and anxiety disorders.

Conclusion: Findings from different cultural backgrounds suggest that juvenile delinquents represent a severely traumatized population, partly associated with high levels of violence exposure. Those with full PTSD and early-onset of conduct problems are the most severely traumatized and have highest rates of psychopathology, as compared to other delinquent youths, and they require the most clinical attention and rehabilitation.

Autism spectrum disorders, mental retardation and criminal offending: A population-based study. Niklas Långström, Karolinska Institutet; Martin Grann, Karolinska Institutet; Seena Fazel, University of Oxford; Vladislav Ruchkin, Yale Child Study Center.

The paper presents findings from the Swedish register on the association between autism spectrum disorders (ASD) or mental retardation (MR) and sexual and violent offending.

Background: Several psychiatric disorders usually first diagnosed in infancy, childhood or adolescence contribute to the development of antisocial behaviour. However, no population-based study has addressed the possible association between autism spectrum disorders (ASD) or mental retardation (MR) on one hand and sexual and violent offending on the other.

Method: We used national registers to identify all 441,066 individuals who received any psychiatric diagnosis during an inpatient care episode in Sweden throughout 1988–2000. Specifically, 1493 subjects were diagnosed with Autistic or Asperger's disorder and 5033 with MR. All subjects convicted of a violent non-sexual (N = 136,931) or a sexual offence (N = 8596) during the same period were also identified.

Results: Among males diagnosed with ASD, 7.4% were also convicted of a violent crime (relative risk [RR] vs. that in the general population = 2.6). Only 0.4% were convicted of a sexual crime (RR = 0.2). In females with ASD, 12.8% were convicted of a violent crime (RR = 42.0). Among males with MR, 8.1% were convicted of a violent crime (RR = 2.8) and 1.4% of a sexual crime (RR = 0.7). For females with MR, the RR for a violent conviction was 9.2. None and one woman convicted of a sexual offence were also diagnosed with ASD and MR, respectively.

Conclusion: Findings supported associations between ASD and MR and violent but not sexual offending. This was true particularly in females, but also for males. Limitations, possible mechanisms and implications for practice will be discussed.

017–5:45

Oral communications session

Longitudinal studies

Chair: Dr Marijke B. Hofstra

14-year prediction of poor outcome and impaired social functioning. M. B. Hofstra, Dep. Psychiatry, Erasmus Medical Centre, Rotterdam, The Netherlands, J. van der Ende, F. C. Verhulst, Dep. Child and Adolescent Psychiatry, Erasmus Medical Centre, Rotterdam, The Netherlands

Objective: In addition to information about the continuity and discontinuity of psychopathology, it is also important to determine the broader consequences of child psychopathology for adult functioning. We aimed to predict poor outcome and impaired social functioning by parent reported childhood problems across a 14-year period.

Methods: Parents' Child Behavior Checklist (CBCL) ratings were used to predict poor outcome events and signs of impaired social functioning in adulthood as rated by the subjects themselves. The sample consisted of 1,615 adults originally aged 4 to 16 years from the general population.

Results: Numerous significant associations between CBCL scales and indicators of poor outcome and impaired social functioning were found.

Conclusions: Independent of adult psychopathology, childhood psychopathology was associated with maladjustment in adulthood.

Outcome of adjustment disorders-Serbian experience. S. Popovic-Deusic, O. Aleksic, M. Pejovic-Milovancevic, V. Ispanovic; Institute for Mental Health, Belgrade University School of Medicine, Belgrade, Yugoslavia

Objective: To establish the number and epidemiological characteristics of diagnostic category Adjustment disorders in adolescents hospitaly treated for the first time, at the Department for Child and Adolescent Psychiatry of the Institute for Mental Health in Belgrade, during the five years period, and to investigate the outcome in period of follow-up (5–10 years after discharge from hospital).

Method: We conducted a retrospective epidemiological investigation of adolescents hospitaly treated for the first time at the Department for Child and Adolescent Psychiatry, during five years period (with discharge diagnosis Adjustment disorder), and we did their follow-up study.

Results: During the investigated period 102 adolescents with the discharge diagnosis Adjustment disorders were treated at the Department for Child and Adolescent Psychiatry. Our main sample included 75 adolescents hospitalized for the first time at the Department. We followed-up 52 patients (70% of the main sample), 5–10 years after the first admission.

Most outstanding epidemiological characteristics of Adjustment disorders were: a) male to female ratio was 1:2, b) the onset was insidious and most frequently at the age of 15 (19%), c) most of them were hospitalized for the first time at the age of 17 (24%), d) disturbed relations with parents had 75% adolescents, e) problems with learning 87%, f) anxiety 77%, g) depression 59%, h) negativism 56% etc.

Characteristics of the follow-up sample (52) were: multiple hospitalizations had 38%; outpatient treatment conducted 20% and 42% were dropped out. In 75% of cases with multiple admissions we rediagnosed new disturbance at the follow-up – most of them with psychotic quality (Sch psychoses-30%, reactive psychoses-25% and mood disorders-15%).

Conclusions: Adjustment disorder is very frequent diagnosis among hospitaly treated adolescents. Sometimes with such diagnosis we try to “protect” adolescents hospitalized for the first time, in order to avoid stigmatization of the young person. In the follow-up period (mean age –23 years) 38% of all patients had multiple hospitalizations. That group of patients had the worst outcome, because psychoses were rediagnosed in 75% of cases, at new discharge. Earlier onset of adjustment disorder was in high correlation with psychotic disorders later on in life. The outcome of outpatient treated (only once hospitalized) adolescents was much better, and psychoses were rediagnosed in 10% of cases, only.

Follow-Up after Multimodal Treatment in 16-year-old Adolescents with ADHD. G. Lehmkuhl, M. Döpfner, D. Breuer, C. Rademacher, T. Wolff-Metternich., S. Schürmann; Klinik und Poliklinik für Psychiatrie und Psychotherapie des Kindes- und Jugendalters der Universität zu Köln

Objective: Follow-up-analyses in patients of the Cologne Multimodal Intervention Study – COMIS prove, if actually the outcome of 16-year-old ADHD-Patients is stable compared to the outcome of the individual end of treatment or further follow-ups respectively.

Method: Pre- and Post Outcomes of individual treatment periods and follow-up measures were compared by analyses of variance. Relevant instruments contain sociodemographic data, clinical measures and diagnostic questionnaires.

The sample consists of 75 children (5 females) referred for treatment for inattentiveness, impulsivity, and overactivity to the outpatient unit of the Clinic of Child and Adolescent Psychiatry and Psychotherapy. The children met all of the following inclusion criteria: (1) age 6 to 10 years; (2) attendance at school between the first and the fourth grade; (3) nonverbal IQ of 80 or higher; (4) a diagnosis of ADHD according to DSM-III-R criteria or of Hyperkinetic Disorder (HD) based on the 1990 draft of the preliminary ICD-10 RDC.

After an initial psychoeducational intervention (6 sessions) the

children were assigned to either cognitive-behavioural therapy (CBT) (12 sessions) or 6 week medical management with methylphenidate (MED). Depending on the effectiveness of these interventions the treatment was terminated (if very effective) with long term aftercare and continuation of medication in case of MED or (if partially effective) the other treatment component was added (CBT + MED or MED + CBT) or (if ineffective) the treatment components were replaced (from CBT to MED or from MED to CBT). Thus a treatment rationale was applied which resulted in an individually tailored therapy similar to a strategy which seems to be useful in clinical practice.

Follow-ups were assessed 1/2, 1 1/2 years after the end of individual treatment, e.g. at reaching the age of 16 years.

Results: Outcomes of the actual follow-up assessments will be compared and discussed with stable previous outcomes.

Pubertal timing and psychopathology in girls of a school population: follow-up from early adolescence until eighteen years. J. Canals, Rovira i Virgili University, Tarragona, Spain. E. Domènech, Barcelona Autonomus University, Barcelona, Spain. J. Fernández-Ballart, Rovira i Virgili University, Tarragona, Spain.

Objective: To investigate the relationship between pubertal timing and psychopathology during early adolescence and the end of adolescence in girls.

Method: The study had two stages and was performed in a school population. The first period consisted of 244 10-year old girls who were followed up annually until they were 14. The second period consisted of 152 18-year olds from the initial group of 244. During early adolescence we administered the Spanish versions of the CDI (Kovacs, 1983), STAIC (Spielberger, 1973), EAT (Garner & Garfinkel, 1979) and self-esteem tests (Rosenberg, 1965; Battle, 1981). At eighteen we assessed psychiatric diagnoses according to the ICD-10 criteria by SCAN (Wing et al., 1993). Pubertal maturation was evaluated according to secondary sexual characteristics (Tanner stages, Tanner, 1962). We defined three pubertal times: a) early, when girls reached the Tanner III by 10 or 11 years, b) late, when at 13 years the girls still had not passed Tanner II and c) on time, when they were neither early nor late.

Results: Non-significant differences were found between the pubertal timing groups and psychopathological variables at early adolescence with exception of anxiety-state. At 12 years, the STAIC-S was significantly lower in early maturers versus late maturers. We did not find significant differences between pubertal timing and any psychiatric diagnosis at eighteen. However, the rate of disorders was higher in the early maturers versus the on time and late maturers.

Conclusions: Our data in Spanish girls support that pubertal timing has little effect on psychopathology during the entire process of adolescence.

Onset and course of affective disorders in childhood and adolescence: a follow-up of 58 inpatients. Martin Holtmann, Katja Becker, Katharina Kohlbrenner, Martin H. Schmidt, Central Institute of Mental Health, Department of Child and Adolescent Psychiatry and Psychotherapy, Mannheim/Germany

Objective: To assess cross-sectional and longitudinal differences between depressive, manic and mixed first episodes in children and adolescents and to determine predictors for the course of the disorder.

Methods: Hospital records of all inpatients admitted to our department from 1976 to 1996 with a diagnosis of affective disorder (according to ICD-10) were examined retrospectively with regard to age at admission, gender, symptom severity, functional impairment, comorbidity, psychotic symptoms and frequency of relapses.

Results: Data of a total of 58 children and adolescents (mean age 16.3 years; range: 11.9 to 17.9) were included. Diagnoses at first admission included 30 (52%) depressive episodes, 17 (29%) manic episodes and 11 (19%) mixed episodes. Symptoms were less pro-

nounced in younger patients. Every third patient experienced a relapse during follow-up (mean duration 8.7 years; range 1 to 20). Psychotic symptoms were present in 17% of patients and predicted an increased risk of relapse. Initially depressive patients showed few (23%) but early relapses, while an initial diagnosis of mania predicted frequent relapses (53%). Psychotic symptoms were of no predictive value for a later bipolar switch.

Conclusions: In our sample, an initial diagnosis of depression predicted few but early relapses, while manic patients experienced frequent relapses. In children, affective disorders were rare (possibly due to a selection bias) and had a different pattern of symptoms. Female preponderance in affective disorders after age 14 is due to a higher rate of depressed girls, while no gender differences were found in manic, mixed and bipolar patients.

Tuesday, September 30th, 2003 Angström

L3–1:00 pm
Lecture

Sex differences in the brain: a paradigm between genes and environment

O. Halfon, Service Universitaire de Psychiatrie de l'Enfant et de l'Adolescent, Lausanne, Suisse

Men and women display patterns of behavioral, cultural and cognitive differences including the way they solve problems that reflect varying hormonal influences in brain development.

For the past few decades it has been ideologically fashionable to insist that these differences are minimal and are the consequences of variations in education and development before and after adolescence. Evidence accumulated more recently, however, suggests that the effects of genes and sex hormones on brain organization occur so early in life that from the start the environment is acting on differently wired brains in boys and girls.

We recently have learned that our genes respond to external stimuli, and in sex differences, environment not genes, key to our acts. We simply do not have enough genes for a biological determinism.

The wonderful diversity of the sex differences is not hard-wired in our sole genetic code. Our environments are critical.

In our presentation we will discuss biological, cultural, and brain differences between male and female.

S44–2:15 pm
Symposium

Neurobiological correlates in ADHD

Chairman: A. Warnke, B. Herpertz-Dahlmann

Association of DRD4 with ADHD: results from a longitudinal study from birth to preadolescence. K. Becker, M. El-Faddagh, L. Vöhringer, M. Laucht, M. H. Schmidt, Department of Child and Adolescent Psychiatry and Psychotherapy, Central Institute of Mental Health, Mannheim, Germany

Objectives: In recent years, a growing number of studies has focused on the dopamine D4 receptor gene (DRD4) as mediating the susceptibility to attention-deficit/hyperactivity disorder (ADHD). While the results are contradictory, the reason for this inconsistency remains as yet unclear.

Methods: The present study sought to examine the association between the DRD4 exon III polymorphism and ADHD during child development using data from the Mannheim Study of risk children, a prospective longitudinal study of the long-term outcome of early risk factors (n = 265; 129 females; 126 males), who have been followed from birth to 11 years of age.

Results: Higher rates of ADHD were observed in boys with the 7 repeat allele of exon III than in boys with other alleles at the age of 4.5 years (p = 0.061), 8 years (p = 0.026) and 11 years (p = 0.005). Boys with this allele also exhibited higher rates of persistent disorder (p = 0.024). In girls, a trend towards an association (p = 0.055) with the 7 repeat allele emerged only at preschool age.

Conclusion: These findings provide additional evidence for the role of dopamine D4 receptor in ADHD during the course of child development.

Neuronal correlates of attentional networks in children with attention deficit/hyperactivity disorder (ADHD). K. Konrad, G. Fink, K. Amunts & B. Herpertz-Dahlmann, Department of Child and Adolescent Psychiatry, University Hospital Aachen, Germany

Over the past decade, data obtained using brain imaging have repeatedly suggested that ADHD children differ from normal children with regard to both, brain anatomy and function. Measures of brain regions including the caudate nucleus, frontal lobes, corpus callosum and cerebellar vermis show reduced volumes for ADHD children relative to controls and functional imaging studies have documented decreased brain activity in these regions. Although these studies are accepted as evidence of a biological basis for ADHD, they do not clarify to what extent these differences are due to the disorder itself or to the pharmacological therapy since the majority of ADHD patients in these studies have been treated with stimulant medication prior to the study and were accordingly compared to untreated normal controls.

Therefore, the aim of the current study was to examine brain anatomy and function in stimulant naive children with ADHD and controls in a cross-lag design. Based on Posner and Peterson's model of attention, neuronal correlates of three independent attentional networks were examined in healthy adults, healthy children and treatment-naive children with ADHD aged 8 to 12 years. In addition, for morphometric analysis, a new elastic warping technique was applied (Schormann et al., 1998) to transfer individual MRI data to a common reference brain. Transformation fields were calculated for each voxel which quantify changes in brain shape and size in microstructurally defined (probabilistic) brain maps. Group differences between children with ADHD and control children matched for age and IQ will be discussed emphasizing implications for the etiology and treatment of ADHD.

Electrophysiological correlates in children with or without ADHD. A. Warnke, J. Seifert, P. Scheuerpflug, K.-E. Zillesen, A. Fallgatter, Department of Child and Adolescent Psychiatry, University Hospital Wuerzburg, Fuechsleinstr. 15, 97080 Wuerzburg, Germany

Objective: We investigated the effect of Ritaline (Methylphenidate) on the attention span and how alterations in behaviour are reflected by electrical brain signals.

Methods: 17 children with ADHD and 20 healthy children (age-, sex-, handedness-, IQ-matched) have been examined.

All subjects were examined with a modified continuous performance test (CPT-OX) while recording event related potentials under go-/nogo-/primer-/distractor-conditions: After a data driven segmentation of the 21-channel EEG, global field power, latency and

topography were obtained by reference independent methods and statistically evaluated.

Results: Children with ADHD showed significantly higher amplitudes under attention demanding stimuli in the classical p300 range; an effect which could even be enhanced by Ritaline. In contrast to target stimulus conditions those children showed a marked increase of amplitudes under inhibition conditions in the same region of latency.

Conclusions: MPH exerts a highly potent effect on early stimulus processing during visual orientation and stimulus recognition. With MPH some electrophysiological parameters of hyperactive children approach the level of healthy control children.

S46–4:00 pm Symposium

Pervasive Developmental Disorders in Infancy

Chair: Dietz C.

Screening for Autism Spectrum Disorder in very young children.

Drs. C. Dietz, Dr. S. H. N. Willemsen-Swinkels^{1, 2}, Drs. E. van Daalen¹, Prof. Dr. J. K. Buitelaar², Prof. Dr. H. van Engeland¹

¹ University Medical Centre Utrecht; Department of Child and Adolescent Psychiatry, Utrecht, the Netherlands; ² University Medical Centre Nijmegen; Department of Psychiatry, Nijmegen, the Netherlands

The feasibility and efficiency of a very early screening on Autism Spectrum Disorders (ASD) was studied in a two-stage population screening of 31,724 very young children. Screen-1 took place at well-baby clinics during a routine visit at 14 months (protocol screening). Furthermore physicians at well-baby-clinics could refer toddlers with problems in the social development as well (free referral). These physicians were trained annually to detect early signs of ASD. The maximum age for referral was 36 months. Children within the free referral groups were 28 months on average.

Screen-2 consisted of a 1 hour home visit by a child psychologist of our research team. Screen-positive children on Screen-2 were invited for further examinations at the Department of Child and Adolescent Psychiatry.

16 children with ASD were identified out of the protocol screened group and another 37 children with ASD were detected out of the free referral group. The screening instrument was found to discriminate well between children with and without serious problems already at 14 months of age. The differentiation with other psychiatric disorders like Language Disorder and Mental Disorder was poor within the protocol screened group but adequate within the somewhat older group of free referrals.

The sensitivity as well as the positive predictive value for ASD increased considerably with age. Discriminative power of individual items and alternative screening algorithms will be presented for different age groups.

Diagnostic characteristics of a population-based sample of very young children with Autistic Spectrum Disorders.

Drs. E. van Daalen, Dr. S. H. N. Willemsen-Swinkels^{1, 2}, Drs. C. Dietz¹, Prof. Dr. H. van Engeland¹, Prof. Dr. J. K. Buitelaar²

¹ University Medical Centre Utrecht; Department of Child and Adolescent Psychiatry, Utrecht, the Netherlands; ² University Medical Centre Nijmegen; Department of Psychiatry, Nijmegen, the Netherlands

A very early identification of Autism Spectrum Disorders (ASD) is at present severely handicapped by the fact that there is relatively little knowledge on clinical features below age 3 and that there are

no official diagnostic procedures, criteria and algorithms of ASD below age 3. In a Dutch population screening study on ASD screen-positive infants were examined at regular times at the department of child psychiatry. Clinical assessments included standardised measures of parent interview (VSEEC), behaviour observation (ADOS), cognitive and language testing, physical and neurodevelopmental evaluation, clinical psychiatric evaluation, and laboratory work-up. This data-base allowed to explore what ASD looks like at very young age, to compare very young children diagnosed as having classic autism to children diagnosed with related PDD and non-PDD disorders, to develop diagnostic procedures, criteria and algorithms for ASD under age 3 years and to investigate stability of diagnosis. Preliminary results will be presented.

Autistic Spectrum Disorders, disorganised attachment and quality of play.

Drs. F. B. A. Naber, Dr. S. H. N. Willemsen-Swinkels^{1, 2}; Dr. M. Bakermans-Kranenburg³; Drs E. van Daalen¹, Prof. Dr. M. van IJzendoorn³; Prof. Dr. J. K. Buitelaar²; Prof. Dr. H. van Engeland¹

¹ University Medical Centre Utrecht; Department of Child and Adolescent Psychiatry, Utrecht, The Netherlands; ² University Medical Centre Nijmegen; Department Psychiatry, Nijmegen, The Netherlands; ³ University of Leiden, Department of Family Studies, Leiden, The Netherlands

Play is important in the development of children especially for learning social skills and motor skills. Disturbances in play behaviour are likely to influence the development of a child in a negative way.

Research in older children with Autistic Spectrum Disorders (ASD) concludes that these children show delays and deficits in play behaviour. However, play behaviour in younger children with ASD was not previously investigated mainly due to the difficulties to detect ASD under the age of three years.

Another correlate of play behaviour is the affectional bond or tie that an infant forms between himself/herself and his/her mother figure. In unfamiliar environments, children with secure attachment style explore more easily than children with insecure or disorganised attachment styles.

During our project we were able to investigate play behaviour and attachment styles of children between 17 and 36 months of age who received a diagnosis of ASD, Mental Retardation or Language Disorder. We also included a group of normal developing children. Detailed observation (i.e. ethological) methods were used for an objective analysis of play behaviours.

Results show a strong influence of level of organisation of attachment style on play behaviour, even within the group of children with an ASD.

Proton spectroscopy in developmentally delayed young children with and without autism spectrum disorders.

M. Zeegers, J. van der Grond¹, E. van Daalen¹, S. H. N. Willemsen-Swinkels^{1, 2}, H. van Engeland¹, J. K. Buitelaar²

¹ University Medical Centre Utrecht; Department of Child and Adolescent Psychiatry, Utrecht, The Netherlands; ² University Medical Centre Nijmegen; Department of Psychiatry, Nijmegen, The Netherlands

Objective: Autism is a severe developmental disorder. Proton MRS is a tool which provides a non-invasive window to brain biochemistry. Previous MRS studies with autistic patients found lower levels of NAA in cerebellum and temporal regions, possibly indicative of neuronal loss, immaturity of neurons or hypofunction of these regions. Most of these studies covered a broad age range, while age can be a confounding factor.

Methods: We scanned 40 patients between the ages of 2 and 5 with a diagnosis of autism, PDD-NOS, language disorder or mental retardation. The children were scanned during anaesthesia. 1HMRS investigations were performed on a 1.5-T whole-body system. On the basis of a 3D-FFE a volume-of-interest (VOI) was placed in the

frontal white matter and in the hippocampal/amygdaloid complex. Peaks were identified and measured with VARPRO.

Results: No differences were found between the autism group and the respective control groups in absolute NAA (mean 9.586, SD 1.193), Cho (mean 2.104, SD 0.882) or Cre (mean 4.965, SD 1.181) in the frontal cortex, nor in the hippocampal/amygdaloid complex; absolute NAA (mean 6.868, SD 1.454), Cho (mean 1.663, SD 0.612) or Cre (mean 5.054, SD 1.539). However, we did find an overall increase of NAA with age in the frontal cortex (Pearson's correlation 0.456, $p = 0.006$).

Conclusions: Contrary to previous reports, we found no differences between the autism group and the control groups. We did find an effect of age on the NAA levels in the frontal cortex, possibly indicating the ongoing functional development of this late maturing cortical lobe.

S45-5:45 Symposium

Neurobiology and aggression

Discussant: Bailey S.

Salivary Testosterone and Aggression, Delinquency, and Social Dominance in a Population-Based Sample of Adolescent Males. I. van Bokhoven, M.Sc., S. H. M. van Goozen, Ph. D., H. van Engeland, M. D., Ph. D., R. E. Tremblay, M. D., Ph. D.

Salivary Testosterone and Aggression, Delinquency, and Social Dominance in a Population-Based Sample of Adolescent Males.

Background: Testosterone has been found to have a stimulating effect on aggressive behavior in a wide range of vertebrate species. In humans there is also some evidence of a positive relationship, albeit less clearly. In the present study we investigated the relationship between testosterone and aggression, dominance and delinquency over time, covering a period from early adolescence to adulthood.

Method: From a large population-based sample ($n = 1161$) a subgroup of 96 boys was selected whose behavior had been assessed repeatedly by different informants from age 6 to 21 years, and who had provided multiple T samples over these years of assessment.

Results: At age 13 boys who were dominant and tough as rated by their peers had higher testosterone levels. Later in development associations between T and behavior were more clearly found for proactive aggression and delinquent behavior.

Conclusions: The results indicate that in adolescent and adult males T is probably more closely related to antisocial behavior than to physical aggression or social dominance.

Distinguishing reactive from proactive aggression in children: A newly developed questionnaire. M. Kempes, M.Sc., W. Matthys, M. D., Ph. D., G. Maassen, Ph. D., H. van Engeland, M. D., Ph. D.

Distinguishing reactive from proactive aggression in children: A newly developed questionnaire. Results are discussed in relation to former developed questionnaires.

An important issue that has been neglected both in biological-psychiatric research and in treatment of childhood aggression is the distinction between two major forms of aggression. Research on aggression in animals and adult psychiatric patients has distinguished between an offensive, non-impulsive form and a defensive, impulsive form. Child psychologists have made a related distinction between proactive (offensive) aggression, which is goal-oriented, cold-blooded behaviour in anticipation of a positive reward and reactive aggression, which is an impulsive, highly aroused reaction to frustration. In order to distinguish between two subtypes in chil-

dren, various teacher-rating scales were developed. Although it was proved that the two forms of aggression have a unique discriminative dimension, all studies evaluating questionnaires on reactive and proactive aggression show a high correlation between the two subscales. In the present study the psychometric properties of a newly developed questionnaire assessing reactive and proactive aggression were evaluated. The questionnaire was administered to the parents of 450 normal children. In order to construct a model the sample was split half and an exploratory factor analysis was performed on the first half. To examine whether the data fit the model, a confirmatory factor analysis was performed on the second half of the sample. Results are discussed in relation to former developed questionnaires.

Cortisol and Heartrate in aggressive and antisocial juveniles. A. Popma, M. D., Th. A. H. Doreleijers, M. D., PhD, H. van Engeland, M. D., PhD, R. Vermeiren, PhD., S. H. M. van Goozen, PhD

In this study the role of cortisol and heart rate in aggression and antisocial behaviour in juveniles is investigated. Preliminary results will be presented.

Objectives: In this longitudinal study cortisol and heart rate are being studied to observe biological characteristics of antisocial and aggressive behaviour in juveniles.

Methods: A total of 300 male 12/13 year old first offenders, who participate in a diversion-project, and 50 controls are included in the study. Demographic, psychological and psychiatric data will be obtained from the boys and parents by standard questionnaires and interviews. During one test session the boys will perform a frustrating computerised task. During this session heart rate is registered. Over the day and during the session cortisol is sampled from saliva.

Results: Preliminary results will be presented. It is hypothesised that the most antisocial/aggressive boys will show lower heart rate and cortisol levels under rest and stressful conditions.

The Relationship between 5-HT and Aggression in Children and Adolescents: A Review and Critique of the Literature. Dr Mairead Dolan

This paper reviews the available studies on 5-HT and aggression in children and adults and presents some speculative hypothesis to account for the conflicting findings in the published literature.

The application of putative biological markers including measures of serotonergic function (5-HT) to the study of aggression in children and adolescents is limited. While majority of studies of adult samples indicate that 5-HT is inversely related to aggression, particularly impulsive aggression, the findings in younger samples are inconsistent. Some, but not all, studies of Cerebrospinal fluid (CSF) 5-HIAA indicate evidence of an inverse relationship with aggression in children with disruptive behaviours. Pharmacological challenge studies, however, largely report either no association or a positive relationship with aggression. There are a number of possible explanations for the conflicting findings. These included the influence of age, comorbidity with ADHD, and typology of aggression. Available studies suggest that an inverse relationship between 5-HT and aggression is present in older children but the opposite pattern is observed in younger samples suggesting a possible down-regulation in central 5-HT. Studies including subjects with comorbid ADHD also report positive relationships between aggression and 5-HT while those without this disorder largely do not. As there is some evidence that perinatal insults to central dopamine cause morphological changes in 5-HT neurones, it is possible that ADHD modulates the relationship between 5-HT and "impulsive" aggression few of the child issues have addressed the issue of typology of aggression. It is possible that the conflicting findings in the child/adolescent literature may also be accounted for by the lack of inclusion of measures of impulsivity or impulsive aggression.

Tuesday, September 30th, 2003 Donatello 1

S37-1:00 pm
Symposium

Actualité des soins institutionnels dans la pratique pédo-psychiatrique

La notion d'institution est trop vaste pour faire l'objet d'une réflexion générale en ce qui concerne la question de la transmission et du changement; par contre, si on la limite à ses aspects spécifiques en rapport avec la psychiatrie de l'enfant et de l'adolescent, il devient utile d'analyser les fonctions qu'elle peut apporter aux problèmes qui se posent dans son champ, à savoir les difficultés rencontrées par certains enfants et adolescents à se satisfaire d'une contenance abstraite. Dans quelques cas, la fonction contenantante ne se suffit pas d'une perspective uniquement métaphorique qui sied aux soins en ambulatoire, elle nécessite une présence concrète sur laquelle l'enfant ou l'adolescent peut s'étayer pour (re)prendre la construction d'un monde interne dans lequel les représentations pourront (re) trouver leurs fonctions originaires, à l'aune de l'expérience du Fort-da freudien, celles de supporter l'absence de l'objet. Ce symposium permettra à travers diverses expériences avec les enfants et les adolescents de préciser ce qui a changé dans l'évolution des pratiques institutionnelles, ce qui perdure, et sommes toutes, de définir les invariants structuraux qui peuvent nous aider à mieux soigner dans les différentes circonstances thérapeutiques en tenant compte de ces impératifs, à mieux transmettre pour mieux changer ce qui doit être changé.

Les soins institutionnels à l'adolescence: une psychothérapie par l'environnement ? M. Botbol

En partant de l'expérience du traitement institutionnel d'adolescents État Limite dans le cadre d'un établissement psychiatrique spécialisé, cet article propose de considérer le traitement «par l'environnement» que ceci réalise comme une forme de psychothérapie prenant en compte les caractéristiques défensives de ces organisations psychopathologiques, dont le noyau paraît être la nécessité de recourir aux éléments du monde extérieur pour combler les lacunes du fonctionnement imaginaire interne. Un exemple clinique montre comment peut ainsi s'opérer un travail psychothérapique sur l'espace psychique élargi du patient à partir d'une démarche qui vise à suppléer aux défaillances de son monde interne, l'objectif du traitement institutionnel étant de permettre au patient de se réapproprier cet espace intermédiaire.

Actualité de la notion d'institution dans la pratique pédopsychiatrique. Pierre Delion (Lille)

Argument: Les dispositifs de soins pour enfants et adolescents sont aujourd'hui en profond remaniement en raison d'un certain nombre d'éléments qui traversent le champ de la psychiatrie contemporaine. Non seulement la psychiatrie de secteur a permis de modifier profondément les services de psychiatrie de l'enfant et de l'adolescent pour désormais proposer, dans la plupart des cas, une première rencontre au CMP qui se poursuit par des soins en ambulatoire, mais de plus, elle a modifié notablement le fonctionnement des hospitalisations en recourant à la notion de temps partiel à chaque fois que cela était possible. Dans cette évolution assez récente mais néanmoins confirmée, les équipes de psychiatrie ont été amenées à réfléchir sur le concept d'institution non plus en référence aux seules notions antérieures d'hospitalisations, mais plutôt à celle d'un montage conçu et réalisé par une équipe soignante pour et avec le patient et ses parents, une sorte de costume thérapeutique «sur mesure». Ce faisant, ils insistent davantage sur les aspects vi-

vants et modulables de l'institution ainsi créée et sans cesse réélaboree, et dans laquelle l'équipe soignante devient le support contenant de cette nouvelle modalité d'accueil de l'enfant et de l'adolescent en souffrance psychopathologique. Mais cette définition des institutions ne peut se concevoir sans quelques corollaires nécessaires à son déploiement thérapeutique: la constellation transférentielle, les réunions d'élaboration, le collectif soignant, la hiérarchie subjectale. Ma communication permettra de faire un point sur l'actualité de ces outils conceptuels dans notre pratique de pédopsychiatres en charge des psychopathologies graves.

Psychothérapie institutionnelle dans le traitement des psychoses de l'adolescent et du jeune adulte. H. Bokobza, Clinique de St Martin de Vignogoul, Pignan Hérault

Le traitement des psychoses suivant les principes de la psychothérapie institutionnelles reste l'un des modes d'abord utilisés en France. Cette communication en rappellera les principes à partir de l'exemple d'une Clinique Psychiatrique Privée (St Martin de Vignogoul dans l'Hérault) dans laquelle elle reste une pratique vivante alimentée aux sources d'une tradition de la psychothérapie psychanalytique de groupe.

La fonction de référence dans la vie institutionnelle. B. Voizot, I. M. E. Arc en Ciel, Thiais, France

L'organisation du fonctionnement de l'institution doit permettre de construire le contexte de la rencontre du patient avec le groupe institutionnel.

Le groupe institutionnel se réunit pour penser ses attitudes en réponse aux paroles et aux actions du patient.

Méthode: Les rencontres régulières avec le patient et sa famille permettent de penser ensemble les événements de la vie du jeune dans l'institution et dans sa famille.

Un des membres de l'équipe assure une fonction de référence permettant un appui individualisé pour chaque jeune.

Resultats: Ces rencontres avec l'entourage du jeune permettent de prendre en compte les affects éprouvés par le jeune et son entourage. Elles permettent aussi de penser et de mettre en récit l'histoire des éprouvés du groupe soignant dans ses relations au patient.

Conclusion: Ce dispositif institutionnel a un effet subjectivant car il permet au patient de se reconnaître dans ses actions.

The function of reference in the institutional life. B. Voizot, I. M. E. Arc en Ciel, Thiais, France

Object: The organization of the institution work must make it possible to build the meeting context of the patient with the institutional group.

Method: The institutional group meets to consider their attitudes in response to patient's words and actions.

The regular meetings with the patient and his family make it possible to consider together the young person's life events in the institution and in his family. One member of the staff ensures a function of reference allowing an individual support for each young person.

Results: These meetings with the setting of the young person make it possible to take into account the tested affects. They also make it possible to consider and take into account the group feelings towards the patient.

Conclusion: This institutional device has an effect of subjectivation because it allows the patient to recognize himself in his actions.

S38-2:15 pm Symposium

La surveillance du développement psychologique lors des examens de santé de l'enfant

Symposium organisé par la Fondation Wyeth

Chairs: Claude Bursztejn, Jacques Cheymol

Les examens de santé systématiques de l'enfant offre un cadre privilégié pour le dépistage précoce des troubles du développement psychologique (notamment: troubles spécifiques, susceptibles d'affecter les apprentissages scolaires, retard mentaux, autisme et troubles envahissants du développement, dysfonctionnement relationnels précoces). Dans les pays développés, cet aspect de la surveillance médicale de l'enfance est devenu un objectif majeur. Le repérage et la prise en charge de ces troubles implique une coopération étroite entre les médecins responsables de ces examens et les services de psychiatrie de l'enfant. Différentes expériences et études seront présentées.

Expérience de 20 ans de bilan de santé des enfants de 3-4 ans dans les Hauts de Seine. D. Le Ray

Dans le département des Hauts de Seine, les médecins de protection maternelle et infantile de secteur assurent des consultations dans toutes les écoles maternelles publiques (et une partie des écoles privées), pour tous les enfants âgés de 3 à 4 ans, en petite ou moyenne section, après convocation, en présence des parents. Ils réalisent un examen clinique et des tests de dépistage des anomalies visuelles, auditives, du langage, du développement psychomoteur ainsi que des troubles de l'adaptation au milieu scolaire. Des auxiliaires de puériculture contribuent également à cette action.

Cette mission définie par l'article L. 2112-2 du code de la santé publique est une priorité affirmée du conseil général des Hauts de Seine.

Les moyens et les méthodes ont évolué au cours des années, grâce au travail de réflexion de professionnels intéressés par le sujet afin d'harmoniser les méthodes de dépistages et surtout de recueil de données.

Parallèlement aux bénéfices individuels qu'en retirent les enfants et leurs parents, ces bilans sont source de renseignements précis sur l'ensemble des enfants d'une même tranche d'âge vu à titre systématique. Des études statistiques peuvent être ainsi réalisées sur des sujets précis et variés suivant les années (vaccinations, mode de garde ou obésité par exemple).

Ces visites systématiques donnent lieu à un travail en partenariat avec l'éducation nationale, en premier lieu, mais aussi avec les médecins libéraux et les services hospitaliers spécialisés. Les médecins de secteur et les médecins responsables de services territoriaux disposent ainsi de la connaissance de tous les enfants d'une même tranche d'âge permettant d'identifier des problématiques de santé publique sur un territoire.

Du dépistage à la prise en charge. Le bilan de 3-4 ans vu par le pédopsychiatre. M. Myquel, E. Dor-Nedonsel*, P. Durand**, S. Serret*

Le bilan des 3-4 ans est orienté vers le dépistage des troubles du développement (langage - psychomotricité - communication) et/ou des troubles du comportement. Ce bilan doit donc être discuté et affiné, de même que doit être mieux élaborée la manière d'adresser les enfants à des services spécialisés (secteurs de pédopsychiatrie).

Ces adresses nombreuses amènent à deux écueils: les familles non préparées qui n'en comprennent pas le sens et refusent, d'où l'engorgement des CMP par des consultations non honorées, ou non

suivies et ce d'autant plus que les délais sont longs compte tenu du nombre important d'enfants suivis.

Nous voulons donc réfléchir sur ce qu'apporte ce bilan et sur la manière de l'utiliser. Nous avons mis en place dans le cadre d'un programme régional de santé jeunes (PRS PACA) une équipe associant PMI, école, santé scolaire et pédopsychiatrie en amont de la consultation.

La PMI fait les bilans, le médecin de santé scolaire et le pédopsychiatre étudient en commun les dossiers des enfants dépistés lors du bilan de santé, de manière à préparer les familles et à travailler avec les enseignants.

Nous donnerons les résultats de quelques mois de travail.

** Coordinatrice - Programme Régional de Santé PACA Santé des jeunes

Intérêt d'un questionnaire de dépistage des troubles sévères de la communication et du langage: mise au point et étude de validation dans le cadre d'une enquête de prévalence comparé de l'autisme infantile en France et en Pologne en population générale. E. Moussaoui, A. Lazartigues, M. Wiss, A. Jaklewicz, A. Gardziel, F. Casadebaig; Unité de dépistage et d'évaluation des troubles précoces du développement. Service de psychiatrie de l'enfant et de l'adolescent, C. H. U. de Caen. 02 31 27 23 09. France moussaoui-e@chu-caen.fr

Une vaste recherche multicentrique et internationale a débuté en 1995 dans 6 départements français et 5 régions polonaises, il s'agit de la première étude réalisée en France en population générale et à un niveau Européen le premier protocole d'étude appliqué simultanément et à 6 ans d'intervalle dans 2 pays. Les auteurs présentent le protocole de réalisation de cette enquête, les avancées dans les deux pays concernés et les résultats actuels.

> Cette recherche concerne dans un premier temps la prévalence des troubles sévères de la communication et du langage dans une génération d'enfants âgés de six ans lors du dépistage au moyen d'un questionnaire élaboré par un comité d'experts cliniciens et épidémiologistes Français et Polonais, spécialistes à partir des critères les plus consensuels concernant ces types de troubles; il comporte 8 questions et est accompagné d'un glossaire.

En Pologne, l'étude a été menée dans les écoles, en France, l'étude a été menée dans les écoles et dans les institutions spécialisées, une enquête parallèle a été menée dans les Commissions Départementales de l'Education Spécialisée des départements concernés.

> Dans un second temps, les enfants présentant des troubles sévères de la communication et du langage au vue de ce questionnaire sont examinés et nous dépistons ceux qui présentent un diagnostic de syndrome autistique.

Le questionnaire mis au point pour repérer les troubles sévères de la communication et du langage a soulevé un intérêt important chez les médecins scolaires qui y ont vu un outil simple leur permettant d'orienter rapidement les enfants présentant de tels troubles vers des structures spécialisées pour l'évaluation et la prise en charge éventuelle de ces troubles.

Nous décrivons les étapes de l'élaboration de cet outil puis l'étude de validation qui établit une sensibilité de 100% et une spécificité de 85.5%.

Les données de l'utilisation de ce questionnaire auprès d'une population de 70000 enfants d'une tranche d'âge sont présentées. Ces résultats sont soumis à une double réflexion; d'une part celle des cliniciens centré sur la problématique de l'enfant, de la psychopathologie et des prises en charge et d'autre part à la pensée des épidémiologistes.

Une enquête de prévalence de troubles autistiques en France et en Pologne. Andrzej Gardziel, Jozef Kosk, Hanna Jaklewicz, Romana Mackiewicz, Edgar Moussaoui, Alain Lazartigues, Florence Le Roy, Françoise Casadebaig, Didier Houzel, Service de pédopsychiatrie, Al. Pokua 2a – 31–548 Krakow Pologne

Suites aux changements politiques intervenus à partir de la chute du mur de Berlin en 1989, des bouleversements économiques et sociaux sont en cours en Pologne.

A partir de leurs pratiques cliniques des pédopsychiatres polonais ont proposé l'hypothèse d'une augmentation corrélative de la prévalence de l'autisme. Afin de tester cette hypothèse une étude de l'évolution de la prévalence des troubles autistiques a été mise en œuvre. Nous en présentons les premiers résultats.

Schéma général de l'étude: L'évolution de la prévalence des troubles autistiques en Pologne, à 6 ans d'intervalle, sera comparée à l'évolution de la prévalence des mêmes troubles en France, pays de référence en raison de l'absence de bouleversements sociaux et économiques majeurs.

Population: Première phase: tous les enfants nés en 1992 et vus en 1997-1998 dans 5 voïvodies polonaises (environ 57 000 enfants) et quatre départements français (environ 46 000 enfants); deuxième phase: tous les enfants nés en 1998 et vus en 2003–2004.

Instruments: un questionnaire de dépistage portant essentiellement sur les troubles de la communication et comprenant 8 items a été rempli en France par le médecin scolaire lors d'une visite médicale de l'enfant et en Pologne par l'enseignant de l'enfant. A partir de critères, un seuil est défini, et tous les enfants au-dessus du seuil (environ 1,2 de enfants pour lesquels le questionnaire a été rempli), passent un entretien semi-structuré à visée diagnostique). Si le diagnostic appartient au groupe des troubles envahissants du développement, un bilan complet de ces troubles est fait, avec enregistrement vidéoscopique.

Recueil des données: il a été réalisé en Pologne en 1997 chez 88 % des enfants de 5 ans par l'instituteur. En France, il a été fait en 1998, et un enfant sur deux a été vu et le questionnaire rempli par le médecin scolaire.

Analyse des données: elle a été réalisée en France par l'unité Inserm 302 (Françoise CASADEBAIG et Alain PHILIPPE)

Résultats de la première phase: la prévalence des troubles autistiques (autisme typique et autisme atypique de la CIM 10) est la même en Pologne et en France. Elle est comprise en France entre 5.9 et 8.7 pour 10 000 et en Pologne entre 5.2 et 8.6 pour 10 000.

Evaluation, les examens de santé du jeune enfant: prise en compte du bien être parental comme facteur de bon développement. D. Marcelli, Centre Hospitalier Henri Laborit – 370 avenue Jacques Cœur -BP 587–86021 Poitiers Cedex, France

Les études épidémiologiques montrent combien la dépression parentale est un facteur de vulnérabilité majeure pour le développement de l'enfant.

La dépression péri-natale maternelle est identifiée comme un des facteurs de risques majeurs de troubles développementaux de la petite enfance.

Des outils de repérage, sous forme d'auto-questionnaires simples existent. Leur usage devrait être plus systématique et faire partie d'une évaluation élargie: les parents sont les premiers tuteurs de développement de l'enfant. Dans ces conditions, tout examen de santé du jeune enfant doit prendre en compte la santé «familiale».

Ces évaluations peuvent être incluses dans les bilans au cours des 12 à 18 premiers mois de vie de l'enfant, au moment de l'examen médical de reprise de travail de la mère ou lors des examens d'admission de l'enfant dans les collectivités (crèches, garderie, etc).

En effet, quand des troubles tels qu'une dépression post-natale, sont repérés, des interventions de professionnels (infirmiers, travailleurs sociaux) se sont montrés régulièrement efficaces.

Evaluation du développement communication sociale dans le cadre des examens de santé systématique de l'enfant. C. Bursztejn, Service Psychothérapique pour Enfants et adolescents, Hôpitaux Universitaires de Strasbourg, 67000 Strasbourg France, Claude.Bursztejn@chru-strasbourg.fr

La surveillance du développement psychologique est aujourd'hui un des axes essentiels des examens de santé systématique de l'enfant. Un aspect important est le dépistage précoce des troubles autistiques et d'autres formes de troubles envahissants du développement. Ce dépistage implique une coopération étroite entre les services de Protection Maternelle et Infantile et les services de Pédopsychiatrie. Il doit s'appuyer sur les données récentes sur les premières manifestations des troubles autistiques et sur le développement de la communication sociale au cours des deux premières années.

Ce développement devrait faire l'objet d'une évaluation attentive, notamment entre 8 et 18 mois. Ceci conduit à reconsidérer les dates des examens systématiques au cours de cette période ainsi que les éléments sur lesquels doit porter l'observation.

S39–5:00 pm Symposium

Perturbations des contenants de pensée cognitifs: dysharmonies et retards d'organisation: formes cliniques et abords thérapeutiques

Chair: Dr Bernard Gibello

Pr. Bernard Gibello (Faucogney) coanimateur avec le Pr. P. Pfanner* – Quelques notions anciennes et quelques nouveautés de l'approche néo-structuraliste: les stades de développement de la pensée, la fonction sémiotique, les représentations de transformation, les dysharmonies cognitives, l'inhibition constructive, les mémoires à court et long terme.

Dr Jean Marc Baleyte (Paris-Salpêtrière) L'échec aux conservations des quantités physiques en psychopathologie.

Dr Simone Cohen-Léon (Paris) – La relaxation psychanalytique suivant la méthode de Michel Sapir dans le traitement des troubles des contenants de pensée cognitif de type ROC (Retard d'organisation cognitive).

Me Marie Luce Gibello (Faucogney) Comment traiter les perturbations cognitives.

Pr. Pietro Pfanner & Pr. Marcheschi (Pise) – La psychopathologie de la personnalité dans le retard mental.

M. Vincent Quartier (Lausanne) Instabilité psychomotrice et sens du temps

Tuesday, September 30th, 2003 Donatello 2

S40–1:00 pm Symposium

Transitions des structures psychopathologiques de l'enfance à l'adolescence

Chair: Rodriguez Sacristan Jaime

Transitions des structures psychopathologiques de l'enfance à l'adolescence. J. Rodríguez Sacristan. S. De Psiquiatria Infantil. Universidad De Sevilla (España)

Introduction: L'objectif du symposium c'est de réfléchir à propos des changes des organisations psychopathologiques évolutives, en analysant la dynamique de ces interchanges.

Différents auteurs apportent recherches et expériences sur les troubles hyperkinétiques, l'anorexie mentale et les troubles affectifs.

L'idée centrale du symposium c'est déterminer les modalités du continuité des structures; les limites de la comorbidité; le pronostic évolutif et le devenir des structures psychopathologiques; l'identification des «syndromes de transition», organisations cliniques avec les caractéristiques suivantes: présences de structures comorbides interaguant avec affinités prévoyables et étiopatogénies communes; dynamique de continuités et discontinuités de façon latente ou manifestée; organisation syndromique sous la forme de grandes structures psychopathologiques, ouvertes, que s'organisent comme la «supradominia»; la transitionalité comme interchange de contenues viventielles évolutives; plus fréquentes chez l'adolescence que suivent patrons et chemins organisationnelles variables, mais avec certaines possibilités de prévision et de pronostic évolutives pour le future.

Continuité de troubles hyperkinétiques. P. Benjumea Pino, M. D. Mojarro Praxedes, Departamento de Psiquiatria, Universidad de Sevilla (España)

Le cours clinique du troubles hyperkinétiques représente aujourd'hui un topic d'intérêt à la recherche du psychopathologie du développement.

La persistance à la vie adulte de symptomatologie nucléaire est évidente. C'est très difficile de placer nosologiquement cette psychopathologie qui peut appartenir aux troubles de la personnalité ou bien à l'axe clinique.

Méthodes: On a étudié 30 garçons avec Trouble Hyperkinétique (C. I. M- 10) à l'enfance (X = 9,6 ans) traités chez le Service de Psychiatrie de l'enfant et de l'adolescent (Université de Séville).

L'évaluation psychopathologique avec l'entretien PACS (E. Taylor), après le questionnaire de Wender, et le C.BC.L en deux temps: au moment d'être diagnostiqué et 10 ans après.

L'évaluation neurocognitive comprendre: Bender, Benton Figure de Rey, Porteus, C. P. T. et P. A. N. E. S. S c'est fait en deux temps au cours de 10 ans.

Résultats: 73% du groupe étudié ont de continuité psychopathologique de la clinique hyperkinétique même avec traitement.

La comorbidité observé est placé au registre symptomatologique de l'anxiété, de la dépression et du comportement.

Les auteurs soulignent la place de la continuité psychopathologique dans un trouble psychiatrique pas bien défini nosographiquement.

Troubles de conduites alimentaire à l'adolescence: antécédents psychiatriques familiaux. M. Velilla, Seccion de Psiquiatria Infantojuvenil, Hospital Clinico Universitario. Zaragoza (España)

Différentes études ont confirmé l'existence d'une importante fréquence de troubles mentaux parmi les patients avec Troubles de Conduite Alimentaire comme dépression, alcoolisme, toxicomanie ou anxiété.

Traces obsessionnelles compulsifs ont peut les trouver chez les familles de anorexique tandis que toxicomanies et alcoolisme chez les boulimiques.

On analyse 376 histoires clinique de troubles de la conduite alimentaire du Service de Psychiatrie de l'enfant et de l'adolescent (Hôpital clinique universitaire de Zaragoza (España)). Dans une période de 5 ans: 1998-2002.

On a pris la variable antécédents psychiatriques familiaux pour

comparer les différences entre sexes et type diagnostique: anorexie mentale boulimie et trouble de la conduite alimentaire atypique.

Continuité psychopathologique de la dépression de l'enfant et l'adolescent à la vie adulte. V. J. M. Conde Lopez ; M. C. Ballesteros Alcalde, Hospital Clínico Universitario de Valladolid. S. de Psiquiatria Infantil y Juvenil, VALLADOLID. (ESPAÑA)

Les auteurs ont à fait une révision historique et conceptuel à propos du troubles dépressifs (TD) de l'enfant et de l'adolescent et leurs relations avec les troubles mentaux à la vie adulte.

Dans une 2^e partie sont souligné: A) l'action de quelques médiateurs de continuité et discontinuité psychopathologique. en fonction de l'âge: facteurs génétiques ou de l'entourage, le temperament, des caractéristiques psychologique spécifiques ou du développement. B) Ceux liés aux modes d'expression clinique. C) L'étape du trouble dépressif ou l'hétérogénéité du cours clinique.

Dans une troisième partie on analyse la validité diagnostique du trouble dépressif majeur, dysthymie et trouble adaptative dépressif parmi les enfants et les adolescents et les plus récent rapports neurobiologiques.

Les études de continuité ne sont pas concluants mais ont peut dire que tandis que les dépressions avant la puberté sont généralement liées à d'autres psychopathologies non dépressifs, les TD du début à l'adolescence montrent une continuité à la vie adulte avec une comorbidité, en plus, vers les troubles bipolaire, du comportement, toxicomanies et conduites suicidaires.

Evolution de la depression majeure, de la dysthymie et de la symptomatologie depressive au cours de l'adolescence. E. Domenech-Llberia ; J. Canals, Facultad de Psicologia. Universidad Autonoma de Barcelona, Barcelona (España)

Avec l'objectif de répondre à quelques-unes des nombreuses questions que posent la psychopathologie évolutive de la dépression, nous présentons quelques résultats d'une étude longitudinale d'une population scolarisée suivie tout au long de l'adolescence (11-18 ans).

199 sujets (100 garçons et 99 filles) ont été examinés annuellement jusqu'à l'âge de 14-15 ans et de nouveau à 18 ans. Entre 11 et 15 ans, la pathologie dépressive a été évaluée avec le CDI (Kovacs, 1983) et la CDRS-R (Poznanski et al., 1985). La définition de cas pour les diagnostics de dépression majeure (DM) et de dysthymie fut basée sur les critères DSM-III-R à partir de l'information de la CDRS-R. A 18 ans l'instrument utilisé pour faire un diagnostic psychiatrique fut le SCAN, entrevue semi-structurée basée sur les critères ICD-10.

Au cours des trois premières années, la prévalence de DM fut supérieure parmi les filles mais cette différence de sexes fut significative uniquement à partir de 13 ans. L'incidence de DM fut supérieure pour les filles et augmenta avec l'âge (non pas chez les garçons).

A 18 ans, 25 % des hommes et 33,3 % des femmes diagnostiqués de DM avaient été diagnostiqués de DM entre 12 et 14 ans, un 50 % avait obtenu une ponctuation égale ou supérieure à 17 (CDI) à un certain moment entre 11 et 14 ans, et un 83,3 % avait ponctué au-dessus de 13.

Tous les cas suivis, diagnostiqués de DM à partir de 13 ans, ont reçu à 18 ans un diagnostic de maladie de l'humeur: Dm, dysthymie ou hopomanie.

S41–2:15 pm Symposium

Psychologie neurodéveloppementale

Touch in infancy: The development of haptic abilities in very young infants. Arlette Streri, Professor, Laboratory "Cognition and Development", University René Descartes – Paris V

Before six months of age, infants display various perceptual and cognitive competences with both their right and left hands. Numerous experiments revealed several haptic abilities: 1. Cross-modal transfer of shape from touch to vision since birth. 2. Cognitive competences in numerical tasks. 3. Haptic perception of object unity in assemblies that undergo various motions. 4. Hand preference in global or local processing of complex objects. 5. Asymmetrical competences in perceptual and motor abilities between hands. All these performances, obtained without visual control, may help set up remediation techniques to stimulate the haptic system of blind infants.

Development of prenatal hearing and discrimination of complex sound stimuli. A. Ribeiro, C. Granier-Deferre, Laboratoire Cognition et Développement, CNRS UMR 8605, Université Paris 5, René Descartes, France

Data on external sound transmission in utero and perceptive fetal auditory abilities will be reviewed. A growing body of evidence show that human prenatal exposure to a variety of sounds, in particular complex stimuli, such as speech, may contribute to the tuning, and specification of the auditory abilities necessary for the neonate to process sounds that will be relevant postnatally.

Data from three experimental sources will be reviewed. They indicate: (a) that maternal and external voices travel to fetal head level, (b) near term fetuses perceive and discriminate complex auditory stimulations, such as speech signals, and (c) that in spite of its relative immaturity, the fetal brain is able to perform perceptive learnings of important adaptative values.

Effect of prenatal stress on foetal and infant development. R. Graignic, UMR 7593, La Pitié-Salpêtrière, Paris

Preterm birth and low birth weight are associated with higher rates of disorders and neurodevelopmental handicaps. Several authors propose that the psychological and/or social factors during the pregnancy influence its outcome and explain, partly, occurrence of complications.

Thus, some human studies stress that the psychosocial factors are positively correlated with incidence of pathological evolutions to the birth.

More recently, research attempted to study the bonds being able to exist between the antenatal stress and foetal malformations: psychosocial stress would have a direct effect on the neural peak during organogenesis; in the same way, recent negative events of life would be associated with miscarriages.

In the continuation of experimental research (animal), which suggests a relation of cause and effect between the antenatal stress and the adverse birth outcomes (preterm birth and low birth weight), but also with adverse long-term neurodevelopmental outcomes (in bond with morphology, physiology and the behaviour), the authors are now interested in the consequences of antenatal stress on the psychomotor and emotional development of the children. They advance like emotional mothers state during the pregnancy has a direct effect on the brain of the foetus and thus on the infant's development.

We propose here to present a synthesis of the literature of the effects of antenatal stress, but also of some behaviours during pregnancy (drugs, alcohol, work) on the development of the foetus and the infant.

Dépression maternelle et transmission. Du modèle animal à la recherche clinique. Dr. P. Gerardin*, Pr. P. Mazet**, Mr. C. Cohen-Salmon***, Mme. J. Nadel***

* Praticien Hospitalier, Psychiatre pour enfant et adolescent, Service universitaire de psychiatrie, CHU C. Nicolle, Rouen; vacataire Service Universitaire de Psychiatrie de l'enfant et de l'adolescent, CHU Pitié-Salpêtrière, Paris; ** PUPH, Chef de service, Service Universitaire de Psychiatrie de l'enfant et de l'adolescent, CHU Pitié-Salpêtrière, Paris; *** Pr PhD, UMR 7593, CNRS, Pitié-Salpêtrière, Paris

Si les recherches sont de plus en plus nombreuses en ce qui concerne les troubles du post-partum et ses conséquences sur les interactions précoces et le développement de l'enfant, il n'existe que peu d'études sur l'état de la mère pendant la grossesse et ses effets potentiels sur la qualité des interactions mère-bébé et le développement cognitif, social et émotionnel du bébé. Or la question se pose de savoir si certains troubles observés ne découlent pas de perturbations survenant dès la grossesse.

Des modèles animaux existent, qui peuvent nous donner des pistes de réflexion en ce qui concerne les effets de perturbations prénatales et leurs conséquences sur le développement de l'enfant. Dans une étude précédente, nous avons étudié les effets d'un stress chronique de faible intensité (CUMS) appliqué à la souris gestante sur le comportement maternel, le développement de la descendance et son comportement à l'âge adulte. Le protocole de CUMS est adapté d'un modèle de Willner (1992) présenté comme un modèle d'anhédonie en pharmacologie animale. Nos expériences montrent une absence de modification du comportement maternel dans une situation standard mais une perturbation de celui-ci dans une situation complexe (Pardon, Gerardin, 2000), et des femelles présentant un profil d'agitation anxieuse. En ce qui concerne la descendance, il semble possible qu'il puisse exister une perturbation du développement somatique, puis à l'âge adulte du comportement.

Nous faisons l'hypothèse, à partir des études animales et cliniques, que les dépressions de la grossesse aurait un effet délétère car atteignant le futur nouveau-né dans son intégrité biologique. Un profil maternel particulier et interactionnel spécifique pourrait être lié à la précocité de la dépression et également aux facteurs de stress et d'anxiété participant à la genèse et à la chronicité de la dépression. Nous faisons également l'hypothèse qu'il existerait des différences interactionnelles entre les groupes de mères déprimées pendant la grossesse et en post-partum qui peuvent être explorées grâce à la finesse d'un protocole de double vidéo. Si différences interactionnelles il y avait, ce serait du fait du bébé, déjà atteint en tant que fœtus, mais aussi en raison de différences comportementales entre les mères déprimées dès la grossesse et les mères déprimées en post-partum. Nous évaluons également les effets d'une prise en charge précoce des mères puis de la dyade.

Nous présenterons nos données animales ainsi que notre recherche clinique en cours avec les premiers résultats.

Bourse de la Fondation Mustela 2001- PHRC 2002 national.

S42–4:00 pm Symposium

Parents, parentalité et figures parentales à l'adolescence: articulations et processus de soins

Symposium de la Société Belge Francophone de Psychiatrie et des Disciplines Associées de l'Enfance et de l'Adolescence

Chair: Professeur Véronique Delvenne

Sur le thème général: «changements et processus de soins» nous avons regroupé un certain nombre d'expériences de prise en charge particulières de collègues belges autour de l'articulation du réseau

de soins ambulatoire et hospitalier chez l'adolescent et le préadolescent.

La problématique de la parentalité sera abordée dans les différents processus de soins dans sa représentation pour l'adolescent mais aussi dans l'expression de son fonctionnement pour la famille comme pour les parents eux-mêmes. Ainsi, un premier exposé tentera d'examiner les relations entre les fonctionnements familiaux et l'attitude des adolescents face à leur santé dans un équilibre entre santé physique et santé psychique.

Ensuite, 2 présentations situeront le travail particulier réalisé en ambulatoire, l'un sur les représentations parentales dans le cadre du psychodrame à l'adolescence, l'autre sur les représentations qu'ont les parents de leurs adolescents (ou de l'adolescence) quand un espace propre leur est proposé.

Enfin, une présentation ouvrira toute la question de la relance des processus individuel mais aussi familiaux dans le cadre d'une unité de crise pour les jeunes adolescents.

Famille, santé et désordres psychiatriques. Zdanowicz N., Rey-naert Ch., Tordeurs D., Université Catholique de Louvain

Objectifs: examiner les relations entre les fonctionnements familiaux (objectif et idéaux) et les sentiments de responsabilité des adolescents face à leur santé.

Méthode: 814 jeunes «sains» ont complété le questionnaire de Olson sur leurs familles idéale et d'origine ainsi que le questionnaire multidimensionnel de la santé. Ils ont été comparés à une population de 358 jeunes atteints de troubles mentaux.

Résultats: si l'on retrouve une influence croisée de la famille d'origine et du lieu de contrôle de la santé sur le fait d'être malade, la famille idéale des jeunes a également des influences. C'est le cas pour la cohésion de la famille idéale sur la balance interne – externe et sur le pouvoir attribué aux autres. C'est également le cas pour l'adaptabilité sur le pouvoir attribué aux autres.

Conclusions: Le pouvoir attribué aux autres semble être un élément central des modifications de la gestion de la santé à l'adolescence. Un modèle complexe doit tenir compte non seulement de l'évolution de la cohésion de la famille d'origine elle-même en fonction de l'âge, mais aussi des transactions familiales idéales que l'adolescent soutient et de l'évolution de cet idéal avec l'âge. Cette conception a des influences directs sur les modalités de prise en charge et de gestion des consultations.

Objectives: to examine relations between domestic functionings (objective and ideals) and senses of responsibility of the teenagers towards of their health.

Method: 814 "healthy" young people completed Olson's questionnaire on their families ideal and of origin as well as the questionnaire of the multidimensional health locus of control. They were compared with a population of 358 young people affected by mental disorders.

Results: if one finds a crossed influence of the family of origin and the locus of control of the health on the fact of being ill, the ideal family of the young people also has influences. This is the case for the cohesion of the ideal family on the balance internal – external and on power attributed (awarded) to the others. It is also the case for the adaptability on power attributed to the others.

Conclusions: power attributed to the others seems to be a central element of the modifications of the management of health in the adolescence. A complex model has to take into account not only the evolution of the cohesion of the family itself according to age, but as well the ideal domestic deals as the teenager supports and some evolution of this ideal with age. This conception has influences expressed on the modalities of coverage and management of consultations.

Figures parentales sur la scène du psychodrame dans le théâtre multiple des soins à l'adolescence. Michel Croissant*, Psychiatre, Équipe Adolescence, Service de Santé Mentale à l'Université Libre de Bruxelles (SSM-ULB)

Le dispositif plurifocal répond aux enjeux de la problématique adolescente qu'à la fois il convoque et contient, tant pour l'adolescent que pour sa famille. Le traitement psychodramatique, au sein de cette prise en charge multiple, est un lieu privilégié de figuration et de mobilisation des images parentales chez l'adolescent; de même la question des échanges entre les divers intervenants (psychiatre de référence, psychodramatistes et éventuellement thérapeute individuel voire thérapeutes familiaux) est un espace d'élaboration des problématiques réalité interne/réalité externe et intrapsychique/intersubjectif. Les considérations théoriques sont mises à l'épreuve de situations cliniques qui viennent les interroger.

Parentalité et adolescence. Groupe de mères, de pères, de parents. Entre soin du lien à l'ascendance et prévention au lien à la descendance. Dr. d'Alcantara Ann, Université Catholique de Louvain, Centre Thérapeutique pour Adolescents

L'adolescence n'est pas comme la puberté l'effet d'un facteur génétique.

L'adolescence n'est pas comme l'éducation l'effet d'un facteur environnemental.

L'adolescence est une production de la culture, la culture étant l'actualité du déterminisme historique concernant la transmission et la mise en œuvre dans le lien social des interdits fondateurs.

L'adolescence est une mutation du lien social, mutation qui fait crise pour le sujet, chevillée au corps et mise en scène qui fait événement pour l'époque.

Voilà pourquoi, dans une culture adolescentique telle que nous la traversons, les jeunes sont contraints de faire la «une» de l'actualité au risque d'être privés d'une scène où l'adolescence puisse faire œuvre, un lieu où se croisent le temps biologique et le temps historique (chronologique), croisement qui constitue une scène «bordée» par les temps logiques.

En conséquence il n'y a pas lieu de s'étonner que les adultes aujourd'hui, parents ou éducateurs, soient «dé-bordés».

Qu'est-ce que la violence sinon une énergie, une force privée de contenant catalyseur ou organisateur, une jeunesse privée de «raison sociale», la raison étant ce qui fait lien «de fait», de par la logique culturelle, qui convoque le sujet, le soumet et le dépasse.

Réunir des parents, pères et mères ensemble ou séparément, leur proposer un «espace-temps» où questionner l'adolescence: c'est à dire les effets et les crampes du grandir quand il s'agit de leur descendance, les traces et les rebondissements de l'histoire quand il s'agit de leurs ascendances c'est à la fois une pré- et une post-vention, un soin au futur-antérieur.

L'exposé relatera l'enseignement issu d'une génération de groupes de parents.

Evaluation des facteurs de changement au cours d'une prise en charge hospitalière jour/nuit en unité de crise pour jeunes adolescents. Dr Anne François*, Pédopsychiatre, Responsable Unité d'Hospitalisation Pédopsychiatrique pour Jeunes Adolescents, Hôpital Universitaire des Enfants Reine Fabiola

La prise en charge hospitalière des adolescents représente un temps particulier du trajet de soin; c'est souvent un moment de relance des processus psychiques alors que l'adolescent se trouve enfermé dans une psychopathologie traduisant la fragilité des liens à ses premiers objets d'investissement. La répétition des troubles, l'agrippement au symptôme traduisent souvent pour ces adolescents la menace qui pèse sur leurs liens infantiles de par la séparation que le travail pubertaire nécessite. Ils traduisent également une tentative d'annulation des effets du temps.

Le but de l'hospitalisation est de leur fournir un nouvel espace de liberté en créant un «espace-temps» permettant un réaménagement

ment des distances de l'adolescent face à ses objets d'investissements, de le libérer de ses contraintes et de lui donner un rôle actif afin que son histoire se construise non plus à cause du changement mais grâce à lui. Pour cela, la relance d'une temporalité avec aménagements du projet à chacune des étapes du parcours de soin (urgence, négociation, élaboration, projet ambulatoire...) est indispensable pour que l'acte de séparation puisse avoir valeur d'apaisement et puisse également prendre valeur de soin pour le jeune et son environnement.

Cet exposé propose l'illustration au travers de vignettes cliniques de changements réussis (relance des processus psychiques, abandon du symptôme, poursuite d'un travail ambulatoire) ou des situations d'échec en essayant de dégager les facteurs aussi bien adolescentes que familiaux ou environnementaux qui auraient permis ce changement ou au contraire ces ruptures.

S43-5:45 pm Symposium

Pédo-psychiatrie de liaison

Chair: Mario Speranza.

Psychiatrie de liaison en neuropédiatrie: lésion cérébrale et réaménagement du lien parents-enfant. Catherine Epelbaum, Fondation Vallée

Le travail du pédopsychiatre en neuropédiatrie reste un travail complexe et toujours difficile car il doit prendre en compte des variables multiples qui lui sont à la fois familiales (troubles du comportement, éléments dépressifs etc.) et étrangères (maladies étranges, au diagnostic très compliqué et long; examens complémentaires très sophistiqués etc.).

Par ailleurs, la présence, dans le réel, de lésions cérébrales de mieux en mieux repérables et quantifiables, bloque souvent la fantasmagorie parentale, comme si l'enfant devenait un «cas répertorié», analysé, «chiffré», et les relations parents-enfants peuvent, dans certaines familles, devenir très rapidement extrêmement difficiles.

L'auteur, à travers un exemple clinique, tentera de montrer la nature du travail psychothérapeutique de retissage des liens, dans la famille et aussi par rapport à l'équipe médicale et soignante.

Clinical approach to Autism in an In-patient Unit. Roberto Canitano, Division of Child Neuropsychiatry, Azienda Ospedaliera Universitaria Senese, Siena, Italy

The main clinical problems and the therapeutic approach with autistic children and adolescents during admission in our Department, a referral tertiary care center for Pervasive Developmental disorders, are described. Clinical features of these conditions may be divided in primary disturbances specific of autism and associated disorders which are not necessary for the diagnosis but are frequent and prompt for adequate treatment. With respect to the latter hyperactivity is a common feature in preschool children, restlessness and impulsivity address behavioral as well as pharmacological interventions; sleep disorders are often reported, they are boresome but amenable of treatment. Seizures may appear in this group and should be investigated. Self-injurious behaviours are challenging conditions which require specific concern as they usually appear at this age.

In older children attention deficit associated to hyperactivity limit seriously the educational programs, as well as repetitive behaviours and movements, such as compulsions and stereotypes call for therapeutic intervention.

In pre and adolescents autistic subjects aggressive behaviours

may have the onset or a worsening concomitant with sexual maturation. Weight control related or not to pharmacological therapy is also a common problem. A thorough evaluation is performed during admission with the purpose of starting a comprehensive treatment program to control these heterogenous disorders. A consistent bias secondary to change of environment should be considered when evaluating behavioral disturbances in autism, nevertheless clinical setting is useful to address the problems presented.

Pédo-psychiatrie de liaison. Jean-Yves-Hayez, Université de Bruxelles

Pedopsychiatrie de liaison en pediatrie: work in progress. L. Rizzo, Hôpital de Treviso, Italie

En Italie, souvent l'organisation des services de neuropsychiatrie infantile ne prévoit aucune présence stable dans l'hôpital, ni pour gérer des hospitalisations ni pour collaborer avec d'autres services.

Dans l'hôpital de Treviso une petite unité est active à l'intérieur du département maternité-enfance dans le but d'opérer en liaison avec réanimation néonatale et pédiatrie. Au-delà des hospitalisations qui sont gérées en accord avec les collègues somaticiens et qui poussent à poursuivre un dialogue quotidien entre les composants des différentes équipes, on est souvent appelé à collaborer pour le diagnostic et l'orientation thérapeutique dans le cas des sujets qui sont hospitalisés pour des pathologies s'exprimant au niveau du corps.

Les objectifs de ce travail résident dans l'ouverture au sens qui se produit parfois à l'entrecroisement de malaises physiques et perceptions intra psychiques et interpersonnelles.

La méthode comprend deux aspects: avec les patients et leurs familles consultations thérapeutiques et colloques individuels visent à remuer les noyaux conflictuels opérants; avec les soignants, pédiatres et infirmier-ères, un travail quotidien d'échanges décèle les effets de transfert institutionnel (sentiments des individus et constructions du groupe).

Les résultats sont de deux ordres: la collaboration nous est demandée par les pédiatres précocement (sans attendre les «examens négatifs») et peut débiter ainsi pour les patients un travail où leur vie psychique résulte centrale.

Nos conclusions provisoires nous invitent à poursuivre dans l'intérêt des petits patients, d'une plus complète assistance et de notre connaissance des stricts rapports entre esprit et manifestations somatiques.

On fera référence à des cas cliniques.

Liaison child psychiatry in pediatrics: work in progress.

In Italy, child neuro-psychiatry services often have not a stable presence in the hospital, neither to manage the hospitalizations, nor to cooperate with other services.

In Treviso hospital the small child psychiatric unit works in the maternity-childhood department, with the aim of cooperating with neonatal intensive care unit (NICU) and pediatrics.

Besides recovery situations, which are managed together with paediatric consultants and which lead to a daily dialog between components of different teams, our cooperation is requested in diagnosis and therapeutic orientation in cases of hospitalized people suffering body pathologies.

The main goal of this work is to make manifest the sense, when it exists, between body disorders and intra psychic and personal feelings.

The method has two main aspects:

- therapeutic consultations and individual interviews with patients and their families are finalized to solve operating situations based on conflicts;
- a daily cooperation with paediatricians and nurses reveals the effects of the institutional transference (individuals' and team feelings).

There are two kinds of effects: paediatricians ask our cooperation earlier (without waiting for negative answers in the tests) and in this way the activity focused on psychological life can start for these patients.

Our temporary conclusions invite us to go on with interest in young patients, in a more complete assistance and in our knowledge of close relationships between psychic and somatic symptoms.

Some clinical cases will be referred to.

Tuesday, September 30th, 2003 Dickens 1

018–1:00 Oral communications session

Child abuse

Chair: Caffo E.

Helpline, emergency lines and their effectiveness. B. Forresi, E. Caffo, University of Modena and Reggio Emilia, Modena, Italy

The authors will illustrate rationale, ongoing process and effectiveness evaluation procedures of the Italian public emergency helpline (114) that Telefono Azzurro is in charge of since March 2003.

Delivering a quality service is a major challenge helplines must face nowadays, especially in relation to emergency situations involving children or adolescents (abuse and neglect, family violence, suicide, incidents and social emergency, etc.).

A detailed assessment of needs, risk and protective factors is needed, as well as a prompt activation of the resources available in local areas. Research shows that this is possible only through a multidisciplinary and multiagency approach, and the co-operation among different professionals/agencies.

Since March 2003 the Italian government entrusted Telefono Azzurro with a new public emergency helpline (114). After a three month test period (in three statistically representative towns), the service could be extended to the whole Italian territory.

For a systematic and sensitive follow-up, an appropriate data collection methodology has been devised. First, the evaluation of the "114" effectiveness will be tested through a case study methodology. Then, a quantitative analysis on cases reported to "114" during the test period will be carried out.

We expect that the "114" will be effective in:

- preventing short and long term psychopathological outcomes, and in promoting health for children and adolescents;
- defining best practices of intervention in emergency situations;
- improving and possibly spreading a multidisciplinary and multiagency model to face emergency situations;
- defining competencies to be developed by counsellors and performance indicators (referring to "European Helpline Operators Competencies", European Daphne Project 1999).

First data on the effectiveness of the "114" will be presented by the authors.

A contribution on the association of maltreatment to developmental delay. S. Palazzi, G. de Girolamo and the Italian Child Maltreatment Study Group, University of Modena School of Child Neuropsychiatry, Italy

Although not highly frequent, the association of maltreatment with cognitive or emotional delay has raised a lot of debate (particularly in relation to the hypothesis of a sociogenesis of pervasive develop-

mental disorders in the last century). Evidence based research is progressing rapidly, but many front-line professionals still carry on with older views. Consequently, we assessed the size of the overlap between children perceived as cognitively or emotionally delayed and children perceived as victims of abuse and neglect on data collected in a study aimed to estimate the prevalence of child abuse and neglect in Italian paediatric emergency departments in 2000.

Based on over 10 000 routine evaluations from nineteen hospitals, we found that 1% were seen as clinically delayed in their psychosocial development by child health staff. Statistically significant correlations included growth delay ($r = 0.41$), a positive psychosocial history ($r = 0.33$), abnormal behaviour at evaluation ($r = 0.29$) and - finally - compatibility with maltreatment ($r = 0.09$). Maltreatment had been defined as the non-subjective evidence of possible physical, sexual, or emotional harm from any person.

The question whether developmental traits lead to the risk of being maltreated, or being abused and neglected is a contributing factor of cognitive and emotional delay is raised once more. It should be clear to all paediatric and child health professionals that no assumption is legitimate on the direction of the causal genesis based on one-off observations, such as in emergency settings. Both clinical and epidemiological wisdom suggest that long-term follow-up observations are necessary to sort out the complexity of the multiple and interdependent factors that interact when both developmental and traumatic manifestations are observed.

Trauma and child abuse. E. Camillo, F. Piperno, S. Di Biasi, D. Tar-diola, University of Rome "La Sapienza", Italy

Objective: The aim of the research was to study the psychological reactions of different type of trauma on children.

Methods: The authors have compared the psychological effects and the psychiatric outcomes of 20 abused children (10 physically and 10 sexually) from those of children who have lost a caregiver (10 children). The children were divided in two different groups: aged < 6 years old and aged > 6 years old.

Results:

- Physically abused children < 6 years old show predominantly Behavioral Disorders, while children > 6 years old Mood and Anxiety Disorders.
- Children who have experienced the loss of the caregiver < 6 years old have Behavioral Disorders, while children > 6 years old Mood and Anxiety Disorders.
- Sexually abused children > 6 years old show Anxiety Disorders that in the older group have the characteristics of the PTSD.

Conclusions: The results suggest that the symptomatology and the psychiatric outcomes depend on the developmental stage of the child and the type of trauma.

Both physically abused children and those who have lost a caregiver react to the trauma in a similar way.

On the other hand, sexually abused children have different reactions.

Different diagnostic, prognostic and therapeutic implications are discussed.

The experience of "tetto azzurro" in Rome: a theoretical and methodological framework of therapeutic intervention in child abuse. G. Nicolais, Clinical Psychologist, Head of Diagnosis and Treatment Unit, "Tetto Azzurro", Rome,; University "La Sapienza", Rome, Italy. M. Ammaniti, Professor of Developmental Psychopathology, University "La Sapienza", Rome, Italy. E. Caffo, President of Telefono Azzurro; Professor of Neuropsychiatry, University of Modena and Reggio Emilia, Italy. F. Ricceri, Child Psychiatrist, Diagnosis and Treatment Unit, "Tetto Azzurro", Rome, Italy

The authors will illustrate theoretical background and methodology of the clinical and therapeutic intervention model developed by the Diagnosis and Treatment Unit of "Tetto Azzurro", Centre for

Abused and Maltreated Children and their Families run by "Il Telefono Azzurro" in Rome.

"Tetto Azzurro" is the Province of Rome Centre for Abused and Maltreated Children and their Families run by "Il Telefono Azzurro".

It is a multidisciplinary centre, with clinical teams and a residential area, and its goal is to provide children and their families with adequate intervention and clinical intake.

Objectives: The authors will illustrate theoretical background and methodology of the clinical intervention model developed by the Diagnosis and Treatment Unit of "Tetto Azzurro".

In this respect, the authors will primarily focus on the importance of devising a multi-level diagnostic evaluation in order to develop effective treatment interventions in child abuse and neglect.

The main current diagnostic and treatment approaches in the field will be reviewed, underlining the prevalence of symptom and child-only oriented interventions.

As a relationship(s) trauma is always crucial to intra familial child abuse, the authors suggest that viable treatment interventions have to be rooted in accurate diagnostic evaluations of the individual and, most of all, of the relationship features within the family context.

Results: In the light of a theoretical framework provided by developmental psychopathology and theory of attachment, a comprehensive evaluation of personality, representational and interactional features of all family members has to be carried out in order to target the "who, how and when" of specific treatment interventions.

Finally, the authors will illustrate treatment modalities for children, adolescents and adults (i. e. parents), underlining objectives, methodology of intervention and methodology for the study of treatment efficacy.

Evaluation of family drawings of physically and sexually abused children. F. Piperno, S. Di Biasi, C. A. Gangemi, S. Saccuti, University of Rome "La Sapienza", Italy

Objective: The aim of the study was to analyse family drawings in two groups of abused children (physically and sexually) compared to drawings from one group of matched control.

Methods: Ten physically, ten sexually and ten non-abused children, aged between 5 to 11 years old, were assessed.

Family drawings were analysed using a specific Screening Inventory (FDI-Family Drawing Inventory); this Inventory takes into consideration qualitative and quantitative variables such as the quality of drawing (lines, shape, size), perception of family members, as well as child self perception within the family system (treatment of figures).

Results: The results show significant differences between the abused children and the control group.

It was found that abused children were more likely to distort the bodies they draw; use a lack of details, poor body image and include more traumatic indicators, more aggression; they were less likely to include their primary caregiver.

It was further found that sexually abused children used faint lines and lack of colours, physically abused children heavy lines and children from violent homes were found to use heavy outlining.

Conclusions: Abused children produce significantly more indicators of emotional distress in their drawings than non-abused matched control group.

S27-2:15 pm

Symposium

Obésité: que transmet la famille ?

Chair: Vila G.

Psychopathology in obese children and adolescents: relationships with parental overweight and psychopathology. E. Zipper MD¹, G. Vila MD PhD¹, M. Dabbas MD¹, C. Bertrand PH¹, M. C. Mouren-Siméoni MD PhD², J.-J. Robert MD PhD², C. Ricour MD PhD¹.

¹ Pediatric Department, Necker-Enfants Malades Hospital, Paris, France;

² Hôpital Robert DEBRE Service Psychopathologie de l'Enfant et de l'Adolescent. Paris, France.

Objectives: To evaluate the type and frequency of psychiatric disorders in obese children and adolescents; to explore the relationship between psychiatric disorders in obese children, and obesity and psychopathology in their parents.

Method: 98 girls and 57 boys referred and followed for obesity were evaluated. These children were compared with insulin-dependent diabetic (IDDM) outpatient children (N = 171). Psychiatric disorders were assessed through a standardized diagnostic interview schedule (K-SADS R) and self-report questionnaires completed by the child (STAIC Trait-anxiety and CDI for depression) or his (her) parents (CBCL or GHQ).

Results: 88 obese children obtained a DSM-IV diagnosis, most often an anxiety disorder (N = 63). Compared to diabetic children, they displayed significantly more internalized and externalized disorders and poorer social skills. Psychological disorders were particularly pronounced in those obese children whose parents were disturbed. Obese children whose parents were disturbed had more mental disorders. There was no correlation between severity of obesity in the child or his (her) parents and frequency of psychiatric disorders.

Conclusion: These results highlight the importance of including a child psychiatric component in the treatment of obesity, which must engage the whole family.

Binge eating and psychopathology in severely obese adolescents and in their lean siblings: relationships with psychopathology in their parents. P. Isnard, M. L. Frelut, G. Michel, J. Navarro, M. C. Mouren-Siméoni, Hôpital Robert Debre, Paris, France

The aims of this study were to compare the dimension of binge eating and psychological adjustment in severely obese adolescents (n = 102, BMI = 36.4 ± 5.7 kg/m²) and in their non obese brother or sister (n = 50, BMI = 21.6 ± 3 kg/m²) and to look for relationships between these dimensions in obese adolescents and in their parents (85 mothers and 72 fathers). The parents were assessed by the Bulimic Inventory Test of Edinburg (BITE) and by the General Health Questionnaire (GHQ). Adolescents were assessed with the Binge Eating Scale (BES), by the BITE, by the Beck Depression Inventory (BDI), by the State-Anxiety Inventory for Children (STAIC) and by the Coopersmith's Self-Esteem Inventory (SEI).

The obese adolescents displayed significantly more depressive symptoms, more anxiety, more bulimic symptoms and less self-esteem than their non obese brothers or sisters. Bulimic symptoms in the obese adolescents were significantly associated with general psychopathology in mothers and in fathers.

Our study suggests that severe obesity in adolescents is associated with marked bulimic symptoms and psychopathology when compared to their lean siblings and that psychopathology in parents is in relation with bulimic symptoms in obese adolescents.

This study was supported by grants AOM 95071 from the Programme Hospitalier de Recherche Clinique de l'Assistance Publique - Hôpitaux de Paris, France.

Genetic aspects of obesity. B. Dubern*, K. Clément*; ° Hôpital Armand-Trousseau, Paris, France, * EA3502, Equipe INSERM «Avenir, IFR58», Hôpital Hôtel-Dieu, Paris, France

Obesity is a complex disease which involves interactions between environmental and genetic factors. The genetic approach both in animal models and in humans has allowed immense progress in the comprehension of the regulation of body weight. Genes involved in monogenic forms of obesity in humans have been characterized and are part of the central pathways of food intake regulation. However these cases are extremely rare and obesity must be considered as a complex polygenic disease involving interactions between genes and the environment. Numerous studies including studies in children have tried to identify “susceptibility” genes but at present the results are not conclusive since they are highly variable between studies and since the relative risk associating a specific gene allele and obesity remains low. Thus, it seems premature to genotype obese patients. When specific pharmacological treatments based on recent discoveries become available, however, genetic testing could help discriminate between the sub-types of obesity which may respond differently to treatment.

W11–4:00 pm Workshop

Manualized family-based treatment for adolescents with anorexia nervosa

James Lock, MD, Ph.D*. Stanford University School of Medicine, Stanford, California, USA

Objective: The objective of this workshop is to present the manualized version of family-based treatment [FBT] as it has been implemented in a randomized clinical trial for adolescents with anorexia nervosa.

Method: The workshop consists of four parts: 1) background on FBT; 2) description of the main therapeutic interventions used in FBT; 3) description of clinical findings; 4) discussion of implications of these findings for research and treatment of adolescents with anorexia nervosa.

Results: Family-based treatment (FBT) is a six to twelve month treatment consisting of 10–20 treatment sessions. The first phase is almost entirely focused on the eating disorder, and includes a family meal. The therapist makes careful and persistent requests for united parental action directed toward re-feeding, which is the primary concern at this point in the treatment. The second phase promotes the parents’ gradual return of control of eating and weight issues to the adolescent once steady weight gain is evident and eating is progressing without difficulty. The third phase is initiated when the patient achieves a stable weight and the self-starvation has abated. The central theme is the establishment of a healthy adolescent or young adult relationship with the parents in which the illness does not constitute the basis of interaction.

Conclusion: FBT for adolescents with AN, as manualized and refined over the past four years, holds promise for addressing the clinical needs of this population.

W12–5:45 pm Workshop

Autisme

Chair: Sauvage G.

Un Centre de Ressources Interrégional des troubles autistiques et apparentés à vocation diagnostique: objectifs, fonctionnement, complémentarités. Lenoir P., Hameury L., Bodier C., Wissocq M., Viaux S., Sauvage D.

Le Centre de Tours est ouvert depuis 2000. Des indicateurs et descriptifs d’activités seront présentés pour le travail clinique, les liaisons, les formations, animations, réseaux, et la recherche.

Le Centre de Ressources Autisme et troubles apparentés (CRA) apporte d’abord son concours aux services de l’hôpital et du département pour les évaluations et les soins de ces pathologies, par le niveau des interventions et les moyens supplémentaires. Ensuite, ce CRA a d’autres missions pour la région Centre (6 départements) et deux régions voisines (Poitou-Charentes et Limousin), soit 13 départements.

Le Centre de Tours est défini prioritairement pour le diagnostic de l’enfant jeune. Il compte 9 collaborateurs qui se consacrent surtout à l’évaluation des cas pour donner des avis techniques aux équipes traitantes et un soutien aux familles. Il est associé pour une partie des cas à l’activité clinique du plateau technique du service de Pédiopsychiatrie du CHRU de Tours – service qui est alors aussi le service traitant des enfants.

Pour des enfants suivis par d’autres services et établissements, il s’agit d’évaluations pluridisciplinaires au bénéfice des équipes et correspondants du cas, par les courriers, comptes rendus, téléphone, rencontres. Ce sont ces services traitants de proximité qui, avec les familles, sollicitent un avis diagnostique et une évaluation complémentaires. Il y est répondu par une étude personnalisée de chaque situation, la programmation d’une première consultation, puis d’un bilan pluridisciplinaire (et si besoin des consultations de suites).

Le Centre répond aussi à des demandes sur dossiers pour avis diagnostique, thérapeutique ou d’orientation, et assure des interventions et liaisons diverses auprès des partenaires de l’autisme. Enfin, en partenariat avec le service du CHRU de Tours auquel il est associé, il développe des fonctions nouvelles de formation, documentation, et recherche.

Un guide de pratique médicale de l’autisme: le diagnostic initial. Lenoir P., Malvy J., Perot A., Damie D., Sauvage D.

Les responsables du handicap et de la santé de notre pays ont commandé la rédaction d’un Guide de pratique médicale de l’autisme, en vue aussi d’une première conférence de consensus, qui portera sur le diagnostic précoce et les évaluations initiales. Il s’agit de dégager des points de convergence, des méthodes, et des règles de bonne pratique. Peuvent donc être abordées:

1) Les modalités du tout premier diagnostic, avec les stratégies appropriées, en population générale, ou en pratique clinique individuelle. Et, en fonction aussi des formes cliniques: selon que l’autisme est «pur», ou avec un retard plus important, ou avec d’autres atteintes: notamment somatiques. Elles peuvent alors être chronologiquement les premières remarquées, car plus «visibles» ou repérables. Les signes autistiques et/ou troubles du développement étant évalués à ce stade à partir des premiers diagnostics pédiatriques.

2) Le dispositif français comporte les services/intersecteurs de pédiopsychiatrie, les CAMSP, les pédiatres de famille ou spécialisés (neurologie, génétique, métabolisme), les partenaires médico-sociaux: protection maternelle et infantile, santé pré-scolaire ou même scolaire: puisque des formes «légères» ou mixtes (troubles

des apprentissages avec troubles de la socialisation et du comportement) sont de plus en plus souvent repérées à ce stade.

Pour un premier diagnostic, il faut des stratégies claires: quels sont les signes les plus fidèles?, souples: il y a une grande diversité des expressions cliniques et des lieux d'observation, complètes: ne pas sous-estimer une partie de la pathologie (ou méconnaître des troubles associés: déficit sensoriel, signes neurologiques ayant une valeur d'orientation, etc...), multiples: incluant aujourd'hui d'autres partenaires: tiers professionnels non soignants comme les enseignants, ainsi que les familles.

3) Pour les évaluations plus complètes, il importe de distinguer ce qui est pratique courante, spécialisée, ou de recherche. Avec les instruments, les méthodes, les stratégies, pour chacun de ces niveaux.

Les articulations du premier niveau (pratique courante) avec un service plus spécialisé peuvent être codifiées au même titre que le mode de collaboration, en sens inverse, d'un centre expert avec les moyens et services de proximité (intersecteurs, établissements, CDES, etc...).

Le diagnostic correspond en fait à plusieurs dimensions:

- nosographique (le syndrome autistique et ses formes cliniques)
- les profils neuropsychologiques et développementaux particuliers
- les pathologies associées (certaines identifiées)
- parfois les phénotypes propres à des syndromes de définition clinique ou bioclinique de la pédiatrie/neurologie.

La description de chaque cas, quelle que soit la forme clinique, inclut:

- le niveau des aptitudes
- les évolutions de la présentation diagnostique principale (par exemple un «syndrome autistique» à 3 ans, des troubles du langage et des apprentissages prédominant à 6 ans (et/ou des troubles cognitifs complexes) sans trouble majeur de la socialisation ou du comportement; et persistance de quelques particularités «idiosyncrasiques» ou bizarreries, qui se distinguent des troubles et symptômes observés en psychopathologie quotidienne (troubles anxieux et/ou du comportement).

4) Au total, un guide de pratique médicale de l'autisme a pour objet:

- de répondre aux questions individuelles de chaque cas et de dégager des applications pratiques: notamment définir un programme spécialisé d'intervention
- de valider les informations sur les connaissances médicales de l'autisme et de contribuer à la recherche: clinique, bioclinique, soit individuelle, soit de cohortes

L'objectif est ainsi de répondre aux besoins de chaque cas et de contribuer à tester des hypothèses de la recherche, dans le domaine médical, éducatif, social, ou biomédical (clinique, neuropsychologique, ou scientifique)

Cela suppose aussi d'établir un dossier type de recueil des antécédents et données pour chaque enfant examiné, avec un mode de synthèse des évaluations, et de communication avec les différents partenaires. Ce dossier sert aussi de référence dans le suivi des patients, nécessairement de longue durée.

5) Aujourd'hui, les difficultés sont au niveau de la prise en charge autant que de la reconnaissance précoce et de l'établissement du diagnostic:

- avec une diversité des formes cliniques et évolutives,
- une disparité de moyens,
- et des méthodes de soins encore variées: les relations interprofessionnelles, les recherches et études réellement contrôlées pourront seules permettre d'avancer vers les premières étapes d'un consensus progressif.

Evaluation du changement dans l'autisme: importance de l'étude de la qualité de vie des parents

Assessment of change in autism: importance of studying parental quality of life. P. Raysse, M. C. Picot, R. Pry, C. Aussilloux, Service de Médecine Psychologique pour Enfants et Adolescents, Hôpital saint Eloi, 80 av augustin fliche, CHU de Montpellier, 34295 Montpellier cedex 5, France

Les effets des prises en charge thérapeutiques sur la qualité de l'évolution clinique des enfants autistes sont encore insuffisamment connus tout comme le retentissement des difficultés de l'enfant sur la qualité de vie (Qdv) parentale. Les parents sont le principal support de l'enfant au cours de son développement. Le temps de vie de l'enfant en famille est conditionné par la durée hebdomadaire de prise en charge spécialisée et le niveau d'intégration sociale.

Notre étude vise à souligner l'importance de l'évaluation de la Qdv parentale pour apprécier les changements cliniques dans l'autisme infantile.

Le questionnaire d'autoévaluation de Qdv Parent-Qol-R, partiellement validé en français, a été renseigné par les parents de 148 enfants autistes âgés de 2 à 16 ans. Les données recueillies incluent les scores de Qdv parentale et pour chaque enfant: une évaluation développementale avec l'échelle d'adaptation sociale de Vineland, une estimation du temps hebdomadaire de prise en charge extrafamiliale.

Les résultats préliminaires montrent qu'il existe une association significative de la Qdv globale parentale d'une part avec le temps de prise en charge extrafamiliale, d'autre part avec les quotients de développement de l'enfant dans les domaines de l'autonomie et de la communication.

Les interactions possibles entre troubles du développement de l'enfant et Qdv des parents sont discutées. Cette étude confirme l'intérêt d'un abord global de l'enfant autiste dans son environnement incluant l'évaluation de la qualité de vie parentale pour apprécier l'évolution, pour adapter les stratégies de soins et de soutien de la famille.

Background and aims: Both treatment effects on clinical course of autistic children and child disorders repercussions on parental quality of life (QoL) have been insufficiently identified. Parents are the main child support during his development. The time passed by the child with his family is related to his weekly care time and his level of social integration. Our aims in this study were to emphasize the importance of studying the parental QoL in order to assess clinical changes in pervasive developmental disorders.

Methods: The Parent-QoL-R, a French self-rated questionnaire, was completed by 148 parents of children aged 2-16 years. The data collection included the parental QoL scores and for all the children: the Vineland adaptive behaviour scores, an estimation of the care time external to family.

Results: The preliminary results showed that there was significant correlation between overall parental QoL and: (1) time external to family, (2) communication and socialisation developmental quotients.

Conclusion: The possible interactions between developmental disorders and parental QoL will be discussed. These results highlight the interest of assessing autistic children in their environment with a global approach including parental QoL appraisal. Future implications for care strategies and family support will be considered.

Modalités de prise en charge de personnes avec autisme, l'expérience de Gautena.

Gallano I. GAUTENA, San Sebastian, Espagne

GAUTENA (Association de Gipuzkoa de personnes avec Autisme) a commencé son fonctionnement en 1978. Depuis cette date, elle a développé la mise en place de différents programmes et prend aujourd'hui en charge 290 personnes, entre 1 et 62 ans, sans qu'il y ait une interruption pour l'âge.

Le financement est à 90 % public, en concertation avec les autorités sociales, éducatives et sanitaires du Gouvernement Au-

tonome du Pays Basque Espagnol et du Conseil Général de Gipuzkoa.

GAUTENA assure le diagnostic, la guidance parentale et de la fratrie, les groupes de parents, les traitements psychothérapeutiques, les traitements psychopharmacologiques, la coordination avec les équipes scolaires, la mise en place de son propre système de classes intégrées, la prise en charge pendant les vacances (colonies et autres groupes), les week-ends de répit, les activités de loisirs, les centres d'activités de jour pour adultes, la préparation, coordination et suivi pour les adultes qui travaillent et les résidences.

Avec la mise en place de tous les dispositifs, une personne de n'importe quel âge, qui habite à Gipuzkoa et qui présente des symptômes autistiques, peut être adressée à GAUTENA par un pédiatre, un généraliste, un psychiatre ou un neurologue.

On commence par des entretiens et des évaluations psychométriques pour l'obtention d'un diagnostic précis, qui est discuté en détail avec les parents pour aboutir à l'élaboration d'un programme individuel de travail, où participent les parents et les professionnels en coordination avec des intervenants extérieurs.

Les résultats du programme sont évalués une fois par an, au moment de l'élaboration du nouveau programme annuel.

Les activités des programmes ont comme références la communication et l'autonomie, et, pour les adultes, la qualité de vie.

En résumé, il s'agit d'un système à gestion privée et financement public, qui prévoit l'existence des moyens matériels et personnels pour répondre aux besoins des personnes avec autisme et leurs familles et les enquêtes de notre système de qualité (ISO 9001-2000) montrent un niveau élevé de satisfaction des parents, professionnels et administration.

Tuesday, September 30th, 2003

Dickens 2

019-1:00 pm

Oral communications session

Learning Disorders

Chairs: Preuss U., Popovic S.

Early detection and prediction of the development risk of reading and writing deficiency by utilizing multiple diagnostic instruments. Ulrich Preuss, Regula Blaser, Romaine Schnyder, Department Child and Adolescent Psychiatry University Bern Switzerland

Objective: The objective was to gain more information about the possibilities of a training in phonological awareness in the prevention of reading and writing disorders.

Methods: In the framework of our long-range study regarding prevention of development of partial-competence deficiencies, the - previously adapted to Swiss conditions - training of phonological awareness and of letter-sound correspondence from Küspert and Schneider was implemented in a group of 260 Swiss children, whereas a control-group was left without treatment. The group assignment was effected in accordance with preschool-teachers' willingness to carry out the training. The children were tested before and after the training repeatedly regarding their competence of phonological skills and after entry in school also regarding their reading competence.

Results: The results showed that in the experimental group, on a short-term basis, the training had a considerable influence on the development of the children's phonological awareness. Specific effects on the children's competence of reading in first grade however could not be shown.

Conclusions: Methodological aspects however must be considered while interpreting these results. The same may be said for the outcome-results at the end of second grade. An important finding is that the children's skills in reading and writing between the two school grades depict a much more heterogeneous situation than those registered after the second year at school.

The study will be continued, in order to complete the outcome considering possible clinical manifestation of a reading and writing deficiency and further to determine if long-term effects of the training can be revealed.

Familial pattern of Dyslexia. R. Penge, B. Gallai, V. Labellarte, B. Rossi, F. Capozzi

Objectives: Familial aggregation of developmental dyslexia has been well documented and numerous segregation and twin studies have consistently supported a significant role of genetic factors in the etiology of this disorder. However, the phenotypic heterogeneity associated with the clinical diagnosis has made the identification of the underlying genetic basis difficult. Several independent research groups reported recently on the genetic linkage between chromosome 6 markers and several dyslexia phenotypes.

Methods: Within a wider project on genetic inheritance of Developmental Dyslexia, in this study we analysed neuropsychiatric and reading profiles of families with more than one child affected by Dyslexia.

For this aim we have constructed and validated reading and writing task, and sensitive to milder or compensated form of reading difficulties in adults and some new tasks of phonological awareness and linguistic skills.

10 affected families are compared with 10 families with only one child affected and a negative history for LD reported for both parents.

Results: As shown in literature for English speakers, also for Italian Dyslexic population meta-phonological abilities seems the best definite core of reading and writing disturbances.

Moreover neuropsychological profiles are more similar within families with a supposed familial pattern of heritability than in the control supposed families.

Conclusions: individuation of factors of heritability of the disturbance can lead to a precocious individuation of younger siblings.

Neuro-psychological diagnostics in development age. Description of a case. Vesna Gardasevic, psychologist, Medical Center of Pozarevac, Advice department for mental health, Pozarevac, Serbia and Crna Gora

Subject: Matija G. 10.2 years old, right-handed. The reason for visiting a psychologist is poor results at school.

From the anamnesis: a regular early psycho-motility development, but from the age of two, symptomatic epilepsy has occurred and was treated for two years, until a tumour was located occipitally - left, after a scanning analyzing had been taken. He was operated in 1996. Since then, there were no relapses or epileptiform attacks. He is still on therapy ("tegreto" - a medicine).

According to his mother's words, after the operation, the boy's psychical status has changed: he is slowed down, motiveless, and since he started school there were a lot of difficulties acknowledging the school programme.

The psychologist's intention was to examine the general intellectual abilities, as well as to apply a series of the neuropsychological tests, in order to determine the problem causing the difficulties in learning and memorizing the school programme.

Generally, the results of the testing have shown the audio-visual organizing problem, constructive dispraxis with visual-space organizing deficiency as well as disexecutive syndrome. Among the school skills, the worst results were got while reading and writing: reading was reduced to naming the letters and bad connecting to a word, and there was an inability to follow the line, omitting some letters from a word or inversion of some letters.

It is notable that the patient is attending IV grade of primary school and so is expected to read and write normally.

The subject's individual test acquisitions, as well as the psychomotility re-education strategy of the team of experts will be presented in a detailed report (the psycho-motility re-educating programme is still going on – it was started in March 2003 and by now a progress in overcoming the initial problems has appeared).

The author is a psychologist, still a beginner in a field of neuropsychological diagnostics. This attempt is thus a pioneer one, and the author is intending to extend the competence of the regional psychological departments and make them able to treat more patients like the one that has been mentioned above, using the methods of neuropsychological diagnostics.

Parental attachment and selective mutism in children: a preliminary study with the adult attachment interview. F. Capozzi, S. Cuva, Fortugno, E. Mazzei, F. Piperno, Department of Child and Adolescent Neurology and Psychiatry, University; La Sapienza of Rome, Italy

Objective: Aim of this work is to deepen the relationship between transgenerational secret and an altered communicative style in the pathogenesis of Selective Mutism (SM), as suggested in a previous study of our group. We hypothesized that the Adult Attachment Interview, a semistructured interview widely used to study heterogeneous samples, could represent a useful tool to investigate such relationship. The AAI, in fact, allows to collect a large amount of information about attachment but also communicative style, within the theoretical framework of attachment theory, that gives a significant role to transgenerational contribution in the subject's psychic organization.

Methods: 10 parents of children with SM underwent the AAI. All of the children were kept under observation in our Centre, through individual psychotherapy or follow-up; all the parents joined supportive sessions.

Results: We will analyze parental attachment classification and material emerged from the interviews. Results are of course still preliminary; but the most interesting finding we have up to now is that in all the interviews emerge a large amount of traumatic experiences, both in loss and psychiatric diseases, without a real elaboration. This psychic condition creates a traumatic area that seems to influence very strongly familial relationships.

Conclusion: We think that focusing part of the attention on familial history of children with Selective Mutism and on parental communicative style (since SM is, at least partly, a communicative disturbance) could give an important contribution to understanding the psychopathology and the nosographic delimitation, deeply uncertain, of this clinical condition.

W13–2:15 pm

Table ronde

L'hétérogénéité des troubles alimentaires

Chair: Lazaratou H.

La place nosographique de l'anorexie mentale. Hélène Lazaratou, Pédiopsychiatre, Université d'Athènes

L'anorexie mentale survenant à l'adolescence a une symptomatologie clinique typique. Dans le système diagnostique américaine DSM-IV, elle est décrite comme une entité nosologique autonome avec des critères d'inclusion et d'exclusion. L'approche psychodynamique cherche derrière le caractère stéréotype de la symptomatologie d'évaluer le mode du fonctionnement psychique. Les récentes études psychanalytiques portent plutôt sur le narcissisme et les modes de la relation d'objet que des mécanismes de défense.

L'anorexie perd alors son caractère de syndrome et est considérée comme un symptôme avec une différente valeur économique selon le cas. Elle peut s'inscrire ainsi dans le registre névrotique (hystérique, obsessionnel), psychotique, des troubles de la personnalité ou de désordre psychosomatique.

La survenue aussi de l'anorexie dans d'autres périodes de la vie, spécialement dans la première enfance, pose le problème de la continuité du trouble et de son poids structurant sur la personnalité.

La présentation d'une vignette clinique soulève cette problématique. Anna, une adolescente de 15 ans, présente le tableau clinique typique de l'anorexie mentale. Elle a été comme bébé anorexique et durant l'enfance son poids était inférieur du normal. Des difficultés sur la prise en charge thérapeutique d'un tel cas sont aussi discutés.

The nosological status of anorexia nervosa. Helen Lazaratou, Child Psychiatrist, University of Athens

A typical identifiable clinical picture characterizes the anorexia nervosa that occurs in adolescence.

In the DSM-IV it is described as an autonomous clinical entity with criteria of inclusion and exclusion. The psychodynamic approach pursues behind the identical as well as repetitive elements of symptoms, the particular dynamics that determines the relational mode and emotional investments. In recent years the psychoanalytic study has had a shift from the analysis of defence mechanisms and the repressed conflicts to the analysis of narcissism and the object – relation relationships.

The anorexia loses thus the character of syndrome and is considered as a symptom of different economic value. Therefore it may cover an entire nosological field and it is either referred to as a neurosis, depression, personality disorder, psychosis or psychosomatic pathology.

The manifestation also of anorexia in other periods of life mainly during infancy places the problem of continuity of disturbance and its structural influence on the personality.

The clinical presentation of a case supports this questioning. Anna, an adolescent of 15 years old, presents the typical clinical picture of anorexia nervosa. She has been an anorectic baby and during childhood her weight was below of the regular. The difficulties for the therapeutic intervention of such cases are also discussed.

Troubles des conduites alimentaires à l'adolescence: version masculine. N. Zilikis, Université de Thessalonique, Grèce

La représentation dominante des troubles des conduites alimentaires à l'adolescence est celle d'une pathologie «féminine.» La rareté de leur apparition, du moins dans les formes typiques ou complètes, chez les garçons rend difficile une étude systématique de la «version masculine» de ces pathologies, les quelques rapports bibliographiques se limitant à des cas individuels. D'autre part, des enquêtes portant sur des populations d'adolescents dans la vie desquels le corps est particulièrement investi (à travers d'activités comme la danse ou l'athlétisme) montrent chez les garçons une fréquence de conduites-limite autour de l'alimentation bien au-dessus de celle concernant les syndromes typiques d'anorexie-boulimie.

Un parcours bibliographique nous permet de revenir sur les questions essentielles concernant un sujet qui, à notre avis, mérite une meilleure attention dans la perspective plus générale des transformations de l'expression psychopathologique à l'adolescence dans les sociétés modernes, impliquant en particulier le corps et les agirs. Tandis que des observations cliniques donnent l'occasion d'une réflexion sur l'organisation des troubles caractérisés chez le garçon, en ce qui les rapproche ou qui les différencie par rapport aux tableaux qu'on observe chez la fille.

Eating disorders in the male adolescent. N. Zilikis, Aristotle University of Thessaloniki, Greece

In the clinician's mind, the prevailing representation of eating disorders (ED) in adolescence is that of a "feminine" pathology. The rare appearance of typical or complete forms in the male accounts for the lack of systematic studies in large populations, the reports in the literature being limited to some case studies. On the other hand, more recent studies conducted in non clinical populations, like those characterised by a particular cathexis of the body (expressed through activities such as the dance or intense exercise), indicate a frequency of sub-clinical eating attitudes in males much higher as compared to that observed in the case of typical ED.

Through a review of the literature, the main issues regarding this subject are addressed. The interest is stressed for a more thorough attention to this spectrum of psychopathology, especially within the perspective of the transformations in the expression of psychopathology in adolescence in the context of changing modern societies. Changes considered favouring acting (involving the body in various ways) rather than mental elaboration. Finally, four case studies of ED in male adolescents serve as an opportunity for addressing issues regarding psychopathological aspects in these conditions, in their similarities as well as their differentiation as compared to those observed in the female.

Boulimie et trauma psychique. Anagnostopoulos D. C., Unité des Enfants et Adolescents, Centre de Santé Mentale, Clinique Psychiatrique, Université d'Athènes, Grèce

Il sera présente du matériel clinique issu de la psychothérapie psychanalytique des adolescents qui présentent de la boulimie et ont subi des expériences traumatiques pendant les premières années de la vie.

Notre but est d'étudier la relation entre le traumatisme précoce et la pathogenèse de la boulimie ainsi que ses conséquences sur la thérapie. Ces processus seront étudiés à partir de deux cas d'adolescentes qui souffrent de boulimie et dont l'anamnèse contient des éléments du mal traitement.

La gravité du trauma dans tels cas semble être étroitement liée à ce fait. L'émergence précoce des expériences traumatiques pendant la thérapie, conduit à la reviviscence du traumatisme et amené à un traumatisme répétitif au sein de la thérapie.

Les mécanismes obsessionnels de la recherche de la nourriture et son investissement comme objet du plaisir, offrent la possibilité aux patientes boulimiques de bâtir un mur autour du trauma et de fortifier les mécanismes du refoulement. Ces mécanismes les conduit à la perte de leur féminité, la distorsion de l'image de Soi et la conservation du «secret». En même temps la nourriture telle quelle est doublement investie comme objet du plaisir et comme objet attirant l'agressivité de la patiente.

Dans les cas présentes il paraît que la nourriture devient le substitut paternel au quel s'adressent en sentiments d'amour et des vœux d'accomplissement des phantasmes incestueux, dans une tentant ire de remplir le vide qui fut créé par la perte traumatique précoce. En même temps son utilisation contre soi-même exprime des sentiments de colère et de culpabilité.

Bulimia and psychic trauma. Anagnostopoulos D. C., Community Mental Health Centre Byron-Kaisariani, Children's and Adolescents' Unit, Psychiatric Department of University of Athens

Clinical evidence is being presented from psychoanalytic psychotherapeutic work on adolescents that were suffering from bulimia and had traumatic experiences during early childhood.

Our aim is to investigate the relationship between early trauma and the pathogenesis of bulimia and the outcome of this relationship in therapy.

These processes we studied with respect to two cases of adolescents suffering from bulimia in whose case history there are serious indications of abuse.

The meaning of trauma in such cases appears to be closely related with the dynamics of abuse. The early appearance of traumatic experience during therapy leads to the reenactment of trauma and essentially to a re-traumatisation through therapy. The obsessive-compulsive mechanisms of food-seeking and its investment as an object of pleasure seems to allow bulimic patients to build a wall around their trauma and to reinforce their repression mechanisms. However, this results in a loss of femininity, the conservation of the "secret" and the disturbance of self image. At the same time food per se is invested as an object of pleasure and as an object of the patient's aggression.

In certain cases food appears to become a paternal substitute towards which feelings of love and unfulfilled desires are invested as an attempt to fulfill the emptiness which was created by early traumatic loss. Simultaneously food is used against the Self as an expression of feelings of aggression and guilt.

Corrélations entre les symptomatologies anorexiques précoces et les troubles d'apprentissage scolaire pendant l'enfance et l'adolescence. Gr. Abatzoglou, Université de Thessalonique, Grèce

L'étude de l'anamnèse d'enfants et d'adolescents qui sont adressés à notre consultation spécialisée aux problèmes scolaires, révèle des corrélations cliniques très intéressantes concernant les symptômes alimentaires précoces et les symptômes d'apprentissage scolaire. Des hypothèses théoriques sur les liens entre alimentation et connaissance seront discutées.

Relationships between feeding disorders of the infant and learning disabilities of children and adolescents. Gr. Abatzoglou, Aristotle University of Thessaloniki, Greece

A detailed information gathering concerning the history of feeding disorders during the infancy of children and adolescents that are referred to our special consultation of school disorders reveals very interesting clinical relationships that can lead to theoretical assumptions linking feeding and cognition.

020-4:00 pm Oral communications session

Parentalisation

Processus de parentalisation adoptive et soin. Docteur Tarragano Olivier, Madame Odile Chapsal, Docteur Pierre Levy-Soussan. COFI-CMP (consultations filiations), Paris, France

Lorsque les enfants adoptés présentent des symptômes psychiatriques importants (symptômes autistiques, hospitalisme), il est souvent fondamental d'établir une stratégie thérapeutique rapidement. Cette dernière vient affirmer la maladie au moment même où l'enfant est accueilli dans sa famille adoptive. La nécessité thérapeutique bien qu'elle paraisse urgente, doit intervenir en tenant compte de la nécessité que les processus de parentalisation autorisant la «greffe filiative» soient préservés dans leur dynamique.

En effet, une prescription trop rapide du soin, conduit bien souvent les parents à s'instaurer comme thérapeute de l'enfant adopté. Cela peut favoriser l'émergence de fantasmes quant à la vie pré-adoptive fragilisant parfois le narcissisme parentale. Il est donc important pour le thérapeute de favoriser une alliance thérapeutique qui n'élude pas l'historicité familiale et son interrogation nécessaire au processus de parentalisation.

Nous étayerons notre propos à partir de cas cliniques d'enfants adoptés venant de l'Europe de l'est présentant des symptômes autistiques avérés. Nous développerons théoriquement notre propos en

élaborant notre démonstration à partir des théories psychanalytiques, des théories de l'attachement et des sciences cognitives.

Nous concluons en affirmant que la situation adoptive met en exergue une question commune à toute prescription de soin concernant les enfants de très bas âge, lorsque cette nécessité de soin intervient conjointement à la mise en place des processus de parentalisation. Le soin doit favoriser la guérison sans interdire ou gêner les processus de parentalisation lesquels sont fondamentaux pour que l'amélioration clinique puisse être constatée.

Construction d'un espace de narrativité originaire au décours du processus abandon-adoptation. Marinopoulos Sophie, Docteur Levy-Soussan. Adresse: COFI-CMP, 20 rue de Dantzig, 75015 Paris

Nous interrogeons la pratique clinique de l'accompagnement des parents biologiques envisageant l'abandon de leur enfant dans une double perspective: le renoncement filiatif spécifique à l'histoire de cet enfant et la place du secret parfois demandé concernant leur histoire ou leur identité.

Quels sont les éléments susceptibles d'être organisateurs dans l'histoire de l'enfant à partir des données parfois lacunaires de son histoire?

Nous proposons une réflexion sur les conditions permettant la narrativité nécessaire d'abord à la mère ou au père de naissance, puis à l'enfant pour lui permettre de s'inscrire dans une nouvelle filiation toujours à construire avec ses parents.

Quel impact peut avoir cette pré-histoire sur le champ de parentalité adoptive? La clinique des situations adoptives nous montre à quel point cette filiation est dépendante des conditions de sa mise en place dès l'abandon de l'enfant. Nous soulignerons les points de vulnérabilité de la filiation adoptive que nous observons aussi bien chez l'enfant, ses parents que dans l'espace social susceptible d'organiser l'accueil des mères abandonnant leur enfant.

Les nouveau-nés irritables ont-ils des mères insensibles? M. Hubin-Gayte, Université de Picardie, Amiens, FRANCE; L. Ayissi, Université de Picardie, Amiens, FRANCE

Les recherches étudiant les effets de l'irritabilité néonatale sur la sensibilité maternelle n'aboutissent pas à des résultats concordants (Van Den Boom, 1994). Nous étudions ce lien en tenant compte d'un autre facteur: les représentations que les mères ont des comportements de leur enfant. Nous posons comme hypothèse que les mères de bébés très irritables sont moins sensibles que celles d'enfants non irritables, plus intrusives et se représentent leur enfant comme «difficile». Nous avons observé l'irritabilité de 37 bébés, à 3 jours, à l'aide de l'échelle de Brazelton (1995). Le même jour, les mères ont rempli le questionnaire MABS (St James-Roberts et Wolke, 1995) dont l'objectif est d'évaluer leurs représentations des comportements du nourrisson. A 2 mois, nous avons revu 27 dyades. Nous avons filmé une situation de «jeu libre». Pour évaluer la sensibilité maternelle, nous avons analysé les films selon le Care-Index de Crittenden (1988) et utilisé la version française de l'EITQ (Carey, 1993) pour étudier les représentations maternelles du tempérament de l'enfant. L'analyse des données montre qu'à 3 jours, il y a une cohérence entre l'évaluation comportementale du nouveau-né et les représentations maternelles. Cependant, aucune mère de bébés très irritables ne se représente leur enfant comme difficile. Ce résultat change à 2 mois, puisque ce sont les mères de bébés très irritables qui se représentent leur enfant comme difficile. 50% des nourrissons irritables à la naissance et 7% non irritables ont des mères intrusives à 2 mois. Ainsi, ces résultats confirment notre hypothèse.

D'une observation mère-bébé dans un contexte transculturel: transmission culturelle et construction identitaire. Dr S. Deloche-Tarragano – Dr MO Pérouse de Montclos, Centre Hospitalier Sainte-Anne – Service de Psychiatrie de l'enfant et l'adolescent – 6ème secteur de Psychiatrie Infanto-Juvenile de Paris – 1, rue Cabanis – 75014 Paris

A partir d'une observation de type Esther Bick d'une mère gambienne avec son bébé né en France, nous proposons une réflexion sur les aménagements du cadre relatifs aux questions de transmission dans cette situation.

La rencontre avec cette mère est venue questionner le cadre de travail initial et la place de l'observateur: qu'est ce que transmet la mère à son bébé de son histoire filiative propre et de son affiliation à la culture d'accueil, comment s'opère la transmission de cette double appartenance, et ce en présence de l'observateur, enfin quelle est la place de ce dernier dans ce modèle filiatif.

Les éléments transféro-contretransférentiels sont venus clarifier l'utilisation du cadre par la mère et notre compréhension des mécanismes de transmission identitaire. En effet, la maman a mobilisé le tiers observateur comme éventuel représentant d'un quorum féminin (groupe des commères) permettant un maternage traditionnel et un accès à l'altérité.

La reconnaissance du «contre transfert culturel» de la part de l'observateur et de sa propre expérience de l'altérité ont, sans doute, contribué à amoindrir les mécanismes de clivage transculturel: mécanismes qu'une mère migrante peut transmettre à son bébé au cours des premiers liens; mettant enjeu le risque la construction identitaire pathologique chez le bébé et au sein de la dyade. Aussi, l'adaptation du cadre dans cette situation particulière a permis de construire une alliance thérapeutique dont on connaît les complexités dans un contexte transculturel.

A mother baby observation in a trans cultural context: cultural transmission and the construction of identity. Dr S. Deloche-Tarragano – Dr MO Pérouse de Montclos – Service Infanto-Juvenile – Centre Hospitalier Sainte-Anne – Paris

From an observation of a Esther Bick type of a Gambian mother and her baby born in France, the authors propose a reflection on the changes in therapeutic care arrangements required relative to the questions of transmission in this situation.

The therapeutic relationship with this mother led to the questioning of the Esther Bick type of assessment and the place of the third party observer:

What does the mother transmit to her baby of her personal filial history and of her affiliation with the receiving culture, how does this transmission of double cultural belonging operate and particularly in the presence of the observer, what is the place of the observer in this filial model?

The elements of transfer and counter transfer between the mother and the observer assisted to clarify the use by the mother of the therapeutic setting and the mechanisms of the transmission of identity. In effect the mother mobilised the third party observer as a potential representative of a female quorum (a group of co-mothers) who permitted traditional mothering and facilitated access to an alternative way of mothering.

The recognition of a «cultural counter transfer» on the part of the observer and the experience by the observer of the cultural differences without doubt has contributed to the reduction of the trans-cultural splits that a migrant mother may transmit to her baby during the period of first links which could put at risk the pathological construction of identity of the baby at the centre of the dyad. Also the flexibility of the therapeutic setting in this particular situation permitted the construction of a complex therapeutic alliance in a trans cultural context.

Notre bébé va mourir. C Delmas, 1er secteur de psychiatrie infanto-juvénile du Val de Marne (service du Dr Vinograde) – Champigny – France

Nous souhaiterions vous faire part d'une expérience clinique particulière à savoir l'accompagnement de parents d'un enfant, que nous appellerons T, décédé d'une maladie génétique à l'âge de 15 mois.

Ce travail, effectué dans le cadre de la psychiatrie de liaison assurée par un praticien hospitalier de secteur, a fait l'objet d'un questionnement concernant le dispositif de soin et le bénéfice que les patients peuvent en retirer.

L'objectif de cette communication serait donc de pouvoir dégager quelques axes de réflexion pour la prise en charge de ces enfants et de ces familles

Tout en décrivant notre dispositif de soin, il paraît important de pouvoir évoquer quelques éléments cliniques Il s'agit en effet de situations ou le réel de la mort le handicap et le caractère génétique de l'affection, sont étroitement liées.

Nous nous appuyons sur les travaux effectués par des collègues ayant l'habitude de ce type de situation (Ginette Raimbault, Daniel Oppenheim).

Nous pensons, un an après l'arrêt de cette prise en charge, qu'elle a pu aider cette famille à traverser cette épreuve.

En ce qui concerne le dispositif de soins, le recours à la consultation parent bébé du service nous a été utile, en particulier au moment de la naissance d'une petite sœur dans l'année qui a suivi le décès de T.

Elle nous a permis également, grâce à sa position tierce, de pouvoir mettre un terme à la prise en charge.

Trouble du développement de l'identité sexuée chez le garçon. C. Piavaux, J. Y. Hayez, Cliniques Universitaires Saint-Luc, Bruxelles, Belgique

Objectifs: A partir de deux situations cliniques de garçons de dix ans revendiquant une allure féminine, nous allons étudier et critiquer les différents concepts diagnostiques: identité sexuelle, identité sexuée, identité de genre (Chiland, Hayez, Stoller, Green); développer la notion de trouble; cerner les hypothèses étiopathogéniques et évoquer les pistes thérapeutiques.

Méthode: Exposé de deux vignettes cliniques, deux garçons très féminins. Description des dynamiques familiales. Confrontation aux modèles théoriques.

Résultat: Nous repérons certaines dynamiques très précoces mère-enfant et certains patterns familiaux susceptibles d'éclairer ce trouble. Nous essayons aussi d'établir le diagnostic différentiel avec la problématique transsexuelle.

Conclusion: Evaluation pronostique du trouble de l'identité sexuée et évaluation des diverses possibilités thérapeutiques.

Perinatal transference. F. Drossart, Service Universitaire – Psychiatrie de l'enfant – Centre Psychothérapique de Caychac 33290 BLANQUEFORT

The purpose of this work is to study the process of psychic elaboration that occurs in the mother during the postpartum period. We differ from Winnicott's notion of primary maternal preoccupation in that we particularly insist on the discontinuity and hiatus which characterize this process. We believe that the origin of this hiatus may be rooted in the mother's fantasizing about the dead child; a dead child she assimilates to the intra-uterine child, that is, the good internal object during pregnancy (this notion differs from that of an "imaginary child"). Therefore, the real child – as external object – actually becomes a surrogate intra-uterine child for the mother.

**Tuesday, September 30th, 2003
Dickens 3**

**W14–1:00 pm
Workshop**

En amont de la transmission mère-bébé: stratégies de soins maternels prénatals

Chair: Bydlowski M.

En raison du lien existant entre la qualité des interactions précoces et les troubles développementaux et/ou psychosomatiques du nourrisson, nous proposons des interventions thérapeutiques pour des femmes enceintes vulnérables, avant leur accouchement.

Mort in utero et grossesse suivante. Squires Cl.

Objectifs: Etudier les affects des mères lors de la grossesse suivante et l'effet de la psychothérapie sur l'engagement des parents durant la grossesse et avec l'enfant subséquent.

Méthodologie: 2 groupes A et B de mères ayant traversé une mort in utero. Le groupe de mères A traitées au cours d'entretiens psychothérapeutiques d'orientation psychanalytique et le groupe B des mères non traitées. Pendant la grossesse, les mères du groupe A: évaluation de la dépression et de l'anxiété (MADRS et COVI). A la naissance: score de Brazelton. Deux mois après l'accouchement, évaluation des groupes A et B: dépression, angoisse (MADRS, EPDS et COVI), interactions précoces (Care-Index), troubles fonctionnels (symptom check-list).

Résultats: Pour 21 femmes enceintes traitées et 14 non traitées: – Huitième mois de la grossesse: groupe A, dépression moyenne à sévère et anxiété marquée. Nombreuses consultations et hospitalisations (7 sur 21). – A la naissance, une tendance, groupe B: nouveau-nés moins réactifs aux stimulations extérieures, moins éveillés, changent plus d'états de conscience. – Deuxième mois du post-partum: l'anxiété et la dépression diminuent dans les deux groupes. – Deux mois de vie, groupe B, mères plus contrôlantes, enfants passifs et trop dociles. Enfants du groupe A plus coopérants et mères plus disponibles.

Conclusion: Effet de la perte précédente sur les affects de la mère, l'anticipation de l'enfant suivant et les premiers liens, amélioré par la psychothérapie.

New pregnancy after stillbirth.

Aims: We study affects caused by stillbirth during the subsequent pregnancy and the first bonds with the infant.

Methodology: During a subsequent pregnancy, mothers who previously encountered stillbirth are treated with brief psychodynamic oriented consultations (group A) and will be compared after delivery with non-treated mothers who also encountered stillbirth (group B). Interactive relations with their infants will be analyzed.

During pregnancy, mothers of group A will be assessed for depression and anxiety with MADRS score and COVI scales. After delivery, Neonatal assessments scores (NBAS, Brazelton). Two months after delivery, the two groups A and B of treated and non-treated mothers will be assessed for anxiety and depression (COVI, MADRS, EPDS), Interactive modalities (Care-Index), baby's functional troubles will be done with the symptom-check list.

Results: 21 women in group A and 17 women in group B: – At eight months of pregnancy, a majority of mothers in group A: severe depression and a marked anxiety; – At birth, a tendency: newborns from group B less reactive to external stimulation clusters, more irritable, changing more often their state of consciousness, less aroused. Anxiety and depression diminished in group A; – At 2–3 months, in group B: mothers, more controlling. Infants, more

passive and more complusive compliant. In group A, infants more cooperative and mothers more available.

Conclusions: The specific anxiety in pregnancy after stillbirth, the overprotective patterns in the interactions, the mother's feelings of a vulnerable infant, the baby seems to develop precocious defensive patterns. The brief psychodynamic oriented therapy diminishes symptoms, facilitates the child mother's involvement and their relations.

Dépistage précoce des situations à risque de distorsions graves de la relation mère-enfant. Danon-Apter G.

Les liens précoces s'établissent au cours de la première année de la vie du bébé à la suite du bouleversement de la naissance. A la «transparence psychique» succède la «préoccupation maternelle primaire». Ces états psychiques successifs spécifiques signent le fonctionnement mental maternel de bonne qualité. Lors de troubles de la personnalité maternelles, ces «marqueurs» du processus de parentalisation font défaut.

Objectifs: Le repérage des risques de dysfonctionnement peut se faire dès la grossesse ou du moins dans le postnatal immédiat dans le lieu privilégié de rencontre des parturientes avec les milieux de soins, la maternité. Les troubles de personnalité borderline présentent des caractéristiques spécifiques, telle la labilité extrême de l'humeur, les tempêtes d'affects alternant avec des moments de vide et de dépression. Il s'agit d'un trouble relationnel par excellence. La situation d'interaction obligatoire avec un bébé, dont la dépendance physique et affective est complète à l'égard de la future mère, impose une déstabilisation majeure à ce fonctionnement. La maternité rend possible autant que nécessaire des mesures appropriées de soins de ces dyades. Une étude est en cours sur 60 dyades (30 mères borderline et 30 mères sans troubles de personnalité et sans diagnostic psychiatrique de l'Axe 1 du DSM-4)

Résultats: Les premiers résultats sur la nature des distorsions et la faisabilité de la prise en charge de ce thème majeur de préoccupation de santé publique seront exposés. Quelques vignettes cliniques vidéoscopées illustreront notre propos.

Irritabilité du nouveau-né et dépression maternelle. M. Hubin-Gayte et L. Ayissi, Université de Picardie, Amiens, France

De nombreuses recherches (Outrona et Troutman, 1986; Wiffen et Gotlib, 1989) ont montré que les mères dépressives se représentent leur bébé comme ayant un tempérament difficile. La discussion est de savoir si la dépression (DPM) altère les perceptions maternelles ou si ce sont les caractéristiques propres de l'enfant qui influencent la survenue de troubles de l'humeur chez la mère. Dans cette recherche, nous avons étudié le lien entre l'irritabilité néonatale et la DPM. 67 mères ont été recrutées à la maternité. L'irritabilité néonatale a été évaluée (échelle de Brazelton) ainsi que la présence de blues chez les mères (questionnaire de Kennerley) à J.3. Les dyades ont ensuite été revues à 2 mois. La présence de DPM a été mesurée par l'EPDS, et les interactions précoces ont été filmées et analysées selon la grille Care-Index de Crittenden. Nos résultats montrent une tendance: 67 % des mères dépressives à 2 mois ont des nouveau-nés moyennement ou très irritables, contre 49 % chez les mères non dépressives. L'irritabilité néonatale semble prédictive de davantage de dysfonctionnements interactifs que de survenue de la DPM. 46 % des mères de bébés très irritables et 23 % des mères d'enfants non irritables sont intrusives dans les interactions à 2 mois.

Prise en charge pré-conceptionnelle de couples séropositifs recourant à une procréation médicalement assistée.

Objectifs: dans le cadre d'un groupe pluridisciplinaire issu de l'infectiologie, de la gynécologie-obstétrique, de la biologie de la reproduction et de la psychopathologie de l'enfant, nous évaluons les difficultés de la demande parentale d'un couple sans le stigmatiser et nous nous rendons disponibles aux membres du couple pour les

rencontrer tout au long des étapes de la PMA, de la grossesse et de la période du post partum éventuelles. Nous tentons d'éclairer par l'abord de la dynamique psychique de la parentalité et de ses avatars, les décisions élaborées par l'équipe pluridisciplinaire ayant la responsabilité médicale du suivi des patients dans le cadre de la PMA.

Méthode: De Mai 2002 à mai 2003, nous avons rencontré 80 couples en démarche de PMA dans le cadre d'entretiens d'une durée d'environ une heure. Nous évaluons: la stabilité affective du couple dans le cadre d'un suivi médical long et aléatoire; la capacité du couple à élaborer les difficultés inhérentes à une prise en charge où le risque de l'enfant à venir est posé par la situation même de l'abord thérapeutique pour l'infection virale donnée; les remaniements psychiques des futurs parents au cours de toute grossesse dite à risque.

Résultats: Les couples, à travers ces entretiens, peuvent quitter le champ du VIH pour aborder leurs trajectoires complexes qui les ont amenés à rendre possible leur désir d'enfant qui jusqu'alors leur a été barré.

Conclusions: L'abord psychodynamique de la période préconceptionnelle permet à ces couples une réappropriation de leur histoire et un prélude à l'élaboration de leur culpabilité.

W15-2:15 pm Workshop

Les différentes approches thérapeutiques mère-bébé: De la consultation aux psychothérapies au long cours

Chair: Danon-Apter G.

Les approches thérapeutiques mère-bébé se sont étendues et enrichies au cours des dernières années. Les connaissances tant du développement du bébé, que des modifications du psychisme maternel ainsi que des interactions mère-bébé dans la période périnatale vont croissantes. Les champs de la recherche développementale et de la psychopathologie clinique se nourrissent mutuellement dans une volonté et une nécessité commune. La thérapeutique de la relation et de l'interaction ne peut que bénéficier des apports du savoir tant sur le bébé que sur la mère.

Les exigences de prévention et de soins sont telles que tous les aspects des approches thérapeutiques de la mère et du bébé doivent aujourd'hui être examinés avec attention. Les consultations, les psychothérapies brèves (entre 6 et 12 séances) et les traitements au long cours (1 an et plus au moins une fois par semaine), sont maintenant possibles avec leurs indications contre-indications, leurs stratégies et adaptations. Les éléments techniques de chacune de ces approches en fonction des pathologies présentent des spécificités qui méritent d'être détaillées.

Ce symposium se propose de présenter les trois grandes formes des traitements psychothérapeutiques mère-bébé que sont la consultation, les psychothérapies brèves et les psychothérapies longues.

La consultation par Drina Candilis avec des illustrations cliniques d'intervention unique en maternité ou dans la période post-natale immédiate.

Les psychothérapies brèves telles que l'école de Genève les ont mises au point par le Prof Palacio-Espasa. Les psychothérapies longues avec des pathologies borderline développées à l'Aubier dans le cadre de ses recherches en psychiatrie périnatale.

La discussion se devra de dégager les lignes actuelles d'indications des différents traitements et nos capacités d'évaluation des techniques spécifiques proposées dans l'adhésion au traitement et la cohérence de l'accompagnement des familles en difficulté.

W16–4:00 pm Workshop

Guidance Infantile de l'Institut de Puériculture de Paris

Dr. L. Morisseau

L'équipe de la Guidance Infantile a développé au cours des années un savoir faire concernant la petite enfance, les relations précoces, l'anténatal et ses liens avec le post-partum.

Les membres de l'équipe proposent de définir l'évolution de leur travail et de l'inscrire dans la mouvance de la psychiatrie périnatale, au carrefour des différentes disciplines. Ils montreront comment cette discipline s'est progressivement affirmée à la guidance en maintenant son inscription dans le travail psychanalytique auprès des jeunes enfants et de leur famille.

Dr. M.-A. Lepez – J. M. Schuller

Barbara B et son bébé de 5 mois viennent au groupe parents-bébés organisé tous les vendredis dans la PMI avec une puéricultrice (PMI) et une pédopsychiatre (guidance). Le groupe de parole est ouvert à tous, dès la sortie de maternité.

Barbara vit en maison maternelle. Elle est accompagnée, les premiers temps, par la directrice qui reste en retrait.

Nous apprenons l'histoire difficile de Barbara par ce qu'elle peut nous en dire: maltraitance familiale, passée et actuelle, exil, illettrisme et chômage.

Un lien très fort se construit entre Barbara et Léa, toute petite fille fragile hypotonique, allaitée au sein, qui dort dans le lit maternel la nuit et va à la crèche le jour. Néanmoins devant la demande d'aide de Barbara et les manifestations relationnelles pathologiques, les passages à l'acte dans le groupe et hors du groupe, nous proposons un travail thérapeutique intensif en guidance:

- mise en place par J. M. SCHULLER (AS), d'un réseau de travail interdisciplinaire.
- mise en place d'une thérapie mère-bébé avec D. BLIN.
- consultations médicales et synthèses avec le docteur M. A. LEPEZ.

Nous apprenons alors l'ultimatum posé au moment des 3 ans de l'enfant: dès l'accouchement de Léa une mesure de justice avait été prise pour «donner une chance à la mère et à l'enfant».

Aurions nous commencé une thérapie avec cette information ressemblant à un pari sur l'avenir?

La tendresse sexualisée à outrance de Barbara et de Léa (allaitement, toilette, baiser) est travaillée dans le transfert de la thérapie, mais devient trop préoccupante dans la vie quotidienne. Barbara va développer un délire paranoïaque et sera suivie très régulièrement en psychiatrie adulte. L'A. S. E. estime Barbara dangereuse pour Léa et propose une séparation totale à la sortie de la maison maternelle. Nous exprimons l'avis d'une contre-indication de cette séparation mère-enfant et J. M. SCHULLER propose au juge un placement familial plus proche de la guidance où va se poursuivre la thérapie garante des liens réels et fantasmatiques mère-fille.

La thérapie pourra être menée à terme.

Léa est maintenant une écolière en pleine santé dans sa famille d'accueil elle ne voit sa maman qu'une fois par mois dans un lieu neutre avec son éducatrice. Barbara vit en foyer prend des cours de français cherche un travail en CAT. Elle continue ses entretiens psychiatriques et vient nous voir à la guidance quand la nostalgie est trop forte...

Dr. M.-J. Soubieux

Conséquences du diagnostic anténatal sur les liens précoces parents-bébé et dans la psychopathologie de l'enfant.

Survénant en pleine grossesse, sur un terrain explosif, fragilisé par la reviviscence du passé infantile et les remaniements identitaires, le diagnostic anténatal -tout en ayant une fonction de réassurance pour les futurs parents- peut avoir des effets psy-

chologiques préjudiciables à la mise en place des relations précoces parents-enfant ainsi qu'au bon développement psychique de l'enfant.

A partir de trois vignettes cliniques, choisies à des périodes différentes du début de la vie (anténatal, post-natal précoce et pré-scolarité), nous mettrons en évidence ces effets et monterons comment nous pouvons intervenir pour les faire régresser.

W17–5:45 pm Workshop

Entre psychopathologie et développement: la catégorie des troubles psychomoteurs

Chair: Fabien Joly

Les Troubles Psychomoteurs ou le chaînon manquant entre psychopathologie et développement. Fabien Joly (Psychothérapeute, Psychologue clinicien, Psychomotricien, Centre Alfred Binet PARIS, C. M. P. de Versailles, Hôpital d'enfants CHU Dijon Docteur en «Psychopathologie fondamentale et Psychanalyse» Univ. Paris VII, Enseignant-chercheur Paris V, VI et VII, membre titulaire de la S. F. P. E. A.)

Entre Psychopathologie et Développement, une catégorie de troubles de l'enfant doit, selon nous, retenir tout particulièrement l'attention: celle des troubles psychomoteurs. Ni tout à fait neuro-psychologique ni seulement intra-psychique, pas exclusivement développementale mais tout autant pris dans la vie subjective (interne et interactive), la catégorie «intermédiaire» des troubles psychomoteur interroge, en effet, le développement et le bon fonctionnement des «fonctions» de la sphère psychomotrice au sens le plus fort du terme: performance instrumentale, harmonie tonico-émotionnelle, bonne habitation corporelle subjective, distance à l'objet et dynamique relationnelle, qualité de la gestualité, exploration du monde et des objets, investissement pulsionnel du corps-en-relation (au sens d'Ajuriaguerra), utilisation de cette motricité comme support de symbolisation et de subjectivation, etc.

En réinterrogeant cette notion – trop délaissée à nos yeux en France et trop méconnue au niveau international seulement attentif à l'objectivable du comportement (face émergé de l'iceberg qu'est cette sphère complexe bien plus complexe de la psychomotricité) – nous renvoyons ici dos à dos, les lignées univoques qui des spécialistes de l'appareil de l'âme et de la seule compréhension d'un symptôme surchargé de sens inconscient jusqu'aux «fondamentalistes» qui dénie la vie psychique et/ou l'épaisseur de l'intrasubjectif, pour revisiter, actualiser et réélaborer la pertinence de ce véritable «chaînon manquant entre psychopathologie et développement».

L'histoire de la pédo-psychiatrie (dans la lignée de Dupré, Heuyer, Ajuriaguerra bien sûr, mais aussi de Bergès, Jolivet, Diatkine, etc.) sera alors revisitée pour interroger cette notion princeps de l'école française de psychiatrie de l'enfant. Et de la prévention au diagnostic précoce, de l'intervention soignante à l'approfondissement psychopathologique de ces troubles nous soutiendrons ici un véritable plaidoyer pour une approche complexe de la psychopathologie développementale.

Nous ouvrirons ce symposium à partir de deux paradigmes princeps de la psychopathologie infantile contemporaine le syndrome d'autisme infantile précoce et le syndrome de l'enfant hyperactif pour mettre en exergue, et au travail, dans ces deux régions prototypiques d'une souffrance développementale, la place (et les avatars) de la psychomotricité et des troubles psychomoteurs. Plusieurs spécialistes de la question (du côté du développement précoce, de la psychosomatique et de la clinique des psychoses infantiles) prolongeront et exploreront ce concept clé des troubles psychomoteurs.

Les Troubles de l'Image du Corps chez les enfants atteints de psychose et d'autisme infantiles: Approche psychomotrice des phénomènes et modalités de prise en charge. Jérôme Boutinaud (Psychomotricien, hôpital de jour La Capucine Coulommiers, enseignant I. F. P. Paris), Anja Nilsson-Kloeckner (Psychomotricienne, Psychologue clinicienne, service de pédopsychiatrie de la Salpêtrière, enseignante I. F. P. Paris)

Parmi l'éventail hétérogène des symptômes que présentent les enfants atteints de troubles graves de la personnalité, ceux qui viennent intéresser la sphère corporelle prennent bien souvent une place plus que prépondérante au cœur du tableau clinique: à travers les manifestations les plus diverses, les enfants racontent leurs difficultés à venir s'approprier ce corps qui leur échappe et qu'ils ne peuvent véritablement habiter. Articulant une certaine lecture et compréhension des angoisses corporelles primitives éprouvées par ces patients avec un point de vue envisageant conjointement émergences des processus de pensée et naissance de l'image du corps, la perspective psychomotrice propose une lecture inédite de ces troubles. Les auteurs, en se basant sur des vignettes cliniques qui intéressent aussi bien les cas d'autisme que de psychose montreront comment ce point de vue ouvre sur la modalité de prise en charge que constitue la thérapie psychomotrice, soin spécifique qui sollicite chez le thérapeute un engagement tant au niveau psychique que corporel.

Approche psychosomatique des troubles psychomoteurs. Marc Rodriguez (Psychomotricien, Psychologue clinicien, CAMSP de DAX doctorant au laboratoire de «Psychologie clinique et pathologique» – Université Paris V enseignant, co-responsable du D. U. d'initiation à la recherche en psychomotricité Paris VI CHU Pitié-Salpêtrière)

L'approche psychosomatique des troubles psychomoteurs n'est pas nouvelle et s'origine dans l'intérêt que ma psychosomatique porte aux expressions corporelles au sens large du terme. En s'éloignant du seul modèle de la conversion pour penser autrement le rapport du corps aux expressions affectives en cours de développement, l'École de Paris a ouvert la voie à une conception non réductrice des troubles psychomoteurs coïncés d'un côté par une conception du «tout psychique» et de l'autre par la tentation de rabattre le corps et ses états sur le seul dysfonctionnement de l'organisme.

A partir d'exemples cliniques et de données issues de la recherche, l'auteur se propose dans une perspective psychosomatique de requestionner plus spécifiquement les troubles de l'organisation spatio-temporelle ainsi que les caractéristiques de l'organisation sensori-motrice autour notamment des processus de mentalisation et des mécanismes de régulation des excitations. L'inclusion des troubles psychomoteurs dans l'économie psychosomatique du sujet vise à répondre dans le champ de la psychiatrie aux questions que suscite l'étiopathogénie de ces troubles ainsi que leur fréquente co-morbidité avec les troubles psycho-affectifs et autres somatisations.

Prévention et clinique du soin précoce: quel regard sur les troubles psychomoteurs du bébé? Catherine Besson (Psychomotricienne, I. T. T. A.C. Villeurbanne enseignante I. F. P. Lyon)

Prévention et clinique de la distorsion des liens précoces, telles sont les missions pour lesquelles le secteur pédopsychiatrique est de plus en plus fréquemment interpellé. Dans ce contexte, il semble bien que le psychomotricien ait un rôle à jouer par son approche corporelle, la singularité de son écoute et de son regard.

A partir de mon expérience clinique de thérapies mère bébé, je souhaiterais développer quelques réflexions personnelles sur la façon dont le psychomotricien peut utiliser des médiations spécifiques aux troubles psychomoteurs du tout-petit, mais aussi mobiliser ses capacités ludiques, sa rêverie pour aller à la rencontre du bébé et de ses parents. Une approche qui suppose de créer un espace permettant à l'enfant de vivre et éprouver des expériences sensori-

motrices, émotionnelles, relationnelles: explorations qui prennent d'autant plus un aspect organisateur qu'elles sont susceptibles d'être partagées; espace de soin et d'attention, à ce que le bébé raconte par ses maux du corps, à ce que les parents déposent aussi, corporellement et verbalement, de leur vécu émotionnel.

Une dialectique intersubjective qui concerne également le clinicien, et qui doit inciter celui-ci à prendre son temps pour écouter et observer, laisser se déployer la narrativité personnelle de chacun; permettre ainsi l'appropriation et la confiance, nécessaire à la mise en sens du cadre thérapeutique.

Tuesday, September 30th, 2003 Dickens 4

021–1:00 pm
Oral communications session

ADHD

Early diagnosis of attention deficit and hyperactivity disorder with the gat-k (memory and attention test for children). Romaine Schnyder, Nadia Brunner, Regula Blaser, Ulrich Preuss, Department Child and Adolescent Psychiatry University Bern Switzerland, Walter Perrig, Prisca Zulauf, Psychological Institute University of Bern Switzerland

Objective: In the context of the early detection of Attention and Hyperactivity symptoms in children in preschool and first grade, rating-scale assessments were compared with specific neuropsychological measurements, which are utilized to detect specific deficits in the scope of the ADHD.

Methods: 200 children were tested with the GAT-K, a computerized neuropsychological test-battery. At the same time behavioral variables with the (translated into German Version of the) Connors Rating Scales for Parents and Teachers were assessed as well as the K-ABC as a measure of intelligence.

Results: In a first evaluation it appeared that the children with conspicuous behavior differed from the children without described ADHD symptoms regarding their results in the neuropsychological measurements as well as their results in the intelligence scales.

Conclusions: Further investigations are required in order to confirm this first finding and to ameliorate the early diagnosis of ADHD.

Cognitive and executive functioning in attention deficit hyperactivity-disordered children. S. Cupello, Université René Descartes – Paris 5, Institut de Psychologie – Boulogne – Billancourt, France; V. Vantalon, C. H. U. Robert Debré Service de Psychopathologie de l'Enfant et de l'Adolescent – Paris, France; J. Beaudichon, Université René Descartes – Paris 5, – Institut de Psychologie – Boulogne – Billancourt, France; M. C. Mouren-Siméoni, C. H. U. Robert Debré Service de Psychopathologie de l'Enfant et de l'Adolescent – Paris, France

Objective: Through an interdisciplinary approach, this study combines developmental psychology and neuropsychology, to analyze the executive function deficit in combined-type Attention Deficit Hyperactivity Disordered (ADHD) children. For this purpose, a verbal communication task from developmental psychology research and two non-verbal neuropsychological tasks are used and further compared.

Method: Thirty-six ADHD boys, aged from 6 to 9, equally divided into two age groups (6–7/8–9), participated in this study and

were matched by age, sex and laterality with 36 control subjects. The referential communication paradigm is based on the child's cognitive skills that are analyzed through the subject's descriptions and comprehensions of visual material. In speaker-listener situations (child/experimenter), the subject processes visual information by selecting/inhibiting relevant features and from this, creating a verbal code. The non verbal tasks, a motor inhibition and a set-shifting task, are selected from the Cambridge Neuropsychological Test Automated Battery (CANTAB).

Results: The results to the referential communication task reveal that ADHD children make significantly more errors in selecting relevant features in both speaker and listener situations: They persist in responding inefficiently through trials showing evidence of slow learning. The results to the non-verbal tasks indicate that ADHD children have a motor inhibition deficit and they completed fewer stages in the set-shifting task, compared to the control subjects.

Conclusion: A comparison of the results obtained from the interdisciplinary study between the verbal and the non verbal tasks suggest certain common underlying mechanisms.

Parent report of compliance with use of methylphenidate. L. J. Kalverdijk¹, H. Tobij², M. P. Steenhuis¹, R. B. Minderaa¹, Dep. Child- and Adolescent Psychiatry¹ and Dep. Social Pharmacy and Pharmacoepidemiology² University of Groningen, The Netherlands

Objective: Investigate parent-reported compliance with use of methylphenidate in child-psychiatric patients.

Methods: A questionnaire was sent to a sample of 1500 families of children who were registered as outpatient of a large regional and academic outpatient clinic. 65% responded. 294 users of methylphenidate could be identified who currently were using methylphenidate BID or TID. One part of the questionnaire was measured compliance with medication in the last week, on the last weekday and the last Sunday. The other part of the questionnaire measured attitudes (as described in a separate poster).

Results: 32% of the parents reported uncertainty about whether their child had been using all medication in the last week. For the last weekday 23% was not sure. Significant differences were found between the first and the second dose. Compliance was less with the second and third dose of the day. The administration of the second dose was in 139/293 cases the responsibility of the child itself. 72/139 of those children were younger than 13 years old.

Conclusions: This study confirms that compliance problems are an issue in a child-psychiatric population (as in other pediatric populations). Since methylphenidate is a drug with a short half-life, a degradation of efficacy must be expected. We found more problems with the second and third dose. Even more so when the frequent unsupervised administration by children of methylphenidate is taken into account. The used questionnaire can be of use in the further exploration of compliance issues, given the difficulty of measuring compliance.

Once-daily oros[®] methylphenidate: effects on driving performance among adolescents with adhd. D. Cox, J. Humphrey, R. Merkel, J. Penberthy, B. Kovatchev, University of Virginia Health System, Charlottesville, VA 22908, USA

Objectives: Attention-deficit/hyperactivity disorder (ADHD) is associated with a 3–4-fold increase in both driving-related accidents and associated injuries. Methylphenidate (MPH), the most commonly prescribed psychostimulant medication for ADHD, has been demonstrated to improve performance of ADHD adolescents in a driving simulator. This study investigated whether a once-daily long-acting MPH formulation (OROS[®] MPH; CONCERTA[®]) improves the driving performance of ADHD adolescents while driving their own car on an actual road segment.

Methods: 12 ADHD-diagnosed male adolescent drivers (mean age 17.8 years), prescribed their assigned dose of once-daily OROS[®] MPH participated in this repeated measure crossover study. At the same time on two separate occasions (off/on medication) partici-

pants drove a standard 28-mile road course incorporating rural, highway, and urban streets. A rater, blind to medication conditions, sat in the back seat and rated Impulsive (e.g., "Cutting off" another driver, getting angry) and Inattentive (e.g., inappropriate braking, failure to signal) driving errors.

Results: Impulsive driving errors were observed to occur rarely, under both medication and no medication conditions. The mean number of inattentive driving errors was significantly higher off medication compared to on medication (7.8 vs. 4.6, $p < 0.01$). The improvement in driving performance (change in the number of errors recorded) from first to second testing was positively correlated with medication dosage ($r = 0.58$, $p < 0.01$).

Conclusion: Once-daily OROS[®] MPH improves actual driving performance of adolescent males diagnosed with ADHD. In particular, it significantly reduces driving errors arising from inattention.

Once-daily oros[®] methylphenidate: parent preference and satisfaction with treatment in children with attention-deficit/hyperactivity disorder (ADHD). M. Lerner, K. Steinhoff, University of California – Irvine, Irvine, CA, USA on behalf of the CONCERTA[®] Study Group

Objective: OROS[®] MPH (CONCERTA[®]) is designed to smooth the MPH delivery profile and extend duration of effectiveness through 12 hours, overcoming the need for repeated administration of immediate-release MPH for ADHD treatment. We evaluated parent/caregiver satisfaction and preference for ADHD treatment with OROS[®] MPH.

Methods: Parent/caregiver treatment preference and satisfaction were measured in two studies in children: Study 1, double-dummy, double-blind, randomized, crossover ($n = 64$, ages 6–12), comparing OROS[®] MPH, MPH tid, and placebo, each administered for 1 week; Study 2, long-term, open-label OROS[®] MPH trial ($n = 407$, ages 6–13). At the end of Study 1 parents/caregivers gave preference, including reasons, for their child's treatment. During Study 2, parents/caregivers completed treatment satisfaction questionnaires at months 1, 6, 12.

Results: Study 1: 33 (54.1%) parents/caregivers preferred OROS[®] MPH, compared with MPH tid (16, 26.2%), previous treatment (6, 9.8%), or placebo (2, 3.3%). Four (6.6%) expressed no preference. Reasons for preference included improvements in school behavior and/or schoolwork, and home behavior and/or homework. Study 2: 228 (79%) parents/caregivers were 'extremely' or 'very pleased' with OROS[®] MPH at month 12; 254 (93%) reported it more convenient than previous treatments. Parents/caregivers said OROS[®] MPH provided much/somewhat better relief than previous medications (235, 87%); they were extremely/very pleased with once-daily OROS[®] MPH dosing (277, 96%).

Conclusions: OROS[®] MPH was the preferred ADHD treatment. Given the double-blind design of Study 1, reported benefits of once-daily dosing are not due to convenience, but most likely to more consistent treatment response. During long-term treatment, OROS[®] MPH was regarded very favorably, compared with prior treatments.

022–2:15 pm Oral communications session

Tentatives de suicide

Suicide in adolescents: follow-up study. V. Tort, M. E. Navarro, M. Martin, M. J. Muñoz and A. Guerra, Unitat de Crisi d'Adolescents, Benito Menni CASM. Sant Boi de Llobregat. Barcelona – Spain

Objective: To look at the follow-up of adolescents admitted in psychiatric unit for suicidal attempts, treats o severe suicidal ideation.

Methods: Descriptive study in an Adolescent Psychiatric Unit with a catchment area of all Catalonia.

Data was obtained from clinical files (n: 103) of adolescent inpatients which were admitted for suicidal attempt, recurrent suicidal ideation or severe suicidal treats, between 1994 and 1999.

The study has two phases. In the first part, we analysed socio-demographic and clinical variables. In the clinical variables we look at items related with suicide and self-injuries, psychiatric family background, etc. In the second phase, we were in contact through phone call with patients, families or child agencies asking to the similar variables. In this phase we obtained information from 53 patients.

Results: The average age, when suicidal attempt, was 15 y 5 m (SD 1,3430); in the first phase of study the average age was 19 y 4 m (SD 1,6693) and in the second phase was 21 y 4 m. (SD 1,8429). The first data was obtained about 4 years after the suicidal attempt admission and the second phase data 6 years after the admission.

Gender distribution was 70 for females and 33 for males. Rate male/female 2,1:1

Reason of admission were: 58 patients suicidal attempt, 6 suicidal treats, 21 suicidal ideation, 5 for self-injuries, 2 for aggressivity, 8 disruptive disorders and 2 for agitation.

In the follow-up after discharge, 44,6% had no suicidal attempts, in (11,6%) had suicidal attempts again, and 4 committed suicide. In 41 (39,8%) information was unknown.

Psychiatric family background: In 63 (62%) they had history of mental disorder and 40(39%) information was unknown.

Conclusions: We found a high rate of patients that commit suicide above 5% (4 from 53 inpatients in the follow-up), in a sample at high risk despite they had a follow-up by psychiatric out-patient clinics. Sometimes, when patients get adulthood were lost from psychiatric services.

Personality characteristics of parents in hospitalized children. M. Pejovic-Milovancevic, S. Popovic-Deusic, O. Aleksic, E. Garibovic. Department for children and adolescent, Institute for mental health, Belgrade, Yugoslavia

Objectives: On of the aspects in work with mentally disturbed children is working with the family. Sometimes children are hospitalized with one parent (mostly mothers when children are below 8 years) but mostly parents are co-therapist in our family process and training. Many times we were observers of disturbed family dynamics and relations, as well as disturbed and deprived parental role and behaviors but also what we observed was the interpersonal problems of each parent personally. We decided to conduct the cross-sectional research and to analyze the parental behavior and personality traits in order to obtain information about mental health of parents.

Method: 200 parents of hospitalized children at department for children and adolescent at Institute for mental health were our sample. We used following instruments: Semi structural clinical interview, NEOPIR (Revised NEO Personality Inventory-Costa, McRae, 1992) for personality inventor, PSI (Parental Stress Index) for screening parental stress and SCL-90 (symptom checklist). All data were a collected while children were hospitalized at department for the first time.

Summary: In 95% of parents we found extreme stress reactions and feeling toward their hospitalized children. 35% of them scored high on neuroticism facets at NEOPIR (anxiety, self-consciousness and vulnerability) and 20% scored high on depressive and sleep problems. There was also evidence of disruptive family dynamics at 45% of analyzed cases. Almost 50% of parents have associated stress reactions.

Conclusion: Our research showed some very important results concerning parents of mentally ill children and adolescents in different aspects: biological dimension and genetic base of mental disorders, environmental model of understanding mental disorders, and strategies for therapeutical intervention in child and adolescent population.

Tentatives de suicide et fugues, 2 modes différents d'exprimer un malaise à l'adolescence? M. Askevis, M. Choquet, Inserm U472, France

Introduction: Tentative de suicide (TS) et fugue (F) sont décrites comme associées, les suicidants étant souvent fugueurs et les fugueurs fréquemment suicidants.

But: En population générale, établir les ressemblances et les différences entre suicidants et fugueurs, dans une perspective de prise en charge et de prévention.

Materiel: Une enquête en population scolaire publique (1993) auprès de jeunes de 11 à 19 ans, [Choquet & Ledoux, 1994] 762 TS ont été comparés à 11 246 non-TS et 450 fugueurs à 11 732 non-fugueurs.

Resultats: Sont associées fortement à TS et à F:

	TSOR [CI 95%]	FOR [CI 95%]
ne pas habiter chez ses 2 parents	1,5 [1, 3-1, 9]	2,4 [1, 9-3, 1]
voler ses parents	2,8 [2, 1-3, 6]	4,1 [3, 0-5, 6]
anxio-dépressivité	3,7 [3, 0-4, 6]	1,7 [1, 1-2, 5]
pris médicaments pour se droguer	4,2 [2, 7-6, 5]	2,5 [1, 4-4, 8]
pris haschisch	2,5 [2, 0-3, 1]	2,5 [1, 8-3, 4]
agression sexuelle subie	3,3 [2, 5-4, 3]	4,7 [3, 2-6, 7]
consulter un «psy»	4,4 [3, 3-5, 8]	3,4 [2, 3-5, 0]

Conclusion: Grande ressemblance, mais anxio-dépressivité, abus de produits licites, et recherche d'aide sont plus associés à TS qu'à F, séparation d'avec parents, délinquance, abus sexuel, plus associés à F qu'à TS, association égale pour le haschisch.

Nécessité de prise en charge contenantante, multifocale face à la diversité des manifestations exprimées.

Etude descriptive des récides de geste suicidaire chez l'adolescent. Jean-Paul Marnier, Pédopsychiatre, Praticien Hospitalier, HOPITAL D'ENFANTS, service de Pédopsychiatrie, 10 Bd Mal de Lattre de Tassigny 21000 DIJON; Hervé Benony, Professeur de psychologie pathologique et clinique, Laboratoire de psychologie clinique et sociale, Faculté de Sciences Humaines, 36 rue Chabot Charny 21000 DIJON; Gaëlle Marx, Praticien Hospitalier, HOPITAL D'ENFANTS, service de Pédopsychiatrie, 10 Bd Mal de Lattre de Tassigny 21000 DIJON; Séverine Gaumard, psychologue clinicienne, Service de Pédiatrie, Hopital de Beaune, Avenue Guigone de Salin 21200 BEAUNE; Stéphanie Verguet, psychologue clinicienne, HOPITAL D'ENFANTS, service de Pédopsychiatrie, 10 Bd Mal de Lattre de Tassigny 21000 DIJON; Maddy Brenot, Pédopsychiatre, Praticien Hospitalier, Chef de Service, HOPITAL D'ENFANTS, service de Pédopsychiatrie, 10 Bd Mal de Lattre de Tassigny 21000 DIJON

A partir d'une étude descriptive, rétrospective et unicentrique concernant une population adolescente âgée de 12 à 18 ans (filles et garçons) ayant été hospitalisée pour geste suicidaire au Centre Hospitalier Universitaire de Dijon, nous nous proposons d'étudier le profil psychologique ainsi que les facteurs d'environnement spécifiques aux sujets ayant fait une nouvelle tentative de suicide dans l'année suivant le premier geste suicidaire.

Notre recherche a concerné 13 adolescents (garçons et filles) sur les 144 initialement étudiés suite à une tentative de suicide. Ces 13 adolescents (sujets ayant récidivé dans l'année) représentent 9% du total des adolescents suicidants. Nous nous sommes interrogés sur la présence ou non chez ces sujets récidivants de pathologies identitaires et narcissiques ainsi que sur la réalité d'environnements peu étayants. Ceci nous a amenés à poser un certain nombre de questions quant à leur prise en charge. Au cours de notre exposé, nous discuterons également des problèmes méthodologiques posés par ce genre d'étude.

Adolescentes suicidantes hospitalisées vs. adolescentes hospitalisées non suicidantes: à propos de la rigidité de la pensée. H. Benony (LPCS, Université de Bourgogne, Dijon) J.-P. Marnier (CHU de Dijon, Hôpital d'enfants, Unité de Psychiatrie de l'Adolescent) N. Gorin, S. Verguet (LPCS, Université de Bourgogne, Dijon), M. Brenot (CHU de Dijon, Hôpital d'enfants, Unité de Psychiatrie de l'Adolescent)

Objectif: l'objectif de la recherche est d'étudier, à l'aide du test de Rorschach, les caractéristiques psychologiques différenciant les adolescentes hospitalisées suicidantes des adolescentes hospitalisées non suicidantes.

Méthodologie: De Juin 1999 à juillet février 2003, sur 189 adolescents hospitalisés (CHU de Dijon, Unité de Pédopsychiatrie) et examinés à l'entrée à l'aide d'un entretien clinique et du test de Rorschach, 62 étaient parasuicidants. Après exclusion de 9 sujets (psychose, trouble neurologique, validité du protocole, sexe masculin), 53 sujets âgés de 13 à 18 ans (âge moyen = 15.16 ans \pm 1.57) ont été comparés à 51 sujets hospitalisés dans le même service. Le mode de passage à l'acte suicidaire majoritaire est le recours aux médicaments (N = 47), viennent ensuite la défenestration (N = 2) et la phlébotomie (N = 4). Aucune tentative de suicide n'était une récursive. 49 adolescents (92,4%) poursuivent leur scolarité au sein du cursus ordinaire. Seuls 4 ont des difficultés scolaires. 4 variables potentiellement confondantes ont été examinées à savoir l'âge, le niveau d'étude, le nombre de réponses Rorschach et le F% (fréquence de réponses formelles). Les analyses statistiques utilisées sont l'analyse de variance (ANOVA), le U de Mann-Whitney et le test de χ^2 . Deux psychologues ont côtés indépendamment les protocoles; les degrés d'accord intercotateurs vont de 85% à 96% selon les éléments de la cotation.

Résultats: L'étude montre qu'une des particularités majeures des suicidants est la fréquence plus élevée du style introversif (40% vs. 17%, $\chi^2 = 6.12$, $P < 0.01$) impliquant des capacités de détour par la pensée conjointement à une fréquence plus élevée de sujets avec une rigidité de la pensée (style introversif pervasif: 25% vs. 8%, $\chi^2 = 5.29$, $P < 0.02$) engendrant une réelle difficulté à traiter les situations conflictuelles et à s'adapter à des situations inattendues.

Caractéristiques de personnalité chez des sujets dépendants ayant fait une ou plusieurs tentatives de suicide. B. Plancherel, J. Laget, M. Bolognini, P. Stéphane, M. Corcos, O. Halfon, Service Universitaire de Psychiatrie de l'Enfant et de l'Adolescent, Lausanne, Suisse Institut Mutualiste Montsouris, Paris, France

Dans cette présentation, on tentera de mettre en évidence quelles sont les caractéristiques de personnalité qui différencient les sujets dépendants qui ont fait une ou plusieurs tentatives de suicide et les sujets dépendants sans TS. L'étude porte sur un échantillon de 570 sujets caractérisés comme dépendants à l'alcool (N = 189), à une substance (N = 136) ou souffrant d'anorexie (N = 143) ou de boulimie (N = 102). Parmi ces sujets, la moitié, soit 385, ont fait au moins une TS. Il y a 345 sujets femmes (60%) et 225 sujets hommes (40%), le pourcentage étant de 50% environ pour chacun des sous-groupes TS et non-TS. L'âge moyen est de 27 ans avec un écart-type de 8,2, le groupe des sujets alcooliques ayant la plus haute moyenne d'âge (35 ans) et celui des anorexiques le plus bas (20 ans). Les auto-questionnaires utilisés sont le SSS de Zuckerman (Sensation Seeking Scale), l'IDI de Hirschfeld (Interpersonal Dependency Inventory), la TAS-20 (Toronto Alexithymia Scale) de Taylor, le BDI de Beck. Enfin les sujets ont rempli le questionnaire de personnalité MMPI-2 qui permet de calculer outre les échelles traditionnelles de nombreuses échelles supplémentaires. Si les sujets ayant fait une ou plusieurs TS sont en général caractérisés par des scores plus élevés sur les dimensions de personnalité mesurées dans cette étude, et ceci d'autant plus pour des échelles à orientation psychopathologique, on a pu mettre cependant en évidence quelques différences entre types de dépendance relativement à ces caractéristiques. Les sujets ayant fait des TS répétées ont aussi des scores systématiquement plus élevés sur les dimensions de personnalité qui ont un lien avec la dépression.

023-4:00 pm Oral communications session

Parents' psychopathology

Predictive value of maternal depression and interpersonal stress on behavioural problems of children. J. E. Herwig, M. Wirtz, J. Bengel, University of Freiburg, Department of Rehabilitation Psychology, Germany

Objective: Children of depressed mothers are at risk for adverse development. Besides maternal depression interpersonal stress of the mother has been discussed as risk factor. Especially, parental marital discord, social support, and parenting have been examined in order to resolve their ratio as risk factors for adverse development. This study investigated the predictive value of the maternal variables depression, partnership, social support, and parenting for internal and external behavioural problems of the children.

Methods: N = 100 mothers and their children who participated in a German mother-child rehabilitation program were interviewed by questionnaire. Structural equation modelling (SEM) was conducted in order to determine the predictive value of the mentioned maternal variables on behavioural problems of the children.

Results: The SEM indicated that the chosen model was very plausible. The resulting model was valid and had very good fit-indices 2 = 101.95; df = 83; CMIN/DF = 1.23; p = 0.08; NFI = 0.97; CFI = 0.99; GFI = 0.97; RMSEA = 0.05). Direct paths were found between parenting as well as containment with partnership and internal and external behavioural problems of the children. Depression and social support did indirectly predict the child's problems.

Conclusions: The findings suggested the need for intervention programs which do also focus on the parenting and the partnership of the mothers. Even if the model suggested linear pathways it is necessary to bear in mind that all variables do interact with each other in multiple ways. The data was from a cross-sectional sample. Therefore, the path model do not demonstrate causation.

Health perceptions and functional impairment in children with chronic pain of unknown origin: association with psychopathology. A. Y. Konijnenberg¹, E. R. De Graeff-Meeder^{1,2}, J. L. L. Kimpen¹, J. Van der Hoeven², J. K. Buitelaar^{2,4}, C. S. P. M. Uiterwaal^{1,3}
¹ Dept. General Paediatrics, University Medical Centre Utrecht, The Netherlands; ² Rudolf Magnus Institute of Neuroscience, Dept. Child and Adolescent Psychiatry, University Medical Centre Utrecht, The Netherlands; ³ Julius Centre for Health Sciences and Primary Care, Utrecht, The Netherlands; ⁴ Dept. of Psychiatry and Academic Centre for Child and Adolescent Psychiatry, UMC St Radboud, Nijmegen, The Netherlands.

Objective: To assess the presence of psychopathology and its association with health perceptions and functional impairment in children suffering from chronic pain of unknown origin (CPU).

Design: Cross sectional study.

Setting: Outpatient clinic of a paediatric university hospital.

Participants: Hundred thirty-two children, mean age 11.8 (sd:2.6), 74% girls, presenting with pain of at least 3 months duration and without a satisfactory explanation at presentation.

Main outcome measures: Functional disability and general health perceptions (Child Health Questionnaire (CHQ)). DSM IV classifications, assessed by an experienced childpsychiatrist combining data from both child and parent interview.

Results: DSM IV classifications were present in 58% (76/132). Most children had an anxiety disorder (42%, 32/76) or a mood disorder (36%, 27/76). Sixty-one percent (47/76) were classified as DSMIV N. O. S. Mean CHQ-scores in our sample were lower than normative scores. Children with a DSM IV classification, compared to children classified as DSM IV N. O. S. or no DSM IV, scored significantly lower on global general health (GGH): 40.7 (sd:25) versus

52.1 (sd:27) ($p=0.04$) and general health perceptions(GHP): 49.5 (sd:23) versus 60.3 (sd:21) ($p=0.03$). Physical (PF) and role/social functioning (RF) were not associated with DSM IV classifications. Children with a depressive disorder had the lowest GGH ($p=0.02$), GHP ($p=0.05$) and RF-scores ($p=0.04$).

Conclusion: The quantity of psychopathology encountered in children with CPU is substantial. Functional impairment is present in many children with CPU as is reflected by low CHQ-scores. The presence of DSM IV classifications is associated with lower belief in own health but not with impaired physical functioning.

Parental psychopathology in children with chronic pain of unknown origin. A. Y. Konijnenberg¹, C. S. P. M. Uiterwaal^{1,3}, J. L. L. Kimpen¹, J. Van der Hoeven², J. K. Buitelaar^{2,4}, E. R. De Graeff-Meeder^{1,2}

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Objective: To assess psychopathology in parents of children with chronic pain of unknown origin (CPU) and to investigate its relation with DSMIV classifications in the children with CPU

Design: Cross sectional study

Setting: Outpatient clinic of a paediatric university hospital.

Participants: Hundred thirty-two children aged 8–18 years presenting with pain of at least 3 months duration and without a satisfactory explanation at presentation.

Main outcome measures: Parental psychopathology (Symptom Checklist 90 (SCL-90) and family history). DSM IV classifications assessed by an experienced childpsychiatrist combining data from both child and parentinterview.

Results: Hundred eighteen biological mothers and 99 biological fathers filled out the SCL-90. Mean overall score was 115.3 (sd:25.2) for the mothers and 109.2 (sd:25.4) for the fathers. This is well below Dutch normative populationscores (women: 128.9 (sd:36.4), men: 117.2 (sd:27.3)). Even the scores from mothers who actually reported current psychological complaints during the clinical interview ($n=14$) were hardly above Dutch normative scores: 130.5 (sd:24.9). Mothers of children with a DSM IV classification did have higher SCL-scores than those of children without a DSM IV classification (119.3 (sd:26.7) versus 109.9 (sd:22.2), $p=0.02$).

Conclusion: Parental SCL-90 scores are well below Dutch populationscores. An association with child DSMIV classification seems present. Earlier publications on childhood somatisation showed elevated levels of parental psychopathology. In our sample underreporting of symptoms appears to be present, which might reflect limited introspection or trivialisation of symptoms. This finding is very important when unravelling familial psychopathologic associations and when planning future studies in a pediatric setting.

Developmental disturbances in pre-school age: correlation between parents difficulties and their own child's difficulties. O. Papa, L. Cenci, L. Traini, Azienda Ospedaliera Materno infantile G. Salesi- Ancona- Italia

In clinical field the parents/child relationship assumes characteristics of important diagnostic, prognostic and therapeutical valence.

The ability of parents to recognise a disturbance in their children, what the parents preamble to report of their children constitutes in fact one resigned source of elements to consequently start the referral and the access to the Specialists Services and the appropriate care of a disturbance. Such data assume a greater importance when they concern developmental disorder in preschool age.

Aim: The present contribution is focused on the influence that parents psychopathology have on their sons with development diseases (2–5 years). The relation between the recognition of the child

disturbance and the presence of psychiatric pathology in parents, will be analysed.

Subjects and methods: We examines 40 couples of parents with their own children ith development diseases included consecutively in the "Ospedale Diurno Terapeutico" of Ancona during a 18 month period. All the children have been followed for two months in the "Ospedale Diurno Terapeutico" and they have been evaluated trough a neuropsychological and psycho-pathological point of view.

All the parents have been submitted to clinical interviews (according to DSM-IV) and they have continuously participated to parents group session (therapeutic process which is developed in parallel to the therapy cycle of their children).

From the cluster have been excluded 3 cases in which has not been possible to make diagnosis to parents because they were not available to complete the consultation.

Results: The parent's pathology influence on the developmental disturbance of their own children will be discussed with respect to:

- 1 Age and sex of children
- 2 Syntoms and diagnosis in children
- 3 Correlation with parent's psychopathology.

What parents (don't) tell their children when they are going to separate? G. Klosinski, M. Karle, A. Weber, University of Tübingen, Germany

Objective: Does the way how parents inform their children about an occurring separation influence the coping strategies of the children?

Methods: Both retrospective analysis of 45 expert opinions on child custody cases involving 89 children and a catamnestic study were applied.

Results: Only half of the parents spoke with their children about the expected separation.

More than one third of the children experienced a fait accompli. 12% of the children were intentionally wrong informed.

Did the parents discuss the expected or ongoing separation with the child it turned out to be beneficial for the father-child-relationship.

Conclusions: If the situation of separation is highly conflictuos and the parents do not inform appropriately the child there is evidence that this is of disadvantage for the parent-child-relationship.

Newborn skills and risk of postnatal depression in the mother. A. L. Sutter, E. Glatigny, H. Verdoux, IFR de Santé Publique et Service Universitaire de Psychiatrie, Université Victor Segalen Bordeaux 2, FRANCE

Background: Postnatal depression in the mother can interfere with mother-infant interactions, and may have a deleterious effect on child's psychoaffective development. A limited number of studies have also suggested that certain neonatal characteristics may be risk factors for the occurrence of maternal postnatal depression (PND).

Objective: The aim of the present study was to assess which behavioural characteristics of the newborn infant are associated with an increased risk of PND.

Method: 422 mothers from the MATQUID prospective cohort study were recruited during the last trimester of pregnancy. Infants were evaluated at 3 days using the Brazelton Neonatal Behaviour Scale, and maternal depression was assessed at 6 weeks post-partum with the Edinburgh Postnatal Depression Scale.

Results: Behavioural characteristics of the infant 3 days after delivery predict the occurrence of maternal PND in the following weeks, independently of other risk factors for PND. The lower the baby's orientation performance, the higher the risk that the mother would present with PND 6 weeks after delivery, independently from other risk factors associated with an increased risk of DPN.

Conclusion: Orientation capacities play a key role in the interactional skills developed between the mother and her infant. A difficult infant to interact with may contribute to the risk of PND. Fur-

ther prospective studies are required to explore mechanisms underlying the association between the characteristics of the infant and maternal depression over the months following birth.

024–5:45 pm Oral communications session

Mental Health services: evaluation

Development and evaluation of community mental health services for vulnerable children. P. Vostanis, Professor of Child Psychiatry, University of Leicester, United Kingdom

Objective: To present: a) the rationale and principles of developing mental health services for vulnerable groups of children (in care, homeless, young offenders); b) methods and key findings of evaluation.

Methods: An inter-agency strategy led to joint commissioning by health and local authorities of a mental health team for vulnerable children and their families. The team provides consultation and training to agencies and carers (children's homes, hostels, youth offending teams, foster carers), assessment, and a range of treatment modalities. It operates on direct access and has no waiting list. Following a needs analysis of each client group and their carers, three independent evaluation projects have assessed the impact of the service components. Quantitative and qualitative methods were used. Evaluation included children and families, referrers and agencies involved, and service data.

Results: There was significant improvement on psychosocial outcome, as well as high levels of satisfaction by clients and agencies. Particular improvement was detected in self-harm behaviour, emotional problems, family difficulties, understanding the nature of the problems, and feeling confident in dealing with the problems. There were less marked changes in externalising behaviours. The service was found to be accessible and responsive, with high satisfaction about the direct impact on clients. This was less significant for the consultative component of the service.

Conclusion: Community mental health services for vulnerable and socially excluded children and young people need to take into account the characteristics of their client population and develop in partnership with local authority and other youth care agencies. The findings indicate that an outreach inter-agency service model can engage needy groups of young people, and lead to improvement in their mental health well-being.

Use of and need for professional help for emotional and behavioural problems among preadolescents. A prospective cohort study of 3- to 12- year old children. L. Pihlakoski, M. D., A. Sourander, M. D., Ph. D.; M. Aromaa, M. D., Ph. D., H. Helenius, M.Sc.; M. Siljanpää, M. D., Ph. D., Professor, University of Turku, Finland; P. Rautava, M. D., Ph. D., Turku City Hospital, Turku, Finland

Objective: To determine the effect of child, parent and family related factors on the perceived need for and use of mental health services for preadolescent children.

Methods: A prospective population-based questionnaire study of 1247 firstborn children was launched in Finland in 1985. Information has been collected from pregnancy to the child's age of 12 years. The Child Behavior Checklist (CBCL) was completed by 1086 parents when the children were aged 3 years. At the age of 12, CBCL, YSR (Youth Self Report) and other potential determinants of service need were obtained from 908 parents and 900 children (80% response rate).

Results: Of the total sample, 10.5% reported on subjective need for help, and 7.2% had used professional services for the child's mental problems until 12 years of age. Problem behavior indicated

by the 3-year CBCL was associated with later service need and use, as were both parental ratings of problem behavior and poor social competence at the age of 12, and the father's anxiety.

Conclusions: Childhood psychopathology by CBCL as early as at the age 3 and recent problem behavior are associated with use and need for mental health services for preadolescent children. Early recognition and screening of children's behavior problems and evaluation of family stress factors are important in social and health care systems designed for small children.

A clinical database in child and adolescent mental health services (CAMHS). N. Bilenberg, Competence Centre for Clinical Databases, University of Southern Denmark, Denmark

Objectives: In Denmark, hospital-based child and adolescent mental health services (CAMHS) have a total of about 8.000 referrals per year. In order to improve and evaluate assessment and treatment, an internet-based database is in process of implementation nationwide.

Methods: For every single patient referred, a number of variables are registered at referral (t0), at the first meeting with the patient and family (t1), and at the end of treatment or after six months (t2). As measures of change in symptom load the "Health of the Nation Outcome Scale for Children and Adolescent" (HoNOSCA) are completed at t1 and t2. In field trials, the sensitivity to change of HoNOSCA in comparison with a clinician rated global outcome measure and the clinical feasibility of HoNOSCA were evaluated.

Results: A total of 173 patients were rated both at initial assessment and at follow-up. There was a highly significant association (ANOVA ($F = 25.4$, $P < 0.001$)) between change in HoNOSCA scores and global clinical ratings of change. Mean HoNOSCA scores varied between psychiatric diagnoses.

Conclusions: Clinical databases and evidence based treatment are matters of great interest. HoNOSCA is a feasible, sensitive and valid measure of change in symptom load for children and adolescents attending CAMHS. We look forward to be able to present large-scale clinical outcome results in the future.

Referral pathway and child mental health service organization in Italy. R. Penge, F. Bocci, A. Tosco, P. Alfieri, University of Rome "La Sapienza"

Objective: In Italy, as in all occidental countries, only one third of children that present with a Psychopathological or a Neuropsychological disturbance receive a correct and tempestive diagnosis and remediation. Aim of this study is the analysis of the referral pathway model through the discussion of the referral modalities to an Outpatient Service for Developmental Disturbances within an University Hospital.

Methodology: data are collected about 321 children that contact for the first time our service in a six month period. Data analyzed are sex, age, reason of the consultation, referrer.

Results: age of first consultation is lower than in precedent relevations, pediatricians and general practitioners refer especially younger children with language delay, while school teachers are the main source of referral for learning disabilities and mental retardation, in older children. Few children are sent, as out-patients, from local Child Mental Health Services. Spontaneous request remains the main source of consultations for all ages and disturbances. Reason of consultation and main diagnosis at the end of the consultation tend to agree.

Conclusions: the long term presence of our Department in the City of Rome seems to have had an effect in the correct knowledge of our service' clinical offer. The capillary work made in collaboration with the school system has proved useful, reducing the age of the first consultation of about 2 years. A major problems seems to remain about the relationship with pediatricians (for school-age children) and general practitioners.

Quality of juvenile forensic diagnostic assessment in the Netherlands. N. Duits, Forensic Psychiatric Service, the Netherlands

Juvenile delinquents often have psychiatric disorders. The court can ask for juvenile forensic diagnostic assessment. These assessments and the decisions of the juvenile court can have far reaching consequences for juvenile delinquents and Dutch society. Improvement of quality of these assessments with guidelines are needed.

Before quality management is possible one has to consider the concept of utility as a basic principle of quality. This study has investigated the utility of the juvenile forensic diagnostic assessment in the perspective of Dutch juvenile penal law. This has been done by means of a concept mapping among 46 different 'users' and 25 'makers'. Methodology and results will be presented and the consequences on quality management will be discussed. This will be done in the light of the Dutch juvenile juridical context. Some organisational and practical aspects will be explained.

Tuesday, September 30th, 2003 Dickens 5

025–1:00 pm
Oral communications session

Psychothérapie – Psychotherapy

La place des grands-parents dans le traitement des adolescents en difficulté. T. Parman, University of Istanbul, Istanbul, Turquie

Dans les familles où la génération des parents est défaillante, le recours aux grands-parents est parfois la seule solution pour que l'adolescent se trouve inscrit dans la tradition familiale.

La famille adolescente est composée par trois générations: celle des enfants, celle des parents et celle des grands-parents. Quand l'enfant entre dans la période difficile de l'adolescence, en général toute la famille est concernée par ses troubles. Cela nécessite dans la plupart des cas une prise en charge familiale.

La Turquie vit actuellement un grand changement socio-démographique, l'émancipation d'une part et l'exode interne d'autre part, qui met en évidence l'existence de trois types de culture, en même temps. Par ailleurs l'augmentation du travail féminin, oblige le recours aux grands-parents pour la garde des enfants. Dans la plupart des familles citadines, même si la famille nucléaire est conservée, les enfants surtout à bas âge sont confiés aux grands-parents qui n'habitent pas sous le même toit, mais pas loin de la famille nucléaire.

Dans notre pratique actuelle à l'Unité d'Adolescent de l'Institut de Pédiatrie de l'Université d'Istanbul, nous avons constaté l'importance de la présence des grands-parents lors des entretiens familiaux et surtout dans les cas où une problématique transgénérationnelle s'impose. Dans les familles où la génération des parents est défaillante, le recours aux grands-parents est parfois la seule solution pour que l'adolescent se trouve inscrit dans la tradition familiale.

Brief psychodynamic psychotherapy for internalizing disorders in children. Lara Picchi, PhD, Filippo Muratori, MD, Gabriella Bruni, MD, Maria Grazia Patarnello, PhD, Division of Child Neuropsychiatry, Scientific Institute Stella Maris, University of Pisa

Objective: Epidemiological works suggest that internalizing disorders are the most common problems in childhood but there is controversy about whether they constitute a single broadband disorder

or whether they constitute multiple narrow-band disorders. While in DSM-IV they are classified in one of the anxiety or mood disorders categories, in the ICD10 they are termed as emotional disorders and divided into two forms: pure and mixed with externalizing disorder. Efficacy studies are required in Psychodynamic Psychotherapy (PP), since it is widely used in mental services. This study evaluate short and long term efficacy of a manual-based psychodynamic psychotherapy (5 sessions with the family and five session with the child) for children with internalizing disorders in a clinical, naturalistic setting.

Methods: Fifty-eight children (35M; 23F) between the age of 6.3 and 10.9 years were recruited for participation. Subjects were classified, according to the criteria of ICD10 as Pure Emotional or Mixed Emotional. Included children were allocated to an experimental group of 29 subjects who have performed the cycle of PP and to a control group of 29 subjects addressed to community services. Assessment measures (CBCL, CGAS) for the two groups occurred at baseline (T1), after six months (T2) and at two-years follow-up (T3).

Results: The comparison between experimental and control group allows us to point out some similarities and some significant differences in the course of the two groups.

Conclusions: Briefly there is evidence that conditions of treatment influence the rate of change, with major improvements in the experimental group at two-year follow-up. The analysis of clinical impact showed that only the experimental group passes to a functional range. The different timing of the improvement of the experimental group in CGAS and CBCL highlights the importance of considering non linear change when evaluating treatment outcome. CBCL results indicate that PP acts not only on internalizing symptoms, as expected, but also on externalizing dimensions with significant lower mean scores at follow-up of experimental group in attention, delinquent and aggressive scales. This finding deserves attention because it seems that the PP is able to address comorbidity with which most clinicians have to work, especially in referred children.

The importance of psychoanalytic knowledge for inpatient child and adolescent psychiatry. G. M. Barth, G. Klosinski, University of Tübingen, Germany

Objective: Since biological perspectives are essential in child and adolescent psychiatry the contribution of psychoanalysis to psychiatric diagnostic and therapy became doubtful. But especially for severe disturbance like psychosis only psychoanalysis offers causal explanation and understanding of symptoms.

Methods: Some central issues of psychoanalytical approach to acute inpatient diagnostic and therapy in child and adolescent psychiatry and their adaptation in the department for child and adolescent psychiatry and psychotherapy in Tübingen are explained.

Results: Very important elements of better understanding psychodynamics in acute psychiatry especially in dealing with severe disturbed patients are understanding of transference and countertransference, containing, helpful frame by the ward (exoskeleton), understanding symptoms like hallucinations and delusions, knowledge of defense mechanisms etc. These elements are helpful for the team to stand the patients pathology and for direct therapy of patients. Helpful teamwork, external supervision, frequent conferences, utilization of competencies of all members of the team and integration of actual psychiatric knowledge are fundamental for psychoanalytical approach in acute psychiatry.

Conclusions: Psychoanalytical understanding is beneficial for acute psychiatric treatment and therapy especially with severe disturbed patients when classical psychoanalytic approach is not possible and biological or behavioural explanation are not satisfying.

Les différents visages de la dépression chez l'adolescent. H. Lazaratou, D. Anagnostopoulos, Faculté de Médecine, Université d'Athènes, Grèce

La dépression chez l'adolescent, liée à la crise de l'adolescence et au fonctionnement familiale.

The different expressions of adolescent depression.

The depression during adolescence is presented with increased frequency and with serious repercussions in personal, familial and social life of adolescent.

The depressive symptomatology is connected with the crisis of adolescence and disputes the limits between normality and pathology.

The conduct disorders of adolescent that constitute depressing equivalent cause intensity in the familial relationships.

Two clinical examples are presented in which the adolescent but also his mother presents depression. Questions raised so much as for the psychodynamic comprehension of mental functioning during adolescence (mourning process, narcissistic regression) but also the genetics and environmental factors (genetic transmission, disturbed relations in the families of depressing parents).

Is discussed also the reverse mechanism that is to say the burden of parents because the depression of adolescent.

Globally for the comprehension of adolescent depression it should be taken into consideration the movements of identifications and contre-identifications that appear to play a important role.

026–2:15 pm Oral communications session

Attachment

The integration differentiation(id)-model. A model to enhance cooperation with the patient-system. G. M. A. Westermann, J. M. G. Maurer*, Mondriaan Care Group, Heerlen, The Netherlands

Objectives: To present a practical expedient that offers a universally applicable multidisciplinary perspective in order to facilitate communication with the patient-system regarding developmental psychopathology and as such to enhance cooperation and efficiency of psychiatric care.

Methods: We have developed a working model in order to discuss with our patients and families the processes of assessment, informed consent and treatment in a transparent way. In this model physical, mental and behavioural functioning has been reduced to the way we deal with, and are being influenced by stimuli in a socio-cultural context. This model offers a biopsychosocial framework shaped as a picture accompanied by an everyday language and line of thought.

The ID-Model not only sheds light on pathology. It considers all relevant aspects, including the competences, of the patient-system (differentiation). It also shows the circular or reciprocal interaction and coherence (integration) of all these elements.

Results: In our experience this approach helps the parents and the child to feel less guilty or ashamed. It also invites them actively to define a shared care need and to cooperate in therapy. Thereby it fosters motivation and hope and a perception of control and participation.

Conclusions: The ID-Model facilitates the communication, shared decision making, and cooperation with our patients and their system. These preliminary findings yet need to be confirmed empirically.

During the workshop we want to illustrate and discuss the use of the ID-Model and to share each others experiences on this subject.

Transmission intergénérationnelle du mode d'attachement. N. Darcq, S. Levallois, J. Geneste, Service de psychiatrie de l'Enfant et de l'Adolescent, CHU Gabriel Montpied, Rue Montalembert, 63000 Clermont-Ferrand, France

A travers la présentation d'un cas clinique d'un enfant de 10 ans hospitalisé dans le service de psychiatrie infanto-juvénile pour des troubles du comportement dans le cadre d'un syndrome dépressif, les auteurs s'interrogeront sur les liens d'attachement de cet enfant avec sa mère. Cette jeune femme avait été hospitalisée dans le même service durant son adolescence et présentait le même type de troubles du comportement. Compte-tenu de la similitude des parcours de cet enfant et de sa mère, les auteurs s'intéresseront à leur mode d'attachement respectif à leur mère. Ils compareront ces modes d'attachement et s'interrogeront sur la transmission possible de ce type de liens à la lumière des travaux de J. Bowlby, M. Ainsworth et M. Main puis de P. Fonagy. Le lien mère-enfant de cette dyade sera également analysé ainsi que les représentations mentales que l'un et l'autre se font de cette relation au vue des théories de l'attachement.

The development of mother's attachment for her child in course of pregnancy (both desirable and undesirable). V. I. Brutman, M. E. Lancburg, Association of Child Psychiatry and Psychology, Moscow, Russia

The study of development of mother's attachment for her child in course of either desirable or undesirable pregnancy was performed. The ambivalence of emotions of future mothers in course of pregnancy was registered. The difference in descriptive patterns of somatic sensations and emotional reactions between females with desirable (54 persons) and undesirable (115 mothers quitting their babies) pregnancy was observed. We present our interpretation of the mechanisms for development of mother-to-child attachment both from physiological and psychological point of view. The understanding of linkage with foetus due to proprioceptive sensations caused by its movements give rise to feeling of affinity with child. At the same time the separate existence of the child works for formation of the psychological borders between mother's ego and that of foetus. The hypothesis was put forward that emotional non-acceptance of child by the pregnant woman leads to perverted perception of body sensations. The suggestion were proposed for the prophylactic work with the expectant mothers in course of pregnancy that should optimize the dyadic relationships

L'influence des expériences d'attachement et de séparation des mères et des enfants en contexte de la thérapie des enfants avec des troubles de comportement social. K. Tiedtke, Ch. Eichhorn, U. Ziegenhain, J. M. Fegert, Klinik fuer Kinder- und Jugendpsychiatrie und Psychotherapie, Universität d'Ulm, Allemagne

Objectifs: En cas d'hospitalisation ce sont souvent des garçons avec des troubles de comportement social qui provoquent des escalades et qui montrent souvent des développements défavorables. De l'autre coté l'offre thérapeutique est limité.

Une différenciation plus précise au niveau diagnostique non selon la quantité ou la gravité des symptômes, mais selon un regard diagnostique plus vaste – prenant en considération p.ex. des expériences d'attachement et de séparation de ces garçons ainsi que ceux de leurs mères – cela pourrait contribuer à un plan thérapeutique plus efficace.

Méthodes: Notre projet s'adresse à une population clinique des garçons de 7 à 12 ans qui montre des troubles de comportement social (ICD 10: F91, F90.1). Nous examinons des expériences d'attachement et de séparation en mettant celles – ci en relation avec des expériences d'attachement et de séparation des mères ainsi que les soutiens sociaux actuels des garçons et des mères. Comme instruments nous utilisons le «Adult Attachment Interview» (AAI) pour les mères ainsi que le «Separation Anxiety Test» (SAT) pour les

enfants. En plus nous avons comme diagnostic de base le «Child Behavior Checklist» (CBCL), le «Teacher Report Form» (TRF) et le «Youth Self Report» (YSR) et des questionnaires qui s'adressent aux soutien sociaux actuels des garçons et des mères.

Résultats: L'interprétation au point de vue des aspects analytiques révèle des indications de l'influence des expériences d'attachement maternelle sur l'interaction actuelle entre mère-enfant ou bien la qualité de la représentation interne d'attachement des enfants.

Conclusion: Ceci peut avoir une influence – actuellement négligée- sur le processus thérapeutique de l'enfant.

027–4:00 pm

Oral communications session

Attachment

Psychological functioning, psychological distress and life satisfaction in midlife: the role of involvement of and closeness to parents in childhood. E. Flouri, University of Oxford, United Kingdom

Objective: To examine the role of early parenting (parental involvement at age 7 and closeness to parents at age 16) in psychological well-being (life satisfaction, psychological distress and psychological functioning) at age 42 controlling for known confounding factors.

Methods: Longitudinal data from the British National Child Development Study (NCDS) were used.

Results: Closeness to mother was related to life satisfaction in both men and women, and to psychological functioning in men. In women, when father involvement was high mother involvement was positively related to life satisfaction, and in men when closeness to mother was high closeness to father was positively related to life satisfaction. Closeness to father was positively related to life satisfaction in women who grew up with both their natural parents. Religion, marital status, labour force participation outcome, socio-economic disadvantage, self-rated physical health and psychological distress earlier in adult life did not mediate the relationship between parental involvement and psychological well-being in midlife.

Conclusions: Early parenting is associated to later mental health outcomes.

The intergenerational transmission of problems of attachment: a study comparing community and homeless women and children. C. Bookless and C. Kruck, Department of Psychiatry, University of Adelaide and The Queen Elizabeth Hospital – Australia

Objective: This paper examines the association between trauma in a mother's life and her young child's attachment to her. It is hypothesised that trauma in the mother's life can lead to the mother showing frightening and frightened behaviour. This behaviour impacts on the mother's ability to respond appropriately to her child's attachment needs and is associated with these children developing negative attachment patterns.

Methods: Detailed lifetime histories of trauma and adversity were obtained from 28 "community" mothers and 25 mothers living in shelter accommodation because of homelessness. The "community" women all lived in a permanent residence with the father of their child. Children were aged 6–24 months. Mother and child interactions were video taped according to a structured procedure (Cramer and colleagues (1990). Dimensions of attachment behaviours shown by the child to the mother were assessed and mothers' responses to her child were also assessed using the Sensitivity Scale (Ainsworth et al 1974) and a new scale designed to measure fright-

ening and frightened maternal behaviours based on Main & Hesse (1990).

Results: Maternal experiences of childhood sexual abuse were associated with decreased maternal sensitivity. Maternal childhood neglect, physical abuse, sexual abuse, and witnessing violence were all associated with an increase in frightening behaviours in the mother. The children showed very poor effort to initiate or maintain attachment to their mother.

Conclusion: Study of specific features of maternal sensitivity and history of adversity may lead to a better understanding of poor emotional connectedness in children

Attachment disorganisation, adhd and externalising symptoms in young school age children. J. Green, University of Manchester, C. Stanley, Durham, S.Peters, University of Liverpool UK

Objective: To test associations in a clinically referred cohort between concurrent attachment disorganisation, externalising symptomatology and ADHD in the context of recent molecular genetic evidence of linkage between attachment disorganisation and ADHD.

Method: Unselected referrals to a district child psychiatry service meeting criteria for oppositional-defiant disorder or conduct disorder (n = 61 children, mean age 7.3 yrs (4.5–9.5), 81 % boys). Severe learning difficulty was excluded. Methods included, parent and teacher symptoms scores; concurrent child attachment status assessed using the Manchester Child Attachment Story Task, assessments of parental mood and Expressed Emotion.

Results: Presence of attachment disorganisation was associated with severity of parent symptom score (kw c2 6.9, p = 0.008) and diagnosis of ADHD (Fisher exact, p = 0.02). Pervasive disorganisation in attachment representation was also associated with high maternal EE (c2 11.1, p = 0.001). Most children with ADHD were attachment disorganised but over half of the disorganized children did not have an ADHD diagnosis. Regression analysis showed main effects on parent scores from child attachment disorganisation and maternal depression; and main effects on teacher scores from age and ADHD diagnosis.

Conclusions: Disorganised attachment is associated with high parent rated child psychopathology, diagnosis of ADHD and maternal Expressed Emotion. The associations with teacher ratings are compatible with the emergence of ADHD as a problem in school in the early school years. These results will be discussed in the context of the theory of child disorganisation and recent molecular genetic findings linking infant attachment disorganisation to polymorphism on the DRD4 gene (also implicated in ADHD traits).

Attachment, self-control and deviant behaviour in adolescence. A. C. Fonseca – University of Coimbra – Portugal

During the last decades there has been an increasing interest, both at theoretical and empirical levels, on the role played by attachment (to parents and schools) as well as by low self-control on the etiology and maintenance of several forms of deviant behaviour in youths.

The importance of low self-control is well illustrated by the theory of Gottfredson and Hirschi (1990) while the role of attachment (to various social institutions) can be easily incorporated in Sampson and Laub (1993) theory of informal social control of delinquent behaviour. Specifically, the first model stresses the importance of stable individual traits (e.g. impulsivity, lack of planning and insensitivity to other people problems) in the onset of antisocial behaviour, whereas the second theory emphasizes the role of sociogenic variables (e.g. family and school processes) as predictor of delinquency and criminal behaviour.

To test the value of these two models (and particularly to see if they are exclusive or complementary) we administered several measures related to these constructs to a large random sample of Portuguese adolescents from the community. This sample included boys and girls, whose ages ranged from 14 to 19 years.

The results of this revealed low self-control and attachment to parents and schools contributed to aggression and delinquency as well as to several types of maladjusted behaviours.

From these findings several implications can be drawn for future research.

Dopamine D4 receptor (DRD4) gene polymorphism is linked to infant attachment. J. Gervai, K. Lakatos, I. Toth, Z. Nemoda, Z. Ronai, M. Sasvari-Szekely, Institute of Psychology of the Hungarian Academy of Sciences, Hungary, Semmelweis University, Hungary

Objective was to investigate the links between infants' attachment behaviour and DRD4 gene variation. The latter has been linked to childhood and adult psychopathology, e. g., ADHD, Tourette syndrome, substance misuse, as well as to adult and infant temperament. Disorganised infant attachment, linked to childhood aggressive behavior and adolescent psychopathology, is attributed primarily to inadequate parenting. However, in a German low-social-risk population, poor neonatal behavioral organisation has been linked to later attachment disorganisation.

Methods: Two polymorphisms of the DRD4 gene were analysed by PCR methodology in 95 one-year-old infants participating in the Budapest Infant-Parent Study. Attachment was assessed in the Strange Situation at age 12 months.

Results: We found an association between attachment disorganisation and the exon III 48 basepair repeat polymorphism: the relative risk of disorganization was fourfold for infants carrying the 7-repeat 'long' allele. While the -521 C/T regulatory polymorphism had no direct effect on attachment status, there was an interaction with the repeat polymorphism: the relative risk for disorganised attachment was 12-fold in the presence of both the 7-repeat structural and the -521 T regulatory variants. Transmission disequilibrium tests (TDT) confirmed the linkage between attachment and DRD4 gene polymorphism. We found a trend for the preferential transmission of the 7-repeat allele to disorganized infants and a significantly lower-than-expected rate of transmission of the same allele (and the T.7 haplotype) to securely attached infants.

Conclusion: Inheritance of the T.7 haplotype confers a risk for disorganised attachment, while not carrying it seems to promote the optimal development of early attachment.

028-5:45 pm Oral communications session

Liaison en pédopsychiatrie

Nous te donnons une sœur qui va te sauver. S. Levallois, N. Darcq, J. Geneste, C. H. U. de Clermont-Ferrand, France

Depuis plusieurs années déjà, l'allogreffe de moelle osseuse est utilisée pour le traitement de certaines hémopathies malignes. C'est le plus souvent parmi les membres de la fratrie de l'enfant malade que l'on trouve le donneur compatible.

De nombreux parents, confrontés à ce type d'affection, décident de concevoir un enfant avec l'espoir que ce dernier puisse en fonction de l'évolution de la maladie, donner peut-être un jour sa moelle à son frère ou sa sœur.

A partir du cas d'une petite fille conçue avec cet objectif là, donneuse pour sa sœur qui est décédée quelques semaines après la greffe, les auteurs évoqueront les conséquences psycho-pathologiques susceptibles de survenir chez ces enfants survivants.

Dans un premier temps, les auteurs réaliseront une revue de la littérature, puis dans un deuxième temps, ils discuteront de la place de ces enfants au sein de la dynamique familiale, et de l'influence de cette situation sur leur développement psycho-affectif.

Enfin, ils verront quelles peuvent en être les conséquences au point de vue éthique.

Le travail en réseau dans les plaintes somatiques à répétition. Ch. Canselier, UCL Mont-Godinne, Yvoir, Belgique

Objectifs: Le travail en réseau est indispensable pour une prise en charge adéquate des plaintes somatiques à répétition. Par l'intermédiaire d'une situation clinique, nous tentons d'en identifier les difficultés et les pièges. **Méthodes:** Fille de 14 ans. Plaintes somatiques à répétition. Escalade thérapeutique, consommation de médicaments et d'exams complémentaires. **Résultats:** La collaboration étroite avec le médecin traitant, les somaticiens à l'hôpital, le pédopsychiatre et l'école a permis de stopper les nombreuses interventions médicales. La prise en charge globale, a permis d'éviter une interprétation linéaire de cette situation, en tenant compte du contexte (social, familial, scolaire) et a permis de répondre à la demande et non aux symptômes.

Le rôle de chacun des intervenants a été défini avec la famille. Un travail particulier avec l'école et le médecin traitant a été réalisé (définir des stratégies d'intervention). **Discussion:** Si l'intérêt du travail en réseau est évident, ce travail n'est cependant pas aisé à instaurer (manque de temps, de moyen, de coordination, de communication entre les différents intervenants) et il existe de nombreux pièges où nous risquons de tomber si le réseau n'est pas organisé et structuré. La définition du rôle et de la place de chacun, de ses limites d'interventions, est capitale et nous permet d'établir une collaboration vraie, où le patient et sa famille sont inclus. La réponse cohérente des différents intervenants offre au jeune et à sa famille le cadre sécurisant nécessaire à la création de l'espace thérapeutique.

Maladie chronique, hôpital pédiatrique et séparation à l'adolescence: rôle du pédopsychiatre de consultation-liaison.

Chronic illness, child hospital and separation during adolescence: role of the consultation-liaison child psychiatrist. M. Wiss (Chef de clinique-Assistant, Service Universitaire de Pédopsychiatrie de Rennes, France), Ph. Dardenne (Professeur, Service Universitaire de Pédopsychiatrie de Rennes, France), P. Lenoir (Praticien hospitalier, Service Universitaire de Pédopsychiatrie de Tours, France), S. Viaux (Interne DES, Service Universitaire de Pédopsychiatrie de Tours, France)

L'adolescence est un passage difficile pour les jeunes patients atteints d'une maladie chronique. Cette dernière prend souvent une place importante dans les problématiques identitaires, et les réaménagements des liens de dépendance, qui ont lieu à cette époque de la vie. Les rapports entre le sujet et sa pathologie, mais aussi la dynamique familiale et les relations avec les soignants, peuvent s'en trouver très perturbés.

A travers l'observation clinique d'un adolescent atteint d'un diabète de type 1, rencontré à l'hôpital pédiatrique, les auteurs évoquent le rôle primordial que peut tenir le pédopsychiatre de consultation-liaison dans ces situations associant étroitement processus psychiques et prise en charge d'une pathologie somatique.

Adolescence is a difficult passage for young patients who suffer from chronic illnesses. Such illnesses often take a lot of place in the identity issues and the restructuring of the links of subordination that happen at this time of life. The subject's dealing with his pathology, as well as the family dynamics and the relationship with the medical staff can be profoundly disturbed.

Through the clinical observation of an adolescent suffering from type 1 diabete-mellitus met in a child hospital, the authors deal with the essential role that a consultation-liaison child psychiatrist can play in these situations that closely combine a psychological process and the care of a somatic illness.

Troubles psychiques en pédiatrie: la pédopsychiatrie de consultation-liaison à l'hôpital d'enfants. Psychic disorders in paediatrics: consultation-liaison psychiatry within a child hospital. M. Wiss (Chef de clinique-Assistant, Service Universitaire de Pédopsychiatrie de Rennes, France), J. Malvy (Praticien hospitalier, Service Universitaire de Pédopsychiatrie de Tours, France), C. Bodier (Praticien hospitalier, Service Universitaire de Pédopsychiatrie de Tours, France), D. Sauvage (Professeur, Service Universitaire de pédopsychiatrie de Tours, France)

L'activité de pédopsychiatrie de consultation-liaison intra-hospitalière est définie par l'ensemble des prestations diagnostiques, thérapeutiques, préventives, pédagogiques et de recherche, prodiguées par l'équipe pédopsychiatrique dans les autres sections de l'hôpital pédiatrique.

Notre étude a pour but de décrire cette activité, et son évolution avec les années.

Elle porte sur l'ensemble des interventions de consultation-liaison (N = 215) réalisées à l'hôpital pédiatrique de Tours en une année. Elle en aborde les caractères, ainsi que ceux de la population examinée.

Les informations sont recueillies de manière prospective, et certaines d'entre elles sont comparées à des travaux réalisés antérieurement dans le même service.

Les principaux résultats illustrent l'importance de l'activité de pédopsychiatrie de consultation-liaison, acteur essentiel de la médecine infantile à l'hôpital. Ils montrent notamment son augmentation globale, l'évolution de la nature des demandes pédiatriques, et la grande diversité des diagnostics pédopsychiatriques posés.

The activity of consultation-liaison child psychiatry within the hospital can be defined as: the diagnostic, therapeutic and preventive care given by the members of the child psychiatry department staff, and their works of pedagogy and research, in the other departments of the child hospital.

Our study aims at describing this activity, and its evolution.

It focuses on the consultation-liaison interventions (N = 215) done in the child hospital of Tours (France) in one year. It deals with their characteristics, and those of the examined population.

The method is a prospective collection of information, and a comparison from some of them with researches carried on previously in the same setting.

The main results put into emphasize the importance of the child consultation-liaison child psychiatry, which plays a major part in paediatrics in hospital. They particularly show its global increasing, the evolution of the demands for paediatric care, and the great diversity of diagnoses done by child psychiatrists.

Psychosocial factors and metabolic control in children with insulin-dependent diabetes mellitus (IDDM). G. Vila, M. Luchiasevick, J.-J. Robert, Fédération de Pédiatrie - CHU Necker-Enfants Malades, Paris, France

Objectives: To study the relationships of familial psychopathology, socio-economic status, age, sex of the patients, child psychopathology and HBA1C, in insulin-dependent diabetic (IDDM) children and adolescents.

Methods: We prospectively included all IDDM children and adolescents (114 girls and 120 boys) who were followed in a Pediatric Diabetology department. They were assessed by structured diagnostic interviews and by questionnaires filled in by themselves (STAIC and CESD), their parents (CBCL and CPRS) and teachers (CTRS). Parents' psychiatric problems were assessed by GHQ-28; 205 patients were prospectively followed up during 5 years for clinical diagnoses of mental disorders and somatic risk. We used path analyses to study relationships between psychosocial variables and HBA1C.

Results: 104 patients had one DSM-III-R disorder. The children and adolescents with mental disorders had significantly a poorer metabolic control (mean HBA1C: 9.6 vs 9.1%). STAIC and CESD,

CPRS-I and VI, CBCL-internalizing and externalizing, CBCL-anxiety-depression were correlated with HBA1C. The socioeconomic status, patients' age and IDDM duration were correlated with HBA1C. Forty two patients had one diagnosis of mental disorders during the follow-up, associated with higher HBA1C mean. Patients with microangiopathy had a higher rate of mental disorders. A structural model showed that a psychosocial latent variable (constructed with socioeconomic status, age and sex of the patients, parents psychopathology, child psychopathology,) is responsible of higher HBA1C.

Conclusions: This study shows that psychosocial variables have a causal effect on a poor metabolic control in young IDDM patients.

Psychopathology and quality of life of adolescents with asthma and their parents. G. Vila, R. Hayder, C. Bertrand, B. Falissard, J. de Blic, M.-C. Mouren-Simeoni, P. Scheinmann, CHU Necker Enfants Malades, Paris, France

Asthma is known to have a direct impact on the quality of life of children with asthma and their families. Psychopathological factors may be associated with a bad poor quality of life and modulate the handicap.

Objectives: To evaluate the relationship between emotional and behavioral problems and quality of life assessed by Juniper's quality of life Questionnaires.

Methods: 100 adolescent outpatients with asthma were evaluated by questionnaires completed by the patients and their parents. Path analysis was utilized to propose a model of relationships between psychopathology and quality of life.

Results: The quality of life of children and their parents was associated with the presence or absence of psychological problems in the young patient. Emotional problems (self-esteem, anxiety and internalizing symptoms) were associated with the quality of life of both the patients and their parents., with behavioral problems having had a smaller effect on the quality of life of the parents only. We propose a structural model of the quality of life of adolescents with asthma and their parents, in which quality of life is dependent on psychological variables and is responsible for emotional problems. Multivariate analyses indicated that the quality of life depended little on medical variables. In contrast, the quality of life of the parents depended on that of the children and vice versa.

Conclusion: Juniper's quality of life Questionnaires reflect not only the medical status of the young patient but also psychological variables which appears to be a consequence of the functional handicap associated with asthma.

**Tuesday, September 30th, 2003
Dickens 6**

**029-1:00 pm
Oral communications session**

Art - Thérapie/Art - Therapy

Chalk circle, creative art therapeutic workshop for adolescents. Angyal, Vera dr.; Jurta, Péter; Tóth, Andrea; Kovács, Margit; Gádoros, Júlia dr. Vadaskert Child Psychiatry Hospital, Budapest, Hungary

Goal: We would like to introduce the creative work employing and integrating several artistic approaches and their therapeutic tools.

Method: In May, 2002, we launched a regular art therapy group for adolescents previously examined and treated at our hospital,

held at weekends once a month. The different art therapy modules are organized around certain topics, offering wide projection possibilities for typical adolescent problems. The topics are: group cohesion, self-knowledge, decreasing anxiety, aggression management, creation of role identities, etc.

Results: our experience shows that besides the amelioration of symptoms, the group significantly improved the marginalization due to the psychiatric illness, decreased isolation tendencies, and helped the reintegration into families and peer groups. The personality developing effect of the group dynamics mobilizes internal resources and thus, it initiates spontaneous reparation mechanisms.

Conclusions: the nonverbal communication used in art therapy helps overcome the resistance often encountered in therapy with adolescent, and thus, it is a valuable tool in adolescent psychotherapies.

Accountable and secured clinical practice on the Internet is at hand! e-service advances in Norwegian mental health practice. Tormod Rimehaug, Norwegian University of Science and Technology, Trondheim, Norway

The high Norwegian standards for information security, confidentiality and accountability in health services have restrained the development of applications and procedures of e-mediated mental health services, but have also resulted in recent development of high quality. Examples of these advances will be presented.

Applications supporting assessment, psychotherapy, monitoring, supervision, and self-help services as well as research have been developed in combination with high levels of authentication access control, secured transfer and storage. Together with methods and procedures for use these applications are at the beginning of evaluation and implementation for conditions like bulimia, sexual problems, borderline PD, and anxiety.

Freud used mail-therapy but we have almost forgotten its advantages. Preliminary experience is pointing toward acknowledging electronically mediated psychotherapy not as a second best alternative, but with qualities demanding a place as best choice for certain users, methods, conditions and tasks. Future research will develop indicators for treatment choice and rules of caution for e-therapy. Face-to-face treatment is not evidence-based as the standard, and must in the future be handled as a variable – one of several possible ways to administer help for people suffering from mental health problems and psychiatric illnesses.

Factors concerning relationship, shame, distraction, self-disclosure, defence, reflection, control and flexibility in e-therapy will be discussed.

Participants will be invited to share experience and discuss future possibilities and dangers.

Art therapy in child and adolescent psychiatry: characteristics of paintings depending on diagnosis. G. M. Barth, G. Klosinski, C. Schwarz, M. Staigle, University of Tübingen, Germany

Objective: Art therapy and other forms of creative therapy are important elements in child and adolescent psychiatry. Since diagnoses are very different the questions arises if art work shows characteristics depending on diagnosis of author.

Methods: Nearly all adolescents in the department of child and adolescent psychiatry join regular painting groups. Very strict settings of these groups enable severe disturbed patients attending art therapy in these groups.

Results: Art work of different patients shows great differences. Many patients show very regressive painting patterns. Especially psychotic patients show primitive styles of painting which correspond to the early character of disturbance. In contrast most patients with eating disorders astonish by an elaborated ability of painting with varied symbolization. Many forms of defense mechanisms can be recognized in the art products. Diagnosis-related differences are not restricted with regard to the contents but also appear by formal evaluation of paintings. The clear and protecting

setting of the painting groups allow all patients to show their ability of art production.

Conclusions: Art therapy has a great diagnostic value beside the important treatment value. Paintings of patients are correlated to diagnoses and can be used to understand the character of disturbance and to recognize changes in the course of therapy.

W18-2:15 pm Workshop

Video session

Social attention during the first year of life in autism through home videos. F. Muratori*, S. Maestro, A. Cesari, M. C. Cavallaro, Division of Child Neuropsychiatry, Scientific Institute Stella Maris, University of Pisa, Italy

Objective: To show the pathways of early social and nonsocial attention in autistic spectrum disorders (ASD) through home movies.

Method: A choice of sequences from 15 home videos regarding the first year of life of children later diagnosed with ASD mixed with sequences from home videos of 15 typical children are presented. The audience will be confronted with difficulties in recognizing children later diagnosed with autism during the first year of life. A Grid composed of social and nonsocial items will then proposed to apply in two age period: 0-6 months and 6-12 months.

Conclusion: Significant differences between ASD and typical children in Social and Nonsocial Attention in the two age period are discussed on the basis of the response of the audience and in relation to the data analysis deriving from a statistical research. In particular an atypical developmental gap and a later deficit of integration of the two systems for social and nonsocial attention will be discussed. Finally the fundamental impairment of joint attention in ASD is considered as the central deficit in autism to be considered for appropriate early interventions.

Autisme et carence de soins – étude d'un cas clinique. P. Lenoir, L. Hameury, C. Bodier, G. Ledorze, J. Malvy, D. Damie, M. Wissocq, D. Sauvage, Service Universitaire de Pédopsychiatrie; CHRU de Tours- France

Objectifs: Les facteurs carenciels graves ont été impliqués dans des cas d'autisme devenus maintenant historiques (Itard). Le modèle de la carence a été réactualisé par les théories de l'attachement (Bowlby) et le phénomène d'hospitalisme (Spitz). Ces carences peuvent se retrouver dans différentes situations:

- l'abandon précoce (enfants sauvages)
- la maltraitance par carence et/ou négligence extrême
- l'hospitalisme (orphelinats des pays défavorisés)

Ces facteurs carenciels graves soulèvent plusieurs questions parfois difficiles à résoudre.

1) La carence est-elle seule à l'origine des troubles ou témoigne t-elle d'une fragilité/vulnérabilité congénitale du nourrisson susceptible de décourager les parents dans les interactions et les soins?

2) L'autisme secondaire à une carence grave a-t-il des caractéristiques cliniques propres?

3) Est-il réversible?

Methods: Description sémiologique d'un cas clinique au moyen d'un document vidéo. Nous avons étudié l'observation d'une petite fille de 17 mois hospitalisée en pédiatrie pour des troubles somatiques secondaires à une carence de soins et présentant un tableau autistique. Six mois après son placement dans un milieu éducatif adapté on assistera à une amélioration spectaculaire des signes d'autisme malgré la persistance d'un retard de développement.

Resultats: Discussion sémiologique et diagnostique à partir de cette observation. Analyse des différents facteurs (carence intra fa-

miliale, renforcement des troubles par l'hospitalisation, facteurs organiques). Recherche d'une sémiologie spécifique des signes d'autisme survenant dans un environnement carenciel.

Conclusion: Intérêt de prendre en compte les facteurs carenciels pour le dépistage et le diagnostic précoce.

Syndrôme «d'Asperger». Dra. Judez Fageda, J. Fundació Parc Taulí. Sabadell (Barcelona) España. Dra. Jané Ballabriga, M. C. Facultat de Psicologia. Universitat Autònoma de Barcelona. España. Sra. Solé Llop, P. CSMIJ. Corporació Parc Taulí. Sabadell (Barcelona). España. Dra. Capdevila Escudé, R. M. Tarrasa (Barcelona). España.

Il s'agit d'une vidéo qui montre une entrevue psychiatrique avec un enfant de 10 ans diagnostiqué d'un syndrome «d'Asperger».

L'entrevue est semi-dirigée et apparaît aussi des techniques de dessins et de jeux.

Le groupe «SONAR». G. Galli Carminati, Y. Legay, B. Tschopp, L. Zid, A. Hermet, UPDM: Unité de Psychiatrie du Développement Mental, Département de Psychiatrie – HUG

L'autisme est considéré actuellement comme un désordre du développement caractérisé par un large éventail de symptômes neurocomportementaux incluant des anomalies sur le plan sensoriel, cognitif, de la communication verbale et non-verbale, affective et de la relation sociale (E. Courchesne 1995).

Une perturbation précoce du «réseau de développement» au départ du cervelet pourrait selon l'hypothèse de E. Courchesne (1994) induire une dysharmonie dans la croissance des différentes zones du cerveau dans une période précoce du développement.

Notre approche thérapeutique consiste à stimuler nos patients à l'aide d'une mise en situation qui rappelle celle de l'enfant avant la naissance dans le liquide amniotique pour permettre une éventuelle reconnection entre le système auditif vestibulaire, le cervelet et les régions des projections frontales.

Ainsi est né le groupe Sonar composé de patients présentant un diagnostic d'autisme ou de troubles autistiques associés à des diagnostics psychiatriques. Ceux-ci présentent tous un retard mental sévère à profond et sont pour une large majorité non verbaux ou très peu verbaux.

Ce groupe a lieu une fois par semaine en piscine, afin de créer un environnement de détente, accompagné de stimulations sensorielles, dont la stimulation acoustique à travers l'écoute de musique en dehors de l'eau et sous l'eau.

Nb: Ce groupe a fait l'objet d'un film de 7'50 tourné en 2001

Psychosomatics disorders. Dissociative and conversional reactions. Dr. Javier Loño Capote, Director of Childhood and Adolescent Psychiatry Department, Universitarian Hospital "La Fe". Valencia. Spain

The Psychosomatics Disorders are a form of expression very frequent of the presentation of the emotional and psychopathologic alterations during the childhood and adolescence. The Psychosomatics Disorders, not only express a sintoma or sintomas groups, it remits to a form of different reactions.

In the Psychosomatics Disorders is necessary to take part different lands of investigations, psychoanalysis, psychophysiology and also the specialists concepts about the clinical and immunological consequences, for understanding how the symbolic processes produces somatic changes, and at the same time, the somatic processes give rise symbolic consequences.

The processes of Somathization define the mental mechanisms, that is why establishes an a break of Psychoaffective "economia", and seek an exit through the weakness of the biologics defences.

Many times, the troubled situations have their forms like corporals sintomas, the body is constituted "by the theatre of the body". Sometimes the corporal demonstrations are inside the structures of

the hysterical neurosis (clinical-conversive) and at times 'not apparent medical processes exists to justify it; that is and a real somathization.

The development of our work session, about the Psychosomatics Disorders, is predicted in 75 minutes, it's comprised in two phases:

1. Theoretical explanation about the contents of the Conversive Disorders Psychosomatics operations, and explanation about the entailment between separation-individualization of the badly elaborate sorrows and the lacks and frustrations who object them. By this way, we'll emphasize in the factors of acute stress, the psychosocial and cultural conditioners as possible responsible of such disorders.

2. Reality development, we'll show two videos with two different clinical cases, the videos during approximately 15 minutes each one, in VHF format:

- a) The first video talk about an a case of "Universal Alophecy", corresponds an adolescent of 13 years old in "La Prise en Charge" (Start of the interview diagnose-therapy) the possible causes that generate said Universal Alophecy, we think that the went (information-communication) she carried the Turner Syndrome, clinical and moderate variable, and she have a IQ-110 at 11 years old. It's produced, evidently an acute traumatic stress, with secondary effects of low size and problems for her fertilization and procreation. The psychopathological situations of her family, an alcoholic father and serious conflict of couple in those years of her adolescence, without doubts, determinate a refusal to admit or accept her problems and it produced a regression.

After three years of psychotherapy, we obtained the acceptance of our patient herself, and also the growth of all her hair.

- b) The second video, is about the masculine adolescent of also, 13 years old, affected by a Conversional Disorder with hysterical base. Is very significative and the images reveals his pseudoneurological crisis (acute breathlessness, accompanied by hyperventilation with abdominal pain and also in his chest) like his father had before died by the cancer of lung; when our patient have 4 years old he saw him dying. After his father's death, the boy lives and sleeps with his mother, in the same bed to 9 years old, then was when arrived and entered in theirs life for live together the new companion of the mother. The child felt the displaced, and serious problems appeared in the family relationships; the psychoaffective operation was very primitive and arised a blockade in the separation-individualization.

Results and Conclusions: We want to undertake according with the therapeutical orientations, how valuing, supporting and attending the imbalances (organics and somatics) of these patients.

In the therapy treatment, the dynamic psychotherapy, the therapy of support to parents, and the connection with the pediatric services are very important.

The specialists in these cases should suspect a disorder dissociative-conversive, in the patients loaded with "life events" or in those patients who have family with psychopathological problems, even in some patients with biological vulnerability.

The psychiatric aid and the rehabilitation should have a tighten connection.

Finally, we believe, that the theoretical-reality development of this work-show-session, about psychosomatic situations could contribute with important contents for the professional and scientific development of this prestigious Congress "ESCAP"; and the same time, to serve during the preparation of the professionals that are being initiated so much to level of the "Paipopsychiatry" as of those Psychology and Phedriathy.

Tuesday, September 30th, 2003

S70-2:15
Symposium

Psychopathologie et physiopathologie des troubles envahissants du développement: perspectives thérapeutiques

Psychopathology and Physiopathology in the Pervasive Developmental Disorders: therapeutic perspectives.

Chairman: R. Rigardetto (Torino – I)

Troubles envahissants du développement: comprendre un autre regard sur le monde, d'un point de vue clinique, neuropsychologique grâce aux techniques de neuroimaging
Pervasive Developmental Disorders: new clinical and neuropsychological points of view from neuroimaging techniques. Van der Gaag Rutger Jan Academic Centre for Child & Adolescent Psychiatry, University Medical Centre Nijmegen. + 31243512235 – < R.vanderGaag@psy.umcn.nl >

Les personnes atteintes d'un trouble envahissant du développement perçoivent le monde environnant d'une façon différente. De ce fait il leur est difficile de comprendre et d'interpréter le monde social, les pensées, intentions d'autrui. Certaines concepts tels la Théorie de l'Esprit nous permettent de comprendre ce handicap social. Mais ces théories généralistes se manifestent de façon très différenciée d'un individu à l'autre. Dans cette présentation nous mettrons l'accent sur la nécessité d'un bilan médico-psychologique individualisé. Grâce aux techniques qui se développent rapidement. Nous pouvons envisager dans un avenir proche la possibilité d'avoir accès au regard sur le monde tel que l'individu le vit, et de par cette connaissance adapter la prise en charge aux limitations et possibilités individuelles.

People with autism spectrum disorders perceive their social environment in a different way. This has a great impact on their possibilities to understand, interpret the social environment, thoughts, feelings and intentions of others. Some concepts as the Theory of Mind shed some light that gives us hunches as how to understand the social impairment. But those general theories do not apply in the same fashion to different individuals. In this intervention we will stress the necessity of an individualized thorough medical and neuropsychological assessment. Rapidly evolving techniques will allow us in a near future to gain insights in the way individuals perceive their world. That knowledge will allow the tailoring of comprehensive intervention programmes adjusted to the strengths and weaknesses of each individual.

From early diagnosis to treatment planning: an integrated approach. Marina Gandione, Department of Paediatric Science and Adolescence of the University of Turin. Child Neuropsychiatry Unit

Within the ambit of childhood psychiatric disorders, P. D. D. represent particularly interesting and complex pathological cases. Currently, Autistic Disorder is recognised as a syndrome with multifactorial origins, determined by a combination of genetic, congenital or precociously acquired factors, present in varying degrees and interlinked in different ways. The extreme clinical heterogeneity and the "pervasive" nature of this disorder in the child's development mean that different courses of treatment are required, that impact with all the environments in which the child lives and grows, and that must be adapted over time to the child's development. Basing our considerations on the results of clinical studies (57 children, 49

M and 8 F, aged between 2 and 9, diagnosed as suspected P. D. D between 1999–2003.) of the Working Group for the Diagnosis and Treatment of P. D. D., the aim of this paper is to illustrate and discuss different levels of integration:

- during diagnosis, through the application of procedures that involve neurobiological, behavioural, cognitive and relational analyses that enhance our understanding of the child, its different aspects, its different difficulties, its potential, and that are able to provide fundamental and indisputable elements to plan a targeted rather than a general course of treatment.
- during the planning of the course of treatment by bringing together our Centre, the Services where the courses of treatment may be provided and the child's school.
- at a later date, through meetings between staff, in order to integrate the various courses of treatment by reviewing the clinical situation, verifying the objectives that are being pursued and identifying new plans of action

046-4:00 pm

Oral communications session

Pervasive developmental disorders: boundaries and differential diagnosis

Defining the boundaries of pervasive developmental disorders: dimensional characteristics and comorbidity. D. H. Skuse W. Mandy, University College, London, United Kingdom; K. Puura, University of Tampere, Finland

Objectives: Thresholds of abnormality used for diagnosis in Pervasive Developmental Disorders (PDD) have conventionally been defined in categorical terms. Our objective was to map the boundaries of the autistic spectrum, using novel dimensional measures of psychopathology in both clinical and normal samples of children.

Methods: We employed novel computerised interview and neuropsychological methods to assess a heterogeneous population, including classically autistic children, PDD, miscellaneous child psychiatric service referrals, and typically developing comparisons (total N = 435). Most had normal intelligence (90% IQ > 70). Complex algorithms generated dimensional scores of impairment from interview material. These permitted thresholds of 'abnormality' to be derived, which could be compared with conventional assessments (e.g. Autism Diagnostic Interview).

Results: Social communication and language skills (conventionally two components of the autistic triad) are not clearly separate dimensions ($r = 0.84$; $p < 0.001$). Their combined scores showed a bimodal normal distribution, with all typically developing children in one modal group and all PDD children in the other. This latter mode possessed substantial comorbidity, including many children whose clinical diagnosis was not autism, but primarily conduct disorder or ADHD. Dimensional scores of repetitive/stereotyped behaviours showed no inflexion between typically developing and PDD children, unlike the other triad components. In the bimodal distributions described above, only 5% of the 'normal' population had significant impairments on this dimension, whereas 50% of those in the abnormal distribution did so.

Conclusions: Current discussions on the 'true' prevalence rate of PDD in the general population of children may be informed by a dimensional approach to clinical diagnosis in this condition.

Children with early and severe developmental language disorders: differential diagnosis with autistic and pervasive developmental disorders. Bertrand Lauth, MD, National University Hospital, Dept of Child and Adolescent Psychiatry, Dalbraut 12, 105 Reykjavík, ICELAND

Children with developmental language disorders are known to show a high prevalence of behavioral and emotional disorders. Despite long-running debate about the meaning of this association between language difficulties and psychiatric problems, many agree that the highest rate of disorder are reported for children with receptive problems. Subjects in this category often show primary social impairments that persist through adulthood, and in some cases the differential diagnosis with a pervasive developmental disorder can be quite difficult, making the child falsely classified.

Objectives: To study the symptoms overlap and the differential diagnosis between children with severe specific language developmental disorders and children with autistic and pervasive developmental disorders.

Methods: 32 children aged from 7 to 13 yo who received a diagnosis of severe specific language developmental disorder were assessed for psychopathology and developmental profile. An ADI (Autism Diagnostic Interview) was performed for all children.

Results: Many children showed specific behavioral development disorders associated with autism, and 12 out of 32 (37,5%) could be considered as having had an autistic profile of development before 5 yo (ADI).

Conclusion: The importance of assessing the early developmental profile of the child is emphasized, and the hypothesis that some specific developmental disorders of language could represent a kind of "scar", positive outcome in the evolution of some forms of autistic disorders is discussed.

Articulation des interventions thérapeutiques et scolaires chez des enfants avec des troubles précoces du développement. F. González Serrano, X. Tapia, A. Lasa; Service Psychiatrie Infanto-Juvenil. Bilbao-Espagne, Université Pays Basque

La politique d'intégration scolaire s'est développée dans notre pays depuis 20 ans et en conséquence l'école accueille tous les enfants avec des troubles sévères du développement dans beaucoup des cas bien avant qu'ils soient connus des services psychiatriques. Ceux-ci sont donc obligés de développer et collaborer avec l'école des moyens de diagnostic et thérapeutiques partagés. Nous présentons et discutons les aspects positifs et problématiques de notre expérience.

Early treatment and behaviour of a deaf child. S. Slavnic, V. Ispanovic, D. Stojnic, B. Mikic, Faculty of Special Education, University of Belgrade, SCG

We have defined behaviour as a concrete activity reflecting the child's response to the requirements of the environment, his own needs and prohibitions.

The purpose of this paper is to demonstrate that integral rehabilitation at an early age, primarily intended for learning verbal communication, contributes to improvement in the child's maturity which we observe through his self-image, his response to the environment, to punishment, etc.

We have controlled the behaviour through: the child's response to other children, his parents, to strangers and his sense of self (the acceptance of prohibitions, punishments and rewards).

This work was realised by observing the behaviour of two groups of deaf children of both sexes, at the age of 10 to 36 months and with a bilateral hearing impairment of over 90 dB. The experimental group consisted of the children who were included in an early treatment, and the Control group of the children who had no rehabilitation treatment.

The results show that the Experiment group children are statistically significantly less dependent, less aggressive and with more

initiative in their relationship with their parents; they also show more initiative with strangers, and are less aggressive; in their sense of self they show more willingness to put off satisfying their needs, more readiness to accept prohibitions and a different response to rewards. They are better at expecting rewards, displaying more ability and imagination than the group of children which was not included in the early age treatment.

Tuesday, September 30th, 2003 Posters session

N°22

Plasma serotonin and 5-HIAA levels in children and adolescent conduct disorder. S. C. Cho, S. W. Shin, B. N. Kim, Seoul National University College of Medicine, Seoul, South Korea

In order to understand the biological etiology in conduct disorders, we studied the relationship of plasma serotonin and 5-HIAA levels in conduct disorders to measures of aggression, violation of rules and oppositional defiant behavior. Our findings suggest that serotonergic function is more closely related with oppositional behavior than aggression.

Objective: Considerable data indicate that diminished serotonergic activity is related to aggressive behavior. In order to understand the biological etiology in conduct disorders, we studied the relationship of plasma serotonin and 5-HIAA levels in conduct disorders to measures of aggression, violation of rules and oppositional defiant behavior.

Method: Subjects were selected from inpatient and outpatients department of the Division of Child and Adolescent Psychiatry, Seoul National University Hospital. 41 conduct disorders (18 childhood-onset type and 23 adolescent-onset type) and 23 normal controls were included in this study. For the assessment of aggression, rule violation and oppositional behavior, parents completed the rating scale for conduct disorder and oppositional behavior based on the DSM-IV diagnostic criteria. Plasma serotonin and 5-HIAA concentrations were determined by HPLC with electrochemical detection.

Results: 1. Plasma 5-HT and 5-HIAA levels were not significantly different among the childhood-onset conduct disorder, adolescent-onset conduct disorder and normal control subjects. 2. No significant correlations were found between plasma 5-HT levels and aggression or rule violation. 3. Plasma 5-HT levels showed significant positive correlations with oppositional behavior both in childhood-onset conduct disorder and adolescent-onset conduct disorder. 4. Age-related changes were not found in plasma 5-HT and 5-HIAA levels.

Conclusions: Our findings do not support the hypothesis that dysregulation of serotonergic function may be associated with aggression. Instead, our data suggest that serotonergic function is more closely related with oppositional behavior than aggression.

N°24

A pilot study for applicability of berkeley puppet interview to korean young child - symptomatology & parent-child relationship scale. M. S. Shin, Ph D., Seoul National University College of Medicine, Seoul, South Korea; S. K. Kim, M. A., Seoul National University Hospital, Seoul, South Korea; J. W. Son, M. D., Chungbuk University College of Medicine, Seoul, South Korea; S. C. Cho, M. D., Seoul National University Hospital, Seoul, South Korea; B. N. Kim M. D., Seoul National University Hospital, Seoul, South Korea

Present study was to evaluate the reliability, validity and the clinical utility of Berkeley Puppet Interview (BPI) for young children aged

4 to 7. Our results show that BPI-S & BPI-PC is useful tool for young children's diagnostic interview. Which means, These results prove that the young children aged between 4 and 7 could be aware of emotional difficulties and symptoms by themselves.

Objective: BPI was developed for assessing young children's perceptions. Using interactive techniques for interviewing children, the BPI blends structured and clinical interviewing technique. Present study was to evaluate the reliability, validity and the clinical utility of Berkeley Puppet Interview (BPI) for young children aged 4 to 7.

Method: Subjects consisted of 37 children(boy20, girl 17) between the age of 4 and 7 who visited the child-psychiatry outpatient division of children's hospital in Seoul and Chungju. The measures used in this study BPI-S(symptomatology) and BPI-PC(parent-child relationship). BPI was translated to Korean by three clinical psychologists. To examine the reliability, Cronbach's alpha was calculated and to examine the validity, correlation coefficients were calculated on BPI-S & K-CBCL.

Results: BPI-PC's Cronbach's alpha was.86 and BPI-S's Cronbach's alpha was.74. Correlation between the internalizing scale of BPI-S and that of K-CBCL was.477, and correlation between the internalizing scale of BPI-S and the externalizing scale of K-CBCL was -.431, suggesting the validity of BPI-S.

Conclusions: These results show that BPI is a useful tool for young children's diagnostic interview. These results prove that the young children aged between 4 and 7 could be aware of emotional difficulties and symptoms by themselves.

N°30

Diagnostic Validity of the K-ABC and the K-LDES for children with Learning Disorder. M. S., Shin, Ph. D. Seoul National University College of Medicine, Seoul, South Korea; S. Y., Jeon, M. A. Department of Child and Adolescent Psychiatry, Seoul National University Children's Hospital, Seoul, Korea; S. C., Cho, M. D. Seoul National University College of Medicine, Seoul, South Korea; B. N., Kim, M. D. Seoul National University College of Medicine, Seoul, South Korea

The study examined the diagnostic validity of the Korean Version of K-ABC(Kaufman Assessment Battery for Children)and the K-LDES(Korean Version of Learning Disability Evaluation Scale) for identifying the cognitive deficits of children with learning disorder. The present study showed that the K-ABC and the K-LDES are valid and effective instruments for evaluating and diagnose learning disorder

Objective: The study examined the diagnostic validity of the Korean Version of K-ABC (Kaufman Assessment Battery for Children) and the K-LDES(Korean Version of Learning Disability Evaluation Scale) for identifying the cognitive deficits of children with learning disorder.

Method: The clinical group consisted of 15 children with learning disorder (LD) or ADHD with LD (LD group) and 14 children with ADHD (ADHD group) who visited the depreatmnt of child psychiatry, Seoul National University Children's Hospital, Korea. They were diagnosed with either LD or ADHD based on DSM-IV criteria and DISC by child psychiatrists and clinical psychologists. The normal control group was composed of 15 elementary school children. The age range of all children was 7 to 12 years, and there was no significant difference on the mean age among three groups. The K-ABC was individually administered to the clinical and the normal children. The K-LDES was also individually administered to mothers of all children whereby they evaluated their kid's leraning problems in many areas including listing, thinking, reading, writing, spelling and mathmetics.

Results: There were no significant differences on sequential, simultaneous, mental processing subscales of the K-ABC in three groups. However, The LD group showed slightly lower scores on Achievement scale and significant lower scores on Reading/Decoding scales of K-ABC than the ADHD and control groups. On K-LDES, LD group showed significant lower scores on Listing, Think-

ing, Reading, Writing, Spelling, Mathematical calculation, Learning quotient(LQ) than other two groups. Significant correlations between K-ABC and K-LDES subscales were found.

Conclusions: The result of present study showed that the K-ABC and the K-LDES are valid and useful instruments for evaluating and diagnose learning disorder.

N°32

Reduced hypothalamic-pituitary adrenal axis activity in children with attention deficit hyperactivity disorder and matched controls. D. van West, D. Deboutte, University Centre of Child and Adolescent Psychiatry Antwerp (UCKJA), Belgium; S. Claes, Department of Psychiatry, University Hospital of Antwerp (UZA), Antwerp, Belgium; J. Sulon, Département de Physiologie de Reproduction, Université de Liège (ULg), Liège, Belgique

Background: Attention-deficit hyperactivity disorder (ADHD) is a developmental disorder whose three main symptoms are impulsiveness, inattention, and hyperactivity. Researchers have proposed that the central deficit in ADHD is one of the poor response inhibition. The aim of this study was to determine whether a pattern of lower hypothalamic-pituitary-adrenal (HPA) axis activity is found in children with ADHD under nonstressful and stressful conditions, and whether such a pattern would correspond with their feelings of control and negative emotionality.

Methods: The effects of stress were studied by comparing cortisol response to a psychosocial stressor, consisting of a public-speaking task, and subjective feelings of 50 prepubertal children with ADHD and 25 age- and sex-matched healthy controls.

Basal activity of the HPA was assessed using salivary cortisol collection over a 24-hour period.

Results: Baseline cortisol was not lower in the ADHD group. Stress significantly affected cortisol and negative moods, although children with ADHD showed a weaker HPA response and the difference between the groups was greater under stress.

Conclusions: Children with ADHD are characterized by lower HPA axis responsivity, but higher levels of emotional arousal. It is possible that in children with ADHD the HPA axis on the one hand, and their emotional arousal, on the other, are less well coordinated. It is speculated that this could be due to differences in genetic makeup or to stressful conditions during pre-or postnatal life.

N°34

The average age of detection congenital hearing loss in the children. O. S., Ostojic Sanja PhD, Faculty for Defectology, Belgrade, Serbia

The age of detection of congenital hearing loss in still one of most important factors in the success of reahbilitation.

The semple in this research was 242 children with congenital hearing loss, with HTL 40-60 dB; 60-90 dB; > 90 dB on the better ear. Those hearing losses in the last 5 years (1998.-2002.) in the ORL Clinic (dp. for Rrehabilitation) Belgrade, Serbia.

The diagnostic of hearing impaired was done accessory Impedancmetry, OAE-Otto Acoustic Emission, BOA-Behavior Observation Audiometry and Tonal Audiometry on 250, 500, 1000 and 2000 Hz.

The results will be presented by numbers and graphic.

The main goal of this research was to invent the average age of detection congenital hearing loss in Serbia.

The author of this paper will presented also the results of research done during 1996.-1997. which shows that average age of detection congenital hearing loss in the children was 3y. 8m. for HTL 60-90 dB; and 5y. 11m. for HTL 40-60 dB.

N°40

Development of an abbreviated version of the diagnostic interview for borderlines. J. M. Guilé, B. Greenfield, É. Fombonne, P. Dray, S. Ahmadi, C. Larson; Division of Child Psychiatry, McGill University, Montreal (Qc) Canada

Objective: A growing number of suicidal adolescents are presenting at Emergency Room with a prominent borderline psychopathology. The Diagnostic Interview for Borderlines (DIB-R) (Zanarini, Gunderson et al., 1989), consistently used by professionals in assessing Borderline Personality Disorder (BPD), requires 45 minutes to administer. This study evaluates the psychometric properties of its abbreviated analogue, the AB-DIB, which explores BPD with respect to the constructs of affect, cognition and impulsivity, requiring 10 minutes to administer.

Methods: The AB-DIB and DIB-R were administered randomly to 102 adolescents (mean age, 17.5 years) who presented to a pediatric hospital three years previously for treatment of suicidality. Inter-rater reliability was assessed using an interviewer-observer design with blind raters.

Results: Inter-rater reliabilities are satisfactory ($k = 1.00$). Internal consistencies of the respective sections are: Affect, 0.72; Cognition, 0.87; Impulsivity, 0.83; and total scale, 0.82. Concurrent validity (ICC and 95%CI) between AB-DIB and DIB-R are: Affect, 0.66 (.50–0.77); Cognition, 0.65 (0.48–0.76); Impulsivity, 0.61 (.43–0.74); and total scale, 0.77 (.43–0.74). ROC analysis demonstrated a sensitivity of 0.91, and a specificity of 0.72.

Conclusion: Preliminary results suggest that the AB-DIB, assessing affect, cognition and impulsivity, has a similar reliability to the longer version, and requires less administration time.

N°59

Prenatal stress and problem behaviour. B. M. Gutteling, C. de Weerth, S. H. N. Willemsen-Swinkels, A. C. Huizink, E. J. H. Mulder, G. H. A. Visser, J. K. Buitelaar

Objective: To examine, in a prospective study, the influence of prenatal stress on problem behaviour.

Method: Self-report data about stress and anxiety, and levels of cortisol in saliva were collected from nulliparous women during pregnancy. Behaviour of the child was assessed by direct observation during the administration of the Bayleys Scales of Development 2–30, and by parent report on the Child Behaviour Checklist 2–3.

Results: Complete data were available of 110 healthy toddlers (mean age 27 months). Logistic regression analyses were performed and results were adjusted for possible prenatal, perinatal and postnatal confounders. Perceived stress during pregnancy predicted more total behaviour problems (OR = 1.17), and more externalising behaviour problems (OR = 1.12). Fear of a handicapped child predicted lower attention regulation in the toddlers (OR = 0.69).

Conclusions: Increased levels of maternal prenatal stress were associated with higher levels of behavioural problems in toddlers and may be a risk factor for psychopathology in later life.

N°71

D8/17 expression on B lymphocytes and antistreptolysin o titers in anorexia nervosa. L. Lázaro¹, A. Morer¹, O. Viñas², J. Bosch³, J. Castro¹, J. Toro¹.

¹ Child and Adolescent Psychiatry and Psychology Department; ² Immunology Department; ³ Centre of Biological Diagnosis, Hospital Clinic, Barcelona, Spain

Background: During the last decade several studies have postulated that poststreptococcal autoimmunity is a etiologic factor of childhood-onset obsessive-compulsive disorder, Tourette syndrome and also prepubertal anorexia nervosa, and they have defined a subgroup of these patients as P.A.N.D.A.S. (Pediatric Autoimmune Neuropsychiatric Disorder Associated to Streptococcal Infection). Some of these studies have found a high percentage of D8/17 ex-

pression on B lymphocytes and a positivity for antistreptolysin O titers in these patients. The purpose of the present study was to analyze the presence of positivity for antistreptolysins and the D8/17 expression on B lymphocytes in anorexia nervosa patients.

Method: 8 patients with prepubertal anorexia nervosa (3 of them with comorbidity with obsessive-compulsive disorder) were studied. The D8/17 expression on B lymphocytes was measured by indirect immunofluorescence technique and flow cytometry.

Results: Only two patients were positive for antistreptolysin O titers. All patients were found to be D8/17 negative (presented a percentage of positivity in D8/17 expression lower than 10%).

Conclusion: The difficulty in the standardization of the techniques to analyze immunologic markers and the variability in the different populations of patients can explain the discrepancies in the results of different studies.

N°74

Changes in the characteristics of childhood and adolescence mental health demands. M. D. Domínguez, P. López, J. A. Mazaira Complejo Hospitalario Universitario de Santiago (C. H. U. S.), Spain

Objective: To assess changes in the characteristics of childhood and adolescence mental health demands, and specially related with recent changes in social and family life.

Methods: A comparative revision of representative samples of clinical records from Galician Child & Adolescent Mental Health Units in their first years (eighties) vs. clinical records from the same source in the last five years. The variables studied were age, sex, reason of the demand and ICD-10 diagnosis, and differences assessed using statistical methods.

Results: Preliminary results suggest a trend in the last years towards a increase of demands related with social and family issues without proper psychiatric diagnosis, while maintaining similar prevalences of psychiatric clinical diagnosis. With regard to age, an increase in adolescents demands is observed, and related to sex the predominance of males persists.

Conclusions: Regarding the characteristics of children and adolescents mental health demands, some changes related to age and the reason of the demand are observed. Clinical psychiatric diagnosis does not change significantly. An increase in ICD-10 Z codes or absence of psychiatric diagnosis is observed. The increase in adolescents demands seems mainly related with a bigger concern on their future and associated risks (mainly drug abuse and other deviant behaviours)

N°75

Continuity and discontinuity of externalized behaviour problems from childhood and adolescence to early adult life. M. D. Domínguez, J. A. Mazaira, P. López, Complejo Hospitalario Universitario de Santiago (C. H. U. S.), Spain

Objective: To assess continuities and discontinuities of externalized behaviour problems in childhood and adolescence into early adult life from both clinical and epidemiological settings

Methods: A two-sample approach was designed. The first sample was obtained in a clinical setting from the records of a Child & Adolescent Mental Health Unit, and included children and adolescents with diagnosis of conduct disorder and TDAH during a five-year period, followed 7–12 years later in Galician psychiatric case-register. The second sample included adolescents with several conduct problems from the Mental Health Epidemiological Study in Adolescents of Galicia, a general population research project carried out in 1989–90, followed up again in 2000–01. The continuities and discontinuities of both samples was assessed and compared with data from other sources.

Results: As expected, some continuity was observed both in the clinical and the epidemiological samples, with some suggestions in the last one regarding homotypic and heterotypic continuities.

Conclusions: Though some methodological cautions must be

considered in our study, the results are in line with other investigations suggesting a remarkable continuity of externalized problems from childhood and adolescence into early adult life.

N°81

Non uptake of first appointments to an out-patient based child and adolescent psychiatric unit – sociodemographic features and long term outcome. S. Biswas, J. Foster, Child and Adolescent Unit, Barnsley, South Yorkshire, United Kingdom

Objective: There appears to be little research done in the area of outcome of non-attendance (DNA) at first appointments in Child Psychiatry Out-Patient Clinics for the under 16's in the UK. They may be referred again with more severe problems (Walker.S 1998). To use limited resources effectively a project has begun to look at various aspects of first appointment DNA's which include either non-attendance after accepting offer of appointment or "non-opt-in" (not responding to or declining offer in first appointment letter) significance if any, and significant outcome, if any.

Method: Phase I – Analyse the sociodemographic features of children under sixteen years referred to our Unit over six months by retrospective case note study of a sample (n = 61) that did not attend.

Phase II – Compare with control group (n = 61) sample that did attend.

Phase III – Interview a sample from phase I for outcome analysis.

Results: Phase I and II completed but detailed analysis not done
Preliminary Findings

- Maximum DNA after accepting offer of first appointment in 9–10 years and 15–16 years group.
- Maximum rejection of first appointment offers in 10–11–12 year group.
- Maximum number attended at 12 years.
- Multiple problems more common in DNA's and "non-opt ins".
- Emotional problems more common in control group.
- Attendance better from affluent areas (Townend Score).

Conclusions: If DNA rate after accepting offer of first appointment in 9–10 years and 15–16 years age group is statistically significant, then this group could be targeted for outcome analysis, from non-affluent areas for Phase III.

Reference

Walker S, South Yorkshire Coalfields Health Action Zone Profile

N°82

Pragmatic language impairment and child psychiatry: use of the children's communication checklist in a Norwegian clinical sample. M. Heimann, W. Andersen Helland, University of Bergen, Norway

Objectives: This study had two main purposes. The first one was to explore whether language and communication disorders were more prevalent among children with a child psychiatric diagnosis than among the general population. The other purpose was to carry out a pilot study, where the aim was to test the Children's Communication Checklist with a group of Norwegian children. The CCC was developed in the U. K. (Bishop, 1998) to provide an objective assessment of pragmatic aspects of children's communication difficulties.

Methods: Sixty-two children aged seven to ten years were included in the study. The clinical population consisted of 22 children who were referred to a psychiatric outpatient clinic. In order to form a comparison group, data were gathered from 40 children at a primary school. For both groups, the parents of the children completed the CCC. The pragmatic composite score was used to diagnose communication problems.

Results: The study indicated that 54.5% of the children in the clinical group had a pragmatic impairment compared to 17.5% in the comparison group. The mean pragmatic composite score was significantly lower in the clinical group than in the comparison

group. Furthermore, the study also shows that the Norwegian translation of the CCC seems to distinguish between those children who have symptoms of pragmatic difficulties and those who have not, just like the English version does.

Conclusion: The CCC seems promising as part of an assessment battery, although there is scope for some improvements.

N°84

Individual changes at loss of hearing persons as result of verbal capacity development. D. Stojnic, V. Ispanovic, B. Mikic, S. Slavnic, G. Zivkovic, ENT Institute, University of Belgrade, SCG

The sample of 90 schoolchildren for the purpose of testing following two hypothesis:

1. When hearing was damaged in early life that produced the negative influence on personal development, which demonstrates as: preference for immediate gratification; tendency toward impulsivity; deficient social adaptability; egocentric motives; shallow emotional investments; and impoverished fantasy productions.
2. Developing verbal capacity through adequate rehabilitation treatment reduces or eliminates negative effects on personality development caused by deaf.

The sample was divided into 3 groups, each consisted of 30 schoolchildren:

- a) normal hearing
- b) loss of hearing above 80 dB, and with lower verbal capacity.
- c) loss of hearing, but with well developed verbal capacity

Age, Sex, Nonverbal intelligence including no additional disturbances or damages are used as marks to equalise groups between themselves.

We; measured: parental occupations schoolchildren's school marks at all 3 groups and facts about rehabilitation treatment (start and time of rehabilitation) in two groups with loss of hearing.

We used psychological tests for persons with loss of hearing: WISC, Bender, Porteus Maze test, IES and Rorshach)

Our results confirmed first hypothesis completely:

- a) When loss of hearing was in early life that produced negative influence on psychological development.
- b) The second hypothesis was partially confirmed. Some manifestations of negative influences on personal development at children with loss of hearing were changed: delayed preferences for immediate gratification; less tendency toward impulsivity; imaginary and fantasy less saturated with impulsivity.

Some of individual characteristics remained the same: social adaptability; egocentrism; and emotional investments.

N°91

Treatment effects of parent management training in adhd children. H. Salbach, R. Vogel, D. Felsing, M. Huss, U. Lehmkuhl, Department of Child and Adolescent Psychiatry, Charité, CVK, Humboldt University of Berlin, Germany

Objective: In the past cognitive behavioural treatment concepts failed to show their clinical effectiveness in the treatment of ADHD children (Frölich et al., 2002). This study therefore investigated the efficacy of parent management training, which is based on a cognitive behavioural concept for parents of ADHD children. It relies on a concept, which has been elaborated by Doepfner et al. (1998).

Methods: Parents of 16 ADHD children aged from 7 to 12 years participated in weekly training over ten weeks. All children received cognitive behavioural therapy or occupational therapy and were medicated with methylphenidate. We assessed core symptoms of ADHD, homework problems and global problematic situations, which occur especially in families of ADHD children by using parent questionnaires at the beginning and the end of the training.

Results: The training significantly reduced core symptoms of ADHD and homework problems. However, it does not significantly decrease global problematic situations, which occur especially in families with ADHD children.

Conclusions: The parent management training, based on a behavioural therapeutic concept is an important component in the treatment of ADHD children. It leads to a reduction of core symptoms of ADHD and homework problems. Therefore we suggest the use of the parent management training in addition to the medication with methylphenidate and the psychotherapy for children.

N°92

Rolandic spikes in nonepileptic ADHD-children: higher frequency than expected. M. Holtmann, M. H. Schmidt, Central Institute of Mental Health, Department of Child and Adolescent Psychiatry and Psychotherapy, Mannheim/Germany

Objective: Benign epilepsy with centro-temporal spikes (BECTS), or rolandic epilepsy, is the most common form of epilepsy in childhood. Rolandic spikes are regarded as neurobiological markers of BECTS. However, they occur in about 1.3 to 2% of healthy children. While the medical prognosis of BECTS is held to be favorable, a considerable proportion of children with BECTS has associated neuropsychiatric deficits, resembling symptoms of attention-deficit/hyperactivity disorder (ADHD). The purpose of our study was to examine the frequency of rolandic spikes in nonepileptic children with ADHD.

Methods: The EEGs of 483 ADHD-outpatients between 2 and 16 years were evaluated prospectively. Separate sleep EEGs were performed to exclude CSWS, if rolandic spikes were present. We examined the frequency of rolandic spikes and compared ADHD-patients with and without discharges regarding age at admission, sex, global functioning and distribution of ADHD subtypes.

Results: Rolandic spikes were detected in the EEGs of 27 children (5.6%; 22 boys and 5 girls). ADHD-children with rolandic spikes were significantly younger and tended to exhibit more hyperactive-impulsive symptoms. No significant differences were found between ADHD-patients with and without spikes regarding sex and global functioning.

Conclusions: The frequency of rolandic spikes in children with ADHD is three to four times higher than expected from epidemiological studies. The question arises how rolandic spikes are related to ADHD symptoms in this ADHD subgroup. Possibly, rolandic discharges or underlying mechanisms of epileptogenesis decrease the vulnerability threshold, forward the onset or aggravate the course of ADHD.

N°97

Smoking experiences in a sample of children and adolescents with psychiatric disorders. K. Becker, M. H. Schmidt, Department of Child and Adolescent Psychiatry, Central Institute of Mental Health, Mannheim, Germany

Objectives: According to epidemiological German data 10% of the 12 to 13-years old are smokers. If adolescents between 13 and 15 years start smoking, they often smoke for a long time, whereas starting nicotine use after the age of 20 is very rare. Children and adolescents with psychiatric disorders, in particular those with externalising disorders, are at a higher risk for developing substance use disorders.

Methods: From May 2001 to April 2003 every hospitalised patient, older than 8 years, was asked to complete a short version of the Substance Use Questionnaire (SUQ) of Mueller & Abnet. The introductory question for nicotine use inquired whether or not the respondent ever smoked at least one cigarette. Nicotine use of parents was also covered.

More than 400 children and adolescents (>95%) of our clinical sample completed the SUQ.

Results: 7% of the boys and 36% of the girls younger than 14 years in our clinical sample had at least smoked one cigarette. Boys and male adolescents (<14 years) smoked in 69%, girls and female adolescents in 45%. There was a strong impact of psychiatric diagnosis on smoking status: children with hyperkinetic disorder or

conduct disorder showed a higher risk for tobacco use and started with smoking earlier.

Conclusion: In child psychiatric samples patients with externalising disorders are at high risk for early smoking. As cigarette smoking might be a first step into drug dependence in addition to physical sequelae, it is necessary to start preventive programs in high-risk groups.

N°98

Analyse typologique des profils d'adaptation en santé mentale de l'enfant de 6-9ans. S. Dugré, Université du Québec en Abitibi-Témiscamingue, Rouyn-Noranda, Québec (premier auteure et présentant la communication) et Marcel Trudel, Université de Sherbrooke (second auteur)

La communication présente les résultats d'une analyse typologique de l'adaptation en santé mentale chez 673 enfants de 6-9 ans

Dans le but de développer une compréhension mieux intégrée des difficultés d'adaptation de l'enfant, l'objectif de l'étude est de dégager une typologie des profils d'adaptation en santé mentale selon une perspective multidimensionnelle, en fonction de l'âge et de l'appartenance sexuelle.

L'échantillon comprend 673 élèves de classes régulières qui ont procédé à une autoévaluation de leur santé mentale au moyen du Dominic-R (Valla et al., 1994-1997), instrument qui opérationnalise les classifications du DSM-III-R et DSM-IV et qui mesure sept dimensions de la santé mentale: phobie, angoisse de séparation, hyperanxiété, dépression, opposition, trouble des conduites, hyperactivité et opposition. A partir de la prévalence de symptômes à chacune des dimensions, la démarche de classification utilise des analyses en regroupements hiérarchiques (cluster analysis) pour illustrer les regroupements possibles de sujets sur la base des similitudes de profil.

Une série d'analyses a permis de sélectionner de 4 à 6 regroupements, globalement et en fonction de l'âge et du sexe: bonne adaptation, adaptation moyenne, problèmes intériorisés, extériorisés et mixtes ce qui rejoint les résultats d'autres études (Kamphaus et al., 1999, Morizot et al., 2003). Les résultats portant sur un approche différentielle selon le sexe et selon l'âge semblent mieux rendre compte des différentes trajectoires propres à chacun des groupes. Globalement, on retrouve une plus grande uniformité de profils chez les garçons des deux groupes d'âge. Le malaise ou les périodes d'adaptation chez la fille se traduiraient de manière moins prévisible. Les modes d'évaluation actuels de la santé mentale des jeunes enfants sont questionnés.

A typology of mental health was obtained from 673 children aged six to nine years who responded to a mental health self-report: the Dominic-R (Valla et al. 1994, 1997). The proposed typology is based upon a multidimensional conceptualization and employs the Ward method of cluster analysis to derive specific subtypes that represent both normal and problematic profiles. The database used in developing this typology includes males and females. Four to six types of mental health profiles were identified: Good adjustment, average adjustment, internalized, externalized, and mixed behavior problems. Additional clusters indicated differences on the basis of age and gender. The treatment implications of these findings are being discussed.

N°101

Investigating Platelet 5-HT uptake in boys with conduct disorder: categorical and empirically based approaches. Stadler C., Schmeck K., Nowraty I. Müller W., Poustka F.

Objective: Dysregulation of serotonergic function has been associated with aggression in animals, human adults and adolescents. However, studies with children show conflicting results. Our primary objective was to investigate whether the maximum rate of 5-HT uptake (V_{max}) is lower in conduct-disordered children than in healthy age-matched control children.

Method: Two approaches were used to investigate V_{max} in con-

duct-disordered boys: a categorical taxonomy and an empirically based approach. Additional to the standardized assessment of general psychopathology based on criteria for conduct disorder as defined in ICD-10, empirically based methods assessing narrowband aggressive symptoms and emotional reactivity to an experimental induced provocation were incorporated. Blood samples were collected from 15 boys with conduct disorder (ages 9–14) and in 14 healthy age-matched boys and assayed for maximum 5-HT transporter uptake in platelets.

Results: In accordance with psychiatric nosology we found only a trend to a lower affinity of 5-HT uptake in boys with the diagnosis conduct disorder. Our empirically derived taxonomy results showed that aggressive boys with a high level of emotional reactivity have a significantly lower affinity of 5-HT uptake than non-aggressive boys with low emotional reactivity. These data suggest that serotonergic dysfunction might be associated with specific behaviour symptoms and that approaches based on diagnostic categories consisting of a heterogeneity of symptoms might be less effective in investigating serotonergic mechanism in children.

N°106

Inhibitions et retards d'apprentissages: perspectives cognitives et psychothérapeutiques. J. M. Guilé, La Nouvelle Forge, Crépy, France

Les données contemporaines de la neuropsychologie et des sciences cognitives invitent à une relecture des inhibitions et retards d'apprentissages sans renoncer aux acquis psychanalytiques.

Sur un plan diagnostique, il importe de repérer les tableaux cliniques marqués par des problématiques attentionnelles. Se pose alors la question de la pertinence et du moment approprié d'utiliser les instruments d'évaluation, notamment les outils informatisés.

Sur le plan thérapeutique, l'intérêt se porte sur une approche combinant psychothérapie et rééducation. L'objectif est d'assouplir les défenses qui obèrent l'investissement des objets d'apprentissage et de soutenir, simultanément ou successivement, le développement des potentialités d'apprentissage par la remédiation cognitive.

Trois vignettes cliniques illustreront l'évolution et l'intrication entre problématiques anxieuses et attentionnelles chez des enfants présentant des difficultés d'apprentissage. Enfin, seront évoquées en complément de la psychothérapie, les perspectives offertes par l'utilisation de programmes informatisés de remédiation cognitive, soit en individuel, soit en groupe.

N°127

Comparability of adhd study populations from north American and non-north American samples. M. Danckaerts, KU Leuven, Belgium; D. Michelson, Lilly Research Laboratories, Indianapolis, Indiana, USA; Indiana University School of Medicine, Indianapolis, Indiana, USA; J. Buitelaar, University Medical Center St Radboud, Nijmegen, The Netherlands; T. Spencer, Massachusetts General Hospital, Boston, Massachusetts, USA; D. Faries, Shuyu Zhang, Lilly Research Laboratories, Indianapolis, Indiana, USA; Joseph Biederman, Massachusetts General Hospital, Boston, Massachusetts, USA

Objective: Few large, prospective clinical studies have been reported from Europe assessing the validity and applicability of research methods used to study ADHD in North America. To assess the comparability of study populations of patients with ADHD recruited within and outside of North America, we examined baseline patient characteristics and symptom profiles from a group of North American studies and a large European/African/Australian study.

Methods: Identical diagnostic assessments and inclusion criteria were used in each study. Clinical diagnosis of ADHD and presence of co-morbid psychiatric conditions were confirmed using the KSADS-PL. Raters were trained and assessed relative to the group to ensure uniform diagnostic and symptom severity rating standards.

Results: 604 patients (mean age = 10.2 years) enrolled in the non-

North American study; 665 (mean age 10.4 years) enrolled in North American studies. The proportion of girls in the North American studies was a higher than that in the non-North American study (29.2% and 10.4%, respectively, Fisher's exact $p < 0.001$). In both groups, most patients had a positive family history of ADHD and had previous stimulant treatment. Fewer children had the inattentive subtype of ADHD, and mean severity was slightly higher in the non-North American study.

Conclusion: Results reported here demonstrate that when a uniform set of rigorous, standardized criteria for establishing the diagnosis of ADHD are used by skilled clinicians, the patient populations identified are generally similar. This supports the practice of generalizing results from treatment studies across geographies.

N°128

Atomoxetine in the long-term prevention of relapse in ADHD. D. Michelson, Lilly Research Laboratories, Indianapolis, Indiana, USA; Indiana University School of Medicine, Indianapolis, Indiana, USA; J. Buitelaar, University Medical Center St Radboud, Nijmegen, The Netherlands; M. Danckaerts, KU Leuven, Belgium; C. Gillberg, Barnneuropsykiatriska kliniken, Göteborg, Sweden; T. J. Spencer, Massachusetts General Hospital, Boston, Massachusetts, USA; A. Zuddas, Clinica di Neuropsichiatria Infantile, Cagliari, Italy; Shuyu Zhang, Lilly Research Laboratories, Indianapolis, Indiana, USA; Joseph Biederman, Massachusetts General Hospital, Boston, Massachusetts, USA

Objective: Atomoxetine is a selective norepinephrine reuptake inhibitor effective for the treatment of ADHD acutely, but no long-term, placebo-controlled results have been reported to date. We conducted a 9-month relapse prevention study to assess the efficacy of atomoxetine during chronic treatment.

Methods: Patients aged 6–15 who met DSM-IV criteria for ADHD were treated for approximately 12 weeks with atomoxetine to an initial target dose of 1.2 mg/kg/day and a maximum dose of 1.8 mg/kg/day. Patients whose symptoms remitted were randomized to 9 months of continuation therapy with atomoxetine or to placebo under double-blind conditions.

Results: 604 patients entered the study and received atomoxetine. Of these, 416 met response criteria and were randomized to continued atomoxetine or placebo. After 9 months, 52.6% of patients assigned to placebo compared with 29.7% of patients assigned to atomoxetine had a worsening $\geq 50\%$ in symptom severity as measured by the ADHD Rating Scale-IV and an increase in CGI-Severity of at least 2 points post-randomization ($p < 0.001$). Psychosocial functioning was also superior in the atomoxetine group as assessed by the Child Health Questionnaire. Safety and tolerability were similar to those observed in acute treatment trials.

Conclusion: During 9 months of continuation therapy, atomoxetine was superior to placebo in maintaining symptom improvements and psychosocial functioning.

N°129

Atomoxetine treatment in child/adolescent ADHD and comorbid ODD. J. Newcorn, Mount Sinai Medical Center, New York, New York, U. S. A.; D. Michelson, Lilly Research Laboratories, Indianapolis, Indiana, U. S. A.; T. Spencer, Massachusetts General Hospital, Boston, Massachusetts, U. S. A.; D. Milton, Lilly Research Laboratories, Indianapolis, Indiana, U. S. A.

Objective: Compare efficacy of atomoxetine, a highly specific, presynaptic inhibitor of the norepinephrine transporter vs. placebo in child/adolescent attention-deficit/hyperactivity disorder (ADHD) with comorbid oppositional defiant disorder (ODD).

Methods: 297 children and adolescents were enrolled in a multi-site, double-blind, randomized, placebo-controlled, dose finding study for an 8-week, acute treatment phase with atomoxetine forced titration to 0.5 mg/kg/day, 1.2 mg/kg/day, 1.8 mg/kg/day, or placebo. Patients met DSM-IV ADHD criteria and were assessed for comorbid illness including ODD with clinical history and KSADS-PL.

ADHD severity was assessed with ADHD-RS-IV-Parent:Inv and CGI-S scales. ODD severity was assessed with CPRS-Oppositional Subscale Score. Social/family functioning was assessed using the CHQ Psychosocial Score.

Results: 39% (n = 115) of patients were diagnosed with comorbid ODD. ADHD patients with ODD titrated to 1.8 mg/kg/day (n = 36) were significantly improved based on changes in ADHD RS, CGI-S, CPRS Oppositional Subscale and CHQ Psychosocial scores from baseline to endpoint compared to placebo. Patient response to atomoxetine 1.2 mg/kg/day (n = 27) indicated variable improvement in ADHD symptoms based on changes in the ADHD RS Inattentive and Hyperactive/Impulsive Subscales. Oppositionality was markedly improved for all atomoxetine treatment groups.

Conclusion: Atomoxetine appears to be efficacious for the treatment of ADHD and comorbid ODD symptoms in children and adolescents.

N°130

Once-daily atomoxetine in childhood ADHD: continuous symptom relief. A. J. Allen, D. Kelsey, C. Sumner, V. Sutton, J. Gonzales, S. Malcolm, K. Schuh, D. Michelson, Lilly Research Laboratories, Indianapolis, Indiana, U. S. A.

Objective: We assessed the efficacy throughout the day, including evening and early morning, of atomoxetine administered once daily in children with attention-deficit/hyperactivity disorder (ADHD).

Methods: Children (n = 197) with ADHD, aged 6–12 years, were randomized in a 2:1 ratio to eight weeks of once-daily atomoxetine or placebo treatment. ADHD symptoms were assessed using parent and investigator rating scales. Parent assessments of children's home behaviors in the evening and early morning were collected using the Daily Parent Rating of Evening and Morning Behavior – Revised (DPREMB-R) and the Conners' Global Index: Parent Evening Scale (CGI-PE).

Results: Once-daily atomoxetine (final mean daily dose of 1.3 mg/kg) was significantly more effective than placebo in treating core symptoms of ADHD (Total ADHD RS mean [SD] t-scores at endpoint: atomoxetine 65.7 [16.0]; placebo 75.9 [13.0]; $p < 0.001$). Efficacy outcomes into the evening hours in atomoxetine-treated patients were superior to those of placebo-treated patients as assessed by the DPREMB-R and CGI-PE. The total DPREMB-R showed an overall significant reduction of symptoms in morning and evening behavior, and onset of effect significantly different than placebo after the first day on medication (Total DPREMB-R mean change [SD] from baseline to endpoint: atomoxetine -7.43 (5.75); placebo -4.36 (5.60); $p = 0.002$). Discontinuations due to adverse events were $< 5\%$ for both groups.

Conclusion: In children with attention-deficit/hyperactivity disorder (ADHD), once-daily administration of atomoxetine provided safe, rapid and continuous ADHD symptom relief that lasted into the evening and early morning.

References

1. Michelson D, Faries D, Wernicke J, et al. (2001) Atomoxetine in the treatment of children and adolescents with ADHD: a randomized, placebo-controlled, dose-response study. *Pediatrics* 108:e83
2. Michelson D, Allen AJ, Busner J, et al. (2002) Once-daily atomoxetine treatment for children and adolescents with attention-deficit/hyperactivity disorder: A randomized, placebo-controlled study. *Am J Psychiatry* 159:1896–1901

N°131

Controlled study of once-daily atomoxetine in the school setting. A. J. Allen, Lilly Research Laboratories, Indianapolis, Indiana, U. S. A.; M. Weiss, Children's & Women's Health Center of British Columbia, Vancouver, British Columbia, Canada; R. Tannock, Research Institute of The Hospital for Sick Children, Toronto, Canada; C. Kratochvil, University of Nebraska Medical Center, Omaha, Nebraska, U. S. A.; D. Dunn, Indiana University, Indianapolis, Indiana, U. S. A.; J. Velez-Borras, University District Hospital, San Juan, Puerto Rico; C. Thomason, L. Lambrecht, R. Tamura, D. Kelsey, Lilly Research Laboratories, Indianapolis, Indiana, U. S. A.

Objective: Several studies have demonstrated the efficacy of atomoxetine compared to placebo in reducing ADHD symptoms based on parent reports. This recent clinical trial assessed the efficacy of once-daily atomoxetine compared to placebo based on teacher reports of symptoms, and is the first atomoxetine trial to use teacher reports as the primary efficacy measure.

Methods: 153 patients aged 8 to 12 years with DSM-IV defined ADHD were enrolled in this 7-week, double-blind, placebo-controlled trial and randomized to receive either once-daily atomoxetine or placebo (2:1 ratio). ADHD symptoms were primarily assessed by change in ADHD Rating Scale (ADHD RS) scores rated by clinicians after telephone interviews with patients' teachers.

Results: Teachers of children receiving atomoxetine reported significant reduction in ADHD RS total scores compared to placebo ($p = 0.001$). Similar results were observed for inattentive ($p = 0.016$) and hyperactive/impulsive ($p < 0.001$) subscales of the ADHD RS, Clinical Global Impressions-Improvement ($p < 0.001$), Conners' Global Index-Teacher total index ($p = 0.008$), and Conners' Parent Rating Scale ADHD Index T-Score ($p < 0.001$). Data do not suggest a differential efficacy treatment effect by age, gender, ADHD subtype, presence of oppositional defiant disorder or learning disorders, severity at baseline, or prior stimulant use, as treatment-by-subgroup interactions were not statistically significant. Discontinuations due to adverse events were low for both groups (atomoxetine 5.9%, placebo 0%).

Conclusion: This study extends previous findings by demonstrating that once-daily atomoxetine is safe and effective in the school setting as reported by teachers. Results based on teacher reports were similar to those based on parent reports in earlier studies.

N°132

Effect of oppositional defiant disorder on risk of ADHD relapse during treatment with atomoxetine. P. Hazell, Child and Youth Mental Health Service, Wallsend, Australia; M. Danckaerts, KU Leuven, Belgium; P. Zeiner, Senter for barne – og ungdomspsykiatri, Oslo, Norway; J. Barton, University of Glasgow, Scotland; M. Johnson, Barnneuropsykiatriska kliniken, Göteborg, Sweden; S. Zhang, Lilly Research Laboratories, Indianapolis, Indiana, USA; D. Michelson, Lilly Research Laboratories, Indianapolis, Indiana, USA, Indiana University School of Medicine, Indianapolis, Indiana, USA

Objective: A 9-month relapse prevention study to assess the efficacy of atomoxetine during long-term treatment of ADHD was recently completed. An exploratory subgroup analysis was conducted to better understand the effect of co-morbid oppositional defiant disorder (ODD) on risk of relapse. Overall study results have been presented elsewhere.

Method: Patients aged 6–15 with DSM-IV-diagnosed ADHD whose symptoms remitted during initial 12-week atomoxetine treatment were randomized to 9 months of double-blind continuation therapy with atomoxetine or placebo substitution. 42% of patients taking atomoxetine and 45% of patients taking placebo had current ODD.

Results: Atomoxetine was superior to placebo in reducing risk of relapse (22.3% and 37.9% relapsed respectively; hazard ra-

$tio = 0.518 [0.355, 0.754]$). There was an interaction between treatment and ODD status; patients with ODD received greater protective effect from atomoxetine than patients without ODD ($p = 0.037$). For patients with both disorders, the relapse rate after 9 months of treatment was 17.1% for the atomoxetine group and 42.9% for the placebo group, while for patients without ODD, the relapse rates were 25.6% (atomoxetine) and 33.8% (placebo). The difference in mean time to relapse between the drug-treated groups (and between placebo-treated groups) was similar for patients with or without co-morbid ODD (atomoxetine: with ODD mean days [SD] = 215.1 [7.4], without ODD = 211.1 [7.6]; placebo: with ODD = 136.2 [11.4], without ODD = 151.1 [9.1]).

Conclusion: Although this study was not designed to specifically address ODD outcome, data suggest that atomoxetine has a protective effect in all patients with ADHD and that this effect may be most pronounced in patients with co-morbid ODD.

N°134

Comparison by age of the efficacy of atomoxetine in children and adolescents with ADHD. D. Michelson, D. D. Ruff, P. D. Feldman, D. R. Milton, Lilly Research Laboratories, Indianapolis, Indiana, U. S. A.

Objective: To compare the efficacy of atomoxetine in children and adolescents with ADHD to determine if age-related differences could be found.

Methods: Data were obtained from five randomized, double-blind, placebo-controlled studies. Patients were 18 years of age and had received either placebo (PBO) or atomoxetine (ATMX, up to 2.0 mg/kg/day) for up to 8 weeks. Efficacy measurements were stratified into two sets based on patient age: (1) 6 to 12 years and (2) older than 12.

Results: A total of 850 patients were studied, comprising 690 patients up to age 12 (ATMX, $n = 408$; PBO, $n = 282$) and 160 patients older than 12 (ATMX, $n = 95$; PBO, $n = 65$). Older patients had significantly lower baseline Attention-Deficit/Hyperactivity Disorder Rating Scale (ADHD RS) total and Hyperactive/Impulsive scores than the younger patients, but no significant baseline differences emerged within either age group between patients receiving ATMX versus PBO. In both age groups, ATMX-treated patients consistently showed significantly greater improvement relative to PBO on the ADHD RS and the Hyperactive/Impulsive and Inattentive subscales (ADHD RS total 6 to 12 years: ATMX mean change 14.7, SD = 14.0; PBO mean change 5.5, SD = 11.5; $p < 0.001$; > 12 years: ATMX mean change 14.0, SD = 13.0; PBO mean change 7.0, SD = 10.1; $p < 0.001$). Magnitudes of improvement on each measure from ATMX treatment were similar in the two age groups.

Conclusions: The results confirm that symptoms of hyperactivity and impulsivity tend to diminish as children with ADHD progress into adolescence. Nevertheless, atomoxetine remains an effective treatment for both symptoms of inattentiveness and hyperactivity/impulsivity during childhood and adolescence.

N°135

Long-term effects of atomoxetine on growth in children with ADHD. D. Michelson, Lilly Research Laboratories, Indianapolis, Indiana, U. S. A.; T. J. Spencer, Massachusetts General Hospital, Boston, Massachusetts, U. S. A.; D. D. Ruff, P. D. Feldman, Lilly Research Laboratories, Indianapolis, Indiana, U. S. A.

Objective: Pharmacological treatments for attention-deficit/hyperactivity disorder (ADHD) may affect growth in children being treated for the disorder. This analysis assesses the effects on growth of long-term treatment with atomoxetine.

Methods: Data were obtained from an integrated database containing information from all company-sponsored clinical trials. Patients were between 6 and 18 years of age and had received atomoxetine for 2 years. Weight and height measurements were analyzed both as actual values and after conversion to percentiles based on growth tables.

Results: Mean weight at baseline was in the 60.2nd percentile (40.7 ± 16.1 kg, $n = 429$), at the 53.3rd percentile after 1 year of treatment (43.0 ± 16.6 kg), the 54.7th percentile at 18 months (45.7 ± 17.4 kg), and the 56.0th percentile at 2 years (48.1 ± 17.9 kg). Mean difference from the expected weight at endpoint was 0.7 kg (SD = 7.0). Mean height was in the 52.0th percentile at baseline (142.6 ± 15.0 cm, $n = 384$), 50.8th percentile at 1 year (148.3 ± 15.9 cm), 49.7th percentile at 18 months (150.2 ± 15.6 cm), and 48.8th percentile at 2 years (153.2 ± 15.3 cm). Mean difference from the expected height at endpoint was 0.5 cm (SD = 4.7).

Conclusions: Based on baseline percentiles, patients experience an initial slight decrease relative to expected weight gain, with a return towards predicted growth rates during longer-term treatment. Effects on growth rates for height were smaller. These findings suggest that atomoxetine is unlikely to have marked effects on juvenile growth and final stature.

N°158

Alexithymia and delinquency in adolescence. G. Zimmermann, Institut de Psychologie/Université de Lausanne, Lausanne, Switzerland

Background: Alexithymia was originally described as the inability to recognize and verbalize emotions and has since been defined as a stable multidimensional personality trait reflecting a deficit in the cognitive processing and regulation of emotional states. There are several theoretical reasons to postulate connections between alexithymia and juvenile delinquency. Firstly, an inability to regulate emotions through cognitive processes and to be aware of feelings may contribute to an inability to experience empathy, and therefore to the tendency to discharge tension through impulsive violent acts. Secondly, juvenile offenders present high rates of trauma, PTSD, and substance abuse, all of which are associated with alexithymia.

Objectives: The present study aims to examine the link between alexithymia and juvenile delinquency.

Methods: The study sample consisted of 82 male teenagers (36 juvenile offenders and 46 controls) aged between 13 and 18. Subjects were recruited in different social institutions dealing with juvenile offenders as in regular school or professional training institutions. Alexithymia was screened using the 20-item version of the Toronto Alexithymia Scale (TAS-20).

Results: The TAS-20 mean scores for the offender group and the control group are respectively 59.25 (sd = 11.56) and 51.67 (sd = 10.23). 25 juvenile offenders (69.4%) and 17 controls (36.9%) are above the cut-off score for alexithymia (≥ 56). Offender group and control group differ significantly on alexithymia (TAS-20 total score), mostly due to the emotional component of alexithymia.

Conclusions: The hypothesis concerning the alexithymic defect in juvenile delinquency is supported.

N°163

Early adverse experiences in rats are associated with altered neuronal development in prefrontal cortex and a markedly anxiogenic behavioral profile. R. Pascual*, M. Catalán, M. Fuentealba. Universidad Católica del Maule, Talca, Chile and Universidad Católica de Valparaíso, Viña del Mar, Chile

It is well-known that early adverse experiences act as a risk factor in the development of various psychopathologies such as anxiety and mood disorders, in close association with functional prefrontal abnormalities. However, it is not known if such hostile experiences impair neuronal development in the prefrontal region.

Objective: In the present study, we investigate the long-term effects of early social isolation (an animal model of early adverse experiences) on anxiogenic profile, prefrontal dendritic development, and calbindin-D28k (CAD) expression in the medial prefrontal cortex of the Sprague-Dawley albino rat.

Methods: Animals were assigned to either an isolated condition (IC, $n = 24$) or a socially-reared condition (SC, $n = 22$) during the early postweaning period (P21-P51). After 30 days, all animals were

evaluated behaviorally in the elevated plus maze, and one half of the IC and SC animals were selected randomly for morphological and immunocytochemical analysis. At postnatal day 53, the remaining IC rats were re-housed in a social environment for 30 additional days (P53-P83) and then were similarly evaluated.

Results: The results show that IC animals display a remarkably anxiogenic profile, associated with an impairment in dendritic domain and CAD expression. These alterations were not recovered by re-socialization, suggesting long-term impairments.

Conclusions: The present data indicates that early adverse experiences are associated with a relatively permanent neuronal developmental impairments in prefrontal cortex and a markedly anxiogenic profile in the rat.

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N°168

The effects of prenatal stress on endocrinological reactions of children on 'stressful situations'. B. M. Gutteling, C. de Weerth*, J. K. Buitelaar**, *University of Utrecht, the Netherlands, ** University of Nijmegen, the Netherlands

Objective: It is known that children react differently to novel situations. How children cope with novel or stressful situations is expected to be reflected in physiological responses of children. There is thriving evidence that maternal prenatal stress may induce over-activity and/or dysregulation of the physiological responses in offspring of animals. It is not clear what the influence of maternal prenatal stress is on the stress reactions in children.

Method: In study 1 the effect of prenatal stress on the reaction on a vaccination was measured. 24 children (mean age = 4.9, SD = 0.66) participated in this study. The children were asked to collect saliva before and after a vaccination. Furthermore, the children were instructed to collect saliva on a day in the weekend prior to the meningokokken vaccination to obtain a daycurve. In study 2 the effect of prenatal stress on the reaction on the first schoolday after summer holiday was measured.

28 children (mean age 5.31 SD = 0.50) participated in this study. The children were asked to collect 4 saliva samples at the first schoolday after summer holiday. This procedure was repeated after two weeks.

Results: No results are present yet, in the poster we will describe the reactions on the inoculation (in Study 1) and the reaction on the first schoolday after summer holidays (Study 2).

Based upon previous results and literature, it is expected that prenatally stressed children have higher stress reactions and habituate less well compared to the non-stressed children.

N°176

Predictors of externalizing problems in 21 month old children. A. E. Beernink¹, S. H. N. Willemsen-Swinkels^{1,2}, J. K. Buitelaar^{1,2}
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A laboratory-based behavioral observation was performed at 21 months of age focussing on passive and active inhibition. Results indicate that behavioral inhibition at very early age is correlated with externalizing problem behavior. More data on measures of attention and inhibition will be presented at the conference.

Objective: Our goal was to look at early predictors of externalizing problem behavior. To this aim we have constructed the Utrecht Screening Questionnaire (USQ) that includes items that measure early attention, oppositional and aggressive behavior. Based on previous research it was hypothesized that effortful control (i.e. the ability to suppress a dominant response to perform a subdominant response) will predict children's emotion regulation.

Methods: The USQ was sent to 15.000 parents of children of 14 months of age in the region of Utrecht (the Netherlands). Top 10% and bottom 10% of sumscores on the USQ were chosen as cut off to

select children with high respectively low scores on externalizing problem behavior (N = 60). These children were assessed during a laboratory-based behavioral observation at 21 months of age. The focus of this observation was passive and active inhibition. Variables that measured focused attention, delay of gratification and several temperamental dimensions such as frustration, anger, persistence and fear were included.

Results: Preliminary results showed that children with high scores on externalizing problem behaviors (Top 10% group) were significantly more frustrated and showed more persistent behavior compared to children with low scores on externalizing problem behavior (Bottom 10% group).

Conclusions: These data indicate that behavioral inhibition at very early age is correlated with externalizing problem behavior. More data on measures of attention and inhibition will be presented at the conference.

N°177

Confirmatory factor models of ADHD, CD and ODD; can underlying constructs be differentiated at 14 months of age? A. E. Beernink¹, S. H. N. Willemsen-Swinkels^{1,2}, J. K. Buitelaar^{1,2}
¹ Department of Child and Adolescent Psychiatry, University Medical Center Utrecht, the Netherlands; ² Department of Psychiatry and Academic Center for Child- and Adolescent Psychiatry, University Medical Center St. Radboud, Nijmegen, the Netherlands

At 14 months of age, the construct of attention can not be differentiated from that of hyperactivity and impulsivity using parent reports. Strikingly, oppositional and aggressive constructs can be differentiated from each other and from the attention/hyperactivity/impulsivity construct.

Objective: Alternative factor models of constructs of ADHD, CD and ODD are tested for 14 month old children.

Method: Parents (N = 3880) completed the Utrecht Screening Questionnaire that included items of the CBCL 1 - 5 and ITSEA that measure early attention, hyperactive, oppositional and aggressive behavior. Confirmatory factor analyses were conducted; First, a two factor model with attention (ATT) in one and hyperactivity and impulsivity (HI) items in a separate factor was compared with a one factor model with all items. Secondly, oppositional items (OPP) and aggression (AGR) items in a two factor model were compared with a one factor model with all items. The third comparison proposed a three factor model. To test improvement of fit chi-squares and corresponding degrees of freedom were subtracted.

Results: The two factor model (ATT versus HI) did not produce a significantly better fit to the data than the one-factor solution. The second comparison of models showed a significantly better fit to the data for the two factor model (OPP versus AGR) than the one-factor solution. Finally, the three factor model (ATT and HI, OPP, AGR) produced a significantly better fit to the data than the one-factor model.

Conclusion: At 14 months of age, the construct of attention can not be differentiated from that of hyperactivity and impulsivity using parent reports. Strikingly, oppositional and aggressive constructs can be differentiated from each other and from the attention/hyperactivity/impulsivity construct.

N°185

Stress responsivity in children with externalizing behavior disorders. H. Snoek, University Medical Center Utrecht, The Netherlands; S. H. M. van Goozen, University of Cambridge, United Kingdom; W. Matthys, University Medical Center Utrecht, The Netherlands; J. K. Buitelaar, University Medical Center Nijmegen, The Netherlands; H. van Engeland, University Medical Center Utrecht, The Netherlands

Objective: Patterns of lower autonomic nervous system (ANS) and hypothalamic-pituitary-adrenal (HPA) axis activity have been found in children with oppositional defiant disorder (ODD). The aim of the present study was to investigate whether children with

attention deficit hyperactivity disorder (ADHD) differ from ODD children with (OD/AD) or without comorbid ADHD in ANS and HPA axis activity under baseline and stressful conditions.

Methods: The effects of stress on cortisol, heart rate (HR) and skin conductance (SCL) were studied in 95 children (26 Normal Control (NC) children and 69 child psychiatric patients referred for externalizing behavior problems (15 ODD, 31 OD/AD and 23 ADHD)).

Results: No baseline differences were found in cortisol between the four groups. However, the ODD and OD/AD groups showed a significantly weaker cortisol response to stress compared to the ADHD and NC groups; the ADHD group had a similar cortisol response as the NC group. Within the ODD group this pattern of low cortisol responsivity was most clearly present in the more severely affected inpatients. With respect to HR, the ODD group had a significantly lower HR during baseline and stressful conditions. The higher HR levels in the OD/AD and ADHD groups were likely to be caused by methylphenidate. The externalizing group had significantly lower SCL levels and no differences were found between these groups.

Conclusions: It was concluded that differences in cortisol responsivity during stress exposure are important in distinguishing within a group of children with externalizing behavior between those with ODD and ADHD.

N°187

Symptoms of minimal brain damage in children recovered from neonatal cerebral pathology. A. Slavchev*, S. Stambolova, S. Tashkova, S. Pavlova, Child and Adolescent Psychiatric Clinic, University of Medicine, Sofia, Bulgaria

The purpose of the work is the characterization of the psychic development, emotional and behavioral peculiarities of children in the age 3–4 years somatically and neurologically recovered from intraventricular haemorrhages (IVH) and/or hypoxic-ischaemic encephalopathy (HIE) diagnosed in the neonatal period.

Twenty children (12 boys and 8 girls) with IVH and/or HIE in the neonatal period were compared in the age 3–4 years with 26 their coevals (12 boys and 14 girls) without pathology in the neonatal period by using our modification of the screening questionnaire for emotional and behavioural disorders for parents by M. Rutter. Intellectual development was assessed after Binet-Terman and attention – through a correctional test modified by Burdon.

According to the results it was possible to conclude that children who have been diagnosed with IVH and/or HIE in the neonatal period do not differ in anthropometric parameters and neurological status from their coevals in the age of 3–4 years but they more frequently show symptoms of emotional and behavioral disorders, their intellectual development tends to stay within the lower and middle norm, and their attention shows reliably worse parameters as compared to the control group.

N°193

Nutritional status, psychopathology and plasma homovanillic acid levels in adolescents with anorexia nervosa. J. Castro, R. Deulofeu, I. Baeza, B. Saura, J. Puig, M. Bernardo, J. Toro; Department of Child and Adolescent Psychiatry and Psychology, Hospital Clínic Universitari of Barcelona, IDIBAPS, Barcelona, Spain

Objective: Published data concerning dopaminergic abnormalities in anorexia nervosa and their relationship with nutritional status are somewhat conflicting. The objective of the study was to determine whether there are a relationship between clinical and nutritional parameters and plasma homovanillic acid (pHVA) in adolescent patients with anorexia nervosa.

Methods: The sample included 18 adolescent patients aged 12 to 17 (mean 15.1 ± 1.9 years) with a DSM-IV diagnosis of anorexia nervosa and admitted to a Child and Adolescent Psychiatric Department. A range of clinical, biochemical and hormonal parameters were determined at admission. Patients were evaluated using

the Eating Attitudes Test, the Beck Depression Inventory and the Leyton Obsessions-compulsions Inventory. It was also measured pHVA concentration. In 12 patients a second evaluation was carried out at discharge.

Results: Mean of months since onset of the disorder was 11.6 (± 7.8), mean of weight loss was 23.5% (± 7.9) and mean of body mass index was 15.5 (± 1.2). There were significant correlations between pHVA level and some hormonal, nutritional and clinical parameters such as Triiodothyronin ($r = 0.64$; $p = 0.006$), prealbumin ($r = 0.48$; $p = 0.05$) and loss of weight ($r = -0.59$; $p = 0.014$). There were a negative correlation between pHVA and the Eating Attitudes Test ($r = -0.31$; $p = 0.224$). At second evaluation, a correlation was found between the increase in pHVA and weight gain ($r = 0.64$; $p = 0.025$) and duration of hospital admission ($r = 0.75$; $p = 0.005$).

Conclusions: These results support the notion of a correlation between the pHVA level and severity of malnutrition and a trend of pHVA to increase with weight restoration.

N°208

Kindergarten children's self-perception of psychopathological symptoms and psychosocial strengths' validity of the german version of the berkeley puppet interview. J. Lüdin, S. Perren, A. von Wyl, D. Buergin, K. von Klitzing, Department of Child and Adolescent Psychiatry, University of Basel, Switzerland

In child psychiatry, there is a surprising lack of knowledge and research on normal and psychopathological phenomena in the kindergarten age. This may be due to difficulties of assessment caused by inadequately validated diagnostic criteria for children of this age. From clinical experience we know that early detection and treatment of psychiatric disorders are crucial to the prognosis. It is important to assess children's functioning and impairment not only from the perspective of adult informants but also from the children's own view.

In our study among 4–6-year-old children ($N = 100$), we investigated the association between self- and other-reported psychopathological symptoms and psychosocial strengths. Children in their first year of kindergarten were interviewed using the symptomatology and social scales of the Berkeley Puppet Interview (BPI, Measelle & Ablow), which blends structured and clinical interviewing, promoting a peer-like exchange between the child and two puppets. The BPI is considered being a valuable instrument for measuring children's self-perception. In our study, we used the German version of this interview for the first time, after we had adapted it for language and cultural suitability. Moreover, parents and teachers completed the Strengths and Difficulties Questionnaire (SDQ, Goodman).

We hypothesised that the BPI yields reliable and valid data on children's psychopathological symptoms and psychosocial strengths, i. e. that there are positive associations between children's self-perception and parent's and teacher's ratings. Results are discussed regarding applicability of the BPI in clinical diagnostic settings.

N°214

Preliminary baseline results from attention deficit/hyperactivity disorder observational research in Europe (ADORE: a 2-year, pan-european, observational health outcomes study in ADHD). S. J. Ralston, European Health Outcomes Research, European Operations, Eli Lilly and Company, Windlesham, UK. B. Falissard, Département de santé publique, Hôpital Paul Brousse, Paris, France

Objectives: To provide preliminary baseline results from the ADORE study. The primary objective of ADORE is to understand the relationship between treatment regimen prescribed and Quality of Life of ADHD, in actual practice, and in different countries over a two-year period.

Methods: ADORE is a 2-year, prospective, observational study. The core study is targeted to enrol 1500 patients from 8 European countries and will include approximately 300 physicians. Measures

include demographics, clinical status, medication usage/tolerability/compliance, school performance/behaviour, social relationships, living conditions, patient and family quality of life, and medical resource use. Data will be collected at baseline, first return to the physician, 3, 6, 12, 18 and 24 months post-baseline.

Results: The study was initiated in March 2003 and all participating countries will initiate enrolment by the end of September 2003. The preliminary analyses will be conducted with baseline data from approximately 400 patients. This data set will provide descriptive data that will give an invaluable insight into the clinical severity of patients that are assessed by physicians across Europe, what treatment they receive, and the subsequent outcomes of this treatment. The preliminary baseline analyses will: (1) describe the demographics and other baseline characteristics of the enrolled sample, (2) to identify potentially discrete sub-groups of patients.

Conclusion: ADORE provides a unique data set in that the study will observe how a significant number of patients with ADHD are treated in actual practice settings and the outcomes of that care over a 2-year period across several European countries.

N°216

An overview of attention deficit/hyperactivity disorder observational research in Europe (ADORE): a 2-year, pan-European, observational health outcomes study in attention deficit/hyperactivity disorder (ADHD). S. J. Ralston*, European Health Outcomes Research, European Operations, Eli Lilly and Company, Windlesham, UK; B. Falissard, Département de santé publique, Hôpital Paul Brousse, Paris, France

Objectives: To provide an overview of the ADORE study. The primary objective of ADORE is to describe the relationship between treatment regimen prescribed and Quality of Life of ADHD, in actual practice, over a two-year period, thought the overall study goal is to evaluate a broad array of outcomes.

Methods: ADORE is a 2-year, prospective, observational study in 8 European countries. Approximately 300 physicians will enroll at least 1000 patients. Measures include demographics, clinical status, medication usage/tolerability/compliance, school performance/behaviour, social relationships, living conditions, patient and family quality of life, and medical resource use. Patients may be enrolled if: (1) in the clinical judgment of the investigator the patient has hyperactive/inattentive/impulsive symptoms/problems; (2) the patient has not been formally diagnosed with ADHD or with symptoms in the past; (3) they are 6-18 years old, (4) Based on clinical judgment the patient does not have mental retardation, Autism or Schizophrenia; (5) they are not participating in a study that includes a treatment intervention. ADORE does not specify the enrolment of patients to any particular treatment regimen. Data will be collected at seven data collection points.

Results: In addition to the study overview, patient enrolment status will be reported.

Conclusion: ADORE will provide an enormous information source to improve the understanding of the clinical, humanistic and economic outcomes associated with ADHD. This information will reflect treatment and outcomes from diverse actual practice settings across Europe and fill a huge information gap in Europe.

N°227

Manie/hyperactivité du prépubère: capacités discriminantes de la CBCL et de l'échelle de manie de Young. D. Cohen, V. Vantalon, M. C. Mouren, Hôpital Robert Debré, Paris, France

Objectifs: Nous nous sommes intéressés aux variables cliniques standardisées qui permettent de différencier les prépubères ayant un Trouble Hyperactivité avec Déficit de l'Attention associé à un Trouble Bipolaire (THDA + TBP), de prépubères ayant un THDA seul.

Méthode: Nous avons comparé les scores de l'échelle comportementale d'Achenbach (Children Behaviour Check List, CBCL, Achenbach 1988), les scores de l'échelle de manie de Young (MRS,

Traduction française, Vantalon et Bouvard 1992), et les scores au questionnaire Conners-Parents (Conners, 1973) dans un échantillon d'enfants âgés de 6 à 12 ans constitué d'un groupe d'enfant ayant un TBP + THDA (n = 7), d'un groupe d'enfant ayant un THDA (n = 54) et d'un groupe de témoins (n = 15).

Résultats: A l'échelle CBCL, nous avons retrouvé une différence significative ($p < 0,05$) pour la dimension "délinquance", entre le groupe TBP + THDA et le groupe THDA.

A la MRS, les différences significatives portent sur le score global ($p < 0,001$), et les items: « élévation de l'humeur » ($p < 0,001$), « troubles du sommeil » ($p = 0,001$), « irritabilité » ($p < 0,001$), « production verbale » ($p < 0,02$), « trouble du cours de la pensée » ($p < 0,001$), « contenu de pensée » ($p < 0,001$), « agressivité » ($p < 0,001$) et « conscience du trouble » ($p < 0,001$) entre le groupe TBP + THDA et le groupe THDA.

La comparaison des scores au questionnaire Conners-Parents n'a pas mis de différences significatives entre le groupe TBP + THDA et le groupe THDA.

Nos résultats sont comparés et mis en lumière avec les différents travaux conduits parallèlement.

Conclusion: Nos résultats avancent l'absence de capacité discriminante de la CBCL pour les prépubères THDA ayant une symptomatologie thymique maniaque ou mixte. La MRS paraît pertinente pour distinguer les THDA + TBP des THDA.

N°232

Startle reflex in ADHD children: comparison with two control groups. S. Bioulac, J. P. Réneric, J. Swendsen, M. P. Bouvard, Service universitaire de Psychiatrie de l'Enfant et de l'Adolescent, Université Victor Segalen-Bordeaux 2, France

Objective: To examine the startle reflex among children with attention deficit hyperactivity disorder (ADHD) and to determine whether the comorbidity could define specific groups with psychophysiological characteristics. Startle reflex can be used to study the early stages of sensory processing at lower brainstem levels. These processes may be impaired in children with ADHD.

Method: The subjects were 60 children (27 ADHD, 10 anxious, 23 controls). ADHD and anxious patients met DSM-IV criteria. All patients had clinical evaluation with various scales (Conners Parents' Rating scale, Emotionality, Anxiety, Sociability Scale and State Trait Anxiety Inventory for Children). Testing consisted of examining the startle reflex and its modulation by prepulse stimuli (prepulse inhibition and prepulse facilitation). The eyeblink component of the startle reflex was measured by recording the electromyographic activity below the left eye with two electrodes.

Results: There were a significant inhibition and facilitation in the 3 groups. The startle amplitude modulation was smaller in "pure" ADHD children compared with ADHD comorbid with behavioral or anxiety disorders. Moreover, ADHD subjects comorbid with a behavioral disorder exhibited a weak basal reactivity. Children treated with psychostimulants exhibited a better capacity for modulation than patients never treated.

Conclusion: These findings suggest that startle modification differed in comorbid patients or in "pure" ADHD and startle is influenced by psychostimulant treatment. Modulation of startle reflex can be informative about some mechanisms involved in ADHD and various psychophysiological responses could characterize some subtypes of ADHD.

N°239

The season of birth and dyslexia: a virus infection during pregnancy? R. Donfrancesco, A. Dell'Uomo, R. Iozzino; La Scarpetta Hospital - Cognitive and Language Disability Centre - ASL RM/A - Rome (Italy)

Objective: The increased risk for certain psychiatric disorders has been associated with the season of birth. This study was undertaken to examine the hypothesised season-of-birth effects for dyslexia.

Method: The month of birth from a clinical population of 216

dyslexic children from ages six to fifteen was examined. The diagnosis of dyslexia was performed according to ICD10 Research criteria by using a standardised Italian test for reading competence and the WISC-R scale for I.Q. determination. The results were compared with the months of birth of a random control population, matched for age and sex, of 197 children recruited from two schools.

Results: The percentage of dyslexic children born from January to April was 22.68% clearly less than the control population (35.02%, $\chi^2 = 7.09$, $p < 0.01$). From May to August, no difference between the two groups existed. However, the percentage of the dyslexic population born from September to December (46.75%) was notably higher in comparison with the control population (31.97%, $\chi^2 = 8.36$, $p < 0.005$).

Conclusions: Our results confirm those by Livingston et al. (1993): dyslexic children births from September to December are increased by 50%. A viral infection during the second trimester of pregnancy is the most attractive hypothesis to explain these data and a different seasonality reported by Livingston et al. A genetic and immunological predisposition to this viral infection could be hypothesised: the probable location of the gene that influences dyslexia is the HLA region of chromosome 6.

N°243

Dyslexia and depressive symptoms. A. M. Undheim, A. M. Sund, Norwegian University of Science and Technology, Trondheim, Norway

Objective: The aim of the study was to examine the relationships between depressive symptoms, some psychosocial correlates and dyslexia in early adolescence.

Methods: In a stratified, random and representative sample of 2560 12- to 14.5-year-old Norwegian girls (50.8%) and boys (49.2%), depressive symptoms were addressed by means of the Mood and Feelings Questionnaire (MFQ). A questionnaire made for the study addressed dyslexia.

Results: The proportion of girls with self-reported dyslexia the last 12 months was 9% and of boys 13.3% [$\chi^2(1) = 11.06$, $p < 0.01$]. There was a correlation between dyslexia and depressive symptoms for the whole sample, and for boys and girls separately ($p < 0.01$). 23.4% of the students with highest MFQ scores (>90 percentile) reported to have dyslexia compared with the 9.7% students below the 90 percentile [$\chi^2(1) = 41.88$, $p < 0.01$].

Of students with divorced parents 14.5% reported to have dyslexia compared to 9.7% of those living in intact families [$\chi^2(1) = 10.88$, $p < 0.01$]. In the highest SES groups, 7.2% and 13.1% in the lowest SES groups [$\chi^2(1) = 20.4$, $p < 0.001$] reported to have dyslexia. For those who reported dyslexia ($N = 233$), ANCOVA analysis showed that level of depressive symptoms (MFQ) varied with level of dyslexia problems, especially with level of writing problems [$F(2, 230) = 5.19$, $p < 0.01$], but not with level of reading problems.

Conclusion: Dyslexia has significant correlation with level of depressive symptoms in early adolescence. Socio-emotional problems of dyslexia should be further explored.

N°250

Behaviour disorders in childhood and adolescents. M. L. Joga Elvira, J. L. de Dios de Vega. Hospital Clínico Universitario San Carlos, Madrid (Spain)

Objective: Behaviour disorders are an important cause of consultation in childhood and adolescent psychiatry, with social, familiar and personal repercussion because they affect people on development. The purpose of this study is to make a description of the patients that consult for this reason.

Method: Clinical histories went through in childhood-adolescent psychiatry unity of the Hospital Clínico Universitario San Carlos (in Madrid, Spain), for the last 3 years. We included epidemiological, personal, familiar, medical and school dates.

Results (provisional): 3/4 of the patients were males, most of them younger than 12 years old. Mainly, there were referred by familiar demand. Most of them were Spanish and they usually live with both parents (2:3). One third were problematic families. The patients had behaviour disorders on family environment or all areas, and it was very unusual to have behaviour disorder only in school. The academic performance was affected by different ways, 1:3 with bad academic results. Although a lot of patients had psychiatric symptoms, mainly anxiety and mood disorders, suicidal attempts and previous psychiatric admission were unusual. Life events occur in one third. Drug abuse and psychiatric familiar antecedents occur in 1:4 of the families.

Conclusions: Behaviour disorders in childhood and adolescents are a problem for the society and their families. That disorder affects children, most of them so younger, and their development could be affected early. Social, familiar and medical factors must be considered for an adequate approach.

N°259

Satisfaction scale in Adolescent Inpatients. E. Toledo, V. Tort, M. E. Navarro

Objective: To assess the satisfaction with the service of the adolescents admitted in a psychiatric unit.

For last decades, there is a growing interest to know the client's satisfaction of mental health services. In some psychiatric inpatients there are some characteristics (lack of insight, compulsory admissions, etc) that make more important the satisfaction of these clients with mental services used. The assessment of this type of scale has been done more frequently in adult mental health and in child and adolescent services. There are few studies in inpatient services and directed to the own users and not to their families.

Methods: Our unit has a catchment area for all Catalonia and patients are admitted with severe mental disorders.

We reviewed the scale filled by adolescent inpatients during the years 2000, 2001 and 2002, we analysed 363 satisfaction questionnaires that were fulfilled by the 42% adolescents admitted in these years ($n = 859$).

The questionnaire is a 9 items scale, anonymous.

Results: We describe the results of the three items more relevant (First Admission, the approach on admission, waiting time)

From the 363 inpatients, 73% was the first time they were admitted in psychiatric unit.

59% thinks that had a good approach on admission and 11% was not good.

Regarding the waiting time, 6% thought was very long and 73% was short.

More items regarding the time of the admission were analysed.

Conclusions: We think that it is very important to know the satisfaction of the adolescents admitted in mental health resources. The results are mainly satisfactory despite a few differences between the years and these differences could be related with increase of admissions, clinical pressure and diagnosis of patients.

N°260

Disruptive disorders in adolescent inpatients girls. Montse Dorado, Vicenç Tort, M. José Muñoz, Adolescent Unit. Benito Menni CASM, Sant Boi de Llobregat. Barcelona (Spain)

Objective: The goal of the present study is to describe the specific characteristics of the disruptive disorders in a sample of adolescent inpatient girls.

Methods: A retrospective study of adolescent psychiatric inpatients ($n = 579$) admitted in the years 2001 and 2002 years was carried out. Of all the patients admitted, we look at adolescents fulfilling the criteria for a disruptive disorder (conduct disorder, disruptive behaviour disorder not otherwise specified, antisocial personality disorder and oppositional defiant disorder) ($n = 156$). Of these patients we analysed the characteristics of the girls ($n = 47$; 30%) with a diagnosis of disruptive disorder. Several clinical variables as cause of

admission, sexual abuse, comorbidity and substance abuse were assessed.

Conclusions: In our sample the prevalence of girls admitted in an adolescent unit is higher than those epidemiological studies in the community. This data will agree with the severity of the patients admitted in a psychiatric unit, because the rate of patients with a high degree of severity will make the gender differences shorter.

N°265

Brain damage associated with uncomplicated periventricular haemorrhage or lateral ventricles dilatation in preterm adolescents. N. Micali, E. Giouroukou, C. Nosarti, L. Rifkin and R. M. Murray, Institute of Psychiatry, London, United Kingdom

Objectives: To investigate if, in children born preterm, the presence of periventricular haemorrhage (PVH) and PVH accompanied by ventricular dilatation (DIL) on birth ultrasound, is associated with damage in specific grey and white matter areas in adolescence, that can account for specific neurodevelopmental abnormalities.

Methods: 82 preterm individuals participated. All of them had an ultrasound at birth. They were divided in three groups according to ultrasound findings: 20 had uncomplicated PVH (PVH), 12 had PVH and distinct ventricular dilatation (PVH + DIL), 50 had a normal ultrasound (NORMAL). Magnetic Resonance Imaging (MRI) scans were collected at 14, over six months. We compared differences in distribution of grey and white matter in the three different groups.

Results: The PVH group, compared to the normal, had grey matter reductions in Middle Temporal and

Superior Frontal Gyri, and white matter reductions in Middle Occipital and Parahippocampal Gyri and Precuneus. PVH + DIL compared to the normal group had grey matter reductions in Posterior Cingulate, Superior Temporal and Postcentral Gyri, Precuneus, Limbic Lobe. Compared to the PVH group, the PVH + DIL had grey matter reductions in Posterior Cingulate, Superior Temporal, Lingual, Postcentral, Middle Frontal Gyri and white matter reductions in Posterior Cingulate, Cingulate and Middle Occipital Gyri.

Conclusions: Abnormal birth ultrasound is associated with selective areas of grey and white matter damage at 14 years. Identifying the direct damage on the developing brain and the indirect or post injury impact on other structures adjacent to the injury might help the understanding of neurodevelopmental problems in preterm individuals.

N°277

The attention deficit syndrome in a representative sample of young women. U. Ruhl TU-Dresden Clinical Psychology and Psychotherapie Dresden Germany; I. Hach TU-Dresden Clinical Pharmacology Dresden Germany; A. Rentsch TU-Dresden Clinical Pharmacology Dresden Germany; E. S. Becker TU-Dresden Clinical Psychology and Psychotherapie Dresden Germany; V. Türke TU-Dresden Clinical Psychology and Psychotherapie Dresden Germany; J. Margraf Univ. Basel Institut f. Clinical Psychology Basel Switzerland; W. Kirch TU-Dresden Clinical Pharmacology Dresden Germany

Objective: Attention-deficit-disorders (ADD) (with and without hyperactivity) are highly prevalent not only in childhood, but also in adulthood. It is estimated, that about one third of affected children continue to suffer from ADD as adults. There are gender differences, boys show ADD 3–4 times as often as girls.

Method: This study investigated 2064 young women, age 18–24 years, living in Dresden (Germany). Participants were interviewed with a structured interview, F-DIPS, for diagnosing axis I disorders according to DSM-IV.

Results: The lifetime-prevalence of ADD in this representative sample was 1,5% (31 women), in adulthood only 0,14% suffered still from ADD. Lifetime-prevalence of conduct disorders, somatoforme disorders and PTSD was significant higher in women fulfill-

ing the diagnosis of ADS than in other women. As was 1-year prevalence of depressive disorders.

Conclusion: It may be concluded that ADD increases the vulnerability of affected women for other psychiatric disorders, even if ADD-symptoms are no longer present.

N°283

The use of multiple informants in outpatient child psychiatric services in greece. E. Barlou MD, D. Mastrogiannakou MD, A. Stathopoulos MD, A. Roussos MD, Attiki Child Psychiatry Hospital, Athens, Greece

The use of multiple informants for the assessment of psychiatric problems in children and adolescents is well established. In our Outpatient services we use routinely the following questionnaires: Clinical Assessment Scale for Children and Adolescent Psychopathology (CASCAP), Child Behavior Checklist (CBCL), Teacher Report Form (TRF), Youth Self Report (YSR). These supplement the psychiatric interview and the resultant diagnosis, which is based on the DSM IV.

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The purpose of this project was to study the correlation of the results from the various instruments and the degree that a dimensional approach complements the categorical approach, across ages, informants, professionals and diagnoses.

The sample consisted of 300 consecutive referrals of children and adolescents to the Out Patient Services. We compared reason for referral, DMS IV diagnoses, DSM IV oriented scales, Achenbach syndrome scales and CASCAP scales and where possible we carried item per item comparison of the Achenbach questionnaires items and the CASCAP items.

Results: The analysis of the results showed that the final diagnoses include the problems identified by parents at the time of referral and their corresponding description on the questionnaires. The access to subclinical problems was very useful. These instruments appear to complement each other, since they tap problems from different perspectives. They also add to the validity of the diagnoses, thus justifying their use and the time and effort invested in their routine use.

N°290

Atomoxetine versus methylphenidate as a treatment for ADHD in children and adolescents: a meta-analysis of safety data incorporating active comparator and placebo controlled trials. C. Gillberg, Child Neuropsychiatry, Gothenburg, Sweden and St George's Hospital Medical School, London, UK; M. Lothgren, European Health Outcomes Research, Eli Lilly & Company Ltd, Windlesham, UK; P. FitzGerald, M-TAG Pty Ltd, Chatswood West, NSW, Australia; S. Cottrell, J. Burrridge, M. Aristides, M-TAG Limited, London, UK

Objective: Clinical trials have shown a new non-stimulant therapy for ADHD, atomoxetine, to be effective and well-tolerated. Randomised placebo-controlled studies (RCTs) demonstrate mild anorexia to be the only consistent clinically significant adverse event. In contrast, a quantitative meta-analysis of RCT safety data for the short-acting form of the psychostimulant ADHD drug, methylphenidate, indicates loss of appetite, insomnia, stomach ache, headache and dizziness as significant adverse events. Available "head-to-head" data are, however, limited at present. The objective of this study is to quantify the safety of atomoxetine compared to methylphenidate by means of an indirect statistical

comparison of treatments using all active comparator and placebo-controlled study data.

Methods: All relevant RCTs were identified by systematic review. Data extraction included the proportions of subjects experiencing named adverse events. Full Bayesian analysis of the data was performed using logistic regression models incorporating random effects.

Results: Results of the analysis, expressed as odds ratios (ORs), indicated the risk of insomnia to be significantly greater with standard methylphenidate than it is for atomoxetine. The analysis indicated no significant risk differences between atomoxetine and standard methylphenidate or OROS-MPH regarding appetite loss, headache, stomach ache or dizziness, although, for Std MPH vs atomoxetine, ORs were all > 1 and the risk difference for dizziness approached significance.

Conclusions: An indirect comparison of placebo and active comparator controlled data, using conservative statistical methodology, support a superior safety profile for atomoxetine versus standard methylphenidate in terms of risk of insomnia.

N°291

Quality of life and sense of happiness of 11–18 year old children in secondary schools in Lithuania. S. Lesinskiene, E. Baleckaite, D. Minialgiene, L. Adomelyte, Vilnius University, Vilnius, Lithuania

Objective: To assess the quality of life of children in secondary schools comprising health, family situation, social relationship and adaptation and to analyse factors that influence their sense of happiness.

Method: In 2 randomly selected urban areas (3 schools in each city) and 1 school in rural area children were interviewed using the questionnaire developed by the authors covering general information, home, family, day structure, school, extramural activities, leisure, friends, health.

Results: 700 children, 368 girls and 332 boys filled in the questionnaires. 694 respondents answered to the question "Are you happy?". 479 (69%) wrote that they are happy, 43 (6.2%) not happy, 172 (24.8%) that they don't know. Most children that answered they are not happy were 12 years old (22.4%). There were quite similar proportion of children that answered they don't know if they are happy in each group (22–28%), except 12 year olds (12%). There was significant difference among good relationship with brother and sense of happiness, there were no difference found comparing relationship with sister and sense of happiness. More detail analysis will be presented.

Conclusions: 69% of school population wrote they feel happy. Sense of happiness was related to age, home appealing, good relationship with parents, brothers, peers, presence of seriously ill people in the family, good regime of sleep and nutrition, self esteem, frequency of sadness, adaptation at school, leisure, health. There were no relationship with gender, family structure, living place, relationship with sisters and grandparents found. Prevention in mental health of children should include complex interventions focussed to the various aspects of family and social life and welfare.

N°296

The effect of atomoxetine hydrochloride on executive function in children with ADHD: a pilot study. P. Mooney, J. Barton, University of Glasgow, Glasgow, UK; S. Prasad, Eli Lilly and Company Limited, Hampshire, UK

Background: Attention deficit/hyperactivity disorder (ADHD) is characterised by executive function (EF) deficits. Research indicates that the neurotransmitter system noradrenaline is associated with ADHD and EF. This pilot study aimed to investigate the effect of atomoxetine hydrochloride (atomoxetine), a specific norepinephrine reuptake inhibitor, on EF in children with ADHD.

Methods: 9 children completed the following subtests of the Cambridge Neuropsychological Test Automated Battery (CANTAB) while off and then on atomoxetine:

- Motor Screening (MOT) – screens for motor deficits
- Rapid Visual Information Processing (RVP) – tests sustained attention
- ID/ED Shift – tests ability to attend to attributes of objects and to shift attention when required
- Stockings of Cambridge (SOC) – tests spatial planning abilities
- Reaction Time (RT)

Results: In the MOT test, the mean time taken to respond correctly reduced significantly on atomoxetine. In the RVP task, significantly more sequences were identified accurately on atomoxetine. Some results showed a trend of improvement in the ID/ED Shift, SOC or RT tasks.

Conclusions: The results from the MOT test suggest that the children became more accurate in their response and that motor function improved on atomoxetine. The results in the RVP task may indicate that children's attention is improved. Also, the children displayed lower rates of responding to wrong answers in this task, which could indicate that they were less impulsive while on atomoxetine. The present pilot study lacks sufficient power to allow firm conclusions. A larger study is planned.

N°301

The comorbidity and co-familiarity of specific learning disabilities and headaches. R. Donfrancesco*, S. La Rosa, A. Dell'Uomo, G. Mazzotta, La Scarpetta Hospital, U. O. TSMREE, ASL RM/A, Roma, Italy

Objective: This paper explores the possible existence of co-familiarity between headaches and specific learning disabilities (LD).

Method: 116 LD children aged 7 to 12, 37 female and 79 male, were recruited. All the children with at least one headache attack per month were interviewed using a structured interview exploring headache symptomatology according to IHS criteria. In addition, 372 parents and siblings of these LD children were also interviewed. The control group consists of 87 children and 250 parents and siblings, and was recruited from the consecutive patients of a paediatric clinic. The children of the control group, 28 female and 59 male, were matched by age with the LD group.

Results: LD children show a higher percentage ($p < 0.01$) of headaches (27.58%) in comparison to the control group (12.64%). In addition, 8.88% of parents and sibling of the control group show headaches, with a significant difference ($p < 0.01$) between the control group and the group of parents and sibling of the LD children with headaches (28.15%) and (remarkably) of the LD children without headaches (20.14%).

Conclusions: Our data show that LD children have a comorbidity with headache and this comorbidity is probably due to a co-familiarity.

N°312

ADHD and stimulant use among U. S. girls: trends over the past decade. L. M. Robison, T. L. Skaer, D. A. Sclar, Pharmacoeconomics and Pharmacoepidemiology Research Unit, College of Pharmacy, Washington State University, Pullman, WA USA

Objective: To use a single national data source to discern trends in the prevalence of office-based visits resulting in a diagnosis of attention deficit/hyperactivity disorder (ADHD) among girls, and trends in the prescribing of stimulant pharmacotherapy for its treatment in the U.S.

Methods: Data from the U.S. National Ambulatory Medical Care Survey were utilized for this analysis. The number and rate of office-based physician visits resulting in a diagnosis of ADHD (ICD-9-CM code 314.00 or 314.01) were discerned for the years 1990 through 2000, for children age 5 through 18. Gender-specific trend analyses were conducted using five time intervals: 1991–92; 1993–94; 1995–96; 1997–98; 1999–00.

Results: The estimated number of office-based visits documenting a diagnosis of ADHD increased from 947,208 in 1990, to 5,098,019 in 2000. The annualized mean number of office-based vis-

its documenting a diagnosis of ADHD among girls increased 3.6-fold between 1991–92, and 1999–00 (from 296,389 to 1,071,343). The U. S. population-adjusted rate of office visits documenting a diagnosis of ADHD among girls increased 3.2-fold (from 12.3 per 1,000 girls to 39.8). Documentation of a diagnosis of ADHD and the prescribing of stimulant pharmacotherapy increased 3.9-fold for girls, from 7.5 per 1,000 girls in 1991–92, to 28.9 in 1999–00.

Conclusion: Although the number and rate of office-based visits among boys documenting a diagnosis of ADHD still far exceeds that of girls, the magnitude of the increase was greater among girls during this time period, and contributed significantly to the overall upward trend.

N°317

Velocardiofacial/digeorge syndrome: psychiatric and molecular aspects. D. Gothelf, A. Apter, Schneider Children's Medical Center of Israel, Petah Tiqwa, Israel

Background: Velocardiofacial/DiGeorge syndrome (VCFS)(22q11 deletion syndrome) is the most common (1/4000) genetic microdeletion. The syndrome is associated with high rate of psychiatric morbidity. The aims of the studies were: 1. To evaluate the rate of psychiatric disorders in patients with VCFS; 2. To look for an association between a gene in the deleted VCFS region, catechol-o-methyltransferase (COMT), and psychiatric disorders in VCFS patients; 3. To evaluate the patients' response to psychopharmacological treatments.

Methods: 52 patients with VCFS were evaluated using the Schedule for Affective Disorders and Schizophrenia for School-aged Children (K-SADS) and the Yale-Brown Obsessive Compulsive Scale (Y-BOCS) tools. The patients and their parents were genotyped for the COMT high (H) and low (L) activity alleles.

Results: The most common psychiatric disorders found in our sample were ADHD (37%), obsessive-compulsive disorder (OCD) (33%), and schizophrenia (16%). The VCFS patients with OCD had significantly higher rates of the COMT L allele than the non-OCD VCFS patients (85.7% vs 43.2%, $2 = 8.2$, $p = 0.004$; OR = 8.5). The patients with ADHD and OCD responded to treatment with methylphenidate and fluoxetine respectively, and the medications were well tolerated.

Conclusions: VCFS is associated with high rate of psychopathology. The OCD may be a result of high brain dopaminergic levels as suggested by the association between the L allele of the COMT and OCD in this population. This study exemplifies the potential value of behavioral genetics in elucidating the complex hereditary of psychiatric disorders.

N°312

Dyslexia and depressive symptoms. A. M. Undheim, A. M. Sund, Norwegian University of Science and Technology, Trondheim, Norway

Objective: The aim of the study was to examine the relationships between depressive symptoms, some psychosocial correlates and dyslexia in early adolescence.

Methods: In a stratified, random and representative sample of 2560 12- to 14.5 -year-old Norwegian girls (50.8%) and boys (49.2%), depressive symptoms were addressed by means of the Mood and Feelings Questionnaire (MFQ). A questionnaire made for the study addressed dyslexia.

Results: The proportion of girls with self-reported dyslexia the last 12 months was 9% and of boys 13.3% [$X^2(1) = 11.06$, $p < 0.01$]. There was a correlation between dyslexia and depressive symptoms for the whole sample, and for boys and girls separately ($p < 0.01$). 23.4% of the students with highest MFQ scores (> 90% percentile) reported to have dyslexia compared with the 9.7% students below the 90 percentile [$X^2(1) = 41.88$, $p < 0.01$]. Of students with divorced parents 14.5% reported to have dyslexia compared to 9.7% of those living in intact families [$X^2(1) = 10.88$, $p < 0.01$]. In the highest SES groups, 7.2% and 13.1% in the lowest SES groups [X^2

(1) = 20.4, $p < 0.001$] reported to have dyslexia. For those who reported dyslexia (N = 233), ANCOVA analysis showed that level of depressive symptoms (MFQ) varied with level of dyslexia problems, especially with level of writing problems [$F(2, 230) = 5.19$, $p < 0.01$], but not with level of reading problems.

Conclusion: Dyslexia has significant correlation with level of depressive symptoms in early adolescence. Socio-emotional problems of dyslexia should be further explored.

N°331

Social and emotional dimension and gender differences in specific learning disabilities. R. Donfrancesco, A. Dell'Uomo, D. Mugnaini, La Scarpetta Hospital, UO TSRMEE, SAL RM/A, Roma, Italy

Objective: The purpose of this study was to investigate the influence of gender on behavioural and emotional dimensions in specific learning-disabled (LD) children.

Method: The sample consisted of 41 LD children (20 male and 21 female), aged six to twelve, and 39 control children (C), 20 male and 19 female, matched accordingly by age. The diagnosis was performed according to ICD 10 Research criteria by using standardised Italian tests for reading, writing and calculation, and the WISC-R scale for I. Q. determination. In addition, these children were also assessed with the use of the Social and Emotional Dimension Scale (SEDS) for teachers.

Results: SEDS's total score for the LD-group was significantly higher than for the C-group (t -test = 4.01; $p < 0.025$). Incongruent behaviour differentiated the LD females from the C females (F-ratio = 7.79, Duncan post-hoc test: $p < 0.05$). LD females also have a major tendency towards teacher avoidance than C females (F-ratio = 2.25, Duncan post-hoc test: $p < 0.05$). LD males were more aggressive than LD and C females (F-ratio = 3.32, Duncan post-hoc test: $p < 0.05$), but they are no more aggressive than C males. All four groups were similar in light of emotional variables.

Conclusions: Contrary to the results of some previous papers, this study found that females with specific learning disability demonstrated more major social problems than LD males. They had more teacher avoidance and an evident increase in incongruent behaviour and adjustment difficulties than LD males. These conclusions could be used for a more useful assessment and rehabilitation of girls with specific learning disabilities.

N°332

Depression and environment interpretation in children with learning disabilities. R. Donfrancesco, A. Dell'Uomo, D. Mugnaini, La Scarpetta Hospital, UO TSMREE, ASL RM/A, Roma, Italy

Objective: The higher frequency of depression symptoms in children with learning disabilities (LD) is well known. This pathology is often ascribed to school failure and subsequently, low self-esteem. Rutter (1987), instead, suggests seeing children with reading disabilities as subjects having a wrong cognitive comprehension of their environment- possibly an erroneous interpretation in a depressive way.

The aim of this paper is to find a confirmation of the presence of depressive symptoms in children with LD and to also evaluate the hypothesis, which could be present in an incongruent interpretation of the environment.

Method: The paper includes 142 children: 72 LD diagnosed with the criteria of ICD-10 and 70 Control. They are comparable for age and gender. Teachers who regard the child's behaviours in the following 6 areas fill the Social and Emotional Dimension Scale: depression, incongruent behaviour, somatic symptoms, teacher and classmate avoidance and aggressive relations.

Results:

1. T-Test: the groups are different ($p < 0.01$): LD children have behaviours of teacher avoidance and depression symptoms.
2. LD children have the highest frequency ($p < 0.001$) of incongruent behaviours with the environment.

3. Depression symptoms and incongruence with environment are also present in younger children, while teacher avoidance only occurs in older LD ($p < 0.05$).

Conclusions: Depression and the wrong interpretation of the environmental should not be consequential to LD, because these are already present in younger children, while teacher avoidance appears later, therefore, a reactive behaviour for school failure.

N°334

Behavior disorders and language skills in children. Maria Formosinho, Faculty of Psychology and Sciences of Education, University of Coimbra (Portugal)

The relationship between language related variables and antisocial behaviors has been examined in previous reviews of the literature (Gallagher, 1999; Toppelberg & Shapiro 2000; Benner, Nelson & Epstein, 2002).

Language disorders appear to have a negative effect on social adaptation throughout the lifespan. Difficulties in initiating and maintaining interaction with others was suggested as a mediating variable in the relationship between language deficits and antisocial behaviors (Baker & Cantwell, 1985; Rutter & Mawhood, 1991; Redmond & Rice, 1998).

On average researches show a prevalence of 57% of children with language deficits who experience E. B. D. (Benner, Nelson & Epstein, 2002).

These results support our case-study of life children in preschool age who present language difficulties and show stronger rates of antisocial behavior.

We suggest that early intervention for E. B. D. must pay attention to language deficits.

N°337

Multiprofessional diagnosis and intervention in suspected ADHD. A. Bernardon*, E. Hasenauer, M. Höllwarth, S. Auer, B. Mangold, Child and Adolescent Psychiatry and Psychosomatic, University Hospital Innsbruck, Austria

Objective: With a prevalence of 5% ADHD is a common diagnosis in Child and Adolescent Psychiatry. Numerous Possible differential diagnoses require a rational diagnostic strategy. This report wants to underscore the importance of multiprofessional diagnosis and intervention.

Method: 11 year old boy referred to the Child and adolescent psychiatry and psychosomatic with suspected ADHD. Somatic status (eg. EEG) examination and testing by a child psychiatrist, a neurologist and a neuropsychologist (eg. K-ABC, TOVA, CBCL, YSR, behavior rating scales), ergotherapeutic and family based psychotherapy visits in an out- and inpatient setting.

Results: Normal somatic and neurological status, pathological psychiatric and psychotherapeutic findings, abnormal continuous performance tests and CBCL, normal behavior ratings in the inpatient setting. Diagnosis criteria completed for DSM IV but not for ICD 10.

Conclusions: Differences between behavior ratings in the out and inpatient setting and abnormal psychometric findings combined with mother-child interaction based problems reveal the importance of multiprofessional diagnosis and intervention assisted by an inpatient setting.

N°351

Treatment in group to parents and teachers whose children and pupils are ADHD. M. García-Giral, Psychiatrist Especialist Senior Infanto-Juvenil CSMIJ Eixample, Servei de Psiquiatria i Psicologia Infantil i Juvenil, Hospital Clínic de Barcelona, Spain, R. Nicolau, Psychologist Especialist Senior Infanto-Juvenil CSMIJ Eixample, Servei de Psiquiatria i Psicologia Infantil i Juvenil, Hospital Clínic de Barcelona, Spain; O. Casas; Psychologist. CSMIJ Eixample, Servei de Psiquiatria i Psicologia Infantil i Juvenil, Hospital Clínic de Barcelona, Spain; H. González; Psychologist CSMIJ Hospital Sant Joan de Deu, Manresa, Spain; N. Fuentes, Psychologist Centro Hospitalario Padre Menni, Santander; M. Cruz, Psychologist Especialist Infanto-Juvenil CSMIJ Eixample, Servei de Psiquiatria i Psicologia Infantil i Juvenil, Hospital Clínic de Barcelona, Spain

Aim: To study the knowledge about ADHD and the common problems related with the disorder as the way to deal with of parents and teachers with a child or pupil with a ADHD diagnostic established in the Child and Adolescent Psychiatry and Psychologist Unit

Methods: Parents of patients who attend a Child and Adolescent Child Guide at Barcelona. The team of the Unit makes the diagnosis and the treatment. All parents whose children are been attended by the Unit are invited to assist to session's in-group about information on ADHD and its common problems and some cognitive and behavioural strategies to deal with. The group is open (one can come in and give up the sessions went they want). The group of teachers is call through the parents of the children who invited the main teacher or/and the school psychologist to attend some group sessions in our Unit where they will received information about ADHD and its common problems and how deal with them at school.

The group frequency is monthly. The group session duration is two hours.

It is done an evaluation at the first session and a second evaluation at the end. It is used a questionnaire elaborated by R. Nicolau and M. Garcia (2000).

Results and Conclusions: We are increasing our sample. The preliminary results show: Teachers knowledge is greater than parents at the beginning but parents and teachers increase their knowledge about the disorder and what are the different strategies to use to shape the behaviours of their children.

N°352

Knowledge about the adhd and cognitive and behavioral strategies to deal with their common problems in parents of ADHD children. M. García-Giral, Psychiatrist Especialist Senior Infanto-Juvenil CSMIJ Eixample, Servei de Psiquiatria i Psicologia Infantil i Juvenil, Hospital Clínic de Barcelona, Spain, R. Nicolau, Psychologist Especialist Senior Infanto-Juvenil CSMIJ Eixample, Servei de Psiquiatria i Psicologia Infantil i Juvenil, Hospital Clínic de Barcelona, Spain; O. Casas; Psychologist. CSMIJ Eixample, Servei de Psiquiatria i Psicologia Infantil i Juvenil, Hospital Clínic de Barcelona, Spain; H. González; Psychologist CSMIJ Hospital Sant Joan de Deu, Manresa, Spain; N. Fuentes, Psychologist Centro Hospitalario Padre Menni, Santander; M. Vila, Psychologist Especialist Infanto-Juvenil CSMIJ Eixample, Servei de Psiquiatria i Psicologia Infantil i Juvenil, Hospital Clínic de Barcelona, Spain

Aim: To study the knowledge about ADHD and the common problems related with the disorder as the way to deal with of parents with a child with a ADHD diagnostic established in the Child and Adolescent Psychiatry and Psychologist Unit

Methods: Parents of patients who attend a Child and Adolescent Child Guide at Barcelona. The team of the Unit makes the diagnosis and the treatment. All parents whose children are been attended by the Unit are invited to assist to session's in-group about information on ADHD and its common problems and some cognitive and behavioural strategies to deal with. The group is open (one can come in and give up the sessions went they want).

The group frequency is monthly. The duration is 8 sessions. The group session duration is two hours.

It is done an evaluation at the first session and a second evaluation at the end. It is used a questionnaire elaborated by R.Nicolau and M.Garcia (2000).

Results and Conclusions: We are increasing our sample. The preliminary results show: Parents increase their knowledge about the disorder and what are the different strategies to use to shape the behaviours of their children.

N°353

Mouse brain gene expression changes after chronic treatment with neuroleptics. C. Mehler-Wex¹, S. Zeiske¹, E. Grünblatt², G. Gille³, D. Rausch⁴, A. Warnke¹, M. Gerlach¹

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Introduction: Recent data suggest that many antipsychotic drugs, in particular "atypical" neuroleptics, are associated with weight gain. The underlying mechanisms are unknown. The aim of this study was to examine changes in gene expression following chronic treatment with neuroleptics by microarray assessments.

Methods: Twenty 10-12-week-old male C57BL6-mice received for 4 weeks either the typical neuroleptic haloperidol or the atypical neuroleptic clozapin. The drugs were given by pellets prepared with 1 mg/kg haloperidol or 10 mg/kg clozapin. The control group (n = 10) was given usual food pellets. The doses fed were recorded daily by weighing the pellets. The weights of all animals were recorded prior to treatment and twice weekly following treatment. After 4 weeks mice were sacrificed by decapitation. The brains were quickly removed for striata isolation. Total RNA was isolated, treated with DNaseI and purified (RNeasyKit, Qiagen). For gene changes analysis we used GeneChipMicroarray (Affymetrix). Confirmation of the gene changes found was done using the Real-time RT-PCR.

Results: Comparing the clozapine and haloperidol treated groups with controls, preliminary cDNA microarray analysis revealed several significant differences in gene expression in the striatum. With Real-time RT-PCR we confirmed up-regulations of cytochrome c oxidase subunit VIIc gene and of glutamate transporter-mRNA gene following haloperidol treatment. The anti-proteolytic murine tumor necrosis factor-stimulated gene 6 was up-regulated after clozapine treatment.

Conclusions: Microarrays allow parallel screening of the expression patterns and regulation of thousands of genes. The changes found in gene expression may underlie abnormal energy metabolism and body weight changes following neuroleptic therapy.

N°355

Knowledge about the addh and cognitive and behavioral strategies to deal with their common problems in parents of addh children, teachers and staff members of a child and adolescent psychiatry unit. R. Nicolau, Psychologist Especialist Senior Infanto-Juvenil CSMIJ Eixample, Servei de Psiquiatria i Psicologia Infantil i Juvenil, Hospital Clínic de Barcelona, Spain; M. Garcia-Giral, Psychiatrist Especialist Senior Infanto-Juvenil CSMIJ Eixample, Servei de Psiquiatria i Psicologia Infantil i Juvenil, Hospital Clínic de Barcelona, Spain; H. González; Psychologist CSMIJ Hospital Sant Joan de Deu, Manresa, Spain; N. Fuentes; Psychologist Centro Hospitalario Padre Menni, Santander; O. Casas; Psychologist. CSMIJ Eixample, Servei de Psiquiatria i Psicologia Infantil i Juvenil, Hospital Clínic de Barcelona, Spain; M. Vila, Psychologist Especialist Infanto-Juvenil CSMIJ Eixample, Servei de Psiquiatria i Psicologia Infantil i Juvenil, Hospital Clínic de Barcelona, Spain.

Aim: To study the knowledge about ADHD and the common problems related with the disorder. To study how the sessions have increased the knowledge to deal with these problems to parents, teachers with a child ADHD diagnostic.

Methods: Parents of patients who attend a Child and Adolescent Child Guide at Barcelona. The team of the Unit makes the diagnosis and the treatment. All parents whose children are been attended by the Unit are invited to assist to session's in-group about information on ADHD and its common problems and some cognitive and behavioural strategies to deal with. The group is open (one can come in and give up the sessions went they want).

The group of teachers is call through the parents of the children who invited the main teacher or/and the school psychologist to attend some group sessions in our Unit where they will received information about ADHD and its common problems and how deal with them at school.

The frequency is monthly. The duration is 8 sessions (parents) and 5 sessions (teachers). The group session duration is two hours.

The staff of the Unit does not received any addition information about the ADHD.

It's done an evaluation at the first session and a second evaluation at the end. We used a questionnaire elaborated by R.Nicolau and M.Garcia (2000).

Results and Conclusions: We are increasing our sample. The preliminary results show: Parents and teachers increase their knowledge about the disorder and what are the different strategies to use to shape the behaviours of their children.

N°356

Description of a neuropsychologist features in addh children and adescents. R. Nicolau, Psychologist Especialist Senior Infanto-Juvenil CSMIJ Eixample, Servei de Psiquiatria i Psicologia Infantil i Juvenil, Hospital Clínic de Barcelona, Spain; M. Garcia-Giral, Psychiatrist Especialist Senior Infanto-Juvenil CSMIJ Eixample, Servei de Psiquiatria i Psicologia Infantil i Juvenil, Hospital Clínic de Barcelona, Spain; M. Cruz, Psychologist Especialist Infanto-Juvenil CSMIJ Eixample, Servei de Psiquiatria i Psicologia Infantil i Juvenil, Hospital Clínic de Barcelona, Spain; M. Vila, Psychologist Especialist Infanto-Juvenil CSMIJ Eixample, Servei de Psiquiatria i Psicologia Infantil i Juvenil, Hospital Clínic de Barcelona, Spain; E. Piera, Psychologist CSMIJ Eixample, Servei de Psiquiatria i Psicologia Infantil i Juvenil, Hospital Clínic de Barcelona, Spain; O. Casas; Psychologist. CSMIJ Eixample, Servei de Psiquiatria i Psicologia Infantil i Juvenil, Hospital Clínic de Barcelona, Spain; S. Tello, Psychologist, CSMIJ Eixample, Servei de Psiquiatria i Psicologia Infantil i Juvenil, Hospital Clínic de Barcelona, Spain; M. Ollé, Psychologist CSMIJ Eixample, Servei de Psiquiatria i Psicologia Infantil i Juvenil, Hospital Clínic de Barcelona, Spain

Aim: To study the neuropsychology features of Children and adolescent with a diagnosis of ADHD stabilised before and after to received psychopharmacology treatment.

Methods: The diagnosis is made by in the Unit fellow a protocol evaluation. When there is a positive clinical diagnosis of ADHD the child and the parents received information about our experimental neuropsychology evaluation and they are invited to participate.

The neuropsychologist exploration is made in two sessions. The duration of each is one hour and a half.

It is evaluated during the first session: verbal memory, verbal fluency, ideamotors praxis, procedimental learning, visual and perceptive memory and incidental learning. In the second session it is evaluated: maintained attention, tapping, selective attention with and without interference, mental arousal and sequence, impulsivity and perceptive capacity and visoperceptive capacity. There is about 13 test in overall: Matching Figure Test-20, Stroop Test (computer version) and Continuum performance Test (CPT).

It is done a evaluation before begin psychopharmacological treatment and a post evaluation after the treatment has been established.

Results: We have made the analysis of the first evaluation test. There is some neuropsychology features more common in the children with ADHD than in children of the general population.

N°358

Serum levels of SSRI in adolescents with psychiatric disorders. H.-W. Clement, C. Fleischhaker, K. Hennighausen, E. Schulz; Department of Child and Adolescent Psychiatry, Albert-Ludwigs University, Freiburg, Germany

Selective-serotonin-reuptake-inhibitors (SSRI) are found to be effective in the treatment of depression, obsessive compulsive disorder, and anxiety. Serum levels of the SSRI's fluvoxamin, fluoxetine, citalopram, paroxetine, sertraline, and its metabolite norsertaline, have been studied using HPLC with UV-detection. At doses of citalopram between 10 and 40 mg/day serum levels between 8 and 144 ng/ml serum have been found. Most often used is fluvoxamine, with serum levels between 14 and 275 ng/ml serum with doses between 25 and 250 mg/day. Especially in the case of fluvoxamine, but also for citalopram, strong interindividual variations of the serum levels, up to tenfold, could be observed, indicating that monitoring of the serum levels is helpful in dose adjustment. In adolescents the serum levels of sertraline and norsertaline are found to be significantly lower as compared to adults. Adolescents therefore seem to need higher doses of SSRI than adults.

N°363

Prevalence of preschool psychopathology from teacher reports: urban-rural differences in two Spanish areas. Ma. C. Jané*, J. Canals, F. Viñas, S. Ballespí, G. Esparó, E. Domènech-Llaberia, Universitat Autònoma de Barcelona – Spain

Objective: The aim of this study was to present prevalence rates of DSM-IV symptoms in preschool children from teacher reports in urban and rural Spanish areas.

Method: The field survey has been conducted in two geographical areas of Catalunya (Spain): an urban area (Montcada, Barcelona), and another rural (Priorat and Ribera d'Ebre, Tarragona). The subjects were the whole population of children from preschool classes of public and private schools. 1105 preschoolers were evaluated (51% boys and 48% girls), 697 from the urban area and 408 from the rural one. The Early Childhood Inventory-Teacher Version (ECI-4) (Gadow and Sprafkin, 1996) has been used as screening instrument. In a second stage, children were interviewed by two clinicians.

Results: The prevalence rates for psychopathological disorders in rural versus urban area was: TDA-H (7,8%; 8,9%), Disruptive disorders (3,4%; 3,4%), Anxiety disorders (7,4%; 10,2%) and Mood disorders (1,0%; 1,3%). The most prevalent disorders in both areas were Anxiety disorders and the less prevalent disorders were Mood disorders. Sex differences were found in TDA-H and Conduct disorders, more prevalent in boys.

Conclusions: The results indicate some differences in prevalence rates of preschool psychopathology between the rural and urban samples, but these differences are not significant

N°364

In vivo release of neurotransmitters in the rat hippocampus after application of secretin. A. Kuntz¹, H.-W. Clement¹, O. Sommer¹, A. Pschibul¹, M. Gerlach², E. Schulz¹

¹ Department of Child and Adolescent Psychiatry, Albert-Ludwig University, Freiburg, Germany; ² Department of Child and Adolescent Psychiatry, Bayerische Julius-Maximilians University, Würzburg, Germany

Objectives: In 1998 Horvath reported three autistic children, who showed dramatic behavioural improvement (improved eye contact, alertness, and expansion of expressive language) 5 weeks after application of secretin. Currently, several anecdotal reports and a few

controlled trials with conflicting results have been published regarding the use of secretin in autism. Nevertheless only little is known about the role of secretin in the central nervous system. Aim of this study is the investigation of the effect of secretin on secretion of neurotransmitters in the rat brain.

Material and methods: Experiments were undertaken in anterior hippocampus of freely moving Lewis-rats. Microdialysis technique was used to collect microdialysate each 20min during 4h. HPLC with fluorescence detection was used to measure the amount of amino acids in microdialysate. Catecholamine and indolamine analysis were performed with HPLC and electrochemical detection. Concentrations of the neurotransmitters were compared before and after application of secretin (30kU/kg i.p.) versus a control group.

Results: A significant increase of glutamate and GABA could be shown after application of secretin. Among the catecholamines and indolamines only 3-MT increased significantly after secretin application and the 5-HIAA/5-HT ratio showed a moderate increase.

Summary: Our study strengthens the role of secretin as a neuro-modulator affecting the glutamatergic, the gabaergic, the dopaminergic and possibly the serotonergic system. Furthermore, our study could support the theory of Carlsson of autism as a hypoglutamatergic disorder. Thus, the increased secretion of glutamate after application of secretin could explain the behavioural changes as seen in Horvath's study.

N°374

Body image dissatisfaction and early onset anorexia nervosa: a preliminary study of twenty-five patients. G. Ferrucci, V. Giancotti, A. Paris, F. Piccolo, University "La Sapienza", Rome, Italy.

Objective: Disfunctional body image is a core feature of eating disorders, especially of anorexia nervosa (AN). The focus of this study is to assess the importance of body image dissatisfaction in a group of young patients with early onset (before 14 yrs) anorexia nervosa (EOAN) in comparison with a group of patients with AN arising over 18 yrs.

Methods: We studied 25 female patients with EOAN diagnosed by DSM IV and GOS (Great Ormond Street) criteria. We evaluated body dissatisfaction by BUT (Body Uneasiness Test) self-report questionnaire and by BIA (Body Image Assessment) procedure for children and preadolescents. A control group of 25 AN cases with onset over 18 yrs was also studied.

Results: In the patients with EOAN we found a high level of body image dissatisfaction, with some peculiar differences from patients with classical (over 18 yrs) AN. In particular, in patients with EOAN we found a steady greater presence of pathological values in weight-phobia scale.

Conclusion: In patients with EOAN, a special attention should be paid to the integration of body image during developmental age.

N°381

Reboxetine treatment in ADHD: a cross-sectional study. O. Herberos, A. Jimenez, R. Gracia, F. Sanchez, Hospital Universitario de Canarias, La Laguna, Spain

Despite well-documented improvement in attention deficit hyperactivity disorder (ADHD) with the available treatments, a number of children are difficult to treat because of adverse events or non-response to usual agents. Recently, inhibitors of norepinephrine reuptake appear to be useful and safe in this area.

Objective: to collect data assessing the safety, tolerability and efficacy of reboxetine, a nonstimulant inhibitor of norepinephrine reuptake potentially useful for treating ADHD.

Methods: a cross-sectional design for assessing 23 children and adolescents receiving clinical care in a specialized Child and Adolescent Psychiatry Unit, all of them treated with reboxetine for ADHD now or in the past, was made by the authors to evaluate its effect on core symptoms of ADHD.

Results: reboxetine was initiated at 1 mg per day and adjusted on

a clinical basis depending on response and adverse effects, in one or two doses per day. Changes in ADHD symptoms, measured by the ADHD Rating Scale (parent's version), was the efficacy measure. Adverse events were assessed each week at the beginning of treatment. An important improvement on ADHD symptoms was seen, with transient somnolence as the most frequently reported side effect.

Conclusions: this preliminary findings suggest that reboxetine is efficacious and well-tolerated in ADHD children, but further controlled studies are needed in order to assess its efficacy with respect to standard ADHD treatments.

N°382

The interpretation of facial expression by children with attention deficit hyperactivity disorder. McArdle P.

Children with ADHD often have social impairments. These may be related to disinhibition, poor judgement of social cues as well as other factors. Recent findings suggest that certain brain structures are specifically linked to recognition of certain emotions (e.g. amygdala and fear). Hence, exploring recognition of facial expression might help identify the anatomical basis for social impairments.

Thirty one child mental health clinic attendees (25 males and 6 females) with ADHD and thirteen controls matched for age sex and school were asked to rate facial expressions presented on a laptop computer. There were six faces each with six standard expressions: happy, sad, disgust, fear, anger and surprise. In addition a parent completed a social competence questionnaire.

There were no differences between the groups in relation to positive emotions. Children with ADHD were significantly poorer than controls in their ability to recognise "disgust".

Disgust may be linked with the basal ganglia, specifically the putamen. The latter has been implicated too in the motor symptoms of ADHD. Hence, the recognition of facial expression may have a useful role in the assessment of ADHD.

N°384

Development of executive functions in healthy and ADHD children and adolescents. H. T. Weiler, H. Hellrung, B. Blanz, Friedrich-Schiller-University of Jena, Germany

Objectives: Morphological and physiological changes have long been described during development. Therefore, children (8–12y) and adolescents (13–17y) should show clear differences in an executive function paradigm.

Methods: Performance parameters of a go-nogo paradigm and related fMRI activation patterns in 25 children, representing the maturational pruning phase, were compared with those of 22 adolescents. The results were presented in the context with data from ADHD subjects (30 children and 20 adolescents).

Methods: The four groups differed not regarding omission errors (failing responses on go-stimuli). Adolescents (healthy subjects: 7.8, ADHD: 9.9) showed generally less commission errors (responses on nogo-stimuli) than children (healthy subjects: 12.3, ADHD: 19.0; healthy subjects: $p = 0.02$; ADHD subjects: $p < 0.0001$). Whereas healthy children showed less commission errors than ADHD children ($p = 0.01$), healthy adolescents did not show less than ADHD adolescents. ADHD children's responses showed also a larger variability compared to the other groups ($p = 0.002 - 0.01$). There was a distinct large network which was activated by the go-nogo-paradigm. That network showed developmental changes, since it was differently active in children and adolescents. For behavioural inhibition the anterior cingulate cortex and the dorsolateral prefrontal cortex are essential as the findings of the ADHD subjects confirm. Moreover, there seems to be a developmental order, in which the ACC activation has to precede the DLPFC activation.

Conclusions: Therefore, in investigations regarding executive functions groups of children and adolescents, especially when considering ADHD, should not be confounded.

N°391

ADHD and depression. Sogos C., MD PhD; Romani M., MD PhD; Lapponi E., Department of Child and Adolescent and Psychiatry-University of Rome "La Sapienza", Italy

Objectives: On the basis of the complexity of the actual debate about ADHD clinical, this study tries to tackle the question about the developmental meaning of the syndrome according to a latent developmental hypothesis.

Methods: On the basis of the analysis of a clinical sample consisting of 110 ADHD children, age range 4.0–11.11 years, we will focus on the subtypes differences within the clinical picture and consider the various psychopathological associations. Aim of the research is to analyse the possible association among clinical subtypes.

We examine different psychopathological associations: Oppositional Defiant Disorder (ODD), Conduct Disorder (CD) from one side and Depressive Disorders and Anxious Disorder.

Results: In the total sample the subtypes distribution is 62% combined type and 38% predominantly inattentive type.

It is important to highlight the prevalence of ADHD combined type in the first age group with a progressive inversion tendency in the older age groups. Furthermore it is important to mention the subdivision according to different psychopathological subtypes. In the total sample the groups distribution is divided in 67% Behavioural Disorders and 33% Affective Disorders. From a developmental point of view the Affective Disorders prevalence on Behavioural disorders states for ADHD as the first step of a developmental continuum which, although initially keeping the basic symptomatology, can progressively worsen in different multiple pictures with a double directionality (Behavioural/Affective).

Conclusions: From a developmental point of view the Affective Disorders prevalence on Behavioural disorders states for ADHD as the first step of a developmental continuum.

N°407

The Relationship between 5-HT and Aggression in Children and Adolescents: A Review and Critique of the Literature.

This paper reviews the available studies on 5-HT and aggression in children and adults and presents some speculative hypothesis to account for the conflicting findings in the published literature.

The application of putative biological markers including measures of serotonergic function (5-HT) to the study of aggression in children and adolescents is limited. While majority of studies of adult samples indicate that 5-HT is inversely related to aggression, particularly impulsive aggression, the findings in younger samples are inconsistent. Some, but not all, studies of Cerebrospinal fluid (CSF) 5-HIAA indicate evidence of an inverse relationship with aggression in children with disruptive behaviours. Pharmacological challenge studies, however, largely report either no association or a positive relationship with aggression. There are a number of possible explanations for the conflicting findings. These included the influence of age, comorbidity with ADHD, and typology of aggression. Available studies suggest that an inverse relationship between 5-HT and aggression is present in older children but the opposite pattern is observed in younger samples suggesting a possible down-regulation in central 5-HT. Studies including subjects with comorbid ADHD also report positive relationships between aggression and 5-HT while those without this disorder largely do not. As there is some evidence that perinatal insults to central dopamine cause morphological changes in 5-HT neurones, it is possible that ADHD modulates the relationship between 5-HT and "impulsive" aggression few of the child issues have addressed the issue of typology of aggression. It is possible that the conflicting findings in the child/adolescent literature may also be accounted for by the lack of inclusion of measures of impulsivity or impulsive aggression.

N°411

Early treatment of preschool children who stutter. B. Entner, H. Jenewein, B. Mangold. Child and Adolescent Psychiatry and Psychosomatic – University Hospital of Innsbruck; Austria

Objective: There are only a few institutions in the whole and especially in the rural area of Tirol for stuttering children.

One of the key aspects of the speech and language pathology division of our department are the assessment and treatment of stuttering children (aged from 4 to 15).

Methods: After a detailed evaluation the children are treated in small groups or individually.

The therapy is offered in three blocks and focuses on different topics:

- Decreasing of fear.
- Openly address the topic “Stuttering”
- Application of different forms of talking.
- How to transfer and handle these new methods in every day live.
- Attendance of parents.

Results: Over the last year, 22 children attended our stuttering groups, approximately a quarter of them stopped stuttering.

Due to the timely intervention the kids and their families learn how to handle their stuttering in a more fearless way.

Conclusions: Addressing the “problem” is very relieving for the parents and for the children themselves. Even though the children are very young, they realize very early that they speak in a different way.

It is important that stuttering is no tabu topic in family life.

N°416

Somatic aspects of early onset depressions. S. Stambolova, A. Slavchev, Child and Adolescent Psychiatric Clinic, University of Medicine, Sofia, Bulgaria

Diagnostic and differential-diagnostic difficulties often result from somatic components of early onset depressions.

Objective of the work is to determine the frequency and age-related dynamics of somatic elements of early onset depressions.

Method: 133 patients aged between 9–16 years (average 14,5 years) diagnosed with depressive episode according to ICD 10 in the inpatient Child and Adolescent Psychiatric Clinic in Sofia were evaluated retrospectively for a period over six years. The evaluation of somatic attributes of the depressions was based on clinical observations and hospital documentation.

Results: Somatic components in the clinical features of early onset depressions as well as depressed and/or irritable mood, tearfulness, disturbed psychosocial functioning, were observed in 32 (24%) patients. Twelve percent had gastrointestinal complaints, 11% had enuresis nocturna, headache – 6%, transient hypertension – 1,5% and others – 1,2%. Frequency and intensity of somatic complaints tend to decrease with age.

Conclusion: Somatic elements of early onset depression are a non-specific path to externalize psychosocial discomfort and could be interpreted as a “masking” of depression, probably related to psychosocial immaturity of the children’s Ego and its expressive possibilities.

N°427

A clinical protocol for ADHD in Italian children: comparison between questionnaires and a semi structured interview. P. Atzori, B. Ancilletta, P. Cavolina, M. Pedron, A. Zuddas; Child Neuropsychiatry, Dept Neuroscience and *Dept of Public Health, University of Cagliari, Cagliari, Italy

Objective: To compare the validity and reliability between Questionnaires and the Italian version of the Parent Interview for Children Symptoms for the diagnosis of Disruptive Behavior Disorders (Attention-deficit/hyperactivity disorder in particular) in Italian children.

Method: Subjects (100 patients, 4–16 year old, referred for hy-

peractivity and/or inattention) were studied using a clinical protocol including: I.Q. measurement (WISC-R), questionnaires for parents and teachers (Conner’s RS), questionnaire for the child on anxiety and depression (MASC by March and CDI by Kovacs), evaluation of writing, reading and comprehension (MT), and the Italian version of the semistructured interview for parents (Parent Interview of Child Symptoms (PICS-IV by Schachar et al.). Diagnoses obtained by PICS-IV were compared to diagnosis generated by Conner’s Rating scale alone or by complete protocol. Single Items of the Parent and Teacher scoring at the questionnaire were compared to clinician rating for similar rating at the Parent interview using linear trend of chi-square and the percentage of similar or under/hyper scored items. ROC (Receiver Operating Characteristics) curves were used to measure predictive diagnostic value of Conners Subscales and Indices.

Results and Conclusions: Chi-square of the linear trend showed a poor relation between parent’s scoring at the questionnaire and the clinician’s scoring at the parent interview in several items. Predictive diagnostic value of the specific Subscales and Indices of the Conner Parent’s Rating Scale were moderate to poor but higher than predictive value of Teacher’s Rating Scale. Questionnaires were indicated for screening of DBD, but not for formulating specific diagnosis of ADHD and other disorders in comorbidity. An extensive protocol including a semi-structured clinical interview appears crucial for accurate diagnosis of ADHD.

N°429

Validity and reliability of a parent interview for children symptoms (PICS-IV) for the diagnosis of disruptive behavior disorders in Italian children. T. Usala, S. Paba, P. Cavolina, B. Ancilletta, A. Zuddas, Child Neuropsychiatry, Department of Neuroscience, University of Cagliari, Cagliari, Italy

Objective: To determine the validity and reliability of the Italian version of the Parent Interview for Children Symptoms (PICS-IV) for the diagnosis of Disruptive Behavior Disorders (Attention-deficit/hyperactivity disorder in particular) in Italian children.

Method: Subjects (100 patients, 4–16 year old, referred for hyperactivity and/or inattention) were studied using a clinical protocol including: I. Q. measurement (WISC-R), questionnaires for parents and teachers (Conner’s RS), questionnaire for the child on anxiety and depression (MASC by March and CDI by Kovacs), evaluation of writing, reading and comprehension (MT), and the Italian version of the semistructured interview for parents (Parent Interview of Child Symptoms (PICS-IV by Schachar et al.). Interrater reliability between two child psychiatry for PISC-IV, and comparison with the scoring with Schedule for Affective Disorders and Schizophrenia for School-Age Children (Kiddie-SADS-PL) was measured for single items and final diagnosis. Finally, the similarities between diagnosis generated by the interview and by the complete protocol was measured.

Results and Conclusions: Chi-square of the linear trend showed high concordance between diagnosis obtained by PICS, by K-SADS and by team meeting (complete protocol). Interrater reliability correlates were greater than 0.8. PICS-IV semi-structured interview showed high selectivity and sensitivity of predicting diagnosis generated by the complete protocol.

N°435

Changing times; an audit of an in-patient child psychiatry unit over a three year period in Ireland. C. J. Mc Elearney, B. Doody, M. Fitzgerald, Trinity College, Dublin, Ireland

Objectives:

1. to obtain a profile of the patients admitted to the unit including socio-demographic information, length of stay, diagnostic categories and the time between referral and admission
2. to evaluate the use of medication

Method: This was a retrospective study of consecutive admissions to the unit over a three year period. Data collected included so-

cio-demographic information, length of stay, number of admissions, diagnosis and medication prescribed. Information was obtained from patient clinical files, drug records and the pin-point computer system.

Results: A total of 65 children were admitted to the unit. A wide diagnostic group were identified. Children from all social classes were represented. The mean length of stay has declined.

Conclusion: The service is attempting to offer a more flexible focused therapeutic intervention.

N°444

Neuro-psycho-motor developmental aspects and familiar interactions in a song about mental retardation: from earliest childhood to adolescence. Marques Filho A. B.* [Psychiatrist, Master of Health Sciences and Psychiatry Discipline Head, Medicine College of Sao José do Rio Preto (FAMERP), SP, Brazil]; Souza D. R. S. [Biologist, PhD, Molecular Biology Department Head (FAMERP)]; Jabur Filho R. [Psychiatry Resident (FAMERP)]; ALBUQUERQUE I [Occupational Therapist (FAMERP)]

Objectives: The aim of this study is describe some aspects suffered by a child with mental retardation and his (or her) family. The main points reported are written in verses and they have a didactic function: teach students how is neuro-psycho-motor evolution and mutual influence between family and a boy (or girl) affected by mental deficiency, since expectations about birth until acceptance in the youth years. The poem can be sing and lyrics was composed by Altino Bessa Marques Filho and music by Marques Filho e José Celso Colturato Barbeiro.

Method: This assay has a qualitative form and is based in the knowledge from doing assistance to mental retarded people by the presenting author for seventeen years in a Brazilian institution for children and teenagers whose IQ does not exceed 70. The same author has also teach Psychopathology at local Medicine school in the latest twenty seven years. Last but not least, the presenting author is music composer too. Therefore, lyrics are a outcome of the three activities.

Results: parents emotional responses in the different developmental neuro-psycho-motor phase in a mental retardation carrier's evolution are lyrically explained (fanciful expectations during gestational period; negation; life's projects' rupture with reality confrontation; sorrow and weeping when the son (or daughter) is compared with normal companions; bad fate's assignments; revolt against God; progenitors' initial disability to realize what is happening; hardly and slowly resignation; finally, acceptance when parents recognize that their adolescent son (or daughter) is a lucky one.

Conclusions: popular songs' words can be employed as a significant pedagogical recourse in classes and conferences; musical compositions reporting conspicuous aspects in children's Psychiatry should be encouraged and published.

References

- Ferreira SL (1998) Aprendendo sobre deficiência mental: um programa para crianças. Sao Paulo: Memnon
 Schwartzman JS, et al. (1999) Síndrome de Down. Sao Paulo: Mackenzie Memnon
 Regen M (1992) A família e o portador de síndrome de Down. Temas sobre desenvolvimento, p 16-20
 Bee H (1986) A criança em desenvolvimento. Trad. Rosane Amador Pereira. Sao Paulo: Ed Harper & Row do Brasil
 Gesell A (1989) A criança dos 0 aos 5 anos. Trad. Cardigo dos Reis. 2 ed. Sao Paulo: Martins Fontes
 El-Khatib U (1990) Discutindo a deficiência: onde começam as dificuldades. Cad. Ter. Ocup. V5 n1, p 33-44
 Silva NLP, Dessen MA (2001) Deficiência mental e família: implicações para o desenvolvimento da criança. V17.n2. p 133-141
 Gesell A (1996) Diagnóstico do desenvolvimento. Sao Paulo: Livr. Atheneu Ed

N°447

Alexithymia in antisocial adolescents and their controls. H. Ebeling¹, M. D., Ph. D., I. Moilanen¹, M. D., Ph. D., J. Tiihonen² M. D., Ph. D.

¹ Clinic of Child Psychiatry, University and University Hospital of Oulu, Finland; ² Clinic of Psychiatry, University and University Hospital of Helsinki, Finland, and Niuvanniemi Hospital, and Clinic of Forensic Psychiatry, University of Kuopio, Finland

Antisocial adolescents have increased difficulty in identifying their feelings. However, in adolescence difficulty in identifying feelings seems to be associated with tendencies of several other problem behaviours as well. Empathetic approaches helping young people to get acquainted with their feelings would be profitable.

The aim was to compare alexithymic features in antisocial adolescents and their gender and age matched controls. We also compared alexithymia with problem behaviours reported by adolescents themselves.

The sample consisted of 22 antisocial residents at a reform school, and their 21 controls coming from an average high school. The cases were 11 boys (mean age + SD 16.2 + 1.1 years), and 11 girls (16.2 + 1.2 years), and the controls respectively 10 boys (16.1 + 1.2 years), and 11 girls (16.0 + 1.3 years). The probands completed Toronto Alexithymia Scale (TAS-20) and Youth-Self Report by Achenbach (YSR). Mann-Whitney's U-test was used. TAS-20 scores and YSR-factor scores were compared with Pearson correlations.

The antisocial adolescents had significantly higher total TAS-20 scores than the controls (52.5 vs. 49.2; p=0.017). They also had higher scores in TAS-20 Factor1 (Difficulty Identifying Feelings) (p<0.001). There was no difference in TAS-20 scores between the genders, but males had higher scores than females in Factor-3 (Externally-Oriented Thinking) (p=0.036). TAS-20 Factor-1 correlated significantly (p<0.01) with YSR-factors Withdrawnness, Somatic complaints, Anxiousness-Depression, Thought problems, Attention problems and Aggressiveness. TAS-20 Factor-2 (Difficulty Describing Feelings) correlated significantly with Thought problems. TAS-20 Factor-3 correlated negatively with Withdrawnness, Anxiousness-Depression and Thought problems.

In conclusion: Antisocial adolescents have increased difficulty in identifying their feelings. However, in adolescence difficulty in identifying feelings seems to be associated with tendencies of several other problem behaviours as well. Empathetic approaches helping young people to get acquainted with their feelings would be profitable.

N°453

Conflict and conflict resolution styles among young delinquents in Serbia. V. Micic, L. J. Milosavljevic*, Clinic for mental health protection and child neuropsychiatry, Nis, Serbia

Objective: The purpose of this preliminary study was to describe conflict resolution styles among young delinquents and correlate it with different variables from their records, in order to define conditions for implementation of the most suitable restorative justice programs.

Methods: 54 young delinquents aged 14 to 22 years of age, in Institution for juvenile delinquency in Nis, Serbia, were assessed for preferred conflict resolution style (avoiding, accommodative, competitive, compromising and collaborative) by interview, observational, institutional records and prepared questionnaire. The resulting data were compared with various record data (family background, age, educational history, type of committed crime, psychologist and pedagogue report data, presence of antisocial behaviors. Individual conditions for implementation of restorative justice programs were assessed. Grouped data were analyzed in order to determine the most suitable program of restorative justice

Results: Suggestive correlation between preferred correlation style and analyzed variables are observed.

Discussion: We discussed some observed correlation between preferred conflict resolution styles and compared variables as well

as victim offender mediation and family conferencing as the most suitable programs of restorative justice for implementation.

N°454

Deliberate self-harm and attempted suicide among children and early adolescence: retrospective study. L. J. Milosavljevic, V. Micic, Clinic for mental health protection and child neuropsychiatry – Nis, Serbia

Objective: The aim of this study was to compare characteristics of deliberate self-harmed and attempted suicide in children and early adolescence.

Method: Information about all registered deliberate self-harmed and attempted suicides of 45 young people in Nis, Serbia from 1998 through 2002 was gathered from several professional informants. Variables compared age group (younger and older than 14), used methods, preceding conflict, presence of psychopathology, family background, educational history, medical records.

Results and Discussion: We discussed differences and similarities among deliberate self-harm episode and attempted suicide characteristics of younger and older age group.

N°462

Heart rate variability and its contribution to understanding ADHD. G. M. Barth, G. Klosinski, M. Nickola, M. Günter, D. Horwath, I. Koch, U. Dürrwächter, University of Tübingen, Germany

Objective: Heart Rate Variability (HRV) is able to elucidate vegetative stimulation. By this accompanying vegetative imbalance of psychiatric disorders can be demonstrated.

Method: From all EEGs of patients of the department of child and adolescent psychiatry in Tübingen since 1997 ECG was isolated and HRV parameters were computed. Also Holter-ECG of 10 patient of a double blind methylphenidate clinical trial was drawn for respectively three conditions: placebo, methylphenidate and retard formulation of methylphenidate. HRV parameters were computed for several comparable periods in each condition.

Results: HRV is significantly higher in patients with ADHD in comparison to other patients. Treatment with Methylphenidate reduces HRV and increases heart rate. Test situation decreases the difference between Methylphenidate and Non-Methylphenidate.

Conclusions: Results show ADHD as a disturbance of vegetative balance especially by an increased parasympathetic stimulation. Effects of medication are able to equalize the imbalance. The importance of reliable diagnostic and role of effects in the light of psychophysical results is discussed.

N°467

Maternal alcohol use and hyperactivity of 8-year-old children. I. Moilanen, A. Kotimaa, A.-L. Hartikainen, A. Taanila, H. Ebeling, M.-R. Järvelin, University and University Hospital of Oulu, Finland

We investigated the association between maternal alcohol use during gestation and hyperactivity in 8-year-old children.

The study population consisted of children from the Northern Finland 1985/86 Birth Cohort. At 8-year follow-up 9,357 children were alive. Mothers provided information both during pregnancy and at age 8. Teachers assessed children's behaviour by the Children's Behaviour Questionnaire (Rutter B2).

Total of 1215 (13%) mothers reported alcohol use during pregnancy, but none reported using more than 20 portions per week. Significant association between maternal alcohol use and hyperactivity was seen for boys (OR 1.46, $p = 0.002$) and total population (OR 1.28, $p = 0.02$), but not for girls (OR 0.90, $p = 0.65$). Timing of exposure was significant for the first two trimesters. Smoking during pregnancy was common among mothers who used alcohol (52.9%) compared to mothers who did not report alcohol use (24.7%).

This study, a large population-based prospective follow-up, de-

scribes an association between prenatal alcohol exposure and childhood hyperactivity. Pregnant mothers should be encouraged to abstain from drinking especially at the beginning of pregnancy.

N°473

Depression and comorbidity in age of latency. O. Papa, R. Ragni, V. Brunella, Azienda Ospedaliera Materno – Infantile G. Salesi, Ancona- Italy

Numerous studies demonstrate the presence of comorbidity between depression and others psychiatric diseases in latency period. The comorbidity becomes manifest in the 40–70% of the children with depression, of which the 20–50% with possibility to develop more than two diseases. Epidemiological studies lead on population in age of development that satisfies the diagnostic criteria for the depressive disorder, introduce comorbidity with other psychiatric pathologies by far greater of the waits (Caron, Rutter 1991; Brady and Kendall, 1992; Merikangas and Angst, 1995; Angold and Costello, 1995). Through the search on clinical populations, one has been evidenced frequent comorbidity with: Disturbance of Anxiety, Disturbance of the Behavior, Disturbance of the Feeding and Disturbance of the Learning Not Otherwise Specified (Feehan, 1994; Newman, 1996; Rohde, 1996).

The remarkable variability of the epidemiological data is referable to a series of variable that render the specific rates of comorbidity not closely comparable:

1. characteristics of the champion (age, sex, place of origin, associate-economic state);
2. dimension of the champion;
3. informative sources;
4. methods of survey and elaboration of the data.

Description of the sample: the present contribution has been focused on the study of the depression in comorbidity with others disturbs psychopathologic diseases in age of latency. These disturbs in comorbidity we considers are: the Disturbance of Anxiety, the Disturbance of the Opposition-Provocative Behavior, the Disturbance of Learning Not Otherwise Specific and a last category Pure the Depressive Disorder. It is important to emphasize the way the disturbance in comorbidity influences the symptomatologic picture of the depression.

Subjects and methods: the sample has been extrapolated from the population reached our outpatients' department of Clinical Psychology in a period approximately of 18 months. Each subject pertaining to the analyzed sample has received one primary diagnosis of depression in according to the diagnostic criteria of the DSM-IV. The clinical sample taken in examination is formed from 52 subjects of age comprised between the 6,6–12,6 years (and m. to 8,8), of which 38 male and 14 females. The male prevalence turns out greater (73,08%) on those feminine (26,92%) and that seems to confirm the tendency observed wide more in the clinical populations. All the subjects have been subordinates to one deepened psychodiagnostic appraisal.

Results: the data will be discussed based on the age, to the sex and the profiles that characterize every picture of comorbidity and behavioural affective organization.

N°504

A french study of the Dominic interactive. C. Chan Chee, V. Kovess, J. P. Valla, V. Vantalón, C. Piquet, A. Gras-Vincendon, C. Martin, M Allès Jardel.

Objectives: The Dominic Interactive (DI) is a computerized pictorial questionnaire combining auditory and visual symptom queries based on the DSM-IV designed to assess mental health in children 6 to 11 years old. Developed and validated in North America, its appropriateness to assess French children's mental health has been studied.

Methods: Community children: A convenience sample of 253 children (boys: 44.3%) aged 6 to 12 years (mean: 9.2y, SD: 1.8) was drawn from schools in Aix en Provence.

Referred children: A sample of 150 out-patient clinic children (boys: 72.7%) aged 6 to 11 years (mean: 9.1y, SD: 1.6) was drawn from 4 urban areas located in different parts of France.

Procedures: In both samples, children were assessed with the DI and in the referred sample, clinical diagnoses were made blind of the results to the DI.

Results:

1. Differences between prevalence estimates yielded by the DI in the referred and the community samples were significant for every diagnosis.
2. Both different kappa values between sites for the same diagnosis, and different kappas within sites for different diagnoses were observed.
3. Parents' and children's acceptability of the DI was always excellent.
4. The DI allowed children report fears, separation anxieties and phobias that they did not usually report easily.

Conclusion: The DI discriminated between referred and non referred children.

This study established the acceptability of the DI by both French children and professionals and has shown its appropriateness to assess mental health in French children.

N°506

Psychiatric diagnoses in children 0–2 years of age referred to child psychiatric departments in a five years period. H. Elberling, MD, A. M. Skovgaard, MD, Ass Professor, Child and Adolescent Psychiatric Center, University Hospital of Copenhagen, Glostrup, Denmark

Objective: The incidence of psychiatric disturbances in children 0–2 years of age is by far unknown. A Danish national register study found an increase in child psychiatric referrals of children 0–3 years of age in 1996–1998 and age dependent variations in ICD 10 diagnoses used. Pervasive developmental disorders were most frequent in children 2–3 years of age, and no diagnoses or Z-diagnoses most frequent in children 0–1 year of age.

This study aims to further investigate the incidence of psychiatric morbidity in referred 0–2 years children by multiaxial ICD 10 classification and a specific diagnostic classification for children 0–3 years of age.

Methods: Children 0–2 years of age referred to the child psychiatric departments in the County of Copenhagen in 1998–2002 were recorded in a clinical database with multiaxial classification of ICD 10 diagnoses and psychosocial variables. In 2000–2002 all children were furthermore diagnosed with Diagnostic Classification DC 0–3 as well.

Results: The incidence of referred children increased in the period studied. A total of 370 children were admitted. The most frequent diagnoses among children above 2 years of age were pervasive developmental disorders. Concerning the youngest children below 1 year of age, the new diagnostic concepts of DC 0–3 made it possible to classify clinical manifest psychiatric disturbances as regulatory disorders and multisystem developmental disorders in children, who were given unspecific or no diagnosis with ICD10.

Conclusion: The incidence of children 0–2 years of age referred to child psychiatric assessment was increasing in a five year period. The distribution of diagnoses according to ICD 10 and DC 0–3 diagnoses are presented at the congress.

N°516

Person-centred and variable-centred approach in a clinical sample of children and adolescents with conduct disorder. Towards a differentiation relevant for intervention. G. Spiel, C. von Korff*, G. Sange, Dep. of Neurology & Psychiatry for Children and Adolescents – General Hospital Klagenfurt, Austria

Objective: One of the most common problems child and adolescent psychiatry is confronted with in everyday praxis are the externaliz-

ing disorders. Intervention is mandatory in respect of individual and societal interest.

IQ level, comorbidity and psychodynamic dimensions are major aspects. Especially the fact if there is an ADHD syndrome or learning disabilities accompanying the conduct disorder or if the conduct disorder is combined with emotional disorders.

Given the variability in symptom composition and the severity of expressed symptoms in that obviously heterogeneous group of children with conduct disorder doubts emerge whether a unitary therapeutic program meets the needs of the individual cases. To focus neither solely on the whole group nor on the individual case but on more homogenous types and antitypes of children with this symptomatology is the interest of our study.

Children referred to our department in the years 1999 till 2001 showing conduct disorder were evaluated according to a standardized protocol covering all the dimensions quoted.

Method: After analyzing the data-set according to a variable centered approach a person oriented approach (Configural Frequency Analysis Lienerth) was used to look for types and antitypes.

Results: 6 subtypes in the group can be delineated from one to another. They differ in age, gender, comorbidity and social impact which propopse different therapeutic interventions.

Conclusions: In a next step we intend to consider a bigger sample, with evaluation focusing on inter- and intrapsychic conflicts. Moreover the evaluation of intervention efficiency in the specified types would be extremely useful in the treatment of children and adolescents with conduct disorders.

N°525

Kids in Kinshasa: Epidemiology of neuropsychiatric behavior among school children in urban Africa. Kashala E.^{1,3}, Elgen I.², Sommerfelt K.², Tylleskar T.³

¹ Department of Neurology, Kinshasa University Hospital, Kinshasa, Dem Rep Congo; ² Department of Pediatrics, University of Bergen, Haukeland University Hospital, Norway; ³ Centre for International Health, University of Bergen, Norway

Background: The overall prevalence of mental and behavioural disorders among children has been investigated in several studies in high-income countries and varies around 10%.

In Africa little is known about child neuropsychiatric disorders. Therefore the present study was conducted to determine the prevalence of neuropsychiatric symptoms among school children and to assess the usefulness of the Strengths and Difficulties Questionnaire in Kinshasa.

Methods: An epidemiological survey was conducted from July to September 2002. A total of 1187 children aged 7 to 9 years recruited in 10 randomly selected primary schools were screened using the Strengths and Difficulties Questionnaire (SDQ). The SDQ is a behavioural screening questionnaire with 25 items administered to teachers of 4–16 years old children. The questionnaire generates scores in five areas (hyperactivity, conduct, emotional, peer relations, prosocial) and a total difficulties score. Abnormal scores were defined according to British criteria given by Goodman.

Results: The overall prevalence of neuropsychiatric symptoms among school children was 22% and boys were more affected than girls according to the teachers' report. The prevalence of different problems were hyperactivity (15%), conduct (19%), emotional (11%), peer relationship (15%), and prosocial (21%). Of the five scores, gender differences were seen only among children with conduct problem.

Conclusion: Neuropsychiatric symptoms are common among Congolese school children. This study needs to be followed by an in-depth study to verify if the ratings found in this study correspond to true neuropsychiatric disorders.

N°529

Addressing the shortcomings in case identification of preschool hyperkinetic disorder. I. Giannopoulou, Mental Health Centre of Peristeri, Athens, Greece and Institute of Psychiatry, London, United Kingdom

Objective: To develop a standardized valid behaviour observation rating scale for clinical use and to examine the pattern of performance on measures of behavioural self-regulation.

Methods: Subjects: case-control study of 75 boys, aged 36–60 months, allocated to four groups meeting: (a) ICD-10 diagnosis for hyperkinetic HKD; (b) ICD-10 diagnosis of oppositional defiant disorder-alone (ODD); (c) clinical diagnosis of developmental delay (DD); and (d) normal controls (NC). Procedure: (a) Questionnaire measures: Strengths and Difficulties Questionnaire (SDQ), and Parental Account of Childhood Symptoms (PACS); (b) Observation: Preschool Behaviour Observation Scale (PSBOS), validated against criterion record of continuous observation of the behaviour; (c) Experimental measures of behavioural self-regulation: Keeping-eyes closed task (KEC-T), Luria-Hand-game task (LHG-T), Detour-reaching task (DR-T), Comprehensive search task (CS-T), Logical search task (LS-T).

Results: A combination of a standardized disorder-specific interview (PACS) and PSBOS measures during free-play provided the best discrimination between the groups. Clear HKD-NC group differentiation occurred in children's capacity for deferring gratification, inhibitory control, and ability for using inferential skills. Compared with HKD group, boys in the ODD group were found to be equally impaired in their ability to delay gratification and in using inferential skills, but not as impaired in motor inhibitory control.

Conclusions: a) Meaningful subgroups of preschool-age children with externalizing disorders can be reliably identified, and direct observation in clinic adds power, in particular when preschoolers with HKD are to be discriminated from those with ODD; b) Preschool boys with HKD compared to those with ODD and NC appear to have a more generalized deficit in inhibitory control.

N°544

Cross – cultural differences of the Turkish version of the Vineland adaptive behavior scale – survey form –. B. Alpas, M. Akçakın*, I. Ertem**, S. Isikli***

* Ankara University, Medical Faculty, Department of Child Psychiatry, Ankara, Turkey; ** Ankara University, Medical Faculty, Department of Developmental Pediatrics, Ankara, Turkey; *** Department of Psychology, Hacettepe University, Ankara, Turkey

Objective: Turkish and American children adaptive behaviors were compared on the Vineland standard scores which are communication, daily living skills, socialization and motor skills.

Method: Because of a semistructured interview, the Turkish version of the Vineland was administered primary caregiver (mother, father, caregiver or grandmother, ...etc.). For this study was selected 561 children (283 girls, 273 boys) who are from birth to 47 months.

Results: The Turkish Vineland's standard scores of four domain were compared to the original American norms.

Discussion: Turkish children obtain the Vineland standard scores which are comparable to their American peers, therefore supporting the cross-cultural validity of the scale.

N°545

Eleven-year-old patients in a Spanish mental health unit: an epidemiologic study. F. J. Insa-Gómez, García-White, L. Martín-Recuero, F. J. Pino, J. R. Gutiérrez-Casares, J. Busto, J. Hospital Infanta Cristina, Badajoz, Spain

Objective: Studying the clinical and therapeutic characteristics of a specific age group (eleven years).

Methods: We compiled all the stories of children who were

eleven years old when they had their first consultation in our Mental Health Unit, and we got their diagnosis and GAF scale at the moment of their first consultation and when they were discharged. The results were compared by sex and diagnosis.

Results: We found 201 patients with this age. There was a greater prevalence of consultation from boys (64%) than girls (35%). The most common diagnosis was enuresis and no-diagnosis. We found forty-three different diagnoses and we studied the different prevalence and severity in each gender. We found that boys tended to suffer more severe psychiatric pathology.

Conclusions: Psychiatry illness in eleven-year-old children is more prevalent and severe in boys than in girls, and they have a different consumption of medical resources.

N°580

Depression among 18 years old adolescents: epidemiological study. R. Modrzejewska, Department of Child and Adolescent Psychiatry Collegium Medicum Jagiellonian University, Kraków, Poland

The goal of the study was assessment of incidence of depressive symptoms and comorbidity of: obsessive-compulsive symptoms, eating disorders symptoms and substance abuse in school-attending population of 18 years old adolescents (number of adolescents 2000) in the city of Kraków.

Methods: Beck Depression Scale, Leyton Obsessive-Compulsive Inventory, EAT-26 Garner and Garfinkel and author's Substance Questionnaire were used as screening tools. Respondents answered anonymously.

Results: Point prevalence of depression in adolescent population was established as 27,9% (34,9% for girls and 19,1% for boys. Point prevalence of obsessive-compulsive symptoms: 2,5% and eating disorders symptoms: 13% established with screening tools were found to be higher in depressive part of population studied. Findings suggest coincidence of depressive, anxiety and eating symptoms in the target population.

N°583

Developmental disorders in XYY syndrome. M. Geerts, J. Steyaert, J.-P. Fryns, Catholic University of Leuven, Belgium

Background & objectives: Research on behaviour problems in subjects with XYY syndrome has been equivocal. Often, the focus of attention has been antisocial behaviour in XYY. Developmental and neuropsychiatric disorders have almost never been assessed systematically in this group. The aim of this study was to document developmental and neuropsychiatric disorders in XYY.

Methods: By means of a questionnaire, we collected data on 38 boys with XYY, between 1 and 18 years of age (12 with prenatal diagnosis, 26 with postnatal diagnosis). Biometric, behavioural, psychiatric, and academic data were collected, as well as the reason why karyotyping had been requested.

Results: We found a significant increase of motor (66%) and language (68%) development problems in both the prenatally and the postnatally diagnosed groups of XYY. Most likely due to a referral bias, the increase was more marked in the group with a postnatal diagnosis. However, the profile of developmental disorders was similar in both the group with a referral bias (postnatal diagnosis) and the group without referral bias (prenatal diagnosis). Social problems, Pervasive Developmental Disorder, ADHD, and academic difficulties were increased in the postnatally diagnosed group.

Conclusion: In this study, we found a marked increase of developmental disorders, mainly language and motor delay, and child neuropsychiatric disorders, PDD and ADHD. In the general population, all these disorders are more frequent in males than in females, but not as frequent as what we found in the XYY population. We explore the relationship with the "extreme male brain" theory.

N°591

Managing the waiting list: using the strengths and difficulties questionnaire to develop a tool for prioritisation. L. Atkin, A. Byrne, P. Reid, Lucena Clinic, Dublin, Ireland

Objectives: Long waiting lists and difficulties accessing CAHMS are international problems, causing both dissatisfaction among service users and stress to service providers. Part of this discontent results from a concern that inadequate referral information may result in children and families with high levels of need not being seen in a timely manner. Conversely, pressure from families and referrers may at times result in less severe cases 'jumping the queue'. This paper reviews the literature pertaining to waiting list management and describes the development and initial implementation of a system of prioritisation, based on the Strengths and Difficulties Questionnaire (Goodman, 1997). The objectives were (a) to prioritise referrals on the basis of clinical need, (b) to provide a uniform framework for clinicians to eliminate individual variability in assessing 'urgency', (c) to promote equity of access and (d) to have a system that was transparent and easily explicable to referrers and service users.

Methods: The paper describes previous prioritisation methods, and the process of developing the tool in the context of a multi-disciplinary community based Child and Adolescent Mental Health Service (CAMHS). The tool was compared to clinician ratings of urgency using a visual analogue scale rated by clinicians' blind to prioritisation scores.

Results: The results of the validation study will be presented. Waiting times, the overall waiting list and non-attendance rates for the initial 12-month period using the tool will be compared to the preceding 12 months. Initial results suggest that mean waiting times are reduced, but not the overall waiting list.

Conclusions: The advantages and disadvantages of using prioritisation criteria will be discussed.

N°604

Forensic child psychiatry at Tampere university hospital. Mäki M., Ilkka M., Jerkku M., Sinisalo M., Kaukonen P., Tamminen T. Tampere University Hospital, P. O.Box 2000, FIN-33521 Tampere, Finland, merja.maki@pshp.fi

Objective: A special team of forensic child psychiatry for children below puberty, a first one in Finland, started in 2001 at the Department of Child Psychiatry, Tampere University Hospital. The objective of this poster is to evaluate the work done and experiences gained so far.

Method: The outpatient team consists a child psychiatrist, a psychologist, a social worker, a nurse and a secretary. The aim of the team is to develop forensic psychiatric assessment models and programs for (small) children and to make assessments of forensic psychiatric cases referred to the clinic.

Results: The number of assessed cases so far is 43. Most of the cases (86%) were referred to the assessment because of the child's probable sexual abuse (CSA). Assessment of parenthood in difficult custody disputes (2%) and in childrens placements (12%) were the other causes of referrals. The team has developed a specific but flexible assessment program for these problems. The age of the patients so far varied from 2 to 15 years and 29 of them were girls and 14 boys. A total of 62% (23/37) of the CSA cases were sent to the police investigation after (or during) the child psychiatric evaluation.

Conclusions: The experiences of the team indicate that specializing in forensic issues is worth doing also in child psychiatry. The group has improved especially the assessment process of CSA. Cooperation with child welfare, police and court in handling these extremely complicated cases has also improved. Supervision and awareness of possible secondary traumatisation have become important.

N°617

Evaluation of parenting skills programme for hard-to-manage pre-schoolers. S. Sandberg, University College, London, UK; E.-L. Salmi, Åbo Akademi, Wasa, Finland; E. Palomäki, University of Helsinki, Helsinki, Finland; A. Voutilainen, University of Helsinki, Finland

Results of this study indicate that group-based parenting skills programme improves child compliance, reduces child anxiety and temper tantrums, increases parents' sense of coping, increases parental warmth and reduces criticism, and improves instrumental parenting skills.

Background: Severe temperamental overactivity, often biologically/neurodevelopmentally based, forms a basis on which environmental adversities transact. The current view of ADHD/HK entails a constitutionally determined vulnerability, with expression shaped by psychosocial factors. Follow-up studies have also highlighted childhood hyperactivity and impulsivity as predictors of future antisocial behaviour.

Target areas for intervention: Parental cognitions, behaviour and expectations pertaining to daily parent-child interactions, and promoting 'enjoyment of parenting'. Also whenever possible, attempts to remove obstacles to the above, such as parental depression, marital problems and sense of failure.

Parent group: Educational (information & homework); experiential (practicing in group), 'emotional' sharing; offering & receiving support; time-limited but substantial enough (10 weeks; day at the time); handbook to keep.

Child group: Parallel to parent group; high therapist/child ratio; practicing attention, peer interaction and self-control skills.

Study design and methods: Before intervention and 3 months after (giving a 6-month follow-up), plus a more restrictive 1-year follow-up. Intervention Group: 30 parent-child pairs undergoing intervention; Control Group: 15 children identified for similar problems, waiting for assessment. Measures: Behaviour questionnaires (SDQ) and semistructured interview (PACS).

Results (Preliminary, on Intervention Group): Improvement in: maternal coping with child oppositional behaviour, emotional problems and hyperactivity; child behaviour (temper tantrums, irritating others, unhappiness); mother expressed emotion (EE) towards child (more warmth, less criticism).

Conclusions: Parenting skills programme improves child compliance, reduces child anxiety and temper tantrums; increases parents' sense of coping, increases parental warmth and reduces criticism, and improves 'instrumental' parenting skills.

Wednesday, October 1st, 2003 Amphithéâtre Léonard de Vinci

PL3-9:00 am
Plenary Lecture

Treatment evaluation in child and adolescent psychiatry

H. Remschmidt, Philipps-University, Marburg, Germany

Introduction: Treatment evaluation is one of the most challenging issues in child and adolescent psychiatric research. It comprises studies that claim to detect causal mechanisms, efficacy studies, effectiveness studies in naturalistic settings, experimental laboratory studies as well as single-case and small-group open studies deriving directly from clinical experience.

Methods: We describe the theoretical concept and practical realisation of the component model of treatment in child and ado-

lescent psychiatry. This will be exemplified in a large sample of 4545 patients in different settings (inpatients, daypatients and outpatients) and applying five different treatment components: individual psychotherapy, functional therapies, family-oriented intervention, other environmental interventions, and psychotropic medication.

Results: The five treatment components were applied in variable combination to different disorders and in various settings. Treatment success was based on therapists' ratings with regard to the different diagnosis. Effect sizes were calculated for outpatient treatments ($n = 682$) and for inpatient treatments ($n = 1490$). The effect size in the outpatient setting was 1.1 for normal completers vs. dropouts, 1.27 for normal completers vs. non-beginners, and 0.34 for non-beginners vs. dropouts. The corresponding effect sizes for inpatients were 0.74 for normal completers vs. dropouts, 1.27 for normal completers vs. non-beginners, and 0.84 for non-beginners vs. dropouts.

Conclusions: In spite of some methodological restrictions, the results of this naturalistic study can be used to improve empirically based treatment procedures under realistic clinical conditions.

S48–11:15 am Symposium

Borderline Disorders in children and adolescents

Chairs: E. Schulz (Freiburg), J. Guerrero (Sevilla)

Dialectical Behavioral Therapy for Adolescents – Evaluation of the Concept. C. Fleischhaker, R. Böhme, B. Sixt, E. Schulz, Dept. of Child and Adolescent Psychiatry, Albert Ludwig-University Freiburg, Freiburg, Germany

The Concept of Dialectical-Behavioral Therapy for Adolescents (DBT-A) is presented. A pilot study with 12 adolescents the DBT-A concept is promising.

Dialectical-Behavioral Therapy (DBT) had been developed by M. Linehan specifically for the outpatient treatment of chronically parasuicidal patients who were diagnosed with borderline personality disorder (BPD). DBT is one of the two empirically supported treatments for suicidal multi-problem adult patients.

A. Miller and J. Rathus adapted DBT for suicidal adolescents with borderline personality traits because of its focus on reducing suicidal and quality of life reducing behaviors, as well as keeping adolescents and their families engaged in treatment. Preliminary open trial data of DBT-A by Miller and colleagues are promising. DBT for adolescents (DBT-A) was adapted for an outpatient treatment setting in Germany by Fleischhaker and colleagues.

DBT-A consists of 16 concomitant weekly individual and group therapy sessions. The group therapy consists of 16 psychoeducational multi-family skills training sessions. After agreement on goals and commitment to change the individual therapy is used to work one-to-one with the therapist to reduce factors that interfere with the ability to use the learned skills and ensuring that generalization occurs via in vivo intervention. Family sessions or meetings with school-teachers or other treatment providers are performed, so that the patient does not have to get worse to get additional help.

Following the completion of the 16-week program, individual therapy is discontinued and the adolescent is given the opportunity to participate in individual bimonthly post-therapy sessions for three months.

In a pilot study 12 adolescents had been treated and the follow-up is evaluated. First results of this open trial are presented.

Prognosis of borderline disorders in adolescence: a 10 year follow-up study. J. Guerrero. Université de Séville. Espagne

Borderline personality disorder (BPD) with early onset is usually considered to have a poor or extremely poor prognosis. Forty-two adolescents with BPD were followed over the course of 10 years. Sociodemographic, psychosocial, and treatment variables appear to be influenced by gender. Generally, these variables do not show a consistent prognostic value.

Forty-two adolescents (aged 16–19 years) diagnosed with a DSM III-R borderline personality disorder between 1990–1992 were evaluated over 10 years. The subjects had been admitted to a day-hospital for conduct disorder, or had been detected among the adolescent children of adult patients who had taken part in conjugal or group therapy sessions.

Three groups were randomly created: 1) 14 subjects were given group therapy aimed at maturation-socialization; 2) 14 were given family therapy; 3) 14 were given both techniques.

Criteria of relational stability, level of identity, impulsivity, suicidal behavior, and depression detected during the last year of evaluation were quantified. A multiple regression analysis was performed for the population aged 27.4 years, including sociodemographic, psychosocial, and treatment variables.

The only significant good prognosis parameter was for females to have been included into a maturation-socialization group and to have completed 2 years. For males, it was having maintained a stable affective relationship with a partner for longer than 2 years, and, however not significantly, having completed university studies and having kept stable employment for longer than 6 months. No other parameter – including psychopharmacological treatment – achieved significance in this study.

PS5–1:00 pm Parallel symposium

Schizophrenia in adolescence

Symposium sponsors by Bristol Myers Squibb

Childhood psychopathological antecedents in early onset schizophrenia. Filippo Muratori, Francesco Salvadori, Gianluca D'Arangelo, V. Viglione, Lara Picchi

Background: Several lines of evidence suggest that behavioural and cognitive problems may precede the onset of schizophrenia which is increasingly hypothesized as a neurodevelopmental disorder with a premorbid childhood symptomatology that rarely reaches a clinical level.

Objective: To describe the premorbid state of early onset schizophrenia (EOS).

Methods: Twenty-three adolescents with EOS were compared to a control group of typical adolescents (CG) and to a group of anorexic patients (AG). The premorbid state was studied through the CBCL and the data obtained were analyzed using ANOVA's and t test.

Results: During the premorbid period EOS showed significantly higher scores in all scales, in comparison with the CG, and only in some scales (social problems, thought problems, attention problems and school competencies) in comparison with the AG. The comparison of CG with the 15 EOS in the non clinical range during the premorbid period, showed the maintenance of significant differences on all Summary and Syndrome scales with higher scores for the EOS.

Conclusions: children who develop first episode psychosis during adolescence differ from children with normal development. Our study reveals how EOS begin in adolescence with a symptomatology which has its roots in previous behavioral problems that only in one third of cases reach the clinical threshold. A premorbid internalizing state is common to AG, and it is hypothesized

that both EOS and AN can be considered as the expression of a previous vulnerability. But social competence and school problems are the most affected areas in EOS when compared to the AG, and it is suggested that difficulties in these areas are specific in pre-dating the emergence of the first-episode psychosis, and that they don't represent only a correlate or a sequelae of the illness. Moreover, on the base of premorbid state authors differentiate two types of EOS which are related to negative and positive form of schizophrenia.

The catatonic syndrome in adolescents: a series of 22 consecutive cases. D. Cohen, D. Perisse, J. D. Nicolas, P. F. Dubos, M. Flament, Ph. Mazet, CHU Pitié-Salpêtrière, Paris, France and University of Ottawa, Ottawa, Canada

The authors describes the phenomenology, the psychiatric associated disorders, and the therapeutic management of 22 consecutive cases of adolescent catatonia hospitalized during the past ten years at La Salpêtrière hospital.

Authors will describe all patients hospitalized in the department of Child and Adolescent Psychiatry at La Salpêtrière since 1992. Catatonia occurred infrequently (0.5% of the inpatient population), with 22 patients (15 males and 7 females) exhibiting catatonic features during the past ten years. Diagnoses associated with catatonia were diverse, including in this series: schizophrenia (n = 12), psychotic depression (n = 5), including two cases secondary to a medical condition (neurolupus, familial fatal insomnia), mania (n = 3), and schizophreniform disorder (n = 1). For one patient, with no language, it was not possible to determine another diagnosis. Four patients had a previous history of pervasive developmental disorder. Five patients started their condition with an obsessive-compulsive like symptomatology. All but one showed a chronic evolution of catatonic schizophrenia.

Based on this clinical experience, and on the existing literature, therapeutic management appears to depend on the specific causes, but several points need to be stressed: [1] the frequency of neuroleptic-induced adverse effects; [2] the potential efficacy of sedative drugs on motor signs; [3] the possible use of electroconvulsive therapy; [4] the necessity to manage the family reactions and fears, frequent causes of non cooperation; [5] the possible interest of pack therapy as an adjuvant treatment in chronic states of the syndrome.

We conclude that catatonia is an infrequent but severe condition in young people. While symptomatology, etiologies, complications and treatment are similar to those reported in the adult literature, findings differ in regard to the female-to-male ratio and the relative frequencies of associated mental disorders

The childhood of adolescents with schizophrenia. Tordjman Sylvie^{1, 3}, Mouchabac Stéphane^{1, 2}, Speranza Mario³, Graignic Rozenn¹, Bonnot Olivier¹, Boyer Patrice¹, Jouvent Roland¹
¹ CNRS UMR 7593 Vulnérabilité, Adaptation et Psychopathologie, Pavillon Clérambault, Hôpital de la Salpêtrière, 47 Bd de l'Hôpital, 75013 Paris, France; ² Service de psychiatrie, Hôpital Saint-Antoine, Paris, France; ³ Fondation Vallée, Gentilly, France

Based on our study and the literature review, the existence of a subgroup of schizophrenics that can be identified during early childhood, will be discussed.

Longitudinal studies of children with autism-related disorder or MCDD (Multiple Complex Developmental Disorders) suggest that some of them show signs of schizophrenia in adolescence.

First, a review of premorbid signs during childhood of patients with schizophrenia will be summarized.

Second, actual and past clinical characteristics (psychopathologic and cognitive) of 10 adolescents with early onset schizophrenia according to DSM-IV criteria will be presented. Individuals with schizophrenia underwent a complete behavioral and cognitive assessment which included BPRS (Brief Psychiatric Rating Scale), SAPS (Scale for the Assessment of Positive Symptoms),

SANS (Scale for the Assessment of Negative Symptoms), PAS2 (Premorbid Adjustment Scale), Wechsler scales as well as actual and past criteria of autistic disorder (DSM-IV and ICD-10 criteria) and MCDD. Results indicate that these adolescents with schizophrenia showed communication and social interaction impairments in the early years of life.

Based on this study and the literature review, the existence of a subgroup of schizophrenics that can be identified during early childhood, will be discussed.

Childhood Mood Disorders with Psychotic Features Misdiagnosed as Early Onset Schizophrenia. D. Calderoni, Dipartimento di Scienze Neurologiche e Psichiatriche dell'Età Evolutiva, Università di Roma "La Sapienza"; M. Wudarsky, R. B. Bhangoo, M. L. Dell, E. Leibenluft, R. Nicolson, S. D. Hamburger, P. Gochman, M. Lenane, J. L. Rapoport, National Institute of Mental Health, National Institute of Health, Bethesda, MD, USA

The authors systematically examined a sample of patients who were referred to an ongoing National Institute of Mental Health (NIMH) study of childhood-onset schizophrenia (COS), but who received diagnoses of mood disorders at the NIMH, to analyze the reliability of these research-setting diagnoses and to characterize the patients clinically. Pilot data regarding the clinical course of these patients over a 2- to 7-year follow-up period were also obtained.

Objective: We undertook a systematic examination of mood disordered cases referred to an ongoing NIMH study of Childhood-Onset Schizophrenia (COS) evaluated whether these represented an unusual or diagnostically complex group. Pilot interview data also explored the diagnostic stability for this group over a two-seven year follow-up period.

Methods: Thirty-three cases were selected from the two-hundred-fifteen pediatric patients who had been screened in person from 1991 to 1999 for admission to the COS project, and who had been excluded on the basis of a DSM III/DSM IV diagnosis of a mood disorder rather than schizophrenia. This subgroup was included in a diagnostic reliability study in which three child psychiatrists blind to the initial screening diagnosis, re-diagnosed these subject, and their diagnoses compared with that of the initial screening diagnoses. In addition pilot follow-up data from twenty-five for five in person and twenty telephone interviews of these subjects assessed current function and treatment status.

Results: The inter-rater-reliability of the blinded raters was excellent (Kappa = 0.9). The global reliability between the two groups was good (average Kappa = 0.61). Agreement and global reliability between the two groups for any of the mood diagnoses was excellent (86% agreement; Kappa = 0.84). Follow-up data indicate that none of the affective disorder subjects of this group developed schizophrenia.

Conclusions: Schizophrenia may be over diagnosed and mood disorders under-diagnosed in childhood and adolescence. Child psychiatrist need to better distinguish these disorder.

S49-2:15 pm Symposium

Psychopathologie du développement

proposé par:
Association Européenne de Psychopathologie de l'Enfant et de l'Adolescent (AEPEA)

Pierre Ferrari, Michel Soulé, Alberto Lasa, Bernard Golse, Alain Braconnier, Graziella Fava Vizziello, Olivier Bonnot, Mario Speranza

Association Européenne de Psychopathologie de l'Enfant et de l'Adolescent (AEPEA)

Ce symposium se propose de réfléchir autour de la place théorique et de l'importance clinique de l'approche psychopathologique d'orientation psychodynamique en psychiatrie de l'enfant et de l'adolescent aujourd'hui. Cette réflexion se fera à partir d'une discussion autour des concepts centraux de la psychopathologie qui affirme l'existence d'une double continuité de la vie mentale: continuité au sein de la vie psychique du sujet, entre le normal et le pathologique, et continuité temporelle entre certains modes précoces de relation ou de fonctionnement mental et l'organisation mentale actuelle de l'enfant. Aussi la psychopathologie met l'accent sur le poids de l'histoire individuelle, sur celui des contraintes du passé et de l'héritage transgénérationnel dans la genèse des troubles psychiques.

L'approche psychopathologique prend avant tout pour objet d'étude le système des représentations internes de l'enfant, ses modalités de fonctionnement, leur logique, leurs enchaînements et leurs significations. Elle postule ainsi que tout enfant, quelle que soit la gravité de sa pathologie, est porteur d'une vie psychique propre et que sa maladie se situe à l'intérieur d'un système possédant sa cohérence interne propre et qui organise les modalités relationnelles de l'enfant.

La psychopathologie est aussi l'étude du lien interpsychique qui s'établit entre l'enfant et ses parents: nature des projections, des investissements, des scénarios fantasmatiques partagés entre eux. Si la psychopathologie n'est jamais causaliste, elle n'en accorde pas moins un rôle dans le cours évolutif de l'affection à ce qui se joue entre parents et enfants par la voie de ce lien. La psychopathologie replace l'enfant dans son contexte socio-éducatif. Elle prend en considération les multiples formes de carences du milieu social ou le poids des événements qui jalonnent la vie de l'enfant. Elle accorde cependant moins d'importance au caractère traumatique de l'événement qu'à l'impact que revêt la signification de l'événement dans le psychisme de l'enfant, ainsi qu'à la manière dont celui-ci se réorganise au décours de ce vécu.

L'approche psychopathologique est avant tout sensible à l'analyse du fonctionnement psychique et à la prise en compte de celui-ci dans les stratégies thérapeutiques. L'utilisation de médicaments psychotropes chez l'enfant et l'adolescent doit s'inscrire dans cette vision globale. C'est dans cette perspective que la psychopathologie aidera à mieux comprendre l'impact des psychotropes sur les processus psychiques.

La psychopathologie n'est pas unifiable, ni sur le plan de la méthode, ni sur le plan épistémologique. Elle ne propose pas un modèle univoque de référence, même si le modèle psychanalytique constitue une référence essentielle. Dans sa diversité, la psychopathologie doit rester à l'abri des risques du dogmatisme et d'enfermement dans des théories figées qui viendraient invalider son action.

Cette démarche psychopathologique ne néglige pas les autres aspects des connaissances psychiatriques. Elle ne sous-estime pas l'intérêt des modèles issus des découvertes en neurosciences, en neuropsychologie cognitive ou en génétique. Pas plus elle ne méconnaît l'intérêt du découpage nosographique, même si elle même se situe plutôt dans une perspective transnosographique qui l'amène à délimiter ses champs propres d'investigation et ses objets de connaissance.

La psychopathologie est aussi une pratique. Les modèles théoriques qu'elle offre prennent appui sur cette pratique en même temps qu'ils la nourrissent. Elle permet à chacun de se constituer une représentation personnelle, non réductrice, de l'enfant, de ses inquiétudes, de ses attentes et de ses possibilités d'accueillir les apports thérapeutiques. La psychopathologie est un outil théorique et pratique vivant, dynamique et ouvert aux apports extérieurs permettant d'appréhender le fonctionnement mental dans sa complexité et sa diversité.

La discussion et la réflexion sur ces différents points théoriques se fera à travers la présentation de courtes vignettes cliniques qui permettront des échanges vivants entre les intervenants du symposium.

PS6-4:00 pm Parallel symposium

Differences in ADHD comorbidity and clinical outcome in different European countries: data from a large multisite study.

Symposium sponsored by LILLY International

Presenters: Cesar Soutullo, Joanne Barton

Chair: Alessandro Zuddas

ADHD in Spain: overview & comorbidity with pediatric bipolarity. C. A. Soutullo, J. Moyá, A. Díez, K. Machiñena, F. Lahortiga, M. Millán, A. Seva, Dept. of Psychiatry & Medical Psychology, University Clinic, University of Navarra, 31008-Pamplona, SPAIN

Objective: In this presentation we will review current available data on the epidemiology of attention deficit hyperactivity disorder (ADHD) in Spain. We will describe our sample at the University of Navarra's Child & Adolescent Psychiatry Unit. We will also review examples on the comorbidity of ADHD and Bipolarity.

Method: We reviewed (MedLine) available studies on the epidemiology of ADHD in Spain. We retrospectively collected data from our sample at the outpatient Child & Adolescent Psychiatry Clinic [1999-2003].

Results: We found 5 studies on the epidemiology of ADHD in Spain. These studies found a point prevalence for ADHD of 4-6% of children ages 6-15 in a town in Seville, using Conners questionnaires (Benjumea & Mojarro, 1993), of 1-2% in Navarra also using Conners questionnaires (Farré & Narbona, 1989), and in 3 studies in Valencia, 1.9% of children age 15 (Gomez-Beneyto et al., 1994), and 3.6 to 8% of children age 10 had ADHD (Andres-Carasco et al., 1999; 1995). Despite methodological differences, these results are comparable and in the same order of magnitude to the prevalence in the U.S.A. (lifetime prevalence 5%) (APA, 1994), and in other international samples (9.6% in Germany, 3.7% in Sweden, 17% in Colombia, and 9% in Hong Kong) (Reviewed in Soutullo, 2003). In our clinical sample, ADHD is the primary pathology in 15-20% of the children ages 2-18 evaluated and treated in our outpatient clinic. Most of our patients receive treatment with methylphenidate (MPH), the only available treatment for ADHD in Spain. Patients who don't respond or cannot tolerate MPH (mostly due to decreased weight, insomnia, rebound effect or irritability) receive other agents such as bupropion, venlafaxine, or reboxetine. We have used atomoxetine in 26 patients in a clinical trial with good efficacy, tolerability and safety results. However, MPH non-responders represent an important management problem due to the lack of alternatives in Spain. In patients with mood disorders we combine MPH with SSRI's.

Bipolar disorder (BP) is a chronic highly genetic psychiatric disorder that usually begins in adolescence or early adulthood associated to significant morbidity and mortality, with similar gender and cross-cultural prevalence (Goodwin & Jamison, 1990). U.S. studies showed that many children with pediatric mania were frequently diagnosed as ADHD with comorbid conduct disorder (Biederman et al., 1998) Despite considerable symptom overlap, mania can be distinguished from ADHD by the presence of core symptoms of mania such as euphoria and grandiosity (Geller et al., 2000). Also, new data available suggest that the structure of mania may be multidimensional, and more complex than the classic euphoric-dysphoric dichotomy (Akiskal et al., 2003), and that it is important to recognize sub-threshold bipolarity and prodromal forms to diagnose and treat this illness before it is in a "metastatic" stage. Patients with bipolar disorder and ADHD show mixed, rapid-cycling episodes, with extreme irritability, grandiosity, brief euphoria, hypersexuality, rapid speech, and psychotic symptoms. These patients are managed with valproate, lithium, olanzapine, or quetiapine monotherapy or in combination. Only

when we achieve mood stabilization, MPH can be added for residual ADHD symptom control. Patients with ADHD and Bipolarity frequently arrive at our clinic with a prior diagnosis of conduct or oppositional-defiant or even a personality disorder. A significant number of these patients (mostly adolescents) also had a history of cannabis or alcohol abuse, and their drug abuse remitted after we achieved mood stabilization.

Conclusion: Despite methodological differences and limitations in available studies, the prevalence of ADHD in Spain is probably comparable to that of other northern European and U. S. A. samples. There are significant limitations for the treatment of ADHD in Spain because the only available psychopharmacotherapy is MPH. Bupropion is available only as a smoking-cessation agent, and is not covered by the National Health System (cost 60–80 EUR/month). There is a safety (mostly cardiac) concern for the use of tricyclic antidepressants in children with ADHD. Alternatives to MPH such as dextroamphetamine, Concerta and atomoxetine are needed as stimulant and non-stimulant alternatives to MPH. Bipolar disorder needs to be included in the differential diagnosis in all children with ADHD, but particularly in children with strong genetic load for bipolarity or depression, children with comorbid depression, ODD, Conduct Disorder, substance abuse, and children with symptoms such as irritability, mood lability, hypersexuality and rapid speech (not just euphoria). Mood stabilization must be achieved in children with bipolarity and ADHD before the treatment of ADHD symptoms is addressed.

Comorbidity with conduct disorder and clinical practice in Germany. K. Becker*, A. Wagner, M. H. Schmidt, Department of Child and Adolescent Psychiatry and Psychotherapy, Central Institute of Mental Health, Mannheim, Germany

Introduction: Consistent with other countries in Germany Oppositional Defiant Disorders (ODD) or Conduct Disorders (CD) are common comorbid diagnoses in children and adolescents with Hyperkinetic Disorder. Whereas in epidemiological studies the lifetime-prevalence of all subtypes of CD is 8.6% in 13-years-old and 14.9% in eighteen-years-old, in a nationwide representative parent-questioning study 36% of children with Hyperkinetic Disorder showed significant antisocial and aggressive behaviour. Children and adolescents with Hyperkinetic Conduct Disorders (HCD) are at a higher risk to develop delinquency and substance abuse. The German practice guidelines for diagnosis and treatment of Hyperkinetic disorder and CD will be presented.

Methods: A sample of inpatient and outpatient treated patients with HCD (n = 901, 88% boys) were analysed in a 10 year follow up-study with regard to outcome parameters, defined as an improvement of psychosocial functioning.

Results: Patients with HCD showed better results in outcome parameters than patients with CD without hyperkinetic symptoms. Cooperation of parents and children, severity of disease, psychosocial risk factors and medical treatment were found to be the most important predictors.

Conclusion: Data of comorbid diagnoses of ODD or CD of children and adolescents with Hyperkinetic Disorders are consistent with those of other countries. Effectiveness of in- and outpatient treatment of patients with HCD can be increased by treatment with drugs, parental training and home treatment.

ADHD in Italy: parent and teacher perception of ADHD symptoms and clinical characteristics of referred children. A. Zuddas, B. Ancilletta, P. Cavolina, G. M. Marzocchi, T. Usala, G. Sanna, Child Neuropsychiatry, Department of Neuroscience, University of Cagliari, Italy; ° Department of Psychology, University of Milan-Bicocca, Italy

Introduction: Until recent years, Attention deficit hyperactivity disorder (ADHD) have been an unusual diagnosis in Italy. Restrictions on psychostimulants availability and the low acceptance of

the concept of comorbidity and categorical diagnosis have led to the frequent formulation of the only comorbid diagnosis or to noncommittal labels.

Method: In order to measure parents and the teachers perception of ADHD symptoms, psychometric norms were obtained for the Italian version of the Dysruptive Behavior Disorder questionnaires (DBD) and compared to similar questionnaires standardized in other European countries and Northern America. An extensive protocol including questionnaires interview and self reported rating scales, were used to characterize referred children with hyperactivity and inattention. A similar extensive protocol was used to identify ADHD children and adolescents to be included in a large international multisite study on atomoxetine, an innovative drug for the disorder:

Results: Psychometric norms obtained for the the Italian DBD showed that Italian teachers and parents are able to accurately identify and quantify symptoms of ADHD and ODD showing significant similarities with ratings obtained by a variety of questionnaires in other European countries and Northern America. Diagnostic protocol showed a similar pattern of subtyping and comorbidity. Clinical characteristics and general outcome of the patients enrolled for the international multisite study were similar to those of the children and adolescents enrolled in other European countries.

Conclusion: In recent years parent, teacher and clinician awareness for the disorder is increased, leading to the definition of specific protocols for diagnosis and therapeutical intervention in Italian ADHD children and adolescents.

Wednesday, October 1st, 2003 Diderot

S50–11:15 am
Symposium

Brain imaging and developmental psychopathology

Chair: Jean-Luc Martinot

Magnetic resonance studies of brain maturation during adolescence. Tomá Paus, Montreal Neurological Institute, McGill University, Canada

Structural images are but color-coded representations of magnetic resonance (MR) signal measured throughout the brain and localized into individual 3D elements of the brain image (i. e. voxels). It is therefore relatively straightforward to apply various computational approaches to analyze such 3D matrices. For example, the following morphometric features can be quantified in each individual using fully automatic procedures: volumes of grey and white matter in the whole brain and its main subdivisions (e. g. frontal lobe); size/volume of well-demarcated brain regions (e. g. corpus callosum or caudate nucleus); variations in the shape of large (e. g. frontal pole) or small (e. g. central sulcus) morphological entities or those in cortical thickness. The latter two types of analyses are typically carried out throughout the brain, i. e. on a voxel-wise basis. Such voxel-wise comparisons of various age (or clinical) groups are also used to assess the density of grey and white matter. In my presentation, I will describe the basic principles of MR-based morphometry and provide examples of its use in studies of structural maturation of the human brain. I will conclude by describing briefly the design of the Saguenay Youth Study, which is aimed at investigating the role of genes and environment on brain development during adolescence.

Determination of brain abnormalities in children with autism.

Monica Zilbovicius, MD, PhD, ERM 0205, INSERM-CEA, Orsay, France

Childhood autism is now widely viewed as being a neuro-developmental disorder. Yet, localized structural and functional brain correlates of autism have yet to be established. Functional brain imaging, such as positron emission tomography (PET), single positron emission tomography (SPECT) and functional MRI (fMRI) have opened a new perspective to study normal and pathological brain functions. Structural brain imaging studies performed in autistic patients have reported abnormalities such as increased total brain volume and cerebellar abnormalities. However, none of these abnormalities fully account for the full range of autistic symptoms. More recently, using a voxel-by-voxel morphometric analysis, a bilateral localized grey matter decrease was observed in superior temporal region in children with autism (Boddaert et al., 2003). Functional studies in autism were performed both at rest and during activation. At rest, two independent groups have reported in autistic children a bilateral hypoperfusion located in the temporal lobes (Ohnishi et al., 2000, Zilbovicius et al., 2000). In addition, temporal lobes lesions were described in children with an acquired autism associated to neurological disorders. In adults, activation studies using perceptual and cognitive paradigms have shown an abnormal pattern of cortical activation implicating temporal lobe regions. In conclusion, recent functional and anatomical results suggest that a temporal lobe anomaly is associated to childhood autism.

Brain imaging correlates of schizophrenia symptoms and treatments.

Marie-Laure Paillere, MD, PhD, APHP, ERM 0205, INSERM-CEA, Orsay, France

Over the last decade, the development of brain imaging techniques has allowed for investigating brain structures in psychiatric illnesses such as schizophrenia. So far, such studies have reported a growing body of evidence for brain structural and functional abnormalities in patients with schizophrenia. Abnormalities include grey and white matter abnormalities, mainly in frontal and temporal areas, basal ganglia volume changes, and sulco-gyral abnormalities, such as reductions of the left superior temporal gyrus. A few studies have reported correlations between structural changes and clinical dimensions such as negative symptoms or hallucinations. Further implications for treatment will be discussed.

Genetic neurodevelopmental disorders and brain imaging.

Nathalie Boddaert, MD, ERM 0205, INSERM-CEA, Orsay, France, Radio-pediatric Unit, Necker Enfants Malades Hospital, Paris, France

In the last decades, new methods of brain imaging, including positron emission tomography (PET) and magnetic resonance imaging (MRI), along with neurocognitive analysis, have advanced the study of neurobehavioral disorders. The identification of localized brain anomalies in genetic neurodevelopmental disorder will hopefully help understanding how this well defined genetic entity can lead to neurobehavioral syndromes.

For example, the Smith Magenis Syndrome (SMS) is a clinically recognizable contiguous gene syndrome ascribed to an interstitial deletion of chromosome 17p11.2. The neurobehavioral phenotype of SMS includes mental retardation, speech delay, hyperactivity, attention deficit, decreased sensitivity to pain, self-injury, aggressive behavior and sleep disturbances. This peculiar phenotype suggests that SMS is associated with still unknown brain anomalies. We have performed anatomical MRI studies in 5 SMS boys (mean age: 13.3 yrs  2.5) using optimized voxel-based morphometry (VBM) analysis (a new method that can detect structural anomalies that are not apparent on visual inspection of the scans). In addition, positron emission tomography (PET)

studies were performed in order to investigate a putative localized cerebral blood flow (rCBF) abnormalities in SMS. Using voxel-by-voxel analysis we have detected a bilateral decrease of grey matter concentration localized in the insula and lenticular nucleus in the group of SMS children. In addition, a significant decrease in the rCBF was found in the same regions in SMS. These anatomical and functional evidences of bilateral insulo-lenticular anomalies in SMS are consistent with the neurobehavioral symptoms of the disease. Indeed insular anomalies might be related to increased tolerance to pain, self injury and thermosensory processes, while hyperactivity/attention deficit should be related to the lenticulo nuclear anomalies.

Oligophrenin-1 (OPHN-1) is another example of a genetic neurodevelopmental disorder in which the identification of localized brain abnormalities could help to understand how well defined genetic entity can lead to neurobehavioral syndromes. Oligophrenin-1 (OPHN-1) gene disruption is known as responsible for so called non-specific X-linked mental retardation. In order to identify a specific clinical and radiological profile for mutation in the OPHN-1 gene, clinical and 3D brain MRI studies were performed in the only two families with a known mutation in OPHN-1. Brain MRI performed in three individuals showed a vermian dysgenesis including an incomplete sulcation of anterior and posterior vermis with the most prominent defect in lobules VI and VII. A mild dysgenesis was observed in the cerebellar hemispheres. A non specific cerebral cortico-subcortical atrophy was also observed. Clinical and radiological features observed in OPHN-1 mutated subjects from two unrelated families suggest a clinico-radiological syndrome.

Magnetic resonance imaging of boys with attention deficit hyperactivity disorder and their unaffected siblings.

S. Durston, H. E. Hulshoff Pol, H. G. Schnack, J. K. Buitelaar, M. P. Steenhuis, R. B. Minderaa, R. S. Kahn, H. van Engeland, University Medical Center Utrecht & Academic Center for Child and Adolescent Psychiatry Groningen, The Netherlands

Objective: It is well established that Attention Deficit Hyperactivity Disorder (ADHD) has a genetic component, where individuals with affected relatives are at increased risk to develop the disorder. Furthermore, the biological basis of this disorder is becoming increasingly better defined by a body of evidence from imaging studies. We aimed to study the influence of increased familial risk for ADHD on brain morphology.

Methods: Volumetric cerebral measures based on whole brain magnetic resonance imaging scans from boys with ADHD, their unaffected siblings and matched controls were compared.

Results: Both patients with ADHD and their unaffected siblings displayed reductions in right prefrontal gray matter and left occipital gray and white matter of up to 9.1% ($p < 0.05$). Right cerebellar volume was reduced by 4.9% in patients with ADHD ($p = 0.026$), but not in their unaffected siblings ($p = 0.308$). A 4% reduction in intracranial volume was present in patients with ADHD ($p = 0.031$), while a trend was observed in their siblings ($p = 0.068$).

Conclusions: The volumetric reductions in cortical gray and white matter in patients with ADHD are also present in their unaffected siblings, suggesting that they are related to an increased familial risk for the disorder. In contrast, the cerebellum is unaffected in siblings, suggesting that the reduction in volume observed in patients is more directly related to the pathophysiology of ADHD.

S52–2:15 pm Symposium

Psychotic Adolescents

Dissociative Experience in Healthy Adolescents, in Psychotic and in Non-Psychotic Severe Mentally Ill Youth. B. Mohler, Department of Child and Adolescent Psychiatry University of Zurich, Switzerland

As part of a group presentation on a German-Austrian-Swiss multi-site project on adolescent psychosis (VESPA), this paper discusses results on dissociative experience in psychotic and healthy adolescents.

Introduction: The relationship between dissociative experiences and psychiatric illness has been investigated with a focus on psychotic youth.

Methods: Data on psychotic youth has been obtained from the VESPA, a European (Germany, Austria and Switzerland) multi-center study on adolescent psychosis. The general population sample and the general psychiatric sample were recruited as comparative populations in Basel, Switzerland. Dissociative Experience has been assessed through the Adolescent Dissociative Experience Scale (ADES; Carlson & Putnam).

Results: Psychotic youth experience dissociation more often than healthy adolescents, at levels similar to the non-psychotic psychiatric population. Only in some subscales non-psychotic psychiatric patients showed a tendency towards higher dissociation compared to psychotic adolescents. Variables influencing the extent of dissociative experience in each of the populations are presented.

Discussion: The results are discussed with reference to literature on the relationships between dissociation and trauma, psychosis and dissociation and anti-psychotic drugs and dissociation.

The pre-clinical phase of first-episode juvenile psychotic patients in comparison to non-psychotic adolescents and normal controls. H. Meng; B. Mohler; B. Bailey; N. Kunz; F. Amsler; E. Koch; E. Branik; P. Parzer; M. Günter; U. Preuss; F. Resch, D. Bürgin

Objective: (Pre-)psychotic adolescents often are misdiagnosed in clinical evaluations due to the notion of 'normal adolescents crisis' as a common part of an adolescent development. Because of this misconception, adolescents and their parents are in danger of losing important time for a possible clinical intervention. The pre-clinical phase is to be compared to the equivalent period of non-psychotic adolescents and normal controls.

Methods: In a cross sectional sample of the VESPA-Study ('Verbundstudie Psychosen in der Adoleszenz'; a trinational compound study of first episode psychotic adolescents) and the BAP ('Basler Adoleszenz-Projekt'; a comparative study of n = 58 non-psychotic adolescents and a representative sample of n = 99 normal controls), the pre-clinical phase will be described with regard to social capacities, school success, drug abuse and psychopathology.

Results: Adolescents in a phase of untreated psychosis are outstanding with regard to school career, social behaviour, working abilities, but not with regard to drug abuse. Normal controls show only sparse signs of a possible crisis.

Conclusion: Adolescent crisis as a 'normal phase in an adolescent development' seems to be rather a myth than a clinical reality. With regard to the danger of a phase of untreated psychosis, adolescents in a crisis and their parents should not be comforted with the prospect of an end of the crisis by itself but rather integrated at least in a monitoring procedure.

Basic Symptoms in the Prodromal Phase of First-Episode Psychotic Adolescents; a Helpful Tool in the Diagnostic Process. H. Meng; B. Mohler; E. Koch; P. Parzer; M. Günter; B. Bailey; N. Kunz; F. Amsler; D. Bürgin, F. Resch

Objective: The diagnostic process in adolescents suffering from a possible psychotic illness is known to be difficult. It coincides with a difficult phase of life. A possible psychotic syndrome usually is diagnosed by observable psychopathology or prodromal symptoms. Basic symptoms are subjectively perceived alterations, which precede overt psychopathology or a change of behaviour. They need to be known and looked for by psychiatrists in order to be detected.

Methods: In a cross sectional sample of the VESPA-Study ('Verbundstudie Psychosen in der Adoleszenz'; a trinational compound study of first episode psychotic adolescents), the BAP ('Basler Adoleszenz-Projekt') and sample of the University-Clinic of Heidelberg, a representative sample of n = 83 psychotic and n = 141 non-psychotic but severely ill adolescents have been compared to a group of n = 99 healthy controls with regard to the prevalence of basic symptoms half a year prior to admittance to hospital.

Results: A highly representative difference ($p < 0.001$) between the three groups was to be observed indicating that psychotic patients suffered from much more basic symptoms than non-psychotic ill adolescents, who again suffered from much more ($p < 0.001$) basic symptoms than normal controls. Without being looked and asked for, this symptomatology could not be detected.

Conclusion: Basic symptoms are an important and only subjectively perceived feature of severe psychopathology. In the perception of patients it is rather a relief to be asked for them. They might be a helpful element for identification of UHR-patients (ultra-high-risk for development of a psychotic break-down). The relevance of the concept for its applicability for not psychiatric trained professionals e.g. paediatricians and general practitioners – who often are the professionals who are contacted in the first line by adolescents in danger of breaking down – needs to be discussed.

S53–4:00 pm Symposium

Facing trauma in child and adolescent emergencies

Chairs: Caffo Ernesto, Laor Nathaniel

Psychological responses of children to long-term terrorism. N. Laor, L. Wolmer, Tel-Aviv Community Mental Health Center, Tel-Aviv, Israel

The aim of terrorism is to erode civic structures that ensure individual and communal safety, thereby creating a continuous loss of faith in feelings of security. This presentation will present data concerning the psychological influence of continuous terrorism in the life of children with various degrees of traumatic exposure, as well as basic principles describing a city organizes and manages mental health services for children exposed to large-scale terrorism.

Terrorist activity has been usually viewed as local and its physical effects as circumscribed. In general, its aim is to erode civic structures that ensure individual and communal safety, thereby creating a continuous loss of faith in feelings of security. Individuals and communities under terrorism react to the arbitrary, unexpected and uncontrolled nature of the threat and the destruction, leading to secondary and tertiary disaster effects. The 9/11 terrorist attack on the US was the first of its kind; it also engendered a massive primary disaster with global secondary and ter-

tiary effects as well. Likewise, the ongoing terrorist attacks in Israel for the past two years have engendered a multi-systemic acute and sub-acute erosion in the lives of children on both sides of the conflict.

Destruction due to widespread terrorism may lead to social and individual reactions similar to those observed following a disaster: shock, depression and mourning; despair and withdrawal; passive acceptance; denial; symbolic traumatic ideology; confusion and social disarray; unemployment and an increase in poverty; ascension of informal popular leadership; rage and blame; social disintegration and emigration. Children who are exposed to the impact of large-scale terrorism (the extent of which is measured either in magnitude or in duration) suffer serious psychosocial sequelae

This presentation will present data concerning the psychological influence of continuous terrorism in the life of children with various degrees of traumatic exposure, as well as basic principles describing a city organizes and manages mental health services for children exposed to large-scale terrorism.

Psychological relief of traumatized children: the teacher as clinical resource after mass disaster. L. Wolmer, N. Laor, Tel-Aviv Community Mental Health Center, Tel-Aviv, Israel; Y. Yazgan, C. Deodoglu, Marmara University, Istanbul, Turkey

This presentation will describe the process and empirical data by which a school reactivation program is implemented after a mass disaster, utilizing teachers as clinical resources in the psychological relief of traumatized children.

Two weeks after the August 1999 earthquake in Turkey, Israeli mental health professionals initiated a multi-disciplinary effort to develop and implement a program of Community Reactivation for a displaced population, the Israeli Village in Adapazari. This presentation will describe the first phase of the process, which focused on the psychological reactivation of students and teachers.

Baseline assessment showed that most of the teachers and the children were experiencing posttraumatic phenomena, with 32% of the children reporting severe symptomatology. The implementation of the School Reactivation Program consisted of [1] a session with the teachers with two objectives: debriefing and enhancement of motivation and commitment. [2] The presentation of the program to and training of the teachers. [3] An introductory session with the parents. [4] Nine 2-hour class meetings. The class meetings were led by the teachers and supervised weekly by mental health professionals.

The program focused on issues such as loss and grief, anger, guilt and developing a vision of a better future. Children were allowed to normalize responses, share experiences, express and learn cognitive-behavioral ways to cope with inner suffering, all modelled by an imaginary friend communicating his experiences to the children through his letters. After the end of the program we observed a significant decrease in posttraumatic and dissociative symptoms, and a significant increase in symptoms of grief. Processes, results and risk factors will be discussed.

Intervention with children affected by the Molise earthquake of October 2002: first data from the "community reactivation program". G. Nicolais, "Tetto Azzurro", Rome; University "La Sapienza", Rome, Italy. E. Caffo, President of Telefono Azzurro; Professor of Neuropsychiatry, University of Modena and Reggio Emilia, Italy. G. Lopez, Telefono Azzurro, Milano, Italy. B. Forresi, University of Modena and Reggio Emilia, Italy. N. Laor, Tel-Aviv Community Mental Health Center, Israel. L. Wolmer, Tel-Aviv Community Mental Health Center, Israel

Preliminary data from an intervention with children affected by the Molise earthquake of October 2002 are illustrated, together with the main features of this intervention.

On October 2002, an earthquake affected the Italian province

of Campobasso, causing the death of 29 people most of which were children attending school.

Soon after the event, experts from Telefono Azzurro (Italy) and the Cohen-Harris Center for Trauma and Disaster Intervention (Israel) planned and co-ordinated a Community Reactivation Program, whose main goal was to support the communities affected by the earthquake through targeted interventions to be realized at different stages.

Objectives: The Class Activation Program is the part of the intervention intended to promote the recovery of children from post traumatic symptoms. It started in February and will go on till the end of school activities in June.

This Program integrates cognitive, behavioral, educational and dynamic technique. It involves nearly 500 children (aged 3 to 13) attending public schools of the area. After a screening for PTSD symptoms, the children are administered, from their previously trained teachers, 8 sessions intended to help them cope with intrusive thoughts and memories, and promote healthy adaptation.

Results: The hypothesis supporting the CAP, based on data from a similar program implemented after the 1999 earthquake in Turkey by the Israeli Team, is that at the T1 screening 1/3 of the children will show PTSD symptoms, while half of them will show significant reduction at the T2 post-activity screening.

Data will be confronted with those from a control school in the same region not affected by the earthquake.

The authors will highlight the main features of this of intervention, and illustrate preliminary data.

Network intervention in child and adolescent emergencies: models and effectiveness. B. Forresi, E. Caffo, C. Belaise, University of Modena and Reggio Emilia, Modena, Italy

Telefono Azzurro's Emergency Team which co-operates with The Tel Aviv D. J. Cohen and I. B. Harris Center for Trauma and Disaster Intervention and with the Yale Child Study Center promotes a multi-agency and inter-disciplinary network to face emergency situations involving children and adolescents.

Managing community emergencies involving children or adolescents is a complex process, demanding an effective intervention model which makes provision for immediate needs, taking into consideration the extent of the crisis, risk and protective factors and required resources. This approach invites collaboration among various specific agencies (health and social services, juridical authorities, law enforcement, etc) and among professionals from different fields (e.g., physicians, psychologists, social workers, judges, policemen). This model needs to focus on children's needs, integrating different organisations, languages and points of view. The goal of the network is to improve community interventions, particularly following community crisis and trauma in order to prevent adverse outcomes and promote health in children and their families.

Telefono Azzurro's Emergency Network has been implementing such a model in Italy since 1997, in cooperation with The D. J. Cohen and I. B. Harris Center for Trauma and Disaster Intervention in Tel-Aviv, Israel, and with the Yale Child Study Center. The network consists of multi-agency and inter-disciplinary teams to face emergency situations involving children and adolescents: abuse, family violence, suicide, accidents and mass disasters. It is currently gearing up to create preparedness programs to cope with terrorist attacks. The presentation illustrates the model and its evaluation program.

Wednesday, October 1st, 2003 Doppler

554–11:15 am
Symposium

Enfants et adolescents dans la guerre. Violence et transmission Children and adolescents in wars. Violence and transmission

L'effet de la guerre et des événements d'une violence majeure sur les bébés, les enfants et les adolescents est maintenant reconnue même si elle reste vraisemblablement sous estimée et surtout peu soignée. De même les mécanismes de transmission aux enfants de la violence subie par les parents sont toujours mal connus avec les conséquences graves pour la prévention et le soin et donc l'avenir de ces enfants. Ce symposium réunit des cliniciens et chercheurs français, anglais, allemands qui ont tous travaillé depuis plusieurs années sur des terrains de guerre en Europe et en Afrique dans le cadre de l'ONG internationale Médecins Sans Frontières et qui à partir de cette expérience de terrain et l'analyse de la littérature internationale disponible questionne les théories du trauma psychique qui sous tendent nos pratiques et nos représentations et proposent de nouvelles voies épistémologiques, pratiques et de recherche. Cette expérience avec les enfants et les adolescents en situation de guerre renouvelle notre compréhension générale du trauma psychique et nous aide à penser les effets de tous les événements potentiellement traumatiques sur les processus de développement pendant l'enfance et l'adolescence qu'ils soient vécus directement par l'enfant ou transmis par les parents qui eux l'ont vécu.

The effects of wars and extreme violent events in children and adolescents are now recognised even though its are probably underestimated and poorly treated. Moreover, little is known about the trauma transmission ways from parents to children, and especially the children's outcome. This symposium associates French, English and German clinicians and researchers who work since several years in wars in Europe and Africa with the international NGO "Médecins Sans Frontières". From their clinical experience and from the literature, this symposium will question the current theories of psychic trauma and will propose new epistemological, clinical and research ways. The experience with children and adolescents in wars renews the understanding of trauma and enable to understand the effects of traumatic events, occurred to children or their parents, in developmental processes in childhood and adolescence.

Transmission du traumatisme psychique mère-bébé. L. Ouss-Ryngaert (France), Y. Mouchenik (France), H. Asensi (France), M. R. Moro (France)

Il est désormais admis que les bébés peuvent montrer des symptômes en lien avec un traumatisme direct. Mais il n'existe que très peu d'études sur les effets des traumas des parents sur les enfants et leurs processus de transmission.

Objectifs: Faire le point sur la question de la transmission du traumatisme psychique de la mère au bébé, et proposer des pistes de recherche future dans ce domaine.

Méthodes: Nous ferons une analyse critique de la littérature. Nous proposerons ensuite, étayée par des situations cliniques obtenues sur différents terrains (transculturel, humanitaire), les éléments de base (théoriques, cliniques) de notre recherche future.

Résultats: Les données cliniques autant celles de la littérature vont dans le sens d'une transmission du traumatisme de la mère

au bébé. Ni les mécanismes ni l'expression de la transmission ne sont encore clairs.

Conclusions: Des recherches sont nécessaires pour préciser ces éléments. Nous en proposerons les principes.

Mother-infant transmission of trauma. L. Ouss-Ryngaert (France), L. Bailly (Grande Bretagne), Y. Mouchenik (France), H. Asensi (France), M. R. Moro (France)

It is now admitted that infants show symptoms after exposition to direct trauma. Very few studies concern the effects of parental trauma on infants, neither their transmission.

Aim: To clarify the question of the mother-infant transmission of trauma, and propose issues for further researches.

Methods: The propose a review of the literature. We then propose basic theoretical and clinical elements for our further research, supported with clinical situations from different situations (humanitarian, transcultural)

Results: The clinical and literature data support a transmission of trauma from mother to infant, but mechanisms and expression of transmission remain not clear.

Conclusions: We will propose a framework for further researches which are necessary.

L'adolescent et la guerre: comment panser les blessures ? Christian Lachal (France), Gesine Sturm (Allemagne)

Les différentes méthodes proposées aujourd'hui pour soigner les personnes présentant un Etat Post-traumatique tournent, pour l'essentiel, autour de l'événement traumatique et la façon dont le sujet l'a vécu. Les limites de ces méthodes font, à l'heure actuelle, l'objet de vifs débats dans les milieux concernés par cette pathologie. Cette approche reste très insuffisante lorsqu'il y a des événements traumatiques successifs, récurrents, comme c'est le cas dans les contextes de guerre au cours desquels la réalité quotidienne devient une réalité déformée. Les adolescents sont particulièrement sensibles à ces déformations de leur monde familial, social, symbolique et adaptent leur propre maturation en fonction de ce vécu si particulier.

Il est alors impossible de baser une approche thérapeutique sur la seule notion d'expérience traumatique. Il est plus pertinent de prendre en compte les mesures spontanées mises en œuvre par les adolescents pour s'adapter à ce type de contexte et de réfléchir à leur utilisation possible dans une perspective thérapeutique.

L'objectif de cette communication est de décrire un certain nombre de ces méthodes spontanées d'adaptation, à partir de l'observation au cours de missions humanitaires, de jeunes dans des situations de guerre, en particulier dans les Territoires Palestiniens et en Sierra Leone.

Nous pourrions discuter ensuite la place importante qu'occupent les processus d'identification fondés sur des modèles identificatoires spécifiques. Ces modèles reflètent les défenses utilisées par le groupe social dans son ensemble, en particulier les nouveaux idéaux collectifs qui émergent dans ces situations extrêmes: le héros, le martyr, le traître, le pacifiste etc...

Travailler avec les adolescents et leur entourage sur ces figures idéalisées permet de s'appuyer sur les pulsions de vie telles qu'elles se manifestent à travers les efforts de cohésion sociale et les projections individuelles positives.

Adolescents and war: how to heal injuries ? Christian Lachal (France), Gesine Sturm (Allemagne)

The different methods currently suggested to heal people with PTSD commonly consist in dealing with traumatic events and the way people have coped with it. Today, the limits of these methods are strongly debated by professionals involved in this pathology. This approach has shown very little results in case of repetitive traumatic events such as war contexts where daily reality becomes dis-

torted reality. Teenagers are particularly affected by distortions of their family, social and symbolic world and fit their maturation on this so specific life experience.

It is therefore 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 spontaneous adaptations 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, then. These patterns reflect the defenses used by the whole social group, mainly the new collective Ideals which emerge in such extreme situations: heroes, martyrs, traitors, pacifists...

Psychological elaboration about these ideal figures with adolescents and their relations allows to use the life instincts which appears through collective efforts for cohesion and positive individual projects.

Approche communautaire et thérapie individuelle: articulation des approches dans un contexte d'après guerre au Kosovo. Baubet T. (France), Labaume C. (Kosovo), Godain G. (France), Baron E. (France)

Objectif: Discuter l'intérêt des approches communautaires et de la psychothérapie individuelle auprès d'enfants dans un contexte d'après guerre.

Méthode: Nous décrivons un programme thérapeutique mené auprès d'enfants en situation de grande souffrance psychique près de deux ans après la fin du conflit au Kosovo, dans la région de Pejë, par Médecins Sans Frontières, sur le plan qualitatif et quantitatif.

Résultat: La psychothérapie individuelle brève permet l'amélioration de la condition d'enfants que les mesures de santé communautaire n'avaient pas aidé.

Conclusion: Ces deux approches semblent se compléter utilement: ce ne sont pas les mêmes sujets qui peuvent en tirer des bénéfices. Nos résultats suggèrent que les mesures de santé mentale communautaire ne constituent pas une approche pertinente pour les enfants présentant des pathologies post-traumatiques avérées.

Using both community-based and psychotherapeutic approaches in a post-war context (Kosovo). Baubet T. (France), Labaume C. (Kosovo), Godain G. (France), Baron E. (France)

Objective: We discuss two approaches used in humanitarian psychiatry: community-based and individual psychodynamic brief psychotherapy, with children in post-war contexts.

Method: We describe (with both quantitative and qualitative data) a therapeutic program held by Doctors Without Borders for emotionally disturbed children in the district of Pejë (Kosovo) two years after the end of the war.

Results: Individual brief psychotherapy allows a large number of children who have undergone community-based mental health program without improvement to recover.

Conclusion: These two approaches seem to be complementary, both useful, and not to address the same subjects. Our results suggest that community-based mental health approach is not relevant for children with severe post-traumatic suffering.

Debriefing après des événements traumatiques extrêmes dans des contextes de guerre chez l'enfant et l'adolescent: analyse critique. Lionel Bailly (Grande Bretagne)

Objectif: Discuter les indications et les limites du debriefing pour les enfants et les adolescents après des événements traumatiques majeurs dans un contexte de guerre.

Méthode: Nous partirons de l'expérience clinique avec des ONG telles que Médecins Sans Frontières (ex-Yougoslavie) et de l'analyse de l'abondante littérature très contrastée sur cette technique mise en œuvre sur les terrains de guerre depuis une dizaine d'années.

Résultat: L'analyse des expériences menées dans différents terrains de guerre montre que cette technique n'est pas toujours efficace si les indications et la technique ne sont pas rigoureuses. Dans certains cas, elle entraîne une récurrence des symptômes traumatiques et post-traumatiques chez l'enfant ou l'adolescent sans effets thérapeutiques à moyen terme.

Conclusion: Le debriefing basé sur une conception théorique de l'événement traumatique comme simple événement de vie déconnecté du reste du fonctionnement psychique de l'enfant et de l'adolescent est une technique qui reconnaît des indications limitées que nous définirons. En dehors de ces situations, d'autres techniques doivent être proposées. L'utilisation systématique du debriefing sera critiquée.

555-1:00 pm Symposium

Developmental Psychopharmacology

Chairs: E. Schulz (Freiburg); H.-W. Clement (Freiburg)

Developmental Psychopharmacology – Clinical Implications. E. Schulz, C. Fleischhaker, H.-W. Clement, Dept. of Child and Adolescent Psychiatry, Albert Ludwig-University Freiburg, Hauptstr. 8, D-79104 Freiburg, Germany

Developmental psychopharmacology encompasses all questions of drug usage suitable for children, including drug safety in child and adolescent psychiatry. Thus the developmentally dependent physiological and psychopathological particularities of children and adolescents should be fully taken into account.

It has long been recognized that pediatric psychopharmacology is not merely adult psychopharmacology applied to smaller subjects. Children and adolescents do respond to psychotropics in some distinctive ways. Drug application policy has however led to around 70 % of all applied drugs to children and adolescents not to have been tested and indeed acceptable for such uses. The resulting effects and side effects of neuropsychopharmacological treatment come from the complex interplay between biological factors, such as the developmental stage of the child or adolescent, as well as psychological and social factors. There are certain biological factors responsible for developmental differences in pharmacokinetics and pharmacodynamics e.g. genetic factors, brain maturity, neuroendocrine and hormonal changes, puberty, age and male/female dependent changes in fat and muscle mass. Therefore child and youth psychiatric pharmacological treatment is a developmental neuropsychopharmacology. Both pharmacokinetics and pharmacodynamics are subject to important developmental processes from the neonatal period through childhood and puberty and on to adolescence. Hormonal changes and developmental factors in cytochrome P450-dependent metabolism could explain some of the differences in dose required by children and adults for equivalent drug effect. Our own data presented confirm the differences in clozapine and SSRI metabolism in adolescents as compared to adults. Developmental psychopharmacology encompasses all questions of drug usage suitable for children, including drug safety in child and adolescent psychiatry. Thus the developmentally dependent physiological and psychopathological particularities of children and adolescents should be fully taken into account.

Experimental and clinical data suggesting that therapy of ADHD with psychostimulants induce no substance abuse and do not have unfavorable long-term effect on brain maturation. M. Gerlach, Clinical Neurochemistry, Department of Child and Adolescent Psychiatry, University of Würzburg, Würzburg, Germany

This paper will review experimental and clinical data demonstrating that therapeutic use of psychostimulants such as methylphenidate do not increase the risk of drug abuse and do not cause central nervous damage.

The efficacy of psychostimulants such as methylphenidate and D-amphetamine in the treatment of attention deficit/hyperactivity disorder (ADHD) was demonstrated in a variety of clinical studies. Although little information exists concerning the long-term effect of psychostimulants, there is no conclusive evidence that careful therapeutic use is harmful. However, concerns are increasing that therapeutic administration of stimulants in children with ADHD may induce substance abuse and may have unfavourable long-term effect on brain maturation.

This paper will review experimental and clinical data demonstrating that therapeutic use of psychostimulants such as methylphenidate do not increase the risk of drug abuse and do not cause central nervous damage.

Drug Safety in Developmental Psychopharmacology. C. Fleischhaker¹, P. Heiser⁴, K. Hennighausen¹, B. Herpertz-Dahlmann², K. Holtkamp², C. Mehler-Wex³, A. Warnke³, E. Schulz¹, H. Remschmidt⁴

¹ Dept. of Child and Adolescent Psychiatry, Albert Ludwig-University Freiburg, Hauptstr. 8, D-79104 Freiburg, Germany; ² Dept. of Child and Adolescent Psychiatry, University clinic at the RWTH Aachen, Neuenhofer Weg 21, D-52074 Aachen, Germany; ³ Dept. of Child and Adolescent Psychiatry, Julius-Maximilians-University Würzburg, Fuchsleinstr. 15, D-97080 Würzburg, Germany; ⁴ Dept. of Child and Adolescent Psychiatry, Philipps-University Marburg, Hans-Sachs-Str. 6, D-35033 Marburg, Germany

Developmental biology shows that the efficacy and side effects of neuroleptics are different in quality and quantity in the different age groups, but there are few comparable empirical examinations. The first preliminary results in a multi centric drug control study show that side effects are relatively common in the treatment of children and adolescents with atypical neuroleptics.

Atypical neuroleptics have significantly improved the therapy of schizophrenia. The main influences on these changes have been due to a lower side effects profile and improved efficacy against negative symptoms.

Although developmental biology shows that the efficacy and side effects of neuroleptics are different in quality and quantity in the different age groups, there are few comparable empirical examinations.

In this multicentre pilot study a standard recording of side effects of psychopharmacological drugs was used, the Dosage Record and Treatment Emergent Scale (DOTES). Our team has developed an EDP-based documentation file on the basis of the here-enclosed version of the DOTES for child and adolescent age groups that is user friendly and allows for findings to be documented from every PC of the involved clinics.

These first preliminary results in multi centric drug control study show that atypical neuroleptics olanzapine and risperidone are used in a relatively wide range of indication in clinical treatment. Side effects are relatively common in the treatment of children and adolescents with atypical neuroleptics. This is true of the first week of treatment, as well as for maintenance therapy.

In the here-documented examination there have been shown to be significant differences in the type and regularity of side effects. It is in this regard that it is necessary to specify the prospective toleration of atypical neuroleptics in relation to the different diagnostic subgroups. These questions will first be answered sufficiently following a further monitoring with a wider spot sample.

MRI methods and image analysis as a diagnostic tool in adolescents with anorexia nervosa. J.-F. J. Nedelec, M.-A. Crocq, J.-P. Macher, FORENAP, Hospital Center, ROUFFACH, France

Magnetic Resonance Imaging makes it possible to image brain anatomy. Image Analysis allows the evaluation of different anatomical brain volumes: total brain, grey matter, white matter, cerebrospinal fluid. In addition texture analysis provides inside view of regular patterns in brain tissue. Magnetic Resonance Spectroscopy (MRS) makes it possible to assess brain metabolism. In particular spectroscopic analysis of proton (1H) MRS gives access to some metabolite concentrations or ratios: N-acetylaspartate (NAA), glutamate (neurotransmitters); creatine like compounds (energetic estimation); choline like compounds (membrane status).

Using these imaging techniques and associated analysis, crucial questions can be addressed concerning adolescent with anorexia nervosa: Are the cerebral gray and white matter volume deficits described in patients with anorexia homogeneous in terms of texture analysis and volumes loss? Are they fully reversible to normal texture or volumes with weight rehabilitation? Are the increased cerebrospinal fluid (CSF) volumes the result of differences in grey or white matter losses, or both? Do brain volumes deficits, associated with body weight loss, correlate with metabolic alterations? Are they reversible with body weight rehabilitation?

Possible answers will be presented and discussed based on comparison of our own results and some published data.

In vivo microdialysis in child and adolescent psychiatry research. H.-W. Clement¹, M. A. Crocq², C. Fleischhaker¹, E. Schulz¹

¹ Department of Child and Adolescent Psychiatry, Albert-Ludwig University, D-79104 Freiburg, Germany; ² Centre Hospitalier, F-68250 Rouffach, France

In vivo microdialysis is a sampling technique, first developed by Ungerstedt and Pycock (1974) for the study of dopaminergic neurotransmission in the rat brain. In future microdialysis especially in the adipose tissue will be successfully used in either pharmacological and biochemical research in child and adolescent psychiatry.

In vivo microdialysis is a sampling technique, first developed by Ungerstedt and Pycock (1974) for the study of dopaminergic neurotransmission in the rat brain. Since several years now, microdialysis is successfully used in humans. Microdialysis probes with a common length of 1–3 cm and a diameter of about 1 mm are used in numerous tissues such as brain, muscle, adipose tissue, skin, and even gingiva and bone. The microdialysis technique has a number of advantages, especially for repeated sampling. For example its used successfully in the routine monitoring of neonates. The probe can be implanted for several days, it shows a high biocompatibility and the person can freely move. Molecules up to 100 kDa can be studied. Flowrates of about 0.5 and 1 µl/min result in small sample volumes predict highly sensitive analytic techniques such HPLC, ELISA, or mass-spectrometry to follow the parameter of interest. In future microdialysis especially in the adipose tissue will be successfully used in either pharmacological and biochemical research in child and adolescent psychiatry.

Ungerstedt U. Pycock C. Functional correlates of dopamine neurotransmission. Bulletin der Schweizerischen Akademie der Medizinischen Wissenschaften. 30 [1–3]:44–55, 1974.

S56–2:15 pm Symposium

Genetic vulnerability factors in child psychiatry: from basic research to clinical utility

Symposium of the Association for Research in Child and Adolescent Psychiatry

Chairs: D. Bailly (Marseille), P. Gorwood (Paris)

Most of mental disorders in children and adolescents are related to complex interactions between family factors (e. g. factors shared by all the members of a family), individual factors (e. g. specific factors to each subject), and genetic factors (e. g. transmitted factors from generation to generation). Nowadays, there are several models proposed in order to account for the respective role of the family environment, individual experiences, and genetic vulnerability. This question is not only a theoretical one. It has also important consequences in terms of treatment and prevention strategies. The purpose of this symposium is to take stock of this question.

S57–4:00 pm Symposium

Troubles du comportement alimentaire: aspects spécifiques à l'identité sexuée et approches transculturelles

Chair: Jean Chambry

Bien que décrit par Morton depuis 1964, l'anorexie mentale masculine a souvent fait l'objet de controverses. Elle pose la question de la place de l'idéal du corps chez les garçons et les filles. Deux questions reviennent fréquemment, les troubles du comportement alimentaire existe-t-il chez les garçons et s'ils existent, est-ce identique aux formes féminines? Une mise au point à partir des données de la littérature est désormais possible et fera l'objet de différentes communications.

Par ailleurs, les troubles du comportement alimentaire sont fréquemment associés à la culture occidentale et aux classes sociales favorisées. Ces pathologies existent-elles dans les populations migrantes? Et si elles existent, sont-elles spécifiques, comment les comprendre

A comparison of gender related images of ideals in adolescent boys and girls, and in girls with and without an eating disorder, as measured by three questions of ideals. B. Thurffjell, M. Eliasson, I. Swenne, A.-L. v. Knorrning, Ingemar Engström, Uppsala University, Sweden

Objective: To study ideal images among adolescents, those they hold individually and those they perceive from society. To develop a method for this purpose and compare the answers from boys and girls, and from girls with and without an eating disorder (ED).

Methods: Three Questions of Ideals (TQI) was administered to 347 boys, 417 girls, and 204 girls with an ED, all aged 13–17 years. The three items comprising the questionnaire deal with the ideals of society, media and the adolescents themselves. The answers were grouped according to themes established during an initial evaluation of the responses.

Results: The answers to each of the three questions fell into groups of themes much the same for the three groups. A majority of the adolescents were aware of idealised images of men or women in society and media, emphasizing ideals dealing with physical ap-

pearance. Dichotomous differences were found with regard to how boys and girls perceive ideals of body size and strength. However, many formed personal images of ideals different from prevailing stereotypes and focused on professional life, family life, and living conditions. Girls with an ED mentioned more themes in their answers, and included more often thinness, health issues and loving relationships in their individual ideals compared to the other groups.

Conclusions: TQI appears to generate answers with consistent features among adolescents. This indicates that it may provide a useful tool to further study adolescent groups in general, and with respect to ideals possibly related to unhealthy behaviour and eating disorders.

Eating disorders in men: realities and perspectives. Jean Chambry, Gilles Agman

For many, two questions remain unanswered: does anorexia nervosa 'as described in girls, exist in boys? If so, is it the same disease? We analyzed the data in the literature which demonstrate a lower incidence than in the female population, although estimates are probably low due to underdiagnosis. The behavioral aspects suggest a similarity between masculine and feminine anorexia nervosa although the pure restrictive forms of anorexia are more rare in boys. There are however a few differences. The problem of amenorrhea, on/off periods, is not present in the male form. The frequency of homosexual behavior would lie between 25% (Herzog 1984) and 58% (Schneider and Agras 1987) which is higher than in the female anorexia population (Herzog, 1984). This observation raises the question concerning the relationship between masculine anorexia nervosa and fragile sexual identity.

As for the bulimia, we have only very few data in the male population. The results are rather close to those noted in the female anorexia nervosa. We will describe the principal biological, cultural, psychodynamic hypothesis being able to clarify the sex differences in eating behaviors.

Gender differences in anorexia nervosa in prepubertal children. C. Reichart, Sophia's Children Hospital, Erasmus MC, Rotterdam, the Netherlands

Two case studies about prepubertal boys with an eating disorder and a summary about the relevant literature

Adolescents are the age group with the highest risk for developing anorexia nervosa. In this age group it is a typical "women disease". In adolescence and adulthood the sex ratio is 1:19 (boys: girls). Before puberty there is a different sex ratio and relatively more boys develop an eating disorder. Almost 30% of the children with an eating disorder before puberty are boys. Therefore, several questions arise: Are we talking about the same illness in prepubertal children as in adolescents? Is there a difference in comorbidity between boys and girls? Is there diagnostic confusion? The existing literature does not provide clear answers to these questions. Illustrated with some case vignettes, clinical-epidemiological studies, follow-up studies and family studies we will pursue these questions in greater depth.

Anorexia in male adolescent: life events and psychopathology. U. Balottin¹, F. Maisano², F. Nicoli¹, G. Pitillo¹, G. Rossi², G. Lanzi²

¹ Neuropsychiatric Unit, University of Insubria, H. Macchi, Varese; ² Neuropsychiatric Unit, Irccs Mondino, University of Pavia

Life events and consequent familial relationships are often related to the onset of anorexia, particularly in male. Frequently in literature bereavements and real or phantasmal losses, regarding the adolescent or his family, without or partially elaborated, are described.

We studied 12 cases of male anorexia, admitted consecutively to the Department of Child Neurology and Psychiatry of the University of Pavia and Varese: mean age at onset 14.7 years. All the pa-

tients were hospitalised at least once, and then followed up through our outpatient clinics or day hospital services for a period of time ranging from a few months to several years.

Biographic and familial history of the subject's represent, according with the literature, very significant life events and often deaths in the family (6/12). The bereavement involves the adolescent himself or his parents and relatives, or significant persons. In other situations we can find conditions of serious conflicts between the parents, psychiatric disorders regarding parents and relatives and other conditions strictly connected with the onset and de course of anorexia.

In our opinion, is very important the role of individual psychopathology but also the occurrence of unelaborated bereavements and ambient life events conditioning, both in parents and the adolescent, the activation of pathologic defensive mechanisms.

Transcultural approach in adolescents eating disorders: migration and identity. Anne Révah-Lévy MD, Olivier Taieb MD, Marie Rose Moro PhD., Service de psychiatrie, CHU Avicenne, Bobigny, France

There is an extensive literature on cross-cultural differences in adolescents eating disorders. Current clinical discussions regard them as multifactorial disorders resulting from an interaction of individual, familial and cultural influences.

Despite the epidemiological considerations, the purpose is here to discuss more precisely about the migration impact in family relationships, in the identity construction, in the way of being a mother, being a girl in the experience of parental migration. These different points lead us to reconsider the cultural influences which are not simply a matter of cultural factors, but a complex process in the comprehension of eating disorders.

L'anorexie mentale de l'adolescent dans une perspective transculturelle. V. Girard, J. Beraud, J. Geneste, CHU Clermont -Ferrand, France

A partir de la prise en charge hospitalière d'une jeune fille d'origine kabyle de 15 ans présentant une anorexie mentale, les auteurs proposeront une revue de la littérature consacrée aux spécificités psychopathologiques liées à la migration.

De plus ils s'intéresseront à la dimension transculturelle dans le cadre de cette pathologie de l'adolescent en évoquant la notion de "syndrome lié à la culture".

Enfin les auteurs discuteront l'intérêt de cette approche dans la prise en charge de ce trouble du comportement alimentaire.

Wednesday, October 1st, 2003 Andrews

558–1:00 pm
Symposium

Prenatal and postnatal stress

Chair: S. Tordjman

Antenatal maternal anxiety and later child behaviour: links and mechanisms. V. Glover, T. Gitau, N. Fisk Imperial College London, T. O' Connor Institute of Psychiatry, London, J. Golding, University of Bristol

Animal research has shown that there are long term effects of antenatal maternal stress on the behaviour of the offspring. We have

tested the hypothesis that antenatal maternal anxiety predicts behavioural problems in humans. These studies were based on the Avon Longitudinal Study of Parents and Children (ALSPAC), a community-based longitudinal prospective study. In all the studies discussed below the number of mother child pairs was greater than 7,000. Late antenatal maternal anxiety, at 32 weeks gestation, predicted total behavioral/emotional problems in boys (OR = 2.14, 95%CI = 1.48–3.10) and girls (OR = 1.88, 95%CI = 1.31–2.69) at 4 years after accounting for covariates. When covarying maternal anxiety up to 33 months postnatally, late antenatal anxiety continued to predict total behavioral/emotional problems in both boys (OR = 1.56, 95%CI = 1.02–2.41) and girls (OR = 1.51, 95%CI = 1.01–2.27) and hyperactivity/inattention in boys (OR = 1.85, 95%CI = 1.22–2.81). These results suggest that antenatal stress/anxiety may have a direct programming effect on the human fetus.

Similar effects of antenatal anxiety also obtained when the child was nearly 7 years old. The effect at 81 months was comparable to that previously obtained at 47 months.

Antenatal anxiety and postnatal depression represented separate risks for behavioural/emotional problems in these children and acted in an additive manner.

The mechanisms that may mediate the effects of antenatal maternal anxiety and later behavioural problems in the child include the passage of cortisol across the placenta from mother to fetus.

Vulnerability to a chronic stress environment gradually increasing throughout gestation: consequences on mother and offspring. The mouse as a model. C. A. Cohen-Salmon¹, P. Gressens², S. Fortes¹, D. Misdrahi¹

¹ CNRS UMR 7593, Hôpital La Salpêtrière, Paris, France; ² INSERM E 9935, Hôpital Robert Debré, Paris, France

Different protocols of acute, single-repeated or multiple-chronic stress administered to pregnant rodents have been shown to lead to biological and behavioral alterations in both mothers and pups. Unfortunately all these procedures use noxious stressors and all lead to weight loss in mothers and offspring. A Chronic Ultra Mild Stress procedure, with multiple and unpredictable stressors simply causing environmental discomfort, and without any effect on mother and pup weight, was applied to female mice throughout pregnancy. Some important maternal abilities linked to attentional processes were dramatically impaired. Stress-linked hormonal (estrogenic and corticotropic) changes during gestation could explain major modifications in behavior which have been seen to increase with advancing gestation.

Concerning the stress effects on offspring we have recently shown that this maternal chronic ultra mild stress procedure, applied during gestation increases neonatal brain damage vulnerability in pups: our results suggest that a maternal chronic stress applied during gestation can aggravate neonatal brain damage (modelling cerebral damages consecutive to prematurity or severe anoxia) and must be considered as a vulnerability factor.

Physiological, behavioral and biological impact of nursing procedure and developmental care on preterm neonates. J. Sizon¹, V. Bertelle¹, C. Catelin¹, D. Mabin¹, J. V. Browne², L. Curzi-Dascalova³, J. Adrien⁴, S. Tordjman⁵, J. F. Morin³

¹ University Hospital, Brest, France; ² University of Colorado, USA; ³ INSERM E9935, Robert Debré, Paris; ⁴ INSERM U288, Pitié-Salpêtrière, Paris; ⁵ CNRS UMR 7593, Pitié-Salpêtrière, Paris, France

Adverse neonatal experience, including painful events and sleep deprivation, can alter brain development and subsequent behavior. Developmental care significantly reduces the physiological and behavioral expression of pain during nursing interventions and increase sleep duration.

Background: Adverse neonatal experience, including painful events and sleep deprivation, can alter brain development and sub-

sequent behavior. The goals of developmental care (DC) are to decrease stressful environmental events in preterm neonates (NN).

Objective: To study the impact of DC on pain expression and sleep in preterm neonates.

Method:

1. Pain study:

19 preterm NN with gestational age (GA) of 29 ± 1.8 weeks were included. Each NN experienced two randomly ordered diaper changes (with and without developmental support). Pain expression was evaluated with Echelle Douleur et Inconfort (EDIN) and Preterm Infant Pain Profile (PIPP).

2. NIRS study:

Two groups of 15 preterm NN according to older ($GA \leq 32w$; $n = 15$) and younger ($GA > 32w$ and $< 37w$; $n = 15$) gestational age were included. Each NN experienced two randomly ordered weighing (with and without DC) at 24h intervals. Acute pain expression was evaluated with the Neonatal Infant Pain Scale (NIPS) and EDIN. Salivary samples were obtained for cortisol Elisa assay. Cerebral tissue oxygenation index (TOI) was recorded with Near-Infrared Spectroscopy (NIRS) before and after the procedure.

3. Sleep study:

Thirty-three NN were included ($GA: 29.3 \pm 1.8w$; post-natal age: 19 ± 15 d). Each NN experienced two randomly-ordered 3-hour periods (with and without DC support). Sleep was monitored by polygraphy with a blind analysis by an electrophysiologist.

Results and conclusion: DC significantly reduces the physiological and behavioral expression of pain during nursing interventions and increase sleep duration. Future studies on biological impact are needed.

Life events, anxieties and perceived stress during pregnancy: Validation of a new questionnaire. C. Granier-Deferre, Université Paris 5 – CNRS, Paris, France; A. Ribeiro, Université Paris 5 – CNRS, Paris, France; R. Graignic, CNRS-UMR 7593, Paris, France; S. Dournaux, Université Paris 5, Paris, France; P. Gerardin, CHU Rouen, France; S. Tordjman, CNRS-UMR 7593, Paris, France

The validation study of a new questionnaire on life events, anxieties and perceived stress during pregnancy will be presented. This questionnaire was designed to give a thorough and reliable assessment of the time period, amount, duration, and chronicity of stressful life events; it also investigates the perceived abilities of the mothers to cope and overcome these events.

Today, we are witnessing ever increasing research on the adverse effects of stress, anxiety and depression during pregnancy on neonates' clinical outcome (i.e., miscarriages, neurological birth defects, prematurity or reduced birthweight). Moreover, recent studies have also linked different psychological disorders observed in school age children to the psychological state of their mothers during the gestation period. However, many results are contradictory or unclear. Some of the discrepancies might be explained by methodological biases, in particular, the limitations of the different assessment tools used in these studies.

Empirical and factorial validity of a new multidimensional questionnaire on life events, depression, anxieties and perceived stress during pregnancy will be presented. This questionnaire, constructed on the basis of data obtained with 130 semi-structured interviews of end of gestation mothers, was designed to better assess the psychological state of pregnant women. It gives a thorough and reliable quantitative assessment of the time period, amount, duration, chronicity and expectation/anticipation of stressful everyday life events during and before pregnancy, focusing on the mothers' perceived reactivity and emotions; it also investigates social, psychological and physiological problems specific to pregnancy, amount and quality of social support, and the mother's perceived abilities to cope with these events.

Benefits and limits of this questionnaire approach will be discussed. We believe it will be a helpful screening tool for both practitioners and research studies.

Stress & Mood Disorders during Pregnancy: Effects on the Fetus. C. Monk, W. P. Fifer, M. M. Myers, R. P. Sloan

The effect of pregnant women's emotions on the fetus has long been a source of speculation. Recent studies suggest that stress during pregnancy is associated with preterm birth and lower birthweight, and other work indicates that maternal anxiety is related to more active and irritable newborn behavior. However, few studies have directly measured the impact of women's emotions on the fetus. In two separate studies, we used concurrent maternal and fetal physiology monitoring while exposing the mother to an acute stressor to examine the impact of maternal stress and chronic mood disorders on fetal heart rate (FHR). In 57 women in their 36th–38th week of pregnancy (mean age 27 years \pm 6), ECG, blood pressure (BP), respiration (RSP), and FHR were measured during baseline and a psychological challenge (a Stroop color-word matching task). Subjects underwent the Structured Clinical Interview for DSM-IV (SCID) and completed the Spielberger State-Trait Anxiety Inventory prior to testing.

Results: There was a significant main effect of maternal diagnostic group on FHR reactivity during the Stroop task even after controlling for birth weight and women's BP reactivity ($F [4, 44] = 2.68, p = 0.04$). Fetuses of depressed women had greater heart rate increases compared to fetuses of women with anxiety disorders and those of healthy, low anxious women (post-hoc comparisons using Fisher's PLSD; $t = 4.12, p < 0.05, t = 4.72, p < 0.01$, respectively). There was a similar pattern comparing fetuses of healthy, high anxious women to the same two groups ($t = 3.29, p < 0.05, t = 3.99, p < 0.05$, respectively). There were no group differences in FHR during a resting baseline period ($F [4, 52] = 1.2, p = 0.35$). These data suggest that an effect of maternal mood disturbance on offspring physiological reactivity is evident prior to birth. However, in order to observe the putative cumulative effects of different prenatal environments and genetics on FHR reactivity, subjects must experience a significant stressor. Taken together, these findings point to the potential for maternal mood to mediate the effects of stress on fetal behavior and development.

S59–2:15 Symposium

Children of somatically ill parents (COSIP): European perspectives of mental health prevention research in a target group at risk

Chair: Prof. John Tsiantis, Greece; Prof. Dieter Bärigin, Switzerland

Small children of somatically ill parents: Parent-Child-Dialogue. A. Grether, D. Bärigin, B. Steck, KJUP Basle, Switzerland

Introduction/Objective: A severe illness of a parent, which often involves separation through hospitalizations, represents for small children a stressful situation. Some parents inform their little children about their illness and others don't. We are investigating the influence of the parent-child dialogue on the child's ability to play and to symbolize in order to cope with a difficult situation.

Methods: In a European funded research project "Children of Somaticallly Ill Parents" (COSIP) we have examined so far 80 children, 25 of whom are between 2–6 years of age. Semistructured interviews with parents and children are applied. In the child's interview projective materials, such as story stems and sceno test are used.

Preliminary Results: Children who are not informed about their parents' illness show great difficulties in symbolization and in participating in the story stems. Illness or separation cannot become a theme between the child and the therapist. Whereas children, who do know about the parental illness and receive a holding from their

parents, are able to use a diagnostic-therapeutic setting for themselves. Using their resources and defense mechanisms they repeat in the play the potentially traumatic situation in order to cope with it.

Conclusions: Informing the child is important, but as important is the capability of the parents to be emotionally available to him or her. Yet information seems to be only useful for the child when it is based on the emotional support provided by the parents. If parents are overburdened by the crisis, professional help is sometimes indicated.

Challenges and problems during the implementation phase of a counselling service for children of mothers with cancer. Kienbacher C., Prause C., Stoeckl M., Bogyi G., Friedrich M. H.; Department of Neuropsychiatry of Childhood and Adolescence, University of Vienna, Austria

Objectives: The aim of the investigation, which is part of a multinational EU-funded study (COSIP), is to identify problems during the implementation of counselling services for children of mothers with cancer. Implementation was done in the context of various liaison projects with Viennese oncological units. Of special interest is whether similar problems occur in different implementation contexts.

Methods: The process of implementation was documented in a standardized way in the so-called "three-column-documentation". In the content analysis single items are pooled to categories of challenges. After 12 months these protocols are subjected to a qualitative analysis by three independent reviewers, and the occurring problems are divided into different groups. Further on the standardized content analysis will include six participating child and adolescent psychiatric institutions in various countries, which all are involved in counselling, in order to include know-how of the implementation in various settings and cultural backgrounds.

Results: Although mostly our counselling concept focusing on prevention is being welcomed, we have to remind the oncological liaison partners again and again of our service in order not to be forgotten in the daily routine. In some families, we also find reluctance to come to a psychiatric institution, where the counselling usually takes place.

Conclusion: Establishing a counselling service like COSIP requires a continuous effort to maintain the co-operation with somatic hospitals. Services have to be flexible and low-threshold. Until now the COSIP service is mostly accepted among terminally ill parents, who are in need for advice and support for their children.

Implementation and evaluation of an innovative mental health service for children of somatically ill parents (COSIP): first findings after three years. G. Romer, M. Haagen, C. Baldus, R. Saha, M. Pott, B. Paschen, A. Brüggemann, C. Barkmann, P. Riedesser; University Hospital Hamburg-Eppendorf, Hamburg, Germany

Objectives: At our department, in July 2000, a preventive out-patient counselling service for children of somatically ill parents was implemented. Analyzing mental health data of the children seen so far and evaluating the experiences made should help to specify the framework for future preventive programs.

Method: A descriptive analysis was made of all families seen for counselling (n = 70) covering sociodemographic and illness-related data. In a part of the sample (n = 40), data were taken cross-sectionally prior to counselling covering the mental health status (CBCL, YSR), quality of life (KINDL) and family relational functioning (FAD) (n = 40). Frequent problems in these families were analyzed qualitatively from a developmental, psychodynamic and family dynamic perspective. In March 2003, an evaluation design was implemented to measure process quality and goal attainment in the preventive interventions based on standardized interrogations of parents, children up from age 11 and therapists involved in counselling.

Results: In most families seeking counselling, a parent had a cancer disease with insecure or terminal prognosis. Surprisingly, one

third of the families had sought counselling after the death of a parent. Frequent problems in these families are discussed in the light of differential dimensions of family functioning as related to children's adaptive outcome. First trends in evaluation data are discussed.

Conclusions: Preventive counselling should be provided for this target group on a low-threshold base, especially for younger children. These services have to be prepared for already bereaved children. Problems met in the implementation of a new psychosocial service within the medical system are discussed.

Mental health needs of children

Children with parents who suffer from multiple sclerosis: preliminary findings from a greek sample. J. Tsiantis, S. Diareme, E. Tsalamaniotis, G. Kolaitis, E. Paliokosta, S. Anosontzi, K. Voumvourakis; Athens University Medical School, Goudi, Greece

Children and adolescents of somatically ill parents have been found to be at risk for developing mental health problems, mainly within the internalizing spectrum, including psychosomatic manifestations, behavioral problems and academic difficulties. The role of mediating factors, such as the presence of parental depression, as well as, dysfunction and coping difficulties of the family, have also been recognized in many studies. In this presentation, the objectives, methods and preliminary results from a Greek study with children and adolescents of parents with Multiple Sclerosis (M. S.) are presented and discussed. This preliminary study has been conducted within the frame of a three-year-long, European Project on "Children of Somatically Ill Parents (COSIP)" with the participation of another seven European countries (i. e., Austria, Denmark, Germany (Coordinator), Great Britain, Finland, Romania and Switzerland). Participants are 25 M. S. patients (25–50 years old), their spouses and children (6–17 years old), recruited from Neurology Clinics of general hospitals of Athens. Children's mental health status was examined with CBCL (both parents), YSR (children) and semi-structured interviews for parents and children. Presence of parental depression was examined with BDI, while family functioning and coping was tested with FAD and F-COPES. Hypotheses are that Greek children of M. S. parents will present mental health difficulties: a) in a higher rate than age norms; b) mainly within the internalizing spectrum; and c) in a higher rate, if parental depression or/and family dysfunction is/are present. Also, M. S. parents are expected to underestimate their children's difficulties compared to children themselves, spouses or/and clinicians.

Parenthood and parenting experienced by children when mother has cancer. H. Manninen* MD, Specialist in Child Psychiatry; J. Piha, Professor of Child Psychiatry; P. Santalahti, MD, PhD; E. Savonlahti, MD, Specialist in Child Psychiatry; F. Schmitt, MSc, Researcher, Turku, Finland

Serious parental illness (like cancer) will affect parenthood and parenting and might create a risk for child mental health. In an experiment counselling service program open discussions are provided the whole family to study these issues.

Objectives: To investigate child and adult experiences of parenthood and parenting in families with a parent with new or relapse cancer, and to investigate the present state and change of child mental health, parental stress and family functioning in these families.

Participants: Finnish speaking families with maternal new or relapse cancer and with at least one 4–17 year old biological child living with her.

Main outcome measures: The physical and mental health and sense of coherence of parents and children, and family functioning and parental stress are investigated using questionnaires. The parenthood and parenting experienced by parents and by children is investigated in connection of a standard counselling service consisting of 3–6 child centred family therapeutic sessions

Preliminary conclusions: The first impressions are that children are coping well with the stress induced by the serious parental illness and the treatment, if the parenthood has developed well and the parental container function is working and if the parenting is protected and supported enough by both parents and the family network. Most of the families can get advantage of possibility to speak openly about the illness. One parent families seem to need special support and especially those families who have no supportive network of relatives. Children are able to speak openly about the illness of the mother and even about the possibility of her death. It's important to take account of the developmental stage of the children and to offer separate sessions to parents and children.

Obstacle in implementation of some mental health programs for families with one parent with acute medium and severe cerebral and/or medullar injury (amscmi) – romanian experience. S. Milea, V. Rotaresu, D. Stanescu; University of Medicine and Pharmacy CAROL DAVILA, Bucharest, Romania

Objective: Children with one parent with AMSCMI are at increased psychiatric risk. This study tries to evaluate the chances and limitations of preventive counseling services offered to this target group.

Method: Between Nov 2002 and April 2003 we contacted families with a brain-injured parent, having children between 5 and 17 years old. Recruitment was tried at all three neurosurgical hospitals of Bucharest. After the families' consent, a preventive psychological intervention program was administered.

Results: In two of the hospitals our efforts were in vain. Collaboration was achieved in the one hospital that already had a psychological service. There, 47 families could be identified and contacted. From these, 6 families accepted the service without difficulties, 13 families after further explanations. Categorical refusal came from 20 families, and refusal after a while from 8 families. The reasons for refusals both from medical staff and from families discussed.

Conclusions: Implementation of preventive services for families and children with one parent with AMSCMI need to consider: Integration of psychological services into the neurosurgical hospital staff; familiarizing neurosurgical medical staff with the psychological drama which affects the family and the children of their patients; increasing the awareness in mental health services and the community in general regarding psychological problems which affect family members when a parent is suffering from a chronic condition.

This study is part of a multicenter research project (COSIP) funded by the EU, which intends to elaborate a framework for mental health prevention for families and children having a somatically ill parent.

S60–4:00 pm Symposium

Update on sleep disorders

Chair: Gunning B. (NL)

Sleep Behavior During Childhood – Findings From The Zurich Longitudinal Studies. O. Jenni, I. Iglowstein, H. Zinggeler Fuhrer, L. Molinari, & R. Largo (Growth and Development Center, University Children's Hospital, Zurich, Switzerland)

Results of a Swiss longitudinal study of sleep behaviour from birth through adolescence

Longitudinal studies of sleep behavior from birth through adolescence with large sample sizes and short study intervals are rare. We studied 493 children using structured sleep-related interviews at 1, 3, 6, 9, 12, 18, and 24 months after birth and then annually un-

til age 16 years. Parents were queried about bedtime, rise time, duration and frequency of daytime napping, bedsharing, night wakings, bedtime resistance and sleep onset difficulties during the 3 months preceding the consultation. Total sleep duration decreased as a function of age and across the studied time period [1974–2001]. Bedtime was increasingly delayed across decades, while rise time remained unchanged. Bedtime resistance declined across decades. While in the first year of life relatively few children slept with their parents (< 10%), bedsharing increased with age and reached a maximum between 3 and 5 years (37% at 4y). Nocturnal wakings (< once/week) initially decreased (from 81.8% at 1m to 33.5% at 3m), but increased again to reach a maximum at 3 years (53.5%). In summary, young Swiss children frequently wake up during the night and share the bed with their parents. We speculate that more liberal parental attitudes towards evening bedtime in the last decades may be responsible for the bedtime delay and for the decrease of sleep duration across time. The decline of bedtime resistance may indicate that parents in 1990 adjust bedtime to child's actual sleep need more appropriately than parents in 1970.

Differential diagnosis of childhood insomnia. V. Fernandez, E. Bauzano, Clinical Neurophysiology Department Hospital Regional Universitario Carlos Haya, Málaga, Spain

Objective: To review the causes and differential diagnosis of childhood insomnia.

Methods: There are multifactorial causes involved in the aetiology of childhood insomnia. It is important to remember that because the parents are the providers of the history, it is usually their complaint, and not the child's, that must be evaluated. The complaint often refers to the effect that the child's symptoms are having on the parent's lives. A detailed history, with an sleep-wake evaluation chart and aspects about sleep hygiene; a physical and psychological evaluation and some appropriate laboratory evaluations including polysomnography if indicated, are necessary to evaluate the child.

Results: Insomnia is the lack of sleep at times when convention dictates that one should be asleep, related either to the inability to initiate sleep or to maintain sleep. Sleep in the pediatric population differs in many important ways from sleep in adults. Sleeplessness and insomnia in childhood should alert the clinician to a disorder affecting the maturation of the nervous system, since normal sleep development is an index of global brain function peculiar to each age.

Conclusions: Childhood insomnia is most frequently caused by environmental, behavioural and psychological factors. A correct diagnosis of its aetiology should differentiate insomnia from other sleep disorders that occurs with a relative high frequency during childhood: parasomnias or motor disorders affecting waking and sleep.

Behavioural treatment for sleep problems in children and adolescents with mental retardation. L. Wiggs, University of Oxford, Oxford, United Kingdom

Review of existing literature regarding use of behavioural treatments for the correction of sleep disorders in children and adolescents with mental retardation: preliminary implications for clinical practice, limitations of existing data and future directions.

Sleep disorders (SD) are particularly common, severe and often longstanding, in children with mental retardation (MR). The negative effects of disturbed sleep upon children's (and their parents') daytime learning and behaviour and also the stress involved in caring for a child with SD makes it imperative that SD are treated as soon as possible as a means of mitigating difficulties where possible.

There are a variety of treatment approaches for SD, depending on the nature of the SD. This paper aims to review the use of behavioural treatments (BT) for SD in children and adolescents with MR.

Although the literature relating to young people with MR is limited, BT for sleep-wake cycle disorders, sleeplessness, parasomnias and excessive sleepiness have been reported as generally being rapidly successful, often with concomitant reports of improvements in daytime functioning of the child and/or parent. However, studies employing controlled experimental design concern, almost exclusively, the problem of sleeplessness. Results from these studies provide repeated support for the use of sleep scheduling, graded change approaches and extinction techniques.

Review highlights outstanding methodological issues which need to be addressed in future, carefully controlled studies and trials focussing on the relative efficacy of different BT. However, in the meantime the existing literature suggests that it is appropriate to try BT for the correction of certain SD in children with MR but that, in the absence of further evidence, choice of which BT to use should be guided more by family preference and practical considerations than by empirical evidence.

Childhood onset narcolepsy: a diagnostic dilemma. L. McKenna (Southmead Hospital, Bristol, UK); F. McNicholas (Our Lady's Hospital for Sick Children, Dublin, Ireland)

Although regarded as a rare disorder, narcolepsy is probably under diagnosed in children. This is the presentation of a case study of a child with symptoms suggestive of narcolepsy.

Narcolepsy is a disorder of the sleep-wake cycle with long-term physical, psychological and psychosocial sequelae. Although regarded as a rare disorder, it is probably under diagnosed in both adults and children. Clinical heterogeneity, particularly in childhood, and development of symptoms over time, contribute to the delay in diagnosis and treatment with adverse consequences. We present a case of a child with symptoms suggestive of narcolepsy. We discuss the merits of early intervention in selected cases, even when full diagnostic criteria are lacking.

Melatonin and childhood sleep onset insomnia. B. Gunning*, K. Van der Heijden*, M. Smits** (* Epilepsy centre and centre for sleep/wake disorders Kempenhaeghe, Heeze, The Netherlands; ** Ziekenhuis Gelderse Vallei, Ede, The Netherlands)

Melatonin delays the onset of melatonin secretion in children with sleep onset insomnia. The aim of this study is to find out whether the beneficial effect of melatonin in children with ADHD and sleep onset insomnia is on circadian rhythm, or is only melatonin's hypnotic effect.

The time at which melatonin starts to rise in dim light, the Dim Light Melatonin Onset, is used as a marker for circadian phase position. Several factors interfere with melatonin secretion and hence with circadian rhythm: brain lesions, ADHD, autism, shift work, jet lag, aging, and the use of drugs.

In children with sleep onset insomnia (with or without ADHD) the onset of melatonin secretion is delayed. Sleep onset insomnia is much more prevalent in children with ADHD than in children without ADHD, and even more prevalent in children treated with stimulants. Treatment with stimulants delays the onset of melatonin secretion. Treatment of children with ADHD and sleep onset insomnia with melatonin seems to be effective for sleep onset insomnia and advances the onset of melatonin secretion.

In this presentation the results will be presented of a controlled trial on the effects and safety of melatonin in children with ADHD and sleep onset insomnia in which we tried to investigate whether melatonin has a direct effect on circadian rhythm, or that delay of the onset of melatonin secretion is the effect of the behavioural change (later sleep onset) which is due to melatonin's hypnotic effect.

Wednesday, October 1st, 2003 Angström

L3-1:00 pm
Lecture

Psychopathologie du développement cognitif dysharmonies cognitives et retard d'organisation cognitive une pathologie sévèrement handicapante et souvent méconnue

Pr Bernard Gibello, Place St. Georges, 70310 Faucongnex

Anna Freud a, la première, montré que les lignes de développement de la pensée de l'enfant pouvaient croître de manière non synchronisée. Les anomalies de ce type portant sur le développement et l'évolution des mécanismes de défenses et des conflits intra-psychiques ont été relevées par l'école française de psychanalyse sous le nom de dysharmonies évolutives. Elles sont généralement bien connues des spécialistes.

D'une façon analogue, des circonstances diverses peuvent gravement perturber le développement des processus cognitifs de l'enfant et de l'adolescent, conduisant à des dysharmonies cognitives pathologiques et à des retards d'organisation cognitive, dont le diagnostic et le traitement relève de pratiques cliniques spécifiques, et dont la méconnaissance a les plus graves conséquences sur le plan de l'insertion scolaire et socio-professionnelle. Ces deux syndromes, différents des déficits mentales, des démences et des inhibitions intellectuelles sont mal connus des praticiens.

On sait aujourd'hui que le développement disparate des processus cognitifs est la norme pour les sujets atteints de maladies mentales graves, psychoses, autisme, dysharmonies évolutives, états limites. On a pu également observer que certains sujets ayant souffert de graves traumatismes ou de perturbations sévères des interactions précoces, mais ne présentant pas de symptomatologie mentale pouvaient également présenter un développement disparate des processus cognitifs.

Cliniquement, ces troubles se présentent comme des troubles d'apprentissage multiples et graves.

L'examen met en évidence des anomalies des contenus de pensée, de la mémoire, troubles méconnus du sujet, et souvent de l'entourage. Une dépression narcissique est fréquente.

Il en existe plusieurs formes cliniques: DCP et ROC, dyspraxies, dysgnosies, instabilité, violence.

L'enquête épidémiologique montre leur grande fréquence.

La physiopathologie de ces troubles relève de deux grandes interprétations:

- la première, selon laquelle les troubles cognitifs sont des mécanismes de défense contre des angoisses et des expériences traumatiques, maintenant les conditions de l'illusion de la défense maniaque, par des méconnaissances diverses de l'objet, de ses représentations et des souffrances qu'il peut infliger;
- la seconde, selon laquelle la construction même de la conscience se serait faite anormalement, avec négligence ou méconnaissance ou forclusion de divers aspects du «fond de conscience» sur lequel apparaissent normalement les représentations de choses puis de mot. Cette anomalie ayant pour effet d'empêcher totalement ou partiellement les mécanismes d'inhibition constructive opérant chez le sujet normal.

L'approche thérapeutique est difficile et fait appel à divers procédés.

S67-2:15 Symposium

Ethic

Chair: Jocelyn Y. Hattab, M. D.

Informed consent: its relevance in child mental health. Jocelyn Y. Hattab M. D., Donald Cohen Department of Child & Adolescent Psychiatry, Jerusalem Mental Health Center; Hebrew University and Hadassah School of Medicine, D. N. Tsfoh Yehuds-90972- Israel

The history, theories, philosophy, legacy, of informed consent is an expression of ambivalence between two values: the value of a person's autonomy, self-determination, free will, which means providing complete and comprehensive information to the patient, and, the value of offering aid the patient receives regarding his sickness, which means, giving the patient the best known treatment while avoiding her opposition to this treatment if he will know "too much" about it.

People are ambivalent concerning their will and right for information concerning diseases and treatment.

Child Mental Health is the field where this ambivalence comes to its most extreme level.

According to the Code of Nuremberg: "Ethical practice requires the investigator to inform the participant of all features of the research". Openness and honesty are essential characteristics of the relationship between investigator and research participant "Ethical research practice requires the investigator to respect the individual's freedom to decline to participate or discontinue".

The participation of the child in decisions which concern him should be encouraged and developed for ethical and for legal reasons. Studies of the child's consent must therefore be placed in a far more general current of thought, which reconsiders the status of the child within the family. Recognition that the interests of parents and children are not always coextensive (this is obvious in cases of abuse or neglect) must lead to greater attention being paid to the child's opinions.

Even in its politically correct formulation, there is a flavor of coercion, persuasion, if not manipulation in informed consent as stated by Faden and Beauchamp. People are forced to sign a form that is more useful for the physician than for the patient and certainly the young mentally ill kid.

This lecture, that was first presented at the memorial conference for Professor Donald Cohen at Yale Child Study Center, will develop history, philosophy and practice of informed consent in medicine and child mental health and its pitfalls.

Recommendations for a better and more honest practice will be proposed.

Ethics of genetics in child mental health. Jocelyn Y. Hattab M. D. 'Director, Donald Cohen Department of Child & Adolescent Psychiatry, Jerusalem Mental Health Center, Hebrew University and Hadassah School of Medicine, D. N. Tsfoh Yehuds- 90972-Israel

Ethics is based on the assumption of human free will arguing that people are responsible for their choice to behave badly or according to morality. Genetics contains a presumption of pre-birth determinism. One fifth of our genes are supposed to command our psychic life, behaviour, affects, fantasies, dreams. Without entering a deep philosophical dissertation, we will first clarify these arguments. Claiming for genetic origin of psychological traits and diseases leads to defectuous attitude both in child development and in treatment. We will elaborate on the genetical and environmental origin of various child mental diseases, A. D. H. D., Autism, Schizophrenia and others, and demonstrate the intrication of many factors in shaping genotype into phenotype. The ethical attitude is one of optimism and belief in potential to change, mainly for children

whose brain plasticity and openness for external influences are crucial in their development either normal or modified by illness or diseases. Research in genetics in general and in child mental health specifically, either through epidemiology or molecular genetics, involve children. What is the relevance of informed consent of children or their parents in these researches, what are the long term consequences of having samples of D. N. A. of children, could they refuse or destroy these samples at any time. To what extent the reading of these samples will determine their future in schools, in society, in their professional activities. Finally we acknowledge the importance and benefices children can draw from genetics research and findings in their search for a better life and society. Our 3 steps model of ethical attitude will help us weighing the values involved in our discussion on Ethics and Genetics of Child Mental Health and modeling an acceptable attitude.

Ethical issues in autism. Jocelyn Y. Hattab M. D., Director, Donald Cohen Department for Child and Adolescent Psychiatry, Jerusalem Mental Health Center, D. N. Tsfoh Yehuda - 90972 Jerusalem - Israel

Speaking on Ethics doesn't mean at all being more ethical than others nor being in a position for moralizing, may be even the contrary, those who know me, know..

All ethical recommendations and duties in the practice of Child Mental Health in term of research, treatment, policy, administration, organization are relevant to Autism.

Although, Autism is specific enough to raise specific ethical considerations. The purpose of this presentation to define these peculiarities and to try to solve them.

Because of the diversity of definitions of Ethics, I must give you in few words my own understanding of Ethics.

Autism is still, although less than 10 years ago, the arena of rough and even aggressive discussions between scholars concerning its brain versus mind roots. This controversy is fed by works of Tustin and Meltzer and the official French school of Child Psychiatry is strongly attached to the psychoanalytic understanding of Autism. At a recent Congress, Bernard Golse answered my question by saying that there are pure psychogenic forms of Autism aside organic ones. Facilitated communication and its defenders, Crossley, Stork and others support this understanding. Stories of autistic persons told by themselves, like Temple Grandin enrich the discussion. The debate is still largely open? It is the expression of the same faithful concern. The attachment to theories of Autism is almost more affective than cognitive because of its specificity. We all, whatever ideology we believe in, wait for the solution from the researchers.

Possibilities to inform minors in clinical trials – the Mac Arthur competence assessment tool for clinical research. M. G. Koelch, J. M. Fegert, University of Ulm, Dep. of Child and Adolescent Psychiatry/Psychotherapy, Germany

Objective: Legal initiatives (in the USA and the EU) try to improve the general conditions for conducting clinical trials with minors. Information of the minors about the trial and getting their assent are basic elements of "participation". Without which it is impossible and not ethically reasonable to conduct a trial with minors. But how should someone inform minors in the "correct way"? We examined the possibility to inform minors to make them capable to give assent.

Methods: We try to adapt an interview for minors, which has been established in psychiatry of adults to examine the competence for informed consent. The interview, Mac Arthur Competence Assessment Tool for Clinical Research (MacCAT-CR), was translated and linguistically approximated to minors. We examined about 10 boys in a "phase-III-trial" with a long-acting MPH (Concerta®). Interviews were conducted with parents and the minors. The answers were rated and a qualitative analysis was made.

Results: In this facility-study all of the boys were able to understand the information about the trial. They were able to appreciate

the benefits and risks and they follow for every day life. Problematic was the appreciation of the primary goal of the trial, no boy seemed to be able to understand this topic completely.

Conclusions: The MacCAT-CR can be a possibility to improve information about clinical trials in children. With this instrument information gets more checkable. Minors are more involved in the process of decision-making, so their interests of participation are better satisfied.

S68–4:00 pm Symposium

Screening and needs assessment of young offenders

Chair: Robert Vermeiren, MD PhD, Antwerp/Amsterdam

The sex-baro, a screening device to detect psychopathology in juvenile sex offenders. T. Doreleijers, VU University medical center, Amsterdam; A. van Wijk, Dutch Police Academy, Apeldoorn; R. Bullens, Vrije Universiteit, Amsterdam, The Netherlands

Presentation of a prototype screening instrument for juvenile sex offenders: who needs care? Preliminary results of the validation study

Objective: To implement a new device nationwide in an organization for child welfare, where 400 social workers are involved in the screening procedure for court.

Method: Manageability study of a new instrument by means of working procedures in six regions where the BARO was not implemented.

Results: The regions where the instrument had been introduced turned out to work more adequate: files were more complete, more proper clinical impressions were obtained and consumers of the reports (members of the juvenile courts) were more satisfied. Then, as the government asked for a more cost efficient method, the instrument was abbreviated.

Conclusion: The BARO is now used in 30% of all 20,000 first offender cases each year in The Netherlands. The government has to decide whether or not to finance the procedure for the other 70% of the cases.

Mental health needs of offenders in secure care: a prospective, longitudinal study. Dr. L. Kroll, Dr. J. Rothwell, Dr. S. Bailey

Background: The mental health needs of children and adolescents in secure care is a matter of concern, but little systematic research has been done. Our aim was to assess the mental health, social and educational needs of these young people in a prospective, longitudinal study.

Method: The needs of 97 boys aged 12–17 who had been admitted to secure care were assessed at admission and 3 months later (n = 90) with standardised interviews and psychometric tests. 27% had an IQ of less than 70. The need for psychiatric help was high on admission, with most frequent disorders being depression and anxiety. There were high rates of aggression, substance misuse, self-harm and social, family and educational problems. The mean number of needs was 8.5 on admission and 2.9 after 3 months. Areas in which needs were met included education, substance misuse, self care and diet. Areas where need fell substantially, but remained high were social and family problems and aggressive behaviours. Psychological needs persisted with new onsets of depression, anxiety and post-traumatic stress symptoms shortly after admission. The most frequently required interventions were psychological assessment and cognitive behavioural work.

Interpretation: Boys in secure care have many needs and a high rate of psychiatric morbidity. During the admission period, secure

care units address some domains of need, but others remain unchanged or get worse. Psychological and psychiatric provision in secure units need improvement.

Developing a mental health screen for the youth justice system (England and Wales). Dr. T. Myatt, Prof. R. Harrington, Dr. S. Bailey

Commissioned by the Youth Justice Board, which has overall responsibility for all young people under the age of 18 in the Youth Justice System in England and Wales. The university of Manchester and Adolescent Forensic Services have developed a Screening Tool for mental health difficulties. This universal screening tool has been developed, piloted, validated and is a development from the Salford Needs Assessment. All workers in the Youth Justice System will now be able to screen for depression, deliberate self-harm, anxiety, post traumatic stress disorder, drug misuse, alcohol misuse, ADHD and psychosis by means of a Stage II Mental Health Screen, Stage I questionnaire administered by all workers. If screen positive, Stage II semi structured interview administered by a trained designated worker. The process implementation and clinical benefits of this project will be described including how to assist non-mental health workers to access appropriate local services for young offenders. This tool will now be incorporated into the overall assessment tool used on all young offenders in England and Wales.

Effectiveness of mental health provision for young people in custody and in the community. Dr. P. Chitsabesan, Prof. R. Harrington, Dr. S. Bailey

Following a comprehensive review of the current literature on the prevalence of mental health problems in young offenders the main aims of the research are:

1. To establish the level of mental health need among young offenders in youth offending teams and in secure facilities.
2. To determine how these needs match with relevant mental health provision, and to establish the strengths of different current models of service provision.

The research includes both qualitative and quantitative elements:

- The qualitative element involves a study in which participating services will be visited by a researcher who will map their current service provision and obtain their views about these services.
- The quantitative aspect is an epidemiological survey, which will take place in the same sites and involves other research workers interviewing the young people themselves and some of their carers to establish the level of mental health need.

In addition to the cross-sectional survey we plan to follow-up some of the young offenders who have been discharged from secure facilities in to the community to reassess their mental health need and to also assess the continuity of care of services.

The initial cross-sectional data will be described.

Wednesday, October 1st, 2003 Donatello 1

561–1:00 pm
Symposium

Qualitative and social research in child psychiatry

Chair: Professor Philip Graham

The papers cover a variety of studies looking at children's carers' and professionals' perceptions of children's mental health problems, help seeking and treatment experiences. Of particular interest is how attitudes and perceptions influence treatment and outcome.

Three of the papers investigate attitudes to hospital treatment. Dr. A. Dias-Caneja explores experiences of parents and children during admission to a general paediatric ward or intensive care unit, in order to understand which aspects of hospitalisation are particularly difficult for parents and how this knowledge can help to improve services. Dr. F. Hepper investigates children's perceptions of the purpose of in-patient psychiatric treatment in London and the factors which enhance or decrease their motivation to engage with therapeutic work. Prof. J. Fegert used a similar qualitative study in Germany to develop a developmentally appropriate quantitative instrument to explore attitudes of larger groups of patient admitted for psychiatric care.

The remaining two papers investigate how attitudes can affect help seeking behaviour, compliance and outcome. Dr. S. Smart paper is about mothers' views on seeking help for children with abdominal pain, emphasising the importance of patients and carers perception of professionals' beliefs. My own studies compare parents' children's and professionals' views on disruptive behaviours. I use an anthropological framework to show how uncertainties about the status of these disorders pervade various levels of society and clashes in attitudes can affect treatment and outcome.

How do mothers of children with recurrent abdominal pain view seeking medical help? S. Smart, D. Cottrell, C. Baylies, University of Leeds, UK

A qualitative interview study exploring how mothers of children with recurrent abdominal pain view seeking medical help on behalf of their children

Aims: to explore how mothers of children with recurrent abdominal pain view seeking medical help on behalf of their children

Background: Parental responses to children's symptoms are important in modifying the outcome in recurrent abdominal pain. Little is known about how parents make decisions about responding to symptoms, including how they decide to seek medical help.

Method: In depth semi structured interviews were conducted with 28 mothers of children with recurrent abdominal pain, recruited through paediatric clinics and schools. Participants were selected purposively to include a wide range of experiences with medical contact, school absence, family ill health and maternal and child psychological morbidity. Data were analysed qualitatively, from an interpretative perspective.

Results: Mothers of children with recurrent abdominal pain reported shaping the way they discussed their children's problems with doctors according to their beliefs about the pain, their own roles as mothers and the beliefs they perceived doctors to hold about recurrent abdominal pain. Mothers visited the doctors to establish if a child was malingering, to exclude a physical disease and to seek help in managing the pain. In the first two cases, encounters were straightforward. In the latter case, mothers often felt their competence as parents to be under attack and responded to this by stressing the physical aspects of the child's presentation.

Conclusions: Doctors need to establish what help mothers seek

in this situation and may need to acknowledge actively mothers' competence in order to establish a therapeutic alliance.

Participation of children in treatment decisions in child and adolescent psychiatry. J. M. Fegert; I. Dippold; K. Wiethoff; F. Keller; (all University of Ulm, Germany)

Results of qualitative and quantitative interviews with child psychiatric inpatients are presented. Interviews focus on the aspect of participation in treatment decisions and on children's knowledge about child psychiatric hospital treatment.

Based on qualitative Interviews with in child psychiatric inpatients we developed an empirical instrument for the quantitative collection of data on information and participation. The qualitative data was evaluated following grounded theory and was particularly important to devise a developmentally appropriate quantitative instrument. This was administered to a random sample of 298 patients who were admitted consecutively to two (East and West German) child psychiatric hospitals (East Germany 147 patients, West Germany 151 patients).

Results: Qualitative interviews show that children expect to be involved in treatment decisions but they often have no knowledge about child psychiatric hospitals and treatment methods. 16% of the minors had not been informed prior to their treatment by the physicians who admitted them. 40% of the patients had no information about the duration of their stay in the hospital, where 73% considered themselves sufficiently informed about the hospital rules. About 90% of the patients expressed their need for information and asked specific questions. About 20% of the patients described their stay in a psychiatric facility during the first four weeks as involuntary. The decision about their admission is experienced by about 20% as emotionally distressing. An important number of children fear to be stigmatised because of their stay in hospital.

A statistical relationship between the quality of information and motivation and even perceived treatment results could be shown.

Children's understanding of their admission to an in-patient child psychiatry unit. F. Hepper, St. Mary's Higher Training Scheme in Child and Adolescent Psychiatry, London, England

Qualitative research exploring children's accounts of their admissions to an in-patient child psychiatry unit, their understanding of the purpose of admission and factors which enhanced or decreased their motivation to engage with therapeutic work.

Objective: To increase understanding of children's perceptions of the purpose of in-patient treatment and the factors which enhance or decrease their motivation to engage with therapeutic work.

Methods:

- Semi-structured interviews at admission and discharge, with 18 children, aged 8–13, admitted over a one-year period to an in-patient child psychiatry unit.
- Transcribed interviews were analysed using Interpretive Phenomenological Analysis.
- Questionnaires covering demographic information and parental reasons for admission were completed by parents at admission.
- Data about diagnosis and treatment collected from clinical records.

Results:

- Children's perceptions of their 'problem' are congruent with parents' and professionals' views.
- Children portrayed themselves as passive in the therapeutic process, with professionals 'getting them better'.
- 'Being helped' was equated with being 'cheered-up'. Children gave varied reasons for avoiding problem-focused work.
- Some perceived the admission to be a test of their right to continue to live with their family, hoping that professionals would make them 'good enough' to be allowed to return home.
- Children had a number of strategies to resist the bullying and teasing associated with the stigma of being admitted to an in-pa-

tient unit. Some also experienced more subtle difficulties in persuading friends of the validity of their problems and need for hospital treatment.

- Children perceived their role in decision-making as limited, but offered ideas of how they would like to be more involved.

Conclusions: Therapeutic engagement can be undermined by children's expectations of themselves as taking a passive role in the therapeutic process, by their lack of knowledge about therapeutic work, by their motivation to avoid problem focused talk and by professionals overlooking their involvement in decisions about therapeutic goals and processes.

A child's admission to hospital: a qualitative study examining the experience of children and parents. A. Diaz-Caneja, J. Gledhill, S. Nadel, T. Weaver, E. Garralda, St. Mary's Hospital, London, England

Qualitative research exploring experiences of parents and children during admission to hospital (general paediatric ward or intensive care unit), to understand the nature of the stress of admission, to identify specific aspects of hospitalisation which may be difficult for parents and children and to use this material to improve services provided during admission.

Objective: This study explores the experiences of parents and children during the child's admission to either general paediatric ward (GPW) or paediatric intensive care unit (PICU). We aimed to identify aspects of the admission and inpatient treatment process, which were difficult for children and parents, and to make recommendations to enhance the experience of treatment during admission.

Methods: A purposive sample of twenty children were selected (11 PICU, 9 GPW) further stratified by gender of the admitted child and school age. Semi-structured interview were recorded with parents (n=20) and children (n=18). Interviews transcripts were downloaded using QSR NUD*ist software, coded on line and subject to thematic analysis.

Results: Parents described the initial shock on admission because of the unexpected and limited knowledge of the situation. Separation from their child reinforces these feelings. When the parents were reunited with their child, contact with a named nurse, regular update by staff and being involved in the child's care helped cope with the admission. However, parents acknowledged that there were disruption in parental roles, financial burden and lack of continuity of care or support by hospital staff. Discharge home was a source of relief and joy, but parents did not feel ready as they try to make sense of the admission and they desire for normalcy. This can be difficult if they do not have support.

Conclusions: Strategies focused on more emotional support to parents on admission and discharge from PICU could reduce the long-term effects of the admission.

Disruptive behaviours: personal choice, illness or social disease. Using an anthropological framework to understand how attitudes may affect outcome. Henrikje Klasen, Institute of Psychiatry, London, UK

Parents', professionals' and children's conceptualisation of disruptive behaviours are examined through qualitative research. An anthropological framework is used to analyse data. Deep uncertainties about the status of these disorders pervade all levels of society and may affect outcome.

Objective:

1. To introduce an anthropological framework to social research in child and adolescent psychiatry.
2. To use this framework to analyse qualitative data on parents', children's and professionals' views on disruptive behaviours.

Methods:

- Completed study: semistructured interviews about attitudes to ADHD with 29 parents of hyperactive children, 10 general practitioners and 10 teachers.

- Pilot: semistructured interview of 10 parents of disruptive children prior to assessment by child mental health services.
- Pilot: qualitative feedback form filled by parents' and young people with disruptive disorders after treatment.

Interviews were audiotaped and transcribed. Data was analysed using grounded theory.

Results: Anthropologists conceptualise society as an onion like model of related hierarchies ranging from the individual, to kinship and neighbourhood, to social institutions and finally to underlying values and norms. Uncertainties about the status of disruptive behaviours pervade all these levels.

Parents were often unsure when to punish behaviours and when to show compassion. They generally preferred to medicalise and label the problem while GPs and teachers tended to relate behaviours to family and societal stresses. Young people could see advantages in a diagnosis but also struggled when interpreting effects on their identity. Uncertainties exist as to which institutions should take the lead in service provision. Underlying are controversies about values such as individual choice versus biological or social determinism.

Conclusion: Clashing attitudes between youngsters, parents and professionals can lead to misunderstandings, compliance problems, dissatisfaction and lack of access to effective help. An anthropological framework can improve and systematise the analysis of social and qualitative data.

S62-2:15 pm Symposium

Children's narratives as a research tool: representations of the internal world, expression of attachment and peer relationships

Chair: K. von Klitzing, University of Basel, Switzerland

Introduction: Clinicians who assess and treat preschool children are faced with the difficulty of detecting early signs of psychopathology and psychosocial strengths. It is a challenge to gain access to the inner worlds of children at this early age.

Method: New research-based methods have been introduced which promise to help evaluate young children's representational worlds. The MacArthur Story Stem Battery and the Attachment Story Completion Task use standardized, developmentally appropriate beginnings of stories to elicit relevant play narratives. The story stems build up to a dramatic high point or conflict, and the child is then asked to "show and tell me what happens next." In this symposium, (1) the method will be demonstrated (using video examples), and (2) three research groups will present recent studies using play narratives to answer clinically relevant research questions.

Results: (1) In a longitudinal study, high stability of positive narrative themes was shown. There was a low correlation between children's and parents' representations of family relationships. (2) In a cross-sectional study, narrative attachment themes significantly differed between premature and full-term children. (3) In a cross-sectional study, agreements and disagreements could be shown between children's own conceptions of their peer relationships (assessed by play narratives) and the views of their kindergarten classmates.

Discussion: The Story Stem methodology is a useful means of gaining access into the young child's inner world. Clinical relevance, reliability and stability have been well established. Further research should study the development of children's narrative capacities over time and its prognostic meaning.

Play narratives of 4–7-years-old children with the MSSB: stability, equivalence of original and parallel versions and family representations. M. Günter, R. Min, Dept. Psychiatry and Psychotherapy in Childhood and Adolescence, University Tübingen

Objective: To establish a German norm population of 4–7-years-old children for the German version of the MacArthur Story Stem Battery (MSSB), to demonstrate the equivalence of the original and the parallel version and the stability. Are the child's mental representations correlated with the parents' description of family relationship.

Methods: We assessed 42 children equally distributed according to sex and age using the original and the parallel German version of the MSSB (Günter et al. 2000) with an interval of four weeks. The sessions were video-taped and rated by independent raters. The parents filled out a family questionnaire (Familienbögen, Cierpka et al. 1994) and the SDQ-D (Woerner et al. 2000). The equivalence of the two versions, the stability over time and the interrater reliability were assessed statistically. Correlations between parents' judgement of the family relationships and children's representations were calculated.

Results: The two versions were comparable. The stability over time was high for positive mental representations whilst the negative ones in contrast to older children were more influenced by accidental factors. Correlations between parents' assessment of the family relations and the child's representations were weak. A two factor solution was found for the MSSB. Narrative coherence is clearly influenced by age.

Conclusions: The MSSB is a reliable instrument for the assessment of mental representations of preschool children. The instrument can be used for longitudinal studies. Negative representations seem to fluctuate in preschoolers in comparison to older children. Children's representations are independent from parents' view of the family.

Prematurity and Attachment: behaviors versus representations. B. Pierrehumbert, A. Nicole, C. Muller-Nix, M. Forcada-Guex, P. Sarasin, F. Ansermet

Introduction: The quality of early interactions is considered as an important factor contributing to the quality of child-parent attachment. Therefore premature birth, affecting early experiences (e.g. restriction of parental availability, fears regarding the child's survival), may be expected to alter the quality of attachment. However, studies on premature children using the strange situation (at 12 months of age) did not provide consistent results.

Questions: According to some studies, the consequences of prematurity may be delayed and revealed only later during childhood. Other studies suggest that parents' attitudes during interactions tend to compensate the premature children's lower interactive competencies. The objective of the study was then to compare premature and full term children's attachment later during childhood, and to compare procedures evaluating children's interactional behaviors, involving the parents, to procedures focusing on representations of attachment.

Method: Fifty families with a premature infant (25–33 gestation weeks) and a control group of 25 families with a full term infant participated to the study when children were 3 y. o. Observers visited families and filled the Attachment Q-Sort (AQS), and children responded to the Attachment Story Completion Task (ASCT).

Results: Premature and full term children strongly differed on the ASCT, while no differences appeared on the AQS. This result suggests that premature children's internal working models of attachment (likely to be involved in the doll narratives) may be affected by early adverse experiences. Meanwhile, behavioral measures of attachment involving the parents (who may have a compensatory influence) fail to reveal difficulties.

Peer relationships of kindergarten children in the mirror of play narratives. A. von Wyl, S. Perren; D. Bürgin, K. von Klitzing, University of Basel, Switzerland

Introduction: On starting kindergarten, a child has to establish peer relations independent from the family. A child's ability to find its own way to this peer group depends on his or her personality. Early emotional problems can limit the relational capacity.

Method: In our multi-informant, multi-method study of 80 children at 12 different kindergarten in Basel (age range 4–5 years), we used play narratives and the Berkeley Puppet Interview to assess the children's views and representations of their peer relationships. In addition we asked parents, teachers and classmates about the social integration and behavior of the child.

Results: The results showed that different informants often agree in their opinion of children's peer relationships, although there are exceptions. Children's discontent with their peer relationships depended on two factors: how bullied they felt, and the absence of a best friend. Play narratives gave additional information on whether children tend to avoid or to act out aggressive feelings.

Discussion: Play narratives of kindergarten children provide us with information the way they deal internally with relationships. In the pretend mode of a play narrative, a child can express its aggressive intentions, whether destructive or constructive. Children with poor peer relationships often show avoidance strategies. For the child psychiatrist, it is of great importance to identify children's internal strategies for dealing with relational themes.

563–4:00 pm Symposium

Les caractéristiques des nouvelles familles et les conséquences sur l'expression de la psychopathologie de l'enfant

Chair: Pr. Alain Lazartigues, CHU de Brest

L'espace familial peut être caractérisé par des règles de fonctionnement qui ont considérablement changé au cours des trois dernières décennies, ce qui découle des changements sociétaux dus au développement du néo-libéralisme et à la mondialisation d'une société de consommateurs vivant dans un espace démocratique. Les modifications des rapports entre parents et enfant (disparition de l'autorité remplacée par le consensus entraînant une symétrie relationnelle, hédonisme remplaçant le devoir), la nouvelle conjugalité (privatisée et précarisée), le nouveau statut des femmes (parité, assurant la continuité auprès de l'enfant lors des séparations parentales), les nouvelles pratiques d'éducation (l'enfant au centre du dispositif scolaire, utopie d'une éducation sans violence et de l'harmonie de la liberté du sujet et de son appartenance au groupe social), le statut d'enfant roi (enfant rare, enfant précieux, assertivité soutenue par les parents), les nouveaux droits de l'enfant (modélisée par les essais de «démocratie enfantine» tels qu'on a pu le voir dans les «parlements» d'enfants) ont contribué à modifier les conditions de structuration de sa personnalité. La personnalité de base névrotique, habituelle chez les jeunes adultes, ont laissé la place à des personnalités différentes, on peut observer des personnalités de base dépressives-dépendantes assez souvent, perverses narcissiques parfois. L'expression de la symptomatologie en a été profondément changée, avec l'augmentation massive des troubles du comportement, des attaques du corps, et la quasi disparition des symptômes d'allure névrotique chez l'enfant.

Les familles du nouveau monde. Dr. Bruno Verrecchia, Service universitaire de pédopsychiatrie, CHU de Brest, hôpital de Bohars, 29 820 Bohars, bruno.verrecchia@chu-brest.fr

Si, comme le rappelle Paul Ricoeur, l'humanité doit être définie comme le vivant parlant, ce qui fait de la généalogie une structure irréductible aux fonctions de reproduction, l'homme occidental, «gardien du feu nucléaire et scribe du code génétique» (Peter Sloterdijk) en parachevant le projet métaphysique de Descartes – celui des Temps Modernes et post modernes de «l'homme maître et possesseur de la nature» – et selon lequel «ne vaut comme véritablement réel que ce qui est scientifiquement calculable, démontrable», ne se dépossède-t-il pas du même coup de ce qui fondait son essence même: à savoir son rapport insigne, en tant que Dasein, à l'Être?

Il est vrai que dès les années 50, Hannah Arendt rappelait que «l'essence de l'éducation est la natalité, le fait que des êtres humains naissent dans le monde», et soulignait le danger pour l'enfant d'advenir et devenir dans un monde confondant les sphères publique et privée.

Signe des temps: l'appauvrissement d'un Monde qui tend à se réduire à un Environnement génético-numérique anhistorique. Ce «monde», bizarrement à la fois pré-apocalyptique et ultra-pacifié, ménagera-t-il encore longtemps, et pour quels «élus», l'espace de déploiement d'une langue dans laquelle accueillir l'enfant? A l'heure de la Prévisibilité et de la Programmation génético-procréative généralisée, quelle place restera-t-il pour l'Événement, la Rencontre, et qu'advientra-t-il de la Généalogie et des Familles dans ce «nouveau monde»?...

L'autorité a-t-elle déserté la famille comme la société? Pr. Humberto Morales, Département de criminologie psychiatrique, Université des Andes, Mérida, Vénézuéla, Service universitaire de pédopsychiatrie, Pr. Lazartigues, CHU de Brest, hôpital de Bohars, 29820 Bohars, hmorales@ula.vu

«Le drame freudien se déroule au sein d'une organisation sociale d'un type défini, dans le cercle étroit de la famille qui se compose du père, de la mère et des enfants» (Malinowski, 1931). Dans les années 70, la famille contemporaine apparaît. Définie par l'organisation affective du couple, par des modalités relationnelles originales entre parents et enfants, par des pratiques de parentalité différentes. Le cadre familial joue des rôles divers, mais essentiels dans le développement de l'enfant. «C'est le passage d'un fonctionnement familial fondée sur l'autorité à un fonctionnement centré sur le consensus» (Lazartigues, 2001). La fonction paternelle est fonctionnelle, empirique et la place du père se rétrécit et l'efficacité symbolique s'érode. Dans l'institution familiale l'intersubjectivité devient la référence et la parenté existe comme conséquence des échanges affectifs, la conjugalité est précaire, renouvelable et la filiation est maintenue par la fiction juridique de notre société. La personnalité se structure sans autorité, elle a disparu comme axe organisateur symbolique. Il apparaît de nouvelles personnalités de base et la psychopathologie évolue vers de nouvelles formes cliniques. L'enfant se construit dans des systèmes d'autorité relatifs et la culture familiale se réfère à l'affectif des parents. Les changements juridiques définissent l'espace de la conjugalité et de la filiation impliquant une privatisation du couple et une dissociation des différents types de filiation. (Lazartigues, 2002). Dans ce contexte, comment l'individu viendra-t-il à reconnaître, à accepter que des limites s'imposent à ses actes dans la réalité extérieure, et dans la société en particulier?

Famille, école, médias, le triangle infernal. Pr. Alain Lazartigues, Service universitaire de pédopsychiatrie, CHU de Brest, hôpital de Bohars, 29 820 Bohars, alain.lazartigues@chu-brest.fr

La famille comme l'école butent sur la même utopie actuelle d'une éducation sans contrainte, associant harmonieusement la liberté du sujet aux contraintes impliquées par l'appartenance au social. L'école, après avoir mis l'accent sur la liberté et l'expression des singu-

larités des élèves, réintroduit maintenant hiérarchies et mesures, omniprésentes dans la société. Les parents ont inventé des solutions qui conjuguent plus ou moins harmonieusement ces exigences contradictoires. Maintenant, dans leur fonction de présentation du monde à l'enfant, l'école et les parents sont mis en concurrence avec les médias auxquels les enfants ont de plus en plus accès du fait de la réduction du contrôle parental. La relation des enfants et adolescents aux médias les conduit à des intériorisations de valeurs et de modèles de comportement sans passer par une relation à une figure d'identification. Elles sont fondées sur un rapport de séduction du message publicitaire et des émissions de variétés à un enfant-cible au monde pulsionnel stimulé par la proposition publicitaire, invite à satisfaire tel ou tel aspect de ses désirs avec la promesse de prime de plaisir qui résultera pour le sujet de s'être laissé tenté. Ainsi, les médias proposent le modèle d'un monde de liberté, d'hédonisme, d'épanouissement de soi, avec des aperçus sur les exigences du collectif par la télé-réalité, les documentaires et le JT (journal télévisé) en opposition avec ceux que proposent l'école, et pas toujours la famille. Nous aborderons certains des effets de ces contradictions sur la structuration de l'enfant et sur les traductions symptomatiques de ses achoppements.

Mouvance des familles et besoins psychiques des enfants. Pr. J.-Y. Hayez, responsable de l'Unité de pédopsychiatrie, Cliniques universitaires Saint-Luc, B- Bruxelles

En se limitant à un exemple simple de famille restructurée, l'auteur propose une réflexion clinique sur la manière dont elle répond ou non aux besoins psychiques des enfants.

La réponse n'est évidemment ni tout ou rien, ni blanc ni noir !!

On s'en tiendra donc à quelques applications importantes: les besoins de l'enfant en amour y sont-ils suffisamment satisfaits? L'enfant y est-il reconnu comme être relationnel? Sa confiance de base dans la vie y est-elle entretenue, entre autres via le respect de son territoire intime et de ses aspirations individuelles? Son identité y est-elle affaiblie ou renforcée, entre autres via le respect de son histoire, et la bonne différenciation des sous-systèmes qui composent la famille?

Que penser également de la sexualité qui circulent dans ka nouvelle famille au-delà de ses protagonistes adultes officiels?

Fragilité de la parentalité. Contradictions des représentations et fonctions parentales dans un monde multiculturel. C. Ochoa Torres, I. Lelong, Service de Psychiatrie Infanto-Juvenile – Centre Hospitalier Louis Pasteur, B. P. 407–28018 Chartres cedex, France

Nous recevons une population pluriethnique et multiculturelle. Ces familles présentent une fragilité psychologique liée en partie à une conflictualité au sein des représentations parentales, qui se traduit au niveau de leurs fonctions, et à laquelle les troubles de l'enfant font écho. Cette conflictualité concerne les différentes représentations qui constituent l'héritage culturel de chacun, elle s'étend à un autre conflit entre représentations parentales et celles de l'entourage et met en tension celles de la société d'accueil. Les histoires cliniques nées de nos rencontres avec des familles «inquiétantes» et aux cultures «étranges», placées en situation transculturelle, nous invitent à penser sans cesse nos pratiques thérapeutiques et notre propre position psychique face à l'altérité.

Objectifs: Nous recevons en consultations une population pluriethnique et multiculturelle (maghrébins, turcs, congolais, portugais, etc., et différents métissages). Dans une pratique d'ethnopsychiatrie, nous sommes interpellés par l'enfant, dont la souffrance est exprimée par les troubles qu'il présente (troubles du comportement, de l'attachement, retard du développement, troubles psychosomatiques, etc.) et par les parents, lesquels se sentent vulnérables et en difficulté dans leurs places, rôles et fonctions parentales.

Méthodes: L'entretien R, davantage proposé aux mères, questionne différentes thématiques au sein de l'histoire singulière et évalue les aspects des représentations mentales, dont les caractéris-

tiques parentales. Nous tenons également compte des facteurs culturels.

Résultats: Nous trouvons des contradictions au sein des représentations et dans la transmission transgénérationnelle concernant les attitudes, croyances et pratiques des parents; elles ont une influence sur les fonctions parentales. Nous constatons aussi un phénomène d'acculturation souvent accompagné d'éléments dépressifs.

Conclusions: Ces familles présentent une fragilité psychologique liée en partie à une conflictualité au sein des représentations parentales, qui se traduit au niveau de leurs fonctions, et à laquelle les troubles de l'enfant font écho. Cette conflictualité concerne les différentes représentations qui constituent l'héritage culturel de chacun, elle s'étend à un autre conflit entre représentations parentales et celles de l'entourage et met en tension les représentations de la société d'accueil. Les histoires cliniques nées de nos rencontres avec des familles «inquiétantes» et aux cultures «étranges», placées en situation transculturelle, nous invitent à penser sans cesse nos pratiques thérapeutiques et notre propre position psychique face à l'altérité.

Objectives: We receive in consultations a pluriethnic and multicultural population (from the Maghreb, Turkishes, Congolese, Portuguese people, etc., and different interbreedings). In a practical experience of ethnopsychiatry, we are interpellated by the child, whom the suffering is expressed by disorders that he present (behavioral and attachment disorders, slowness of development, psychosomatic disorders, etc.) and by the parents who feel vulnerable and in difficulty in their parental places, roles and functions.

Methods: The interview R, more proposed to the mothers, questions different sets of themes within the singular story and estimate the mental representations looks, whose parental features. We notice cultural factors too.

Results: We find some contradictions within representations and in the transgenerational transmission concerning the parent's attitudes, beliefs and practices; they have an influence on parental functions. We see a phenomenon of acculturation too, often accompanied by depressive's elements.

Conclusions: These families have a psychological fragility linked in part with a conflict within the parental representations, which find expression at the level of their functions, and at which child's disorders make echo. This conflict concerned the different representations which formed the cultural heritage of each one, it extends to another conflict between parental representations and those of the environment and put in tension the representations of the welcome society. The clinical stories born of our encounters with "alarming" and "stranges" cultures families, placed in transcultural situation, invite us to continually think our therapeutics practical experiences and our specific psychical position facing the alterity.

portement à travers les différents âge infanto-juvéniles. S. Rusconi Serpa et F. Palacio Espasa présenteront les résultats d'une étude prospective sur les troubles du comportement du très jeune enfant et les effets des psychothérapies parents-bébés présentant ce type de problèmes. J. Manzano abordera les problèmes des manifestations symptomatiques diverses des enfants présentant des troubles de conduites à l'âge scolaire à partir d'une recherche systématique d'un grand nombre de cas. F. Muratori développera les antécédents infantiles des troubles du comportement (conduct disorders) de l'adolescent. Il s'agit d'un problème d'une grande actualité, car la plupart des recherches s'accordent à établir une assez forte continuité dans plus de 50% des troubles du comportement à travers les âges jusqu'à l'âge adulte. G. Rigon présentera une casuistique d'adolescents présentant des troubles des conduites et traités dans un Centre de jour. Il discutera l'évolution diagnostique et les facteurs thérapeutiques qui ont contribué à l'amélioration symptomatique de ces patients.

Behavior disorders in preschool children: a prospective study. S. Rusconi Serpa, F. Lüthi, A. Sancho Rossignol, G. Merminod, C. Robert-Tissot, F. Palacio-Espasa. Service de Psychiatrie de l'Enfant et de l'Adolescent, Hôpitaux Universitaires de Genève, Suisse

Objective: This prospective study is designed to examine the evolution of early behavior disorders and the effect of early parent-infant interventions. Forty parents and their children aged from 18 to 36 months consulting for aggression, tantrums, negativity (Clinical Group) are enrolled in the study. Thirty parents and children of same age and gender volunteered to participate in the study (Control Group). The objective of the presentation is to describe the characteristics of Clinical Group before treatment, contrasting with the Control Group, as well as to present the main effects of the treatment on Clinical Group.

Method: Procedure includes three evaluation sessions for the Clinical Group (one pre-treatment, one post-treatment, and a follow-up 12 months later). The Control Group participates in two evaluation sessions, with 12 months between each of them. The assessment is focused on respective contributions of the child (mental and motor development, symptomatology, temperament), parents (representations, global psychological functioning), parent-infant interactions (maternal sensitivity, parent-infant relationship, attachment) and familial context (life events, marital adjustment, emotional support, etc). Affective disorders and parent-infant relationship are categorized according to the Diagnostic Classification 0-3.

Results: Data analysis show major differences between the Clinical and the Control Group and support a transactional model of early psychopathology. Before treatment, the Clinical Group is characterized by a high symptomatic comorbidity, affective disorders diagnosed in the 0-to-3 Classification, negative maternal representation of her infant, maternal overcontrol in observed interactions and inappropriate regulation during conflicts. Analyses of changes after treatment are in process.

Conduct Disorders in Childhood. J. Manzano, K. Butschi-Favre, J. Girard-Frèsard. Service Médico-Pédagogique, Geneva, Switzerland

Objective: The diagnostic description of Conduct Disorders is well fixed whereas the psychopathological characteristics of children having these disorders are less well-known. We will present here the results of a comparative study of children between 8 to 12 which combines a symptomatic investigation and a psychodynamic understanding. The population consists in 30 children who consulted our Service for violent acts, 30 children who consulted for spoken or/written language disorders (no violence) and 30 children as a control group taken from the general population.

Method: A cross-sectional study is conducted with 90 cases. It includes an interview with the child (K-SADS scale was used DMS-IV), an interview with the parents (K-SADS Scale, DSM-IV) and a

Wednesday, October 1st, 2003 Donatello 2

564–1:00 pm
Symposium

Les troubles du comportement à travers les âges: du bébé à l'adolescent

Chair: Prof. Francisco Palacio Espasa.

Résumé général: nous proposons un symposium, en français, sur différentes recherches menées par les présentateurs concernés sur le problème de la continuité, ou discontinuité, des troubles du com-

clinical semi-structured video interview to analyse and codify defence mechanisms (Perry scale DMRS). One interest of our study is to combine a semiological instrument (K-SADS Scale) with a psychodynamic evaluation of defence mechanisms (Perry Scale).

Results: Our results revealed a significant differential psychopathological profile of children having a violent conduct. From a symptomatic point of view, this profile is characterized mainly by clusters associating Conduct Disorders with Mood Disorders, Anxiety Disorders and Attention-Deficit/Hyperactivity Disorders. This pathology goes above a co-morbidity and constitutes in fact a Personality Disorder. From a psychodynamic point of view, this diagnosis is confirmed by the significant predominance of defence mechanisms similar to Projective Identification. These results constitute a contribution to the clinical knowledge of Personality Disorders in the violent child and its relationship with Depressive, Maniac and Anxious Disorders.

Antecedents of conduct disorders: a CBCL retrospective study. F. Muratori, F. Salvadori, L. Picchi, A. Milone. Division of Child Neuropsychiatry, Scientific Institute Stella Maris – University of Pisa

Objective: To investigate retrospectively infant and child behavior of Conduct Disorders (CD) during adolescence, in order to highlight the evolution of symptomatological profiles, and to identify associations between current clinical status and past behavioral problems with the aim to restore childhood profiles, in terms of internalizing versus externalizing dimensions.

Method: Diagnosis was made according to DSM IV criteria. Retrospective behavioral problems were evaluated using the Childhood Behavior Checklist (CBCL). The CBCL ratings were obtained from retrospective maternal reports, for two age periods: birth to 3 years, 4–11 years. A longitudinal study was performed to evaluate the evolution of psychopathology in CD compared to a control group.

Results: At the age period of 0–3 CD showed a clinical mean score only at Internalizing scale; at 4–11 the mean scores of Total, Internalizing, Externalizing, Anxious/Depressed and Aggressive Behaviour scales became significantly higher, with passages to the pathological range; at 12–18, as compared to 4–11, no differences were found in all scales. Children later diagnosed as having CD were different from control group in several scales, at the different age periods.

Conclusions: CD emerge as a mixed externalizing and internalizing disorder with a late childhood onset and internalizing antecedents in infancy. Clinical implications of this early internalizing symptoms predicting later externalizing problems are discussed for their importance in prevention and treatment. A great effort should be made to highlight the timing in appearance of internalizing versus externalizing symptoms and their relationship in the developmental processes and psychopathology of CD.

Les troubles des conduites à l'adolescence: expérience d'un centre de jour. G. Rigon, S. Costa, A. Mancaruso, D. Giovanni Poggioli. Unité Opérationnelle de Psychiatrie et Psychothérapie de l'âge évolutif/Hôpital Maggiore AUSL, de Bologna, Italia

Etude des effets thérapeutiques dans un groupe de 24 adolescents (5 filles; 19 garçons âgés en moyenne de 14 ans) présentant des troubles des conduites et intégrés en centre de jour. Les changements symptomatiques sont mesurés à l'aide du CGAS à l'entrée et à la sortie du centre de jour. Les éléments à l'origine des changements sont discutés à partir des aspects diagnostiques (nosographique et psychodynamique) d'une part, thérapeutiques d'autre part. Un petit nombre de sujets (N=5) ont comme diagnostic principal un trouble des conduites, alors que la majorité des autres (N=19) ont reçu un diagnostic de dépression (N=9), de trouble de la personnalité (N=6), de retard mental (N=2), de début d'un trouble psychotique (N=1) ou encore de trouble anxieux (N=1). Du point de vue thérapeutique, une partie des patients (N=13) ont suivi une psychothérapie individuelle (8–9 séances) et 8 d'entre eux ont reçu un

traitement pharmacologique (4 traitements antidépresseurs et 4 traitements neuroleptiques). Par ailleurs, certains parents de ces mêmes adolescents (N=4) ont de leur côté fait un travail thérapeutique. Une autre partie des patients (N=11) n'ont suivi que quelques consultations thérapeutiques (4–5 séances). La diminution des symptômes nous amène à discuter ces changements à la lumière d'éléments diagnostiques et thérapeutiques.

S65–2:15 pm Symposium

Etats confuso-délirants de l'adolescent et modèles chaotiques

J. Dayan, CHU de Caen, France – S. Missonnier, Paris, France – P. Delion, CHU de Lille, France

Les états confuso-délirants de l'adolescence ou de la puerpéralité et leurs modalités évolutives s'enrichissent d'une compréhension nouvelle à partir des conceptions issues de la physique contemporaine.

Si l'on admet que les syndromes en psychiatrie épousent des formes privilégiées et que l'on accepte de considérer l'appareil psychique comme un système adaptatif complexe, celui-ci épouse les propriétés d'un système soumis à la réitération et au feed-back.

Les notions de stabilité et d'instabilité, d'intermittence et de quasi-périodicité, de bifurcation évolutive, offrent alors de nouveaux paradigmes à l'étude des troubles critiques dont les états délirants aigus.

Ils permettent de modéliser les bénéfices et les limites des interventions précoces (psychotropes et/ou psychothérapies) dans le devenir à court et à long terme des états de désorganisation psychique chez l'adolescent, offrent de nouvelles hypothèses quant à l'intermittence des troubles thymiques, et aux bifurcations évolutives à partir des premiers épisodes psychotiques.

**«Mon corps ne marche pas bien avec ma tête»
Elaboration théorico-thérapeutique autour de deux situations cliniques d'enfants présentant une symptomatologie psychotique.** S. Symann, I. Schonne, A. Wintgens, P. Kinoo, D. Charlier, J. Y. Hayez, Cliniques Universitaires Saint-Luc, Bruxelles, Belgique

Objectifs: A partir de deux situations cliniques se situant dans le registre de la psychose infantile, nous allons discuter des critères diagnostiques décrits dans la littérature et les confronter à la symptomatologie rencontrée. Nous procéderons également à une tentative de repérage des processus étiopathogéniques dans ces deux cas et nous les comparerons avec les modélisations les plus courantes.

Méthodes: Nous allons aborder de façon détaillée deux vignettes cliniques d'enfants entre six et douze ans présentant une symptomatologie qui évoque soit la dysharmonie psychotique soit la psychose de type schizophrénique.

Résultats: En fonction du diagnostic retenu et après avoir débattu des processus étiopathogéniques repérés nous discuterons des différentes approches et des différents outils thérapeutiques à la disposition du pédopsychiatre dans ce type de situation et retiendrons ceux qui nous semblent les plus adéquats et efficaces. D'autre part, nous soutiendrons l'idée que la mise en place rapide d'un traitement améliore le pronostic de ce type de maladie et la qualité de vie de l'enfant.

Conclusions: Nous terminerons en discutant des avantages et des inconvénients à faire une mise au point diagnostique précise en soulignant, par exemple, le risque d'enfermer la compréhension de l'enfant dans un modèle univoque et réducteur.

Réaménagement critique de certaines phases de l'existence: signes précoces de type autistique et catastrophe de bifurcation.
P. Delion, CHU de Lille, France

Les modèles proposés par les sciences mathématiques peuvent nous permettre de revoir selon un autre vertex les problématiques auxquelles nous confronte la clinique quotidienne de la pédopsychiatrie.

Parmi eux il en est un, celui de la théorie des catastrophes de René Thom, qui nous amène à reconsidérer les signes précoces de type autistique, non plus dans une logique du continu apparent, mais dans celle des bifurcations possibles.

Dans cette logique le dépistage précoce prend une importance cruciale puisqu'il favorise, à partir de la découverte d'un signe de type autistique, l'ouverture vers d'autres voies de résolution, notamment dépressives et/ou sensorielles, qui ne portent pas en elles les mêmes potentialités désorganisatrices que la première hypothèse envisagée.

Cette communication permettra, à partir d'exemples cliniques de montrer en quoi ces réflexions se situent dans le domaine de la prévention et non dans celui de la prédiction.

S66-4:00 pm
Symposium

Chronic fatigue syndrome in adolescents: diagnostic and therapeutic dilemmas

Chair: Babette de Graeff, PhD, paediatrician

CFS part of a depression or depression as part of CFS? Ann Vancoppenolle, Dept. Child Psychiatry, AZ-VUB, Brussels; Annik Lampo, Dept. Child Psychiatry, AZ-VUB, Brussels

Objective: CFS is a challenging diagnostic matter for many reasons including the lack of research, a lot of uncertainties and a very different clinical picture in children. Also, the range of aspecific symptoms complicates the differential diagnosis. Possible comorbidity with ADHD, depressive disorder and anxiety disorder was examined in order to look for common pathways in the development of these disorders.

Methods: All subjects referred to the centre of reference since its opening in Oct. 2002 (n = 17 on the 1st of May 2003), with a disabling fatigue suggestive for CFS, were also screened for 'comorbid' psychopathology by a structured diagnostic interview (ADICA) as well as for psychiatric antecedents by an extensive chart review, with special attention for the psychiatric antecedents, psychotropic medication and suggestive family history.

Results: Our findings reflect psychiatric comorbidity in half of them, conform earlier research results. A high number had a history suggestive for affective disorders (ADIKA), but chart review showed also indications for severe learning problems and attention deficit hyperactivity disorders.

Conclusions: The discussion whether CFS is part of an affective disorder or in comorbidity with it remains open, although the early onset of mental problems in the history could be more suggestive for a complex developmental psychopathology. Further longitudinal research is necessary especially to avoid hit-or-miss multi-medication programs.

Health and illness beliefs in adolescent with chronic fatigue syndrome. E. M. van de Putte, Dept. Of Pediatrics, University Medical Center Utrecht, The Netherlands

Adolescents with chronic fatigue syndrome and their parents are essential different with respect to health and illness beliefs, health

behaviour, pain perception and somatisation in comparison with healthy adolescents and their parents.

Objective: To investigate whether health and illness beliefs, health behaviour, pain perception and somatisation in CFS adolescents are different in comparison with healthy adolescents.

Methods: In a cross-sectional study 32 adolescents with CFS according to the CDC-criteria referred to a general paediatric unit of a tertiary hospital were compared with 167 healthy controls. Pain perception was determined with an algometer. Subjects had to fill in five questionnaires regarding fatigue (Checklist Individual Strength-20), physical activity, health behaviour, Children's Somatisation Inventory (CSI) and the Multidimensional Health Locus of Control (MHLC). The parents of both study groups filled in three questionnaires regarding health behaviour, socio-economic status, health problems and the MHLC.

Results: The mean pain threshold of CFS adolescents is -2.3 point lower (95%CI: -2.9;-1.7) than of healthy adolescents. The data of the MHLC questionnaire reveal that the internal locus of control of health is significantly lower in CFS adolescents (-0.78, 95%CI: -1.06;-0.48) and in their parents (mothers: -0.23, 95%CI: -0.5;0.04 and fathers: -0.38, 95%CI: -0.65;-0.11) than in healthy controls and their parents. The chance locus of control of health and illness is significantly higher in CFS adolescents (0.26, 95%CI: 0.00;0.52) and in their mothers (0.28, 95%CI 0.02;0.54). The doctors locus of control is significantly higher in CFS adolescents (0.24, 95%CI 0.03;0.44) and in their fathers of CFS (0.30, 95%CI 0.09;0.52) in comparison with healthy adolescents and their parents.

The self reported health behaviour of the CFS adolescents differs significantly in alcohol consumption, physical activity, sleep behaviour and school attendance.

The Children's Somatisation Inventory showed a significantly higher score for CFS adolescents on all the four subscales (circulation, pain, neurology, intestinal complaints).

Conclusions: Health related behaviour is more determined by chance and by doctors and less determined by an internal locus in CFS adolescents and their parents compared to healthy controls. Cognitive behaviour therapy should take this into account.

Family focused Cognitive Behavioural Treatment of Chronic Fatigue Syndrome and Distress in Adolescents. Ms. Chalder Trudie, Guy's King's and St Thomas' School of Medicine, London, United Kingdom

Adolescents with chronic fatigue syndrome and their parents are essential different with respect to health and illness beliefs, health behaviour, pain perception and somatisation in comparison with healthy adolescents and their parents.

Fatigue as a symptom is rarely reported in children under 14 but the prevalence rises during adolescence when increasing numbers of children with marked fatigue are being referred to secondary care. Many of these children fulfil criteria for chronic fatigue syndrome (CFS) and a large proportion of these will have a mood disorder. Left untreated the recovery rate is much better in children than adults with about 75% improving over a two year period. However a percentage remain significantly disabled, unable to go to school. Symptom onset is likely to be related to a combination of factors but treatment initially focuses on maintaining factors such as fearful thoughts and avoidances. Treating co-morbid depression and anxiety should not be neglected but needs to be conducted with care as to avoid alienating the family. A number of case studies and our own case series have suggested that a combination of behavioural interventions linked with a family therapy approach is effective. A randomised controlled trial is now underway.

Wednesday, October 1st, 2003 Dickens 1

039–1:00

Oral communications session

Pharmacology

The attitude of parents towards psychopharmacological treatment of their child. L. J. Kalverdijk¹, H. Nusse², H. Tobij², R. B. Minderaa¹

¹ Dep. Child- and Adolescent Psychiatry; ² Dep. Social Pharmacy and Pharmacoepidemiology, University of Groningen, The Netherlands

Objectives: Investigate the attitude of three groups of parents of child-psychiatric patients: who were actually using, who were never and who were in the past using psychopharmacological agents. The domains were the use of psychopharmacology and medication in general, the familial, social and educational consequences of the disorder and of psychopharmacological treatment.

Methods: A questionnaire was sent to a sample of 1500 families of children, currently between 4 and 15 years old, who had their last appointment in 2001 or 2002 at the outpatient department of a large regional and academic outpatient clinic. Results of 65% were obtained. Attitudes were measured with dichotomous questions and statements.

Results: The three groups did not differ about: openness to the social environment and the teacher about the problems of their child; the social acceptance of their child; the relation with the physician; and opinion about medication in general.

Attitudes in the groups separated significantly about the following subjects: Attitude towards psychopharmacology; cooperation with the teacher in administration; attitude of the child towards medication; satisfaction about the treatment in general and agreement between the parents about psychopharmacological treatment.

Conclusions: Attitudes of parents of children who actually use, never used or stopped using medication for behavior problems, show differences on some important topics. Conclusions about any causal or time relationship is not possible with the present study. The described topics are, however, known important factors in compliance and acceptance of psychopharmacological treatment. No studies are available where those attitudes are measured in a large group.

Theoretical and practical clinical issues regarding pharmacologic interventions in child and adolescent psychiatry. B. Lauth, National University Hospital, Reykjavik, Iceland

The growing use of psychotropic drugs in children and adolescents and increasing knowledge in that field represent major progress in Child Psychiatry, both in the areas of treatment and prevention, especially if medications are used in combination with other treatment methods. Despite remaining questions and concerns, research suggests the possibility to treat more effectively and safely, improve child's quality of life and limit negative (sometimes disastrous) outcomes.

But the promise of this field and the hopes placed on pharmacologic intervention by affected patients and families often do not agree with the state of the science and available supporting evidence.

Beyond many important practical issues regarding indications and rules of prescription at that age, clinicians have now to think about the role and redefine the part that psychopharmacologic approaches must play among all other treatment methods used in children and adolescents.

Prescribing practices are today very different from one European country to another, from one "school" to another, and from one physician to another.

But dramatic changes in child psychiatric clinical everyday practices have substantially modified both identity and role of child psychiatrists inside multidisciplinary teams; how does this fit them? And how do they cope?

This presentation will raise questions and discuss important practical and theoretical issues in that field.

Les psychotropes: étonnants outils thérapeutiques. Lecomte-Yousef F., Stephan Ph., Chouchena O., Halfon O., SUPEA Lausanne, Suisse

La psychopharmacologie évolue, les possibilités de traitements médicamenteux se multiplient et élargissent les modalités d'approche des troubles psychiques chez l'enfant et l'adolescent. Cet essor demande que le pédopsychiatre soit dans un mouvement d'apprentissage toujours renouvelé en fonction des progrès réalisés en la matière: indications, modalités d'emploi, bénéfices/risques... Cependant, au-delà de ces aspects plus pratiques, la question de la prescription ouvre la réflexion au champ extrêmement riche qu'est le maniement d'un «objet-molécule» porteur (voire catalyseur) de sens.

En effet, la proposition d'un psychotrope mobilise toujours... Le médicament interroge, évoque, inquiète ou contient... S'il est une substance chimique qui touche les neurotransmetteurs, il est aussi une substance psychique qui touche les représentations et les fantasmes. A partir de vignettes cliniques, nous élaborerons autour de ce qui peut se jouer et se mobiliser dans le travail thérapeutique et la dynamique de soin lorsque la question d'un traitement médicamenteux vient à se poser.

Interrogée dans sa pluridimensionnalité, la prescription (ou l'acte de prescrire) devient alors un outil thérapeutique et peut se révéler un véritable levier même si elle n'est pas toujours simple à manier.

Psychotropic drugs: surprising therapeutical instruments.

Psychopharmacology evolves, therapeutic possibilities increase and extend modalities of approaching child and adolescent psychic disorders. This expansion asks for a renewed apprenticeship movement due to progress realized in this domain: indications, clinical guidelines, risk/benefit...

However, beyond these practical aspects, the question of prescription opens the reflexion to the extremely rich field of handling a "molecule-object" bearer (even catalyser) of sense.

In fact, proposing a psychotropic drug always mobilizes... The drug questions, evokes, worries or contains... Eventhough it is a chemical substance wich affects neurotransmitters, it is also a psychic substance wich touches representations and fantasies. > From clinical situations, we will elaborate what is being played and mobilized in the therapeutic work and in the dynamic of care when the question of drug treatment is being considered

Questionned in its multidimensionnality, prescription (or the act of prescribing) becomes then a therapeutical instrument and could be revealed as a real lever, eventhough it is not always easy to handle.

The Use of Psychotropic Medications by Children in the USA: A Private Practice Experience. Thomas J. Schreiber, M. D., Clinical Asst. Professor of Psychiatry, University of Medicine and Dentistry of New Jersey, Tenafly, NJ, USA

This abstract will be brief.

I have been in a solo, outpatient, child psychiatry practice (in the New York City area) for two decades. I am increasingly called upon to consider prescribing medications for children. I would be interested in speaking – formally or informally – with European col-

leagues to discuss clinical issues as well as the implications of this trend.

040–2:15 pm

Oral communications session

Treatment evaluation

Chair: Almqvist F. (Finland)

Different informants evaluate psychotherapy for depressed children. Fredrik Almqvist Department of Child Psychiatry, University of Helsinki, 00250 Helsinki, Finland; Judith Trowell Tawistock and Portman Centre, London, John Tsiantis Department of Psychology and Paediatrics, Aghia Sophia Hospital, Athens, Mika Soininen Helsinki

Objective: To evaluate outcome and change in psychotherapy.

Methods: The Child Behavior Checklist filled in by the parent (CBCL), the Teacher Report Form (TRF) and the Youth Self Report (YSR) were used to evaluate 24 depressed children recruited into a study on psychotherapy for depressed children and their families.

Children fulfilling the criteria for Major Depression (MD) or Dysthymia (Dy) were randomly allocated to either individual or family therapy. In each of the three centers collaborating in the multi center study, 24 children entered the therapy.

The therapies were short term psychodynamically and systemically oriented. The family therapy was scheduled for 14 sessions, and the individual therapy for 30 sessions with the child and 15 sessions for parents. Both lasting approximately 9 months. There was qualified supervision in both therapy modes.

Results: Preliminary results are presented based on the 24 children in the Helsinki part of the study (12 in individual therapy and 12 in family therapy) that entered and also fulfilled their therapy. All were assessed before treatment, at end of treatment, and six months after end of treatment. The spectrum and pattern of the changes in profiles of the competence and symptom scores according to each of the three questionnaires will be reported, and comparisons between the results stemming from three different informants will be presented

Conclusions: Multi-informant methodology is important in evaluation of psychotherapy

Everyone can do it! a practical approach to investigating treatment outcomes. K. A. Henderson, A. Buchholz *, Children's Hospital of Eastern Ontario, Ottawa, Ontario, Canada

This workshop will address the conceptualization and implementation of a program evaluation model that incorporates short-term and long-term outcome goals of eating disorder services. The purpose and types of program evaluation will be reviewed. Characteristics of good process and outcome measurement will be discussed. Discussion will focus on helping clinicians establish an evidence based method to demonstrate the effectiveness of the services that they provide.

Goals: 1. Participants will be able to discuss the application of a program evaluation model within their own services. 2. Participants will be able to identify important measurement and design components related to their own services. 3. Participants will discuss the practical challenges and receive a highlight of ingredients for a successful program evaluation.

Outline: Dr. Buchholz will present the conceptualization and an example of an implementation of a program evaluation model for an eating disorder day treatment program for youth. Dr. Henderson will discuss measurement and design issues in the development of a program evaluation for different services. The practical challenges and ingredients for success will be explored. Throughout the

presentation, the participants will be encouraged to conceptualize program evaluation within their own clinical settings.

This can be a bilingual presentation.

Learning Objectives:

1. Participants will be able to discuss the application of a program evaluation model within their own services.
2. Participants will be able to identify important measurement and design components related to their own services.
3. Participants will discuss the practical challenges and receive a highlight of ingredients for a successful program evaluation.

Effectiveness of group therapy for children with behaviour and emotional problems. P. McArdle Fleming Nuffield Unit Newcastle UK, T. Quibell Total Learning Challenge Newcastle UK, R. Johnson University of Newcastle UK, D. Moseley University of Newcastle UK, A. le Couteur University of Newcastle UK

Objective: To evaluate the short and long term effects of group therapy on the adjustment of at-risk children

Methods: A randomised controlled trial of group therapy including techniques derived from drama. subjects were children 8–11 years attending schools in Newcastle upon Tyne and identified by teachers as presenting school adjustment problems (including behaviour, social, scholastic). these were randomised to a control (groups of eight offered teaching in English and Mathematics for one hour each week for 10 weeks) and intervention conditions (group therapy delivered by a teacher trained in drama group therapy in groups of eight weekly for ten sessions). both groups were followed up over three years post intervention.

Results: Means scores on teacher and self-report questionnaires improved in both groups. However, there was significantly greater fall in the number of children scoring above a borderline clinical cut score in the intervention group, apparent at one and three years post intervention.

Conclusion: drama group therapy is an effective intervention for children with borderline behavioural or emotional problems.

W20–4:00 pm

Workshop

L'accueil familial permanent comme modalité de soins pédo-psychiatriques.

Chair: Delion P., Lille, France

Placement, accueil familial et soins pédo-psychiatriques. H. Rottman, Psychiatre-Psychanalyste, Paris, France

Cette présentation, introductive au symposium proposé, soulignera l'importance de prendre en compte, dans le suivi des enfants placés en famille d'accueil, la psychopathologie familiale à l'origine de la nécessité d'une séparation parents-enfant, et dégagera les principes d'une utilisation de l'accueil familial permanent comme modalité de soin pédopsychiatrique.

Le placement dans un milieu familial substitutif d'enfants devant être séparés de leurs parents est une pratique aussi ancienne que l'humanité. Les raisons en ont tour à tour été sociales, judiciaires et médicales. Ce n'est que depuis moins d'un siècle que les risques psychopathologiques associés aux situations de placement ont attiré l'attention des pédiatres et des pédo-psychiatres.

Parallèlement, les conséquences -parfois gravissimes- d'une exposition de l'enfant à des troubles graves de la parentalité, notamment dans le cadre d'interactions précoces hautement pathologiques, de carences et/ou de maltraitances, ont été décrites, ainsi que les risques de transmission transgénérationnelle des phénomènes de dysparentalité.

En étudiant finement les problématiques rencontrées dans les situations d'utilisation uniquement sociale du placement familial, et surtout en en développant des unités spécialisées dans le placement en familles d'accueil d'enfants à hauts risques psychopathologiques (notamment du fait d'une maladie mentale parentale), des équipes de pédo-psychiatrie ont contribué à l'élaboration d'un corpus de connaissances débouchant sur un certain nombre de recommandations. Celles-ci concernent l'évaluation des indications de séparation parents-enfant, les soins qu'il faut apporter à l'enfant et le travail nécessaire auprès de ses parents comme auprès de sa famille d'accueil.

Après une introduction reprenant l'histoire de l'utilisation du placement familial comme modalité de soins pédo-psychiatriques en France, et qui permettra d'envisager les résistances à l'œuvre dans la diffusion des connaissances acquises, cet atelier se proposera de décrire l'accompagnement thérapeutique nécessaire d'une part auprès des parents, d'autre part auprès des familles d'accueil.

Enfin, des arguments théoriques seront présentés, en relation avec la théorie de la relation d'objet et celle de l'attachement, pour souligner les conditions auxquelles l'accueil familial permanent peut constituer un réel dispositif de soins psychiques centrés sur l'enfant.

Travail avec les parents: le maintien aménagé du lien parents-enfant pour contribuer au développement psychique de l'enfant. M. Pavelka, U. A. F. T. du 5^{ème} S. P. I. J. de l'Essonne, Ste-Geneviève-des-Bois, France

Cette présentation soulignera la nécessité de favoriser un réaménagement des liens entre l'enfant placé en famille d'accueil et les parents dont il a été séparé. Les modalités possibles d'accompagnement thérapeutique et de médiation des rencontres seront décrites, ainsi que ce que l'on peut en attendre en matière d'évolution des troubles de la parentalité et de développement de l'enfant une fois sa protection assurée.

Les troubles graves de la parentalité ont des conséquences négatives sur le développement, notamment psychologique, de l'enfant qu'il est, alors, parfois nécessaire de protéger en le séparant de ses parents et en lui proposant un accueil en milieu familial substitutif. Pour devenir thérapeutique, cette mesure de protection doit néanmoins comporter chaque fois que c'est possible le maintien aménagé d'un lien entre l'enfant et ses parents, afin d'assurer les conditions optimales de son développement.

Parmi les moyens de maintenir ce lien, les rencontres de l'enfant avec ses parents nécessitent un «accompagnement thérapeutique» caractérisé par une technique et un cadre assurés par l'équipe encadrant l'accueil familial. Il s'agit notamment de la «médiation» des rencontres, parallèlement aux entretiens avec les parents et au suivi de l'enfant.

Ce travail avec les parents ne vise pas à les soigner, mais il contribue au développement de l'enfant en permettant tout d'abord l'indispensable neutralisation, grâce aux interventions des accompagnateurs, des conséquences pathogènes des interactions dysfonctionnelles, voire parfois une protection physique de l'enfant. Il est alors possible de proposer un soin qui permette une mobilisation des défenses pathologiques déjà à l'œuvre chez l'enfant (et donc une reprise de son développement entravé), un traitement de l'angoisse d'abandon et de perte d'objet (favorisant les processus d'attachement-affiliation) et un accès à une partie saine des parents (avec apaisement de la crainte fantasmatique persistante, en absence des contacts réels, d'une toxicité parentale absolue).

Cet accompagnement thérapeutique des liens permet aux parents une meilleure représentation des besoins de l'enfant réel et son investissement non plus narcissique mais objectif.

Le cadre et la nature de ce travail avec les parents, de même que les processus protecteurs et stimulants à l'œuvre seront présentés lors de notre communication.

Travail avec les familles d'accueil. C. Foures, P. F. T. du 3^{ème} S. P. I. J. de Paris, Paris, France

Cette présentation soulignera l'importance de réaliser auprès des familles d'accueil, et avec elles, un travail d'accompagnement et d'élaboration qui permette non seulement de fournir à l'enfant un environnement «suffisamment bon», mais aussi de mieux comprendre la nature de ses difficultés psychiques et comportementales afin de tenter de prévenir les ruptures de placement et la dommageable répétition des discontinuités affectives.

Si l'on souhaite que les enfants devant être séparés de leurs parents gravement défaillants bénéficient réellement d'un changement de conditions nécessaire à leur développement, leur offrir un environnement maternant substitutif, aussi «suffisamment bon» soit-il, au sein d'une famille d'accueil n'est qu'une étape.

Il est essentiel que l'équipe encadrant l'Accueil Familial mette en place un travail quasi quotidien auprès des familles d'accueil, sous la forme de consultations et de Visites à Domicile.

Ce travail s'adresse aux liens tissés de façon manifeste entre l'enfant et sa famille d'accueil, et qui apparaissent comme l'enchevêtrement de deux brins: celui du lien primaire d'attachement que l'enfant projette dans son nouvel environnement, et celui du lien qui se crée peu à peu entre l'enfant et la famille d'accueil.

Ainsi l'équipe de soins vise à créer une enveloppe chaleureuse, élaborative, continue et anticipatrice autour de ces familles accueillant en leur sein ces enfants si durablement atteints, si difficilement saisissables, parfois si bouleversants pour leur équilibre personnel ou familial.

Ce soutien professionnel permet à chaque famille d'accueil de mieux tolérer les symptômes de l'enfant et d'essayer de comprendre les difficultés qu'il rejoue en son sein. En cela, il participe à prévenir les ruptures de placement, mais aussi à permettre à la famille d'accueil de continuer à aimer l'enfant pour ce qu'il est.

Ce n'est qu'à cette condition que ces enfants peuvent peu à peu éprouver un sentiment de sécurité interne et de continuité d'existence.

Notre présence auprès des assistantes maternelles permet dans le même temps de préserver une instance tierce entre l'enfant et elle, garantissant le respect de la place des parents et de l'objectif thérapeutique de cet accueil.

Ces différents aspects de notre travail auprès des familles d'accueil de notre service seront illustrés par des exemples cliniques.

L'utilisation thérapeutique du placement familial à la lumière de la théorie de l'attachement. P. Richard, P. F. T. du 1^{er} S. P. I. J. de Paris, Paris, France

Les apports de la théorie de l'attachement à la psychopathologie du développement fournissent un outil conceptuel utile pour comprendre la dynamique, relationnelle et intrapsychique, à l'œuvre dans les situations de placement d'enfants en familles d'accueil. Cette présentation se propose d'évoquer comment il est alors possible de concevoir des modalités d'accueil familial permanent qui ressortissent à d'authentiques soins pédo-psychiatriques, préventifs et curatifs.

Depuis que les pédo-psychiatres s'intéressent aux situations de placements d'enfants en familles d'accueil (que ce soit dans le cadre des services sociaux de protection de l'enfance ou dans celui des alternatives à l'hospitalisation en service de pédo-psychiatrie), ils ont eu recours à diverses théories pour rendre compte du haut degré de psychopathologie qu'ils y découvriraient, ainsi que de l'importance des phénomènes de transmission transgénérationnelle des troubles. Si l'on excepte les théories cognitivo-comportementalistes et celles s'appuyant sur un déterminisme biologique, qui ont encore peu d'audience en France, ce sont surtout les théories systémiques et les concepts psychanalytiques qui ont été utilisées pour décrire, comprendre et, si possible, traiter la problématique à l'œuvre.

Or il apparaît que, dans la plupart des situations conduisant un enfant à être séparé de ses parents pour être placé en famille d'accueil, les difficultés à l'origine de la décision de séparation sont liées

à des troubles précoces des interactions qui ne permettent pas à l'enfant d'accéder réellement au stade développemental de la constitution d'un objet total et encore moins à celui du complexe d'Œdipe.

Issue de la psychanalyse, la théorie de l'attachement fournit des outils conceptuels intéressants pour étudier non seulement les phénomènes de répétition transgénérationnelle des troubles de la parentalité (notamment des maltraitances), mais aussi la coexistence de troubles du système d'attachement, du système exploratoire et du système affiliatif que l'on rencontre si souvent chez l'enfant placé, et qui viennent obérer son développement harmonieux auprès de sa famille d'accueil.

Après une brève revue des principaux apports de la théorie de l'attachement à la psychopathologie du développement, seront présentées quelques unes de leurs applications à la compréhension de la clinique spécifique du placement familial et, partant, à l'élaboration de modalités thérapeutiques adaptées.

Un dispositif d'accueil des bébés à risque de troubles sévères du développement: un changement dans nos pratiques. Pierre Delion, Service de pédopsychiatrie, CHRU, 6, rue du Professeur Laguesse, 59037 Lille cedex, France

Après la mise en place il y a dix ans d'une structure de dépistage, de bilan et d'orientation des bébés à risque autistique dans un département français, les résultats sont très encourageants et permettent de faire des projets qui s'appuient sur cette expérience.

Cette communication fera le point sur deux aspects importants:

1. l'âge de dépistage (au cours des première et deuxième années) et de début de prise en charge des jeunes enfants (au cours des deuxième et troisième années)
2. le travail précoce avec les parents qui facilite le début et la poursuite de la psychothérapie de l'enfant.

Mais nous avons également pu constater les autres avantages qu'un tel dispositif présentait pour une prise en charge pédopsychiatrique des enfants autistes à long terme:

1. favoriser les partenariats entre les parents, les thérapeutes et les éducateurs autour de l'enfant autiste dès le début de sa prise en charge,
2. faciliter les passages de relais entre les équipes de soin pendant l'enfance, l'adolescence, puis l'âge adulte, au fur et à mesure que la personne autiste grandit,
3. faciliter la formation de tous les partenaires qui participent à la prise en charge.

Enfin, nous présenterons les enseignements qui vont nous servir pour un futur proche.

Naître et faire naître: crises, tohu-bohu et structure. S. Missonnier, Paris, France

La naissance a souvent été décrite comme la crise primordiale de la vie d'un individu. O. Rank (1924), à partir d'une idée freudienne [1909, 1916-1917] a proposé d'en faire le prototype de toutes les angoisses ultérieures.

Dans sa réponse critique, S. Freud (1926) refusera d'accorder un statut psychique et objectal à «l'angoisse automatique» du bébé à la naissance mais l'intronisera comme paradigme des crises traumatiques ultérieures. Cette vision est indissociable de sa défense d'une vie intra-utérine et d'une première enfance «bien plus en continuité que ne nous le laisse croire la césure frappante de l'acte de la naissance.»

Sur le versant parental, depuis G.L. Bibring [1959, 1961], la grossesse, la naissance et le post-partum sont décrits avec insistance comme une période de crise maturative, à l'instar de la crise adolescente. De fait, la rencontre du «naître humain» et du «devenir parent» est classiquement présentée comme une double crise: Biologique ET Psychique.

Face à certains avatars pathologiques des crises périnatales, c'est à dire de ruptures bio-psychiques synonymes de chaos et non de

maturations homéostatiques, les stratégies de prévention primaire et secondaire des troubles de la parentalité, des relations précoces parents/bébé et des troubles précoces du nourrisson devraient s'ouvrir à la potentialité.

Wednesday, October 1st, 2003 Dickens 2

W21-1:00 pm
Workshop

Child & adolescent psychiatry in the antipodes: marrying research findings with policy in service development and training

Chair: Joseph M. Rey

Using epidemiological research to inform policy and service delivery. Michael Sawyer, Professor of Child and Adolescent Psychiatry, Department of Paediatrics, University of Adelaide. Address: Evaluation Unit, Women's and Children's Hospital, North Adelaide, SA 5006, Australia

In 1998 the federal government of Australia commissioned a large-scale epidemiological study designed to provide information about: (i) the prevalence of child and adolescent mental health problems in Australia, (ii) the nature of these problems, (iii) the degree of disability experienced by children and adolescents with mental health problems, and (iv) the pattern of service use by these children and adolescents. A household survey was used to obtain information about a representative sample of 4500 children and adolescents aged 4 to 17 years. A major challenge for surveys of this kind is effectively translating results into the development of new policy and provision of more effective services. Several approaches were used to make results from the survey available to clinicians, administrators and consumers. This presentation will describe results from the survey and the approaches employed to ensure its findings influenced policy development and service delivery in Australia.

The influence of policy on the development of mental health services for children and adolescents in Australia and New Zealand. Philip Hazell, Conjoint Professor of Child and Adolescent Psychiatry, University of Newcastle; Director, Child and Youth Mental Health Service, Hunter Area Health Service. Address: Child and Youth Mental Health Service, Locked Bag 1014, Wallsend, NSW 2287

Australia and New Zealand are characterised by ethnic diversity and by the isolation of rural communities. Within Australia this isolation can be extreme. Inequities in the allocation of mental health resources to children and adolescents have been acknowledged in both countries, as have inequities in the allocation of resources to indigenous people. There have been serious attempts to model mental health services for children and adolescents, with an emphasis on early intervention, and on the development of 'care packages' based on the severity of problems. Such principles are only now being written in to mental health service plans, so that it may be several years before the rhetoric is translated into services. At present there are many initiatives coming from central government, and it is difficult at times to see how these initiatives may interrelate. Nevertheless, there is considerable momentum for improving child and adolescent mental health services which has been driven

by a number of influential psychiatrists who occupy senior management roles within government departments, and by other mental health professionals who are advocating for change.

Child and adolescent psychiatrists in Australia and New Zealand: their training and views about the profession and the future. Joseph M. Rey, Professor of Child & Adolescent Psychiatry, University of Sydney; Director, Child & Adolescent Mental Health Services, Northern Sydney Health. Address: Coral Tree Family Service, PO Box 142, North Ryde NSW 1670, Australia. Email: jrey@mail.usyd.edu.au

There are 0.6 child psychiatrists per 100000 population in New Zealand and 1.3 per 100000 in Australia in 2003. Child and adolescent psychiatrists represent approximately 12% of all psychiatrists. Between 2000 and 2003 an average of 19 new child psychiatrists were accredited each year. This presentation describes the training that psychiatrists undergo in Australia and New Zealand to be accredited by the Royal Australian & New Zealand College of Psychiatrists as child and adolescent psychiatrists, the changes in training that will take place at the end of 2003 and the potential impact of these changes on the profession. The opinions of Australian child psychiatrists about their profession and training, based on a survey conducted in December 2002, will also be presented.

Audiovisual equipment required for the three presentations: laptop projector (PC Power Point programme)

041–2:15 pm Oral communications session

Guerre – War

Chair: Mc Dermott M., Hattab J. Y.

Psychological screening of children and adolescents aged 8–18 fifteen months after the Omagh bomb. Dr. Maura Mc Dermott, Child & Adolescent Service, Omagh, NI, Dr. Andrew Percy, Queens University, Belfast, NI, Professor Michael Fitzgerald, Trinity College, Dublin, Eire

Psychological screening of children and adolescents aged 8–18 fifteen months after the Omagh Bomb identified substantial numbers of children and adolescents reporting significant levels of psychological fifteen months after the omagh bomb.

Purpose: In August 1998, the largest single atrocity of the NI troubles occurred in Omagh. 29 people were killed, 382 injured and 135 hospitalised. The aim of the study was to screen primary and secondary school students aged 8–18 years for psychological disturbance fifteen months after the bomb.

Method: All schools participated. In addition to demographic information and measures of exposure, primary school children completed the Horowitz Impact of Events Scale, the Birelson Depression Scale and the Spence Children's Anxiety Scale. Secondary school children completed the General Health Questionnaire (Greenberg) and the Post Traumatic Distress Scale, (Foa)

Results: 2196 children (aged 8–13) and 2355 adolescents (aged 13 to 20) participated. 1018 screened positive for post traumatic stress disorder (PTSD), 128 for depression and 437 for anxiety. 527 adolescents scored positive for probable clinical disorder and 113 for PTSD. There were higher rates of disturbance in females than in males and in younger than in older. 16% of adolescents and 50% of children reported PTSD; 20% of children reported anxiety and 5% depression. Highest rates of disturbance were reported in those who had greatest exposure to the bomb.

Conclusion: Screening indicated substantial numbers of children and adolescents reporting significant levels of psychological fifteen months after the Omagh bomb.

PTSD assessment of children and adolescents 2 years after the Omagh bomb. Dr. Maura Mc Dermott, Child & Adolescent Service, Omagh, NI, Dr. D. McGuinness, Trauma and Recovery Service, Omagh and Professor Michael Fitzgerald, Trinity College, Dublin, Eire

Individual PTSD assessment of children and adolescents 2 years after the Omagh Bomb identified significant levels (23%) of PTSD compared to 46% of children and 16% of adolescents screened positive for PTSD at 15 months. A higher rate of adolescents 86% was identified and there was also a preponderance of females. Small numbers possibly related to inverse relationship between PTSD and time; avoidance; survival guilt; parents not able to identify child's distress; parental traumatic stress and the communities need to "move on".

Purpose: Fifteen months after the Omagh bomb (August 1998), 4,551 primary and secondary school students aged 8–18 years were screened for psychological disturbance using the following screening questionnaires – Birelson, Spence, Harrowitz, General Health Questionnaire, Posttraumatic stress diagnostic scale. 267 children and 96 adolescents were identified as requiring individual assessments for possible PTSD/depression/anxiety. The purpose of this study was to offer individual assessments to these children and to evaluate the different treatments offered.

Method: Parents were contacted and offered appointments for their children. 44 responded and 30 attended for assessment. Parents and children were seen together and separately. Parents completed The Childhood PTSD Interview- Parent Form (Fletcher) and children The Childhood PTSD Interview- Children Form (Fletcher). A standard child psychiatric assessment was also carried out.

Results: 8 children had PTSD and are currently in treatment.

Conclusion: PTSD (23%) still significant 2 years after the trauma, compared to 46% of children and 16% of adolescents screening positive for PTSD at 15 months. A higher rate of adolescents 86% was identified and there was also a preponderance of females. Small numbers possibly related to inverse relationship between PTSD and time; avoidance; survival guilt; parents not able to identify child's distress; parental traumatic stress and the communities need to "move on".

Actualisation de la pathologie de l'attachement. H. Romero Escobar¹, M. J. Ruiz Lozano², A. de Concepción Salesa², C. Gómez-Ferrer Górriz³

¹ Unité de Psychiatrie de l'enfant, Alicante, Espagne; ² Unité de Psychiatrie de l'enfant, Murcia, Espagne; ³ Chef de service de l'Unité de Psychiatrie de l'enfant, Murcia, Espagne

Objectif: Depuis que certains auteurs tels que Bowlby avec sa théorie sur l'attachement ou bien Spitz avec sa description de l'hospitalisme ou encore Goldfard avec son étude sur les privations dans les asiles, nous avons constaté comment ces tableaux cliniques profusément décrits n'étaient plus habituels en clinique et étaient relégués à l'histoire de la Pédopsychiatrie.

Cependant dû aux conflits belliqueux, l'augmentation de la natalité dans les régions moins favorisées et la demande croissante d'adoptions en Europe, ces pathologies quasiment oubliées sont en train de réapparaître.

Methodologie: Nous avons recueilli un échantillon de 30 enfants tous ayant reçu le diagnostic de trouble de l'attachement avec une symptomatologie variée. Il s'agit d'enfants qui provenaient d'institutions publiques, d'enfants adoptés ou d'autres qui vivaient avec leurs familles d'origine. Nous faisons une analyse des motifs de consultation, des symptômes et des diagnostics.

Resultats: Les résultats sont descriptifs à cause du nombre réduit d'enfants.

La plupart présentent hyperactivité, manque d'attention, colères, altérations comportementales, entêtement, desinhibition, troubles scolaires, retard mental, stéréotypies, symptômes autistes et difficultés pour établir des liens affectifs indépendamment du groupe auquel ils appartiennent.

Conclusions: La psychopathologie des enfants adoptés est très complexe et ne trouve pas sa place dans les descriptions des classifications internationales.

Les enfants présentent des symptômes autistes mais ne le sont pas vraiment. Ils peuvent présenter les symptômes d'hyperactivité mais on ne peut les considérer comme des Troubles d'Hyperactivité Avec Déficit de l'Attention. De même, le pronostic de retard dysharmonique est incertain. Nous devons approfondir dans ces pathologies prévalentes et dans les cas d'adoptions.

Trauma by indirect exposure and family factors in child post-traumatic stress disorders (PTSD). G. Vila*, C. Bertrand, M.-C. Mouren-Siméoni, Service de Psychopathologie de l'Enfant et de l'Adolescent, CHU Necker Enfants Malades, Paris, France

Objectives: The traumatic event is the central etiologic element of post-traumatic stress disorders (PTSD). However there are several types of exposure to the trauma. In indirect exposure, the life of the subject has not been directly menaced but he felted himself greatly emotionally implicated. The objective of this work is to demonstrate the existence of PTSD by indirect exposure and to show the importance of family factor.

Methods: We present data from follow-up in a department of child psychiatry of 10 on 29 children who were taken hostage and their parents. These children – directly exposed to the aggression; and their parents; indirectly exposed since they were not taken hostage but had a greater empathy; were examined to assess mental disorders with DSM-IV criteria. The children were assessed also with self administered questionnaires for anxiety and traumatic stress. They were followed up during 7 months.

Results: Nine pupils presented a PTSD. Three families had parental antecedents of mental disorders, but none had a PTSD before the hostage taking. In 5 families, the parents had post-traumatic disorders: 7 fathers or mothers. The sister of one of the exposed children had a PTSD.

Conclusion: our results demonstrate the reality of PTSD by indirect exposure. When a child has been directly victim of an aggression, it seems important to examine also his parents and sibling, who are indirectly exposed and may induce or maintain post-traumatic disorders of the child.

Psychological response to exposure to physical and psychological violence in adolescents. B. Mohler, P. Staub, University of Zurich & University of Basel, Switzerland

Objective: The study aimed to investigate prevalence of exposure to physical and psychological violence and its relationship to dissociation, delinquent behavior and symptoms of psychopathology.

Methods: 208 adolescents from a Swiss urban general population random sample, 30 delinquent adolescents and 50 adolescent psychiatric patients were recruited. A structured interview assessed information on exposure to different forms of violence and delinquent behavior. Dissociation was assessed through the Adolescent Dissociative Experience Scale. The Youth Self Report provided information on psychological symptoms.

Results: Significant prevalence was found for exposure to severe physical and chronic psychological violence in urban Swiss adolescents. Exposures to physical and psychological violence are both strongly related to dissociative experiences and other psychological symptoms. In youth with multiple exposures to physical violence more externalizing symptoms, especially delinquent behaviors are reported.

Conclusions: Exposure to psychological violence in childhood and adolescents proves to have as strong effects on adolescent mental health as exposure to physical violence. Both forms of violence are highly related to dissociative experiences and to a wide array of psychological symptoms in adolescents. The study results support that multiple exposure to severe physical violence seems to direct symptomatology more strongly towards externalizing problems.

Early intervention and follow-up of children with acute stress reaction after suicide bombing attacks. Intensity of treatment versus prognosis. A. Leor, N. Kaysar, Y. Yagil, S. Tyano, S. Schreiber. Child and adolescent psychiatric unit, Psychiatric department, Tel-Aviv Sourasky Medical Center, Israel. Geva Mental Health Center, Petak Tikva, Israel. The Sackler Faculty of Medicine. Tel-Aviv University, Israel

Objective: Description of acute stress disorder treatment in children and adolescents is rare and controversial in literature. Our objective is to describe the mode and outcome of intensive treatment of ten patients (aged 2.5–17) and their families.

Methods: 1-Early (at emergency room) and intensive (every day or every other day) intervention. 2- Length of treatment: ten days to three months. 3- No systematization of intervention. 4- The essential tools of treatment were: holding, support, orientation, cognitive and behavioral advises. Respect the tendency to recall and ventilate, as well as the opposite need. Respect the need for repression 5- Evaluation for need to further intervention.

Results: 1) In children and adolescents, reaction of parents has great importance in apparition and maintenance of symptoms. 2) Prognosis: 70 % full recovery, 20 % mild symptoms, 10 % PTSD. 3) Correlation of response to treatment with age and with compliance to treatment: The 30 % of symptomatic patients at long-term follow-up are all adolescents. The only PTSD patient was with no involvement at all of parents in treatment.

Conclusions: Early intensive supportive cognitive behavioral intervention, completed by family support is effective in preventing and lowering mental and developmental morbidity including PTSD of children and adolescents after suicide bombing attack.

The impact of early intensive intervention in children and adolescent victims of suicide bombing attacks on prognosis. A. Leor, O. T. Dolberg, N. Kaysar, M. Bloch, S. Schreiber. Child and adolescent psychiatric unit, Tel-Aviv Sourasky Medical Center, Israel. Psychiatric department, Tel-Aviv Sourasky Medical Center, Israel. The Sackler Faculty of Medicine. Tel-Aviv University, Israel

Objective: Literature shows high rate of chronic psychic morbidity in child and adolescent after traumatic event: 20 % to 67 % of full Post Traumatic Stress Disorder (PTSD), high occurrence of sub-threshold PTSD symptoms and strong influence of trauma on the developing personality. The purpose of our research was to evaluate the impact of early intensive intervention on the clinical course of Acute Stress Disorder (ASD) in children and adolescents.

Methods: Subjects: Group 1: 10 victims of suicide bombing attack (aged 2.5–17) who got the early intervention. Group 2: 11 adolescents [15–17] victims of SBA and did not get any treatment. Intervention: Treatment start at ER: social support. The essentials of intervention were 1- holding, support, orientation, cognitive and behavioral advises, respect of need to ventilate as well as the opposite need and respect the need to repress. 2- Intensity: session every day to three times a week during 10 days to 3 months according to specific case. 3- Full involvement of family in treatment. Assessment: 1- Structured Clinical Interview for Axis I DSMIV Disorders: SCID(DSMIV). 2- Child Behavior Checklist/2–4 (Achenbach): CBCL/2–4. 3-Child Behavior Checklist/4–18 (Achenbach): CBCL/4–18.

Results: SCID: PTSD in treated group: 10 %; PTSD in non-treated group: 37 %.

CBCL: significant higher scores in non-treated group.

Conclusions: Our preliminary results showed that early intensive supportive cognitive behavioral intervention, completed by family support is effective in preventing and lowering mental and developmental morbidity including PTSD of children and adolescents after suicide bombing attack.

Les enfants dans la guerre: transmission du traumatisme et travail du pardon. Clervoy P., Delage M., Corcos M., Benghozi P. (Toulon, Paris)

Parmi les prises en charges possibles auprès des enfants et des adolescents pris dans des phénomènes traumatiques répétés à enchaînement trans-générationnels, le travail du pardon paraît être une perspective intéressante comme l'a montré le succès de ce qui a été entrepris en Afrique du Sud. Cette notion peut-elle être définie comme un principe psychopathologique? Comment une action en ce sens peut-elle être posée? C'est ce que les auteurs tentent d'approcher.

Comorbidity of PTSD and depression among refugee children during war conflict. Abdel Aziz Mousa Thabet, Assistant Professor of Psychiatry, Yehia Abed, Associate Professor of Public Health, School of Public Health, Al Quds University, Gaza; * Panos Vostanis, Professor of Child and Adolescent Psychiatry, University of Leicester, UK

Background: We examined the prevalence and nature of comorbid post-traumatic stress reactions and depressive symptoms, and the impact of exposure to traumatic events on both types of psychopathology, among Palestinian children during war conflict in the region.

Methods: The 403 children aged 9–15 years, who lived in four refugee camps, were assessed by completing the Gaza Traumatic Events Checklist, the Child Post Traumatic Stress Reaction Index (CPTSD-RI), and the Short Mood and Feelings Questionnaire (MFQ).

Results: Children experienced a wide range of traumatic events, both direct experience of violence and through the media. Both CPTSD-RI and MFQ scores were independently predicted by the number of experienced traumatic events. Exposure to trauma ceased to have significant impact on depressive symptoms, in the presence of PTSD symptoms. The PTSD items whose frequency was significantly associated with total MFQ scores, were: sleep disturbance, somatic complaints, constricted affect, impulse control, and difficulties in concentration.

Conclusions: Children living in war zones are at high risk of suffering from PTSD and depressive disorders. Despite the similar nature of some symptoms, the findings do not support the overlapping nature of the two disorders, which appeared to develop as distinct, albeit inter-related responses to war trauma.

Keywords

Post-traumatic stress – depression – refugee – children – war

Israeli children and adolescents' reactions during the al Aqsa intifada. Jocelyn Y. Hattab M. D., Director, Donald Cohen Department for Child and Adolescent Psychiatry, Jerusalem Mental Health Center, D. N. Tsfon Yehuds – 90972 Israel

As Child and Adolescents Mental Health professionals we know and experience every day the detrimental effects of arms conflicts on children development, wellbeing and lives.

Beside the direct and immediate psychic reactions, on PTSD spectrum, there are no less long term effects on their own perception of themselves, their object relations, their values and relatedness to reality and life at all.

Israeli children live under the threat and destructiveness of terrorism since the very beginning of the State in 1948 and all along its history. The actual terrorism strategy killing over 800 israelis seems to have more deep and long lasting influences on israeli population and mainly youth.

We will analyze this data and draw some explanations and recommendations.

Evaluation of cognitive-behavioural group treatment for childhood PTSD symptoms after earthquake. A. Dikeakou*, I. Giannopoulou, Mental Health Centre of Peristeri, Athens, Greece

Objective: To test the efficacy of a group cognitive-behavioural psychotherapy (CBT) protocol for childhood post-traumatic stress disorder (PTSD) symptomatology following the 1999 Athens earthquake.

Methods: Subjects: Clinical sample of 17 children, 8–12 years of age, referred to our community child psychiatry service with PTSD symptomatology following their experience of the Athens 1999 earthquake, and meeting the ICD-10 criteria for PTSD. Intervention: A 7-week, group-administered CBT protocol using a single case across time experimental design. Group I comprised of 10 children who entered the therapy three months following the earthquake; and Group 2 comprised of 7 children who joined the group intervention five months following the earthquake. Assessment: Depression Self-Rating Scale (DSRS), and Revised Impact of Events Scale (IES-8) were used at baseline and post-treatment.

Results: The treatment administered to Group I produced a statistically significant reduction in intrusion, avoidance and depressive symptoms as indicated by the subjects' scores on IES-8 and DSRS. The results were replicated in Group II although did not produce changes of a similar magnitude to those seen in Group I. Possible hypotheses in interpreting these data are discussed.

Conclusions: Despite the several limitations of this study, the results are overall encouraging and in support of the notion that group CBT intervention is effective in reducing symptoms of PTSD in children who have experienced a life-threatening traumatic event.

Wednesday, October 1st, 2003 Dickens 3

S69–1:00 pm Symposium

Confrontations des pratiques pédopsychiatriques en Europe, point de vue clinique et économique. Confrontations of Child Psychiatric Practices in Europe, Clinical and Economical Points of View.

Chair: Thomas von Salis

Confrontation des pratiques pédo-psychiatriques au niveau Européen: Aspects cliniques et économiques. David de Montmollin, Psychologue- Psychothérapeute; Dr Muriel Duranton, Pédopsychiatre-Chef de service, Service de Psychiatrie de l'enfant et de l'Adolescent de l'Hôpital de Vichy (03 Allier France)

Le Service de Psychiatrie de l'Enfant et de l'Adolescent de Vichy est animé par une culture polyphonique de Psychiatrie Institutionnelle (le Secteur à la Française), de Thérapie Systémique mais aussi très influencé par les travaux de Bruno Bettelheim et de René Diatkine sur l'Institution Thérapeutique.

Bien que disposant de moyens modestes (équipe pluridisciplinaire de 28 personnes) il s'efforce de répondre aux besoins croissants d'une population de 130000 habitants (900 enfants vus en consultation année 2002 dont 450 nouveaux) par une organisation en «rubicube» où chaque membre du personnel déploie son activité dans plusieurs «unités fonctionnelles»: hôpital de jour, Centre du soir, Centre d'Accueil à temps partiel pour jeunes Enfants, Accueil Familial Thérapeutique, consultations, rééducations, Groupes

Thérapeutiques, travail en partenariat avec les écoles de l'Education Nationale et les services partenaires des enfants... le service s'efforce d'être actif et dynamique.

La créativité, la recherche de solutions thérapeutiques répondant à l'éventail très large des pathologies: lourdes (autisme et psychoses), complexes et actuelles, sont les moteurs de l'organisation du service. Les registres et niveaux d'activité sont multiples, sous le contrôle d'un gros effort de formation et de responsabilisation.

Ce contexte particulier, ainsi d'ailleurs que l'évolution générale des pratiques et des connaissances de la Psychiatrie de l'Enfant et de l'Adolescent ont favorisé la mise en place d'un fonctionnement assez original où tous les membres de l'équipe, infirmiers, éducateurs et particulièrement les psychologues psychothérapeutes ont vu leur activité initiale s'enrichir considérablement.

La thérapie de famille – setting groupal ou individuel? Dr.med. Thomas von Salis, pratique privée, Zürich, Suisse

Ce travail sur le concept du setting en psychothérapie se base sur la psychanalyse et la conception dite «opérative» du groupe.

Usage est fait d'expériences faites en appliquant ce concept théorico-pratique dans la formation postgraduée et continue et dans la supervision, ainsi que dans le travail clinique avec des familles dans une pratique pédopsychiatrique privée.

L'entretien avec la famille réunie permet de cueillir «l'émergent familial», un événement avec un pouvoir thérapeutique particulièrement prononcé.

Thérapie d'un enfant d'âge préscolaire. Dr. N.Nanzer, chef de clinique adjointe au service de psychiatrie de l'enfant et de l'adolescent, Hôpitaux Universitaires de Genève, Suisse

Sur la base d'une illustration clinique, nous abordons les thèmes du choix du type de thérapie proposée et de l'importance de l'alliance thérapeutique avec les parents, dans le traitement d'enfants d'âge préscolaire. Alan, 4,5 ans, consulte pour un problème d'encoprésie. Il bénéficie successivement de deux types de prises en charge que nous décrivons brièvement: psychothérapie brève individuelle de type analytique et consultations thérapeutiques mère – enfant. Nous observons comment le choix de ces indications est influencé par le type de personnalité des parents et par la relation qu'ils ont pu établir avec le pédopsychiatre, à deux moments différents de l'évolution. Les objectifs et les résultats de ces deux types de thérapies sont discutés, en particulier avec des patients jeunes, très dépendant de leur environnement familial et donc très sensibles aux projections parentales.

Quality Circles in Child-and Adolescent Psychiatry in Germany. An effective form of CME. Bergit Jörger and Reinhard Schydlo

Since several years the medical associations have installed so-called Quality Circles as a special form of CME in Germany. They consist of 10 to 20 medical specialists or generalists in average, who meet 4 to 6 times a year for about two hours in order to discuss different items and themes or complicated cases, beside the official guidelines

The medical colleagues are mostly working in their own private practice and take this opportunity to exchange their practical experiences. The group leader has a special training to lead these quality circles and makes a short abstract of every meeting. Every QC-meeting is officially acknowledged with 3 to 4 CME-points

The opinion of all participants, who generally have a long professional experience, is that Quality Circles are a very effective form of CME.

La formation continue de pédopsychiatrie en Italie". Dr. Catherine Hamon, Dr. Lenio Rizzo**, Dr. Alessandra Morgagni***

La situation italienne en ce qui concerne la formation des pédopsychiatres est particulière. En Italie, neurologie et psychiatrie de l'enfant et de l'adolescent sont une unique spécialité: la Neuropsychiatrie infantile (depuis 1960).

Pour obtenir la spécialité de neuropsychiatrie infantile sont nécessaires cinq ans de formation universitaire (après le diplôme de médecine) avec l'obligation de fréquenter les cours théoriques et la clinique universitaire. Ayant acquis la spécialité, il est possible de faire la demande pour être reconnu psychothérapeute sans qu'un training personnel soit demandé.

L'union de ces deux compétences s'est toujours donné comme objectif de maintenir l'unité de l'enfant et de ses fonctions de relation; il apparaît toutefois difficile d'atteindre un bon niveau de formation aussi bien neurologique que psychiatrique et de pouvoir mener simultanément l'engagement professionnel et la formation soit universitaire que permanente en neuropédiatrie, neurorehabilitation, neuropsychologie et psychiatrie comme l'exigerait l'ainsi nommée spécialité. En outre, la recherche et les nouvelles connaissances scientifiques, en particulier en ce qui concerne les neurosciences (imagerie cérébrale, génétique...) progressent rapidement et nécessitent une mise à jour permanente et approfondie qui devient impossible pour un spécialiste qui doit s'occuper de tout: du cerveau comme de la psyché. Ce problème se pose malgré tous les efforts menés par beaucoup d'organismes publics et privés, en particulier par la Société Italienne de Neuropsychiatrie de l'Enfant et de l'Adolescent (SINPIA)

La formation continue en pédopsychiatrie est obligatoire, comme pour les autres spécialités médicales et professions liées au système de santé, et imposée par l'E. C.M: «Education continue en médecine» depuis le deuxième décret législatif du 19/06/1999 en Italie. Elle est confiée à une commission nationale pour l'éducation continue qui définit les objectifs de formation d'intérêts nationaux. Les professionnels sont obligés de recueillir un certain nombre de points (crédits formatifs) prédéfini chaque année. Ces crédits sont accordés par la commission en fonction de l'intérêt et de la qualité scientifique de la manifestation fréquentée (congrès, conférence, cours de formation théorique et pratique...) respectivement à la spécialité du médecin.

Les médecins fonctionnaires du service public reçoivent une évaluation périodique de leur activité qui constitue également un moyen de graduation des salaires.

A part l'E. C.M, il n'existe aucun autre système spécifique pour évaluer la qualité de la formation continue en pédopsychiatrie. Il se pose donc encore de nombreux problèmes pour les spécialistes, pour le service public et pour les agences qui s'occupent de formation continue.

042–2:15 pm

Oral communications session

Transcultural

The influence of mythology and superstition in the psychiatric treatment of children and adolescents in Kosovo. Susanne Schlueter-Mueller, TerraTech(ngo) Kosovo, private praxis Frankfurt/Main, Germany; Aferdita Uka*, University Hospital Prishtina, Kosovo

The talk will deal with the work of a German child and adolescent psychiatrist and psychotherapist working in Kosovo as a trainer for nurses and supervisor for physicians who are on training in child and adolescent psychiatry. One of the Kosovo-Albanian residents will present a typical case which characterizes the special situation in the treatment of psychiatric disorders in this post-communistic

and Islamic society due to the high influence of mythology and superstition regarding the genesis of psychic diseases.

Because of the Turkish Empire for centuries the historical Enlightenment of Europe didn't influence this society which explains the maintenance of superstition and mythologies in the treatment and models of explanations of psychic problems.

Parent infant psychotherapy in situations of migration: how to build a therapeutic alliance? Marie Rose Moro, M. D., Ph. D., Benoit Dutray, M. D., Avicenne Hospital, 125, rue de Stalingrad 93009 Bobigny cedex, University Paris 13, France

Objective: The application of a transcultural approach to the construction of a therapeutic alliance will be discussed. This technique is formed by the association of psychoanalysis and anthropology to approach the understanding and treatment of situations in which a family or parent/child group have moved from one culture to another. The importance of cultural myths, taboos and modes of understanding relationships, child development and needs, and manifestations of dysfunctions will be discussed.

Method: We will analyse especially the therapeutic consultations during the perinatal period in situations of migrations. This period is particularly vulnerable for children and families. During this time cultural and family myths acquire great importance, they could be denied or abandoned due to the requirements of the "new" culture, while being vividly present in the mind of the parents, even if unconsciously. The use of transcultural principles as complementarity (the importance of anthropological understanding of clinical manifestations) and a therapeutic model of group consultation will be illustrated.

Results: The address to these consultations are numerous: difficulties during pregnancy, difficulties in feeding of the infant, failure to thrive, excessive irritability in babies. The construction of a specific therapeutic alliance is the main parameter of the efficacy of this kind of clinical work.

Conclusion: Common parameters and specific one have to be analysed in the building of a therapeutic alliance.

Practising active science with child refugees: a clinical perspective. F. Perrier

Goals: Active science sessions have been performed in an unaccompanied children centre in Rwanda (Perrier and Nsengiyumva, in press in Int. J. Sci. Ed.) and in a shelter home and school in Nepal. These sessions are analysed to evaluate their therapeutic potential for clinical intervention programs for traumatised child refugees. Experimental science, in particular in a "hands on" spirit, is a constructivist group activity that may offer an alternative approach, complementary to drawing sessions or regular clinical interviews.

Methods: The nature of the activities, the choice of tools, effect of group size and the role of the educators have been investigated. Data include observations and checklists.

Results: Practical suggestions as well as theoretical issues and limitations emerge. Activities such as getting familiar with insects, dinosaurs or planet watching seem particularly promising as they favour integrated projects, investment of affective dimensions and a sound organisation of a personal imaginary space. In a therapeutic perspective, emphasis can be put on the restoration of an anxiety-free relationship with the material world. The reaction of the participants suggest that this process tends to take place outside the group, at the individual level. In addition, the main resilience factor seems to be the possibility of relying on virtual friends outside of the immediate sphere.

Conclusions: Preliminary recommendations, derived from the pilot sessions, may be relevant in a wide range of circumstances, including psychological support after war trauma, social rehabilitation of street children or child soldiers, as well as paediatric hospital settings.

Childpsychiatric evaluation as a subjective right in the city of Helsinki. M.-M. Turunen, M. von Fieandt, Childpsychiatric evaluation unit, City of Helsinki, Finland

Objective: Since 2002 the mental health act in Finland makes it mandatory to provide evaluation within 3 weeks if a child is referred by any doctor because of childpsychiatric problems. The paper describes a new service responsible of providing this assessment in the City of Helsinki.

Methods: The team of Childpsychiatric evaluation unit has existed since 2001 consisting of 3 childpsychiatrists, clinical psychologist, neuropsychologist, occupational therapist, specialist nurse, consulting child neurologist and a secretary. The focus is on neuropsychiatric problems in primary health care. Referrals come from general practitioners, nurses, special day care teachers and psychologists.

Daily telephone consultation is provided for professionals working with children. The unit evaluates children up to 12 years of age. Normally evaluation consists of 5 to 9 sessions and is completed in collaboration with referring agencies. In most cases a family assessment is included. Treatment plan is negotiated.

Results: Results have been promising and new groups of children have been reached. The second result is forming of a new referral meeting joining childpsychiatric and child neurology university clinics, child guidance clinics and evaluation unit for comprehensive chain of services.

Psychosocial profile of street children in Alexandria and assessment of services rendered to them. Amira Seif El Din, M. D.

The present study involved 75 street children attending services rendered for them. The aim was to assess their personal, social, and psychological profiles. The study was carried out in three centers for street children in Alexandria. Street children were compared with a control sample of school students as regards the same profiles. The mean age of street children was 12.51 + 1.93, and 20% of them were from families migrating from rural areas, living in shared houses (18.67%) and having low educated parents.

They also had large family size (mean = 6.59 + 2.38). More than three quarters of street children have dropped out of school (78.67%), their reasons to run away from home were because of physical abuse, overcrowding in homes, rejection, and enforcement to work, injuries, malnutrition, parasites and skin diseases were the main health problems encountered among them.

Smoking was a behavior adopted among 42.67%, glue sniffing among 16% and chemical abuse among 8% of street children. Psychological measurements revealed that street and school children ranked low self esteem. Street children were more significantly more aggressive and hopeless than school students.

Personals working in the centers were evaluated for their knowledge about needs of these children and their attitudes towards street children problems. It is recommended to train service providers in a professional way to deal effectively with street children as well as to develop a specific program for street children aiming to help them to return back to the community.

**043-4:00 pm
Oral communications session**

Transcultural

L'adoption coutumière dans les sociétés traditionnelles Océaniques: paradigme d'un risque de tutorat adoptif. Docteur Olivier Tarragano, COFI-CMP (Consultations filiations) - Docteur M. O. Pérouse de Montclos. Service de Psychiatrie de l'enfant et l'adolescent - Centre Hospitalier Saint-Anne, Paris, France

Être parent s'étaye généralement autour de trois axes: un axe biologique, un axe affectif et un axe légal. La clinique adoptive classique renseigne sur la possibilité de greffe filiative réussie lorsque les axes affectif et légal sont établis et que fantasmatiquement, par le biais d'une scène primitive imaginée, l'axe biologique est représenté.

Il existe cependant certaines pratiques dites «d'adoption coutumière» en milieu Océanien (Nouvelle Calédonie) qui mettent en question nos représentations de la filiation, de l'organisation familiale et nous interrogent donc sur les conditions d'une adoption réussie. Ces dons d'enfant s'inscrivent plus dans une dynamique de circulation des enfants censée renforcer l'appartenance des parents biologiques et des parents adoptifs au groupe coutumier au sein de la société Kanak et n'obéissent pas au cadre légal et aux motivations de la société occidentale.

Néanmoins la pratique clinique pédopsychiatrique dans un contexte d'adoption coutumière nous paraît pouvoir illustrer les aléas des mécanismes de filiation et de construction identitaire: plus précisément une greffe filiative de qualité peut-elle s'instaurer lors de ces pratiques de dons d'enfant qui maintiennent les liens avec la famille d'origine ou s'apparente-t-elle plutôt à un tutorat adoptif?

Transmission(s) au sein d'une dyade mère-bébé au regard des aménagements transculturels du réseau de soins. Dr M. O. Perouse de Montclos, Dr S. Deloche-Tarragano – Service de Psychiatrie Infanto-Juvenile – Centre Hospitalier Sainte-Anne – Paris

Au travers de l'exposé clinique de la prise en charge mère-bébé chez une femme migrante ayant présenté une décompensation psychiatrique aiguë en pré-partum, les auteurs tentent de mettre en perspective:

- D'une part, les modalités de cette prise en charge:
 - Le réseau de soins pluridisciplinaire et multi-institutionnel articulé autour de la psychiatrie adulte de secteur, la psychiatrie infanto-juvenile de secteur et une instance de guidance (Maternité, Institut de Puériculture de Paris et PMI).
 - L'observation mère-bébé de type Esther Bick aménagée au regard des aspects transculturels.
- D'autre part, une réflexion quant à l'impact thérapeutique de ce modèle de soins.

Les auteurs émettent l'hypothèse que la qualité des liens entre les différents soignants du réseau permettant une circulation de la parole et un enrichissement permanent de la réflexion théorique, a recréé dans sa fonctionnalité un environnement proche du tissu social culturel d'origine de la mère, et a eu une fonction protectrice et cadrante pour elle et son bébé. Cette mère a pu s'étayer sur les fonctions thérapeutiques de ce modèle groupal pour être elle-même avec son bébé dans un processus de transmission transgénérationnelle et de réciprocité, déparasité des clivages des représentations culturelles.

Ils proposent donc une réflexion plus générale sur la nécessité de l'aménagement des modèles de soins dans ces moments particulièrement sensibles du post-partum chez des mères migrantes.

Transmission(s) at the centre of a mother-baby dyad from the perspective of transcultural adjustments initiated by the care network. Dr M. O. Perouse de Montclos, Dr S. Deloche-Tarragano – Service de Psychiatrie Infanto-Juvenile – Centre Hospitalier Sainte-Anne – Paris

Through the clinical assessment and therapeutic care of a mother and baby with the mother being a migrant woman who presented with an analysis of acute psychiatric breakdown pre-partum, the authors attempt to put the following into perspective:

- the modalities of the type of therapeutic care:
 - The multidisciplinary and multiinstitutional network of care articulated between the adult psychiatric sector, the infant/juvenile psychiatric sector and the maternity and paediatric services
 - a mother baby observation of the Esther Bick type redesigned

to have a particular focus on the transcultural aspects of the observation.

- a reflection on the therapeutic impact of this model of care

The authors put forward the hypothesis that the quality of the links between the different carers of the network allowed a collective discussion and the permanent enrichment of the theoretical reflection which succeeded in recreating a group environment close to the social fabric of the culture of origin of the mother in its functionality and created a protective framework function for the mother and her baby. This mother was able to rely on the therapeutic functions of this group model to be able, herself, to be in a process of transgenerational reciprocity with her baby and was able to eliminate any conflicts created between her cultural heritage and the receiving culture

The authors propose, therefore, a more general consideration of the need for flexible therapeutic models of care for immigrant mothers at times that are particularly sensitive such as post-partum.

La psychopathologie des enfants immigrés et l'utilisation des services d'hygiène mentale par les familles migrantes. V. Rotsika, M. Vlassopoulos, L. Pechlivanidou, L. Legaki, E. Rogakou, E. Lazaratou, D. Anagnostopoulos. Clinique Psychiatrique Universitaire d'Athènes, Grèce

But: Le but de la recherche est d'étudier la psychopathologie des enfants et adolescents des familles migrantes et l'utilisation des services. Notre hypothèse est que les enfants immigrés présentent une psychopathologie de nature plutôt sociale, ont des difficultés d'adaptation sociale et utilisent moins les services d'hygiène mentale.

Méthode: Le groupe expérimental (N=35) est composé d'enfants et adolescents issus des familles migrantes qui ont été examinés à l'Unité des Enfants et Adolescents. Le groupe contrôle (N=70) est composé d'enfants Grecs, appariés en genre et en âge, examinés durant la même période. Les paramètres suivants ont été pris en considération: la pathologie de l'enfant, la fréquentation scolaire et le genre des services offerts.

Résultats: Il n'a pas été trouvé de différence significative entre les deux groupes en ce qui concerne la psychopathologie, la nature et l'utilisation des soins ainsi que la complaisance au traitement. Les familles migrantes ont un niveau socio-économique plus bas et ne bénéficient pas toutes d'assurance sociale.

Discussion: Notre hypothèse que les enfants émigrés présenteraient une pathologie différente et plus grave de celle des enfants grecs ne fut pas confirmée. Les familles migrantes ont reçu le même type des services, preuve d'une politique de non discrimination. En tout cas il a été évident que les familles migrantes n'ont pas recours aux services d'hygiène mentale aussi souvent que les familles grecques.

Psychopathology and mental service utilization by immigrants' children and their families. V. Rotsika, M. Vlassopoulos, L. Pechlivanidou, L. Legaki, E. Rogakou, E. Lazaratou, D. Anagnostopoulos. Athens University Psychiatric Clinic, Greece

Objective: To investigate the psychopathology of immigrants' children and service utilization by the immigrant families. Our hypothesis is that the children of immigrants would present greater psychopathology of social aetiology, difficulties in social adaptation and less utilization of services.

Method: The experimental group (N=35) consisted of immigrant children and adolescents who were examined at the Child and Adolescent Unit of the Community Mental Health Centre of the Athens University Psychiatric Clinic. The control group (N=70) consisted of Greek children matched by age and gender, who were examined the same time period.

The following parameters were examined: the child's psychopathology, school attendance, economic and social factors and the kind of services delivered.

Results: No significant difference was found between the two groups with respect to psychopathology, service utilization and termination of treatment. The immigrant children's families had a lower socio-economic status, and they tended not to have social insurance.

Discussion: Despite the lower socio-economic status of immigrant families our hypothesis that immigrants' children would present a more serious and different psychopathology than the Greek Children was not confirmed. This finding can be attributed to their families' stability and the absence of traumatic experiences. The immigrants families had an equal service utilization as the Greek families, which implies a non-discrimination policy by mental health professionals. However, it was apparent that the immigrant families did not apply for help to our Service as readily as their Greek counterparts.

Une adolescence spécifique. V. Curcic, Klinika za psihijatriju KBC «Dr Dragisa Misovic-Dedinje», Belgrade, Serbie et Monténégro

Cet ouvrage traitera, dans un premier temps, des obstacles qui empêchent les processus normaux du développement pendant la période d'adolescence, et ensuite, on s'occupera du changement psychopathologique, considéré comme conséquence des perturbations de l'environnement des adolescents

La désintégration de l'état (de l'ex-Yougoslavie), la catastrophe économique, le nombre des réfugiés, la désintégration du système tant familial que scolaire, l'érosion des valeurs morales, la menace prolongée de guerre et de bombardement, représentent les caractéristiques de base du milieu social dans lequel ont vécu les adolescents de la Serbie entre les années 1990 et 2000. Ces circonstances-là ont provoqué chez les adolescents, d'un côté, la confusion, le sentiment d'incertitude, les doutes et les angoisses, la détresse et la dépression, mais, de l'autre côté, elles se sont trouvées, aussi, à l'origine de leur révolte, de leur colère constante et de leur esprit combatif.

Dans de telles circonstances, la confusion quotidienne existant dans la réalité externe a considérablement intensifié la réalité interne des adolescents, celle-ci, de par sa nature, chaotique. Il en résulte d'une part, l'empêchement, voire le blocage des processus normaux de leur développement. D'autre part, le drame social et le chaos de l'Etat, économique et politique, dûs aux événements de l'époque, ont suscité un nombre de manifestations de certains phénomènes psychopathologiques nouveaux. Ils ont, aussi, intensifié les formes psychopathologiques connues, propres aux adolescents. De nouvelles formes spécifiques de ces perturbations sont aussi perçues, parmi lesquelles la hausse du nombre de décompensations psychotiques.

Dans cet ouvrage on essaye de suivre la psychodynamique de ces phénomènes, d'élucider le caractère spécifique du fonctionnement des adolescents et d'expliquer les manifestations psychopathologiques, conséquence directe ou indirecte des perturbations de leur environnement social.

One specific adolescence. V. Curcic, Klinika za psihijatriju KBC «Dr Dragisa Misovic-Dedinje», Belgrade, Serbie et Monténégro

This paper is about disturbing of normal developmental processes which are parts of adolescent process as well as about changes of psychopathology as a consequence of disturbances in adolescent's environment (in Serbia 1990–2000.).

Disintegration of state (Yugoslavia), economic catastrophe, refugees, family system destruction, non-functioning of school system, morality erosion, war and bombing threats, were essential characteristics of social milieu in which adolescents have been living in Serbia from 1990–2000. This caused confusion, uncertainty, doubts and fears, feelings of abandonment and losses, sorrow and depression but also revolt, rage, anger and combativeness as dominant feelings and behavior of adolescents.

In such external environment confusion of external reality additionally complicated already existing chaotic internal reality of

adolescents. The result was, on one hand, repression or blocking of normal developmental processes which turned adolescents into frightened and quiet big children and led to withdrawal of usual adolescent processes and behavior. On other hand, dramatic and chaotically social, political, economical and existential happenings in the state led to expression of new psychopathological phenomena or to unusual intensifying of some psychopathology characteristic for adolescence. There also occurred some new specific forms of usual disturbances like increased number of psychotic decompensation.

This paper is an attempt of psychodynamic explanation and clarification of these specific forms of adolescent's functioning and manifestation of adolescent psychopathology which are direct or indirect consequences of disturbances in their social environment.

Wednesday, October 1st, 2003 Dickens 4

044–1:00 pm

Oral communications session

Adolescence

Principles and Practice of the Beardslee Preventive Family Intervention: Means to Support Parents and to Prevent Children's Disorders in Families with Parental Mental Illness. T. Solantaus, National Research and Development Centre for Welfare and Health STAKES, Helsinki, Finland; W. R. Beardslee, Children's Hospital, Harvard Medical School, Boston, USA

Every psychiatric patient with children should be given support for parenting and measures taken to prevent children's disorders. The workshop introduces an evidence-based preventive intervention for families with parental mental illness, the Beardslee Preventive Family Intervention.

Parental mental disorder increases children's risks for psychopathology. The Beardslee Preventive Family Intervention was developed to strengthen families to prevent children's disorders. It has been compared with a lecture intervention in a randomized setting. Both interventions were helpful, but the Family Intervention induced more extensive changes. The Intervention has been adopted into the Finnish healthcare system.

The Family Intervention is psychoeducational. It draws from different theories including attachment, psychodynamic, cognitive and family systems theory. It is based on building resilience in the family. The key elements are helping parents to focus on children and parenting, to help children understand parental illness, and to support children's commitment in relationships and activities outside the family.

The Intervention helps parents to master their own illness in order to be able to talk about it with the children. Every family member is given a chance to tell their own story. A family narrative is created in a family session to help the family feel whole again and to open the parental illness for discussion within the family.

The Intervention is manual-based and it takes about 6–8 sessions. It can be carried out in all levels of health care, preferably by the clinician or team who takes care of the parent.

Clinical concepts of adolescence: some historical aspects. R. Hupfert, Heckscher Klinik, Munich, Germany

Objective: Adolescence as a transitional period with distinct developmental features was not recognized appropriately until the be-

gining of the 19th century. Its social formation as well as the elaboration of clinical concepts required a set of historical circumstances in advanced societies.

Method: We give a brief survey on the social and theoretical development of the phenomenon adolescence and examine different concepts from a historical point of view.

Results: After the emergence of adolescence as a social stage of development- with puberty as the biological determinant- different medical, educational, psychological and sociological perspectives became essential. Within psychiatry the history of adolescence began with its identification as a possible causative factor of psychic disturbance and produced e. g. concepts integrating the process of adolescent maturation itself in the etiology of schizophrenia.

In 20th century research and clinical attention focused on the controversy of adolescence as developmental transition and adjustment versus turmoil. Influences from adult psychiatry, psychoanalysis, medical psychology, social work led to modern multidisciplinary concepts.

With the appearance of the psychopathological perspective in developmental psychiatry which provided explanations only for particular empirical phenomena it had become obvious that the prevailing developmental theories of adolescence with their strong reference to progression through predetermined stages were inadequate. These findings include new aspects concerning the diagnostic evaluation and course of adolescent psychopathology.

Conclusions: The historical review emphasises the importance of integrating individual, peristatic and developmental factors in the assessment of adolescent psychopathology. A descriptive examination of cross-section symptomatology alone does not deal with all aspects.

Moritz Tramer and the development of the UEP (ESCAP) from 1954 until 1961. R. Castell*

Objective: History of the UEP (ESCAP)

Methods: Search in three archives

Results and Conclusions: Moritz Tramer was born in 1882, Austria. He began his medical training with 28 years of age and worked with psychiatric patients since 1915. He became lecturer at the medical faculty at Zurich in 1917. At this time he had his first professional contacts to disturbed children and their families.

It was in 1954 that European child psychiatrists met in Magglingen/Biel in Switzerland. The organizer was A. Friedemann, chairmen were G. Heuyer and M. Tramer. The UEP was founded as an organization according to the Schweizer Zivilgesetzbuch Art. 60.

Moritz Tramer was elected president and Friedemann was secretary general. The main aim was to support the continental tradition of child psychiatry. 1956, 1957, and 1958 the group met again.

In 1959 an enlarged UEP with L. Michaux as president, the UEP société medicale and the SEP were formed in Magglingen.

The first congress of the UEP was held Paris September 1960. More than 500 child psychiatrists from 24 countries including eastern Europe were present. The UEP gave itself a constitution with 21 articles. The Bureau de l'UEP was founded. For the 6th time in March 1961 child psychiatrists met in Magglingen. A summary of the 6 meetings and the first congress will be presented.

Science and politics: the changeful relations between France and Germany by the example of child and adolescent psychiatry. O. Kratz, D. Bussiek, University of Erlangen, Germany

Objective: History of the international science relations

Methods: Literature search

Results and Conclusions: The quality of relations between nations is expressed on various levels, starting from personal to international contacts, as well as in the area of research. Today's positive Franco-German relationship was subject to intense rejection in the course of history. After the disaster of the World War II there was a cautious rapprochement which was also expressed by the reawak-

ening of co-operation between the child psychiatrists of both countries.

History is made by man. In this regard, the President of the French Republic Charles de Gaulle contributed considerably to the Western integration of the Federal Republic of Germany through his historic friendship with the German Chancellor Konrad Adenauer. And, it was the French doyen of European child psychiatry Georges Heuyer who renewed his, in 1935 first established relations with his German colleagues, like Werner Villinger, despite Heuyer's painful personal experiences of the war.

There are remarkable parallels evident in the history of psychiatry and the "big" historic events of the first two post-war decades: Almost at the same time as West Germany joined NATO in October 1954 the Union of European Paedopsychiatrists (UEP) was founded by the equal participation of German experts along with other European child psychiatrists.

Another important year was 1963 when the friendship between West Germany and France was sealed in the Treaty of Élysée and German child psychiatrists were taking part in a world congress for the first time after the war.

Frustration and Conflict in Youth and Effect of Consumerism and Globalization. Ms. Ishita Sanyal, Kolkata – India

Globalization not only reduces the impact of distance but it has tied the whole world more tightly together than ever before. Though it resulted in a number of positive effects with changed outlook, perception and intermingling of cultures and lifestyles but it has a number of negative impacts on stress in the youth of developing countries like India.

The meaning of life has changed in today's youth. Previously in India people used to crave for the quality of life which according to them was peace and happiness coming out of good work, education and knowledge helping people in need. Now due to increase in consumerism (the developing countries being the main aim of consumerism) young people are craving towards leisure and luxury as the ultimate goal in life. Pleasure from work has shifted to pleasure from luxury items coming out of work. They are now not interested about gathering knowledge. The quest for knowledge has now been replaced by knowledge as a means or tool for acquiring pleasure.

Parents too are falling prey to consumerism. As a phobic parent gives birth to a phobic child, a greedy parent gives birth to a greedy child. Teachers and parents are trying to imbibe the necessity to "excel" to get the quality of life, which they can only get from their "pay-packets". The youth who are not winning in this rat race are getting depressed, losing the meaning of life, getting confused, feeling inadequate and frustrated. The Indian value system has changed rapidly in the last decade.

As a result the youth today are suffering from conflict-which is the ideal path for them. Is knowledge important or getting chance to go abroad for education more important? Whether respect and acceptance can be achieved only by studying abroad, going for the lucrative jobs and earning more and more money is the question that puzzles today's youth.

Those who are failing in this standard of life are falling prey to psychological problems. The most common effects seen are:

- Insecurity
- Frustration
- Depression
- Identity crisis
- Feeling of inadequacy
- Irritation
- Lack of motivation
- Negative attitude in love life
- Aggression
- Escapism and living in a fantasy world
- Rejection
- Loneliness
- Withdrawn

Neonatal Family And Living For One's Own Life replaces the Tra-

ditional Family Concept of India. Parents, feeling frustrated also sometimes pressurize their children to choose this lifestyle to fulfil their desires.

In this family system, parents are over-imposing, trying to provide support and care which curbs the child's feeling of adequacy and confidence. The child faces conflict due to 2 opposite value systems and morality. In the traditional Indian value system & the recent trend of consumerism – a person is only judged by his possession of material value – not by knowledge, character, personality & potential.

Though on 29th November 2000, Americans celebrated “Buy Nothing Day” but the developing countries like India are probing towards “Buy Everything Day” for the future generations.

It is the natural urge for the youth to conform to the group & get support & acceptance from them. Those who cannot participate in the rat-race are feeling rejected & lonely & gradually becoming withdrawn from life. They are not even able to explore their creativity due to the overwhelming anxiety & pressure, which leads to irritation & aggression as the outcome. The youth are heading towards more & crime.

The youth constitute about 50–60 % of the population of India & as the effect of globalization there is lockout in a number of companies & reduction in the number of jobs which is leading to shrinking of job-facilities & increase in frustration in the Indian youth. This giving rise to a clear differentiation between 2 different lifestyles – rock & roll on one hand, & the poor & frustrated with low self-esteem, in the other.

045–2:15 pm

Oral communications session

Adolescence

L'adolescence: une transition, une crise ou un changement? M. C. Tabora Simões – Université de Coimbra – Portugal

La fragilité du concept adolescence, patente dans les inconsistances de certains discours qui continuent encore à être construits sur cette phase de la vie, a justifié l'examen critique des définitions basées sur l'idée de transition et sur l'idée de crise.

Les conclusions de cet examen ont mis en évidence la nécessité de repenser ce concept d'adolescence pour y rechercher ce qui est spécifique. Nous avons alors avancé l'idée de changement pour trouver les fondements d'une définition de l'adolescence pouvant permettre une véritable identification de ses caractéristiques essentielles.

Dépourvue d'aspects circonstanciels ou contingents et imperméable aux équivoques ou aux idées reçues, la définition basée sur l'idée de changement ouvre la voie à une compréhension adéquate du phénomène adolescent sans, toutefois, passer sous silence la complexité qui lui est inhérente.

D'une consultation infanto-juvénile à une consultation adulte, ce qui se passe. O. Ginoux, A. Tuset, M. Terral, B. Canizar, J.-P. Coz, S. Fromm, B. Gauthey, V. Grégoire, D. Lamy, P. Prouteau, CHSA, Service de psychiatrie Infanto-juvénile du Dr Pérouse de Montclos, Service de psychiatrie générale du Dr Garnier, 1 rue Cabanis, 75014, Paris, France

Équipes pluridisciplinaires pour adolescents ayant les mêmes repères psychodynamiques mais issus de deux services différents (Infanto-juvénile et Adulte), nous avons réalisé au fil de réunions théorico-cliniques l'impact qu'avaient sur nos pratiques nos différences de culture institutionnelle.

Croiser les points de vue, transmettre nos héritages et nos expériences, a permis d'éclairer en partie les ombres portées par les autres regards. C'est bien d'une certaine routine conceptuelle qu'il

s'agit de se décaler, pour retrouver un relief, une inventivité, tant dans l'utilisation d'outils de compréhension et d'évaluation que dans la fixation d'objectifs thérapeutiques.

Penser la famille comme un environnement ou comme un objet du soin à part entière, évaluer l'autonomie au regard d'une capacité d'insertion ou bien comme un critère de maturité, se référer à l'obligation scolaire et aux responsabilités légales des parents ou bien aux règles et usages du monde adulte (changeant ainsi profondément le statut fait au tiers dans la consultation), c'est s'inquiéter tantôt de comment l'adolescence advient, tantôt de comment elle se quitte. Ces abords mobilisent des identifications différentes. Penser déjà séparation, penser encore développement et interactions, c'est presque là un modèle du processus adolescent que notre travail en commun – équipes Adulte et Infanto-juvénile – vient rendre possible.

Ces questions nous amènent à proposer un atelier composé de 4 interventions associant chacune des intervenants du service Adulte et du service Infanto-juvénile et abordant différents points de vue, celui du psychiatre, du psychologue, de l'assistante sociale et de l'accompagnant éducateur ou infirmier.

Transmission de pratique et de savoir dans un l'abord complémentaire (enfant adulte) de l'adolescence. O. Ginoux, A. Tuset, M. Terral, CHSA, 1 rue cabanis 75014 Paris

Psychiatres pour adolescents ayant les mêmes repères psychodynamiques mais issus de deux services différents (Infanto Juvénile et Adulte), nous avons réalisé au fil de réunions théorico-cliniques l'impact qu'avaient sur nos pratiques cliniques nos différences de culture.

Ces confrontations nous ont ouvert des perspectives, nous autorisant à penser autrement. Croiser les points de vue a permis d'éclairer en partie les ombres portées par les autres regards. C'est bien d'une certaine routine conceptuelle qu'il s'agit de se décaler, pour retrouver un relief (une inventivité) tant dans l'utilisation de outils de compréhension et d'évaluation, que dans la fixation d'objectifs thérapeutiques.

Penser la famille comme un environnement ou comme un objet du soin à part entière, évaluer l'autonomie au regard d'une capacité d'insertion ou bien comme un critère de maturité, se référer à l'obligation scolaire et aux responsabilités légales des parents ou bien aux règles et usages du monde adulte (changeant ainsi profondément le statut fait au tiers dans la consultation), c'est s'inquiéter tantôt de comment l'adolescence advient, tantôt de comment elle se quitte.

Accompagner, éduquer l'enfant qui grandit ou soigner l'adulte en souffrance implique des objectifs et des formations différents, et mobilise chez nous des identifications différentes. Penser déjà séparation/penser encore développement et interactions, c'est presque là un modèle du processus adolescent que notre travail en commun – équipes Adulte et Infanto Juvénile – vient rendre possible. Nous suggérons qu'indépendamment des indécidables définitions par l'âge, la nécessité de ces deux points de vue serait paradigmatique d'une clinique de l'adolescence.

Quelques brefs exemples tirés de notre pratique illustreront l'intérêt et parfois l'inattendu d'une telle collaboration.

Prise en charge croisée «infirmier -éducateur» des adolescents. J. P. Coz, B. Gauthey, D. Lamy, P. Prouteau, CHSA, Paris

Si a priori l'infirmier soigne et l'éducateur éduque, nos fonctions ne sont pas aussi restrictives. En effet, notre présence dans la prise en charge d'adolescents et de jeunes adultes au sein d'équipes pluriprofessionnelles nous permet d'entrevoir des rôles communs et spécifiques.

L'expérience, depuis plusieurs années a démontré l'intérêt de la présence infirmière au sein d'une consultation pour adolescents et jeunes adultes d'un service de psychiatrie générale et de la présence d'un éducateur dans une consultation pour adolescents rattachée à un secteur de psychiatrie infanto-juvénile.

Dans ce service de psychiatrie générale, l'accueil et le suivi des l'adolescent, se réalise essentiellement à travers des entretiens en binôme. La présence infirmière, du fait de notre approche clinique différente et complémentaire de celle de notre collègue médecin ou assistant sociale, va permettre au jeune de s'appuyer sur nous pour se livrer autrement. En effet, nous identifions et évaluons les difficultés et les besoins concrets des jeunes pour les accompagner vers un mieux être dans «la vraie vie» (le quotidien). Dans ce cadre, l'éducation à la santé participe de nos actions dans des situations comme la prise de toxique,

En pédopsychiatrie, prenant en compte la globalité de la dynamique de l'adolescent, l'intervention éducative se fonde sur un certain nombre de paroles échangées, soit en individuel, soit en groupe, à ou hors de la consultation. Cette image d'adulte possible, adulte capable de mettre en mots l'agi et l'interdit, que nous lui transmettons, lui fera comprendre la situation qui est la sienne, l'amenant ainsi vers l'autonomisation ou vers un travail psychothérapeutique. C'est dans ces médiations apparemment si ordinaires, au travers de l'accompagnement et du partage, que se réalise la spécificité du travail de l'éducateur.

Nous allons développer en quoi nos approches relationnelles différentes auprès des adolescents pourraient être complémentaires.

Psychothérapeute d'adolescent, de quel place parler? V. Grégoire, CHSA, 1 rue cabanis 75014 Paris

L'hypothèse de notre présentation est la suivante: l'accueil d'un adolescent s'organise et est pensé différemment en fonction du rattachement de l'institution qui le reçoit, soit à l'intersecteur infanto-juvénile soit à la psychiatrie adulte.

Cette hypothèse générale, pour être travaillée, doit tenir compte d'autres facteurs, qui sont aussi agissants sur les présupposés, voir les préjugés qui sont fondateurs de nos cadres de travail. On peut regrouper ceux-ci selon 2 axes qui se recoupent: facteurs inhérents à l'institution, et facteurs inhérents à la personne qui accueille: ce qu'elle est, sa fonction, sa formation, son éthique, la place dans laquelle l'institution la reconnaît.

On le voit, donc, une multitude de facteurs qui interagissent.

L'intérêt d'en dégager 2 et de les faire travailler dans cette table ronde est de permettre de rendre visible, par la confrontation avec une pratique organisée selon d'autres à-prioris théorico-cliniques, ce qui est habituellement agissant à notre insu, parce que fonctionnant comme une évidence jamais remise en question.

Dans le champ de la clinique de l'adolescent, cela s'illustre, par exemple, dans la façon dont s'organise le travail avec les familles de l'adolescent (reçoit-on les parents, et si oui, sans l'adolescent ou toujours en sa présence? . . .)

Cette hypothèse est intéressante parce que dérangement. En effet, elle souligne que l'accueil d'un adolescent n'est pas seulement organisé en fonction d'un idéal éthique, mythique, qui serait de proposer une rencontre singulière, unique. Les coordonnées permettant à l'aventure clinique de se mettre en place ne s'y révèlent pas uniquement déterminées par la dynamique psychique et la demande singulière du sujet, mais bien aussi par un cadre institutionnel allant soi-disant de soi, du côté des habitudes de fonctionnement. Ceci se pose de façon particulière pour les psychologues. En effet, leurs diverses formations les portent à prendre une position hors de ces enjeux, à vouloir être au prise avec une clinique au cas par cas, dans une singularité de l'accueil. Notre hypothèse de départ questionne donc spécifiquement les psychologues dans leur idéal de travail.

Le travail social à l'adolescence. B. Canizar, S. Fromm, M. C. Assouline, CHSA, 1 rue cabanis 75014 Paris

L'hospitalisation d'adolescents dans les services de psychiatrie générale a questionné le service social des équipes de pédopsychiatrie et de psychiatrie générale:

- Sur son positionnement professionnel

- Sur les besoins spécifiques des adolescents
- Sur la prise en compte indispensable de leur environnement familial, scolaire, professionnel.

Dans le groupe de travail qui s'est alors constitué, ont été confrontées des pratiques différentes mobilisant des «jeux d'identification» autres et re-qualifiant ainsi les positionnements professionnels.

«L'organisation limite» à l'adolescence: réflexion sur les soins institutionnels à propos d'une pathologie actuelle. C. Lamas, T. Chaltiel, H. Lida-Pulik, Clinique Médicale et Pédagogique Dupré, Sceaux, France

L'efflorescence actuelle des pathologies limites, notamment à l'adolescence, pose pour certains auteurs la question de l'influence de l'évolution des cadres et références sociaux sur les modalités d'expression de la pathologie mentale et de la souffrance psychique. Paradigme de ces nouveaux modes d'expression de la pathologie mentale, les tableaux cliniques regroupés sous le vocable de pathologies ou organisations limites soulèvent des questions psychopathologiques complexes.

Polymorphisme, hétérogénéité des manifestations symptomatiques trouvent leur corollaire dans la diversité et la multiplicité des modèles théoriques tentant de les circonscrire. Pathologie développementale pour certains, s'inscrivant dans la continuité des pathologies limites de l'enfance; problématique centrale de l'attachement pour d'autres, mettant l'accent sur les modalités de mise en place des interactions précoces et les effets de résonance avec la pathologie et les modalités de fonctionnement psychique parentales, l'organisation limite pose également la question de la vulnérabilité, des capacités de résilience individuelles à ces «transmissions» de tous ordres.

Toutes ces interrogations se situent au carrefour des questions actuelles en pathologie mentale et viennent s'articuler autour de la question de la prise en charge, des soins à apporter à ces adolescents.

Nous avons réfléchi notamment aux modalités que pourraient revêtir les soins institutionnels pour ces patients, soins à penser dans la continuité de cette interaction entre individu et environnement, histoire du patient et actualité de ses interactions avec l'équipe soignante, à l'interface entre intérieur et extérieur. Ces prises en charge souvent difficiles, peu gratifiantes, nécessitent de jouer de la mise en articulation, en tension de modalités diversifiées, plurielles et créatrices du soin dans une approche «sur mesure» du patient et de la pathologie. Nous appuierons nos propos par la présentation d'une vignette clinique illustrant les aléas et nécessaires aménagements de ces prises en charge.

Etudier quand même ? Représentations d'un projet soins/études à l'adolescence. Dr. Vacher-Neill, Dr. Girardon, Mme. Jacobsen, N. N.

«Etudier quand même» est la devise de la Fondation Santé des Étudiants de France à laquelle appartient la Clinique Georges HEUYER où nous travaillons. Créée après la guerre, cette Fondation permettait aux étudiants tuberculeux de reprendre leurs études tout en étant hospitalisés dans les différents sanatoriums de la Fondation. La vocation thérapeutique de certains de ces lieux de soins a évolué vers la prise en charge de patients souffrant de troubles psychiatriques et le principe d'une articulation soins/études est resté le même.

Pour autant s'agit-il des mêmes soins et des mêmes études ?

De quelles transmissions et de quels savoirs est-il question ?

Des études pour qui ? pour quoi faire ?

Notre expérience clinique et pédagogique nous confronte très directement aux projections dont les études sont l'objet aussi bien pour l'adolescent, que pour ses parents, mais aussi pour les thérapeutes et les pédagogues que nous sommes.

Dans une société où le culte de la performance prime, la course aux diplômes constitue l'illusion d'une sécurité sociale pourtant de

plus en plus aléatoire et précaire. Les études sont l'objet d'une plus-value qui risque de transformer le «Etudier quand même» en «Etudier à Tout Prix».

Toute solution de continuité dans les études deviendrait-elles systématiquement synonyme d'un handicap ?

N'y aurait-il plus de place pour une hésitation bien légitime à cet âge où la recherche d'une identité déborde largement le questionnement propre aux études ?

Instaurer un espace temps thérapeutique s'avère particulièrement indispensable lorsque la psychopathologie a non seulement interrompu la scolarité mais plus gravement encore, suspendu la capacité à pouvoir se représenter un avenir possible.

Chronique d'un départ annoncé, psychopédagogie et subjectivation. T. Rebelo, Hôpital de Jour pour Adolescents du Cerep – Paris – France

Dans une approche psychanalytique, et à travers le cas d'un adolescent au fonctionnement psychotique pris en charge dans un hôpital de jour, nous essayerons de montrer quels chemins le travail de liaison psychique peut emprunter pour relancer la dynamique psychique. Il nous semble que le choix d'une aire transitionnelle associant l'adolescent et une psychopédagogue, ainsi que la fréquentation d'une oeuvre littéraire originale, sont susceptibles de permettre une approche thérapeutique alternative. En effet, le travail de co-lecture puis d'écriture pourraient permettre à certains adolescents de subjectiver une partie de leur histoire et d'engager une activité sublimatoire. Et, ainsi prendre en charge leur destinée en s'appropriant, par là, leur propre histoire.

Using a psychoanalytical approach, in the case of an adolescent with psychotic functioning who is being treated in an out-patient hospital, we will attempt to show the paths that work on psychical bonding may take in restarting the psychical dynamic. It seems to us that the choice of a transitional area which joins the adolescent to a psycho-pedagogue, along with the company of an original literary work, can allow for an alternative therapeutic approach. In fact, the work, of co-reading followed by writing can enable some adolescents to subjectivate part of their history and enter into sublimatory activity.

Pour comprendre les comportements à risque chez l'adolescent. M. Matos, Faculté de Psychologie et de Sciences de l'Education, Université de Lisbonne, Portugal

Objectifs: Aborder la psychopathologie de l'adolescent comme un arrêt ou distorsion de l'harmonie du développement. Démontrer que quand une pathologie devient plus sévère elle cherche une syntonisation avec une réalité extérieure, souvent marginale ou complexe, pour compenser l'équilibre interne qui est en train de se perdre.

Méthode: Chercher dans l'hyper-investissement de la réalité extérieur de l'adolescent les éléments pathogènes et générateurs de nouvelles formes psychopathologiques qui s'expriment davantage au niveau des comportements que des conflits. Considérer certains comportements à risque, notamment une sorte de délinquance routière des jeunes conducteurs, pour clarifier ces objectifs. Considérer aussi certaines situations que, jusqu'à un certain moment, représentent un danger et deviennent ensuite les représentants d'attitudes sociales «adultes», téméraires, virils, dont l'issue est, souvent, pleine de conséquences.

Résultats: Après avoir étudié le rôle de certaines configurations psychopathologiques chez l'adolescent en rapport avec le nombre d'accidents de «moto» (thèse de doctorat 1991), l'auteur attribue aujourd'hui une importance particulière à la faiblesse des représentations de soi, surtout au niveau identitaire et narcissique, pour comprendre l'adhésion prioritaire de certains adolescents aux objets concrets, à la perception et à l'action, en détriment d'une réalité interne, normalement soutenue par les représentations stables et par la pensée.

Conclusions: Il identifie les points sensibles, qui sollicitent l'in-

tervention thérapeutique ou acheminement des jeunes vers une spirale descendante de plus en plus fermée et complexe. La faiblesse des représentations, les discontinuités vécues comme des ruptures et l'éloignement progressif de la réalité interne, renforcé par le milieu social, semblent déterminer les comportements à risque.

Objectives: To study the adolescent's psychopathology as a halt or distortion in the development's harmony. To demonstrate that when pathology becomes more serious it seeks syntony with some kind of outward reality, generally marginal or complex, to compensate the inner balance that is being lost.

Method: To search into the outward reality's hyper-investment of the adolescent the pathogenic elements that create new psychopathology forms which express themselves more on the level of behaviours than on the level of conflicts. To consider certain risk behaviours, especially a kind of "road delinquency" in young drivers, in order to make these objectives clear. To consider also some situations which, until a certain moment, represent a danger, and that become representative of "adult" social, bold, manly attitudes whose way out is, generally, full of consequences.

Results: After having studied the role of some psychopathological configurations in the adolescent in connection with the number of motorcycle accidents (Ph. D., 1991), the author underlines the importance of the weakness of self representations, especially on the identity and narcissic levels, to understand the adhesion of some adolescents to concrete objects, to perception and to action, neglecting an inner reality, usually sustained by representations and by thought.

Conclusions: He identifies sensible spots, which demand therapeutic intervention or lead the young into a descendent spiral more and more closed and complex. The weakness of representations, the discontinuities experienced as ruptures and the progressive separation from the inner reality, reinforced by the social milieu, seem to determine the risk behaviours.

Des dinosaures à internet ou comment les nouvelles symptomatologies infantiles répondent aux défaillances de la transmission. C. Weismann-Arcache, Attachée temporaire d'enseignement et de Recherche, Laboratoire Clinique et Psychopathologie. Institut de Psychologie. Université René Descartes-Paris 5

Objectifs: Au-delà de l'engouement social et culturel pour un monde disparu -les dinosaures- et pour un monde à venir -le Web- on s'interrogera sur les ressemblances entre ces deux univers, en terme de contenu latent, sur les références symboliques qui permettent un tel investissement psychique, et sur la qualité de cet investissement.

Méthodes: Dans cette perspective, des vignettes cliniques, issues de notre pratique de psychologue clinicienne, et éclairées par la théorie psychanalytique, illustreront le rôle de ces problématiques dans l'organisation psychique du sujet.

Résultats: Le surinvestissement de ces éléments culturels fonctionnerait comme un révélateur dans certaines pathologies infantiles. la résonance fantasmatisée activée par ces objets culturels ne saurait s'inscrire dans un espace de jeu: il manque au contraire à ce type d'investissement le caractère «transitionnel» qui permettrait la distance nécessaire au jeu et à la créativité.

Conclusions: Dans ces cas, l'objet anachronique «dinosaures» et l'objet atemporel «multimédia» court-circuitent les transmissions verticales au profit de transmissions horizontales, témoignant d'un dysfonctionnement dans les processus de différenciation et de séparation.

Incidence des transmissions génétiques et symboliques dans la clinique des adolescents sourds. J. Laborit, C. Querel, Pôle «Surdité et Souffrance Psychique», SM16 (Service du Dr. F. Gorog), Centre Hospitalier Sainte Anne, 1 Rue Cabanis, 75014 PARIS, France

En proposant cette communication, les auteurs souhaitent faire partager leur travail auprès d'adolescents et jeunes adultes sourds. En effet, leur unité spécialisée dans l'accueil en Langue des Signes

Française pour les personnes sourdes, propose des thérapies d'orientation psychanalytique mais aussi des prise en charge en groupe ainsi qu'un travail spécifique auprès de professionnels sourds.

Cette communication d'environ 1/2 h se partagerait en 2 interventions d'un quart d'heure chacune. Le Dr QUEREL abordant les conséquences pour le sujet sourd d'une médicalisation de la surdit  et le Dr LABORIT celui des implications symboliques et psychanalytiques.

La surdit  est une situation qui affecte le sujet et son environnement familial   de nombreux niveaux. L'annonce d'un diagnostic de surdit  dans les premi res ann es de vie va remettre profond ment en cause les modalit s d'interactions initiales parents-enfants et parfois provoquer un effondrement d pressif parental.

Dans certains cas, une origine g n tique de la surdit  est affirm e; les auteurs s'attacheront   d crire les implications fantasmatiques que g n re ainsi l'imputation d'une causalit  biologique   cet «accident» de la filiation.

Par ailleurs,   un niveau plus g n ral, le d pistage syst matique (gr ce   la connaissance r cente du g ne causal d'une grande partie des surdit s g n tiques), et les IVG th rapeutiques qui peuvent en d couler, entra ne de nombreuses questions  thiques venant faire  cho aux tentatives d'eug nisme dont les sourds ont  t  victimes par le pass .

Cependant, quelle que soit son  tiologie, la surdit , en tant qu'elle vient faire barrage   la transmission directe de la langue maternelle, a des r percussions symboliques profondes dans la construction identitaire du sujet, r percussions qui se r v lent le plus souvent   l'adolescence dans une crise identitaire particuli re au jeune sourd. En effet, accepter sa surdit , c'est d'abord interroger sa filiation, car comment se construire en tant que sourd lorsque ses parents sont entendants?

L'appropriation ou le rejet du mod le parental (le plus souvent tourn  vers l'oralisme), le choix d'une langue gestuelle exclusive comme mode de socialisation, l'int gration ou non au sein de la communaut  sourde, autant de choix difficiles pouvant aboutir   la consultation sp cialis e.

La clinique aupr s de ces adolescents devra s'attacher   faciliter ce processus de s paration et d'individuation, tr s souvent marqu  par des troubles bruyants du comportement, mais aussi,   rep rer parmi ces sujets, ceux pour lesquels aucune affiliation n'est possible, sujets fragilis s, dont l'entr e dans un processus psychotique est toujours   redouter.

Wednesday, October 1st, 2003 Dickens 5

W22–1:00 pm
Workshop

Bergen Child Study – A longitudinal study of child mental health

Chair: Professor Christophe Gillberg

10 presentations form a teamproject in Bergen (Norway) called the Children of Bergen Study. This is a prospective study of child mental health and the data are from the first stage of the first survey (2002)

Prevalence of hyperactivity symptoms. A. Ulleb , E. Heiervang, C. Gillberg, Regional competence centre for child and adolescent psychiatry, University of Bergen, Bergen, Norway

Objective: To study the prevalence and distribution of parent and

teacher reported hyperactivity symptoms in 9300 7–9 year old children (2nd to 4th grade) in a Norwegian population.

Methods: The five items from the hyperactivity subscale of the Strengths and Difficulties Questionnaire (SDQ) were included in a larger questionnaire to parents and teachers in the first stage of a longitudinal study of child mental health in Bergen, Norway. Two items cover hyperactivity, two inattention and one the impulsivity dimension. Items were scored 0 for “Not true”, 1 for “Somewhat true” and 2 for “Certainly true”, thus giving a maximum score of 8 for the parent and teacher SDQ hyperactivity subscale. In positively worded items the scoring was reversed.

Results: The 90th percentile on the SDQ hyperactivity subscale was 6 for both parents and teachers. Cohen's kappa for the agreement between parents and teachers was 0.32. Above the 90th percentile on the parent subscale 31.4% were girls and 68.6% boys, while corresponding figures were 16.6% and 83.4% on the teacher subscale. No effect of age was observed for parent or teacher scores.

Conclusions: In the present study the 90th percentile cut-offs were somewhat lower than previously reported by other groups for the SDQ hyperactivity subscale. The agreement between parents and teachers on high scorers was fair to low. Boys outnumbered girls among the high scorers, more so on the teacher subscale. No effect of age was observed for symptoms of hyperactivity within this narrow age range.

Inter-rater agreement between parents and teachers report of emotional and behavioural problems in a community sample of 7–9 year olds. K. M. Stormark, Regional Competence Centre for Child and Adolescent Psychiatry, University of Bergen, Bergen, Norway

Objectives: To assess agreement between teachers' and parents' reports of emotional and behavioural problems in children.

Methods: 7000 children were screened for emotional and behavioural problems using a Norwegian translation of the Strength and Difficulties Questionnaire (SDQ). Global difficulties (combined subscales on emotional problems, conduct disorder, hyperactivity and peer problems) and impact (the extent to which the difficulties influence every-day life) scores were obtained from both parents and teachers.

Results: The screening yielded about 20% screen-positive children, in the sense that their parents or teachers reported either global difficulty scores above the 90th percentile or definite impact scores for the child's problems. There was considerable inter-rater agreement between parents and teachers in the total community sample. However, it dropped considerably when restricting the analyses to the screen-positive children. Only 20% of the screen-positive children were found to be identified as screen-positive by both their parents and teacher. In fact, more than half of the screen-positive were identified as such by only one of the informants and not the other.

Conclusion: These results suggest that there are considerable differences in how parents and teachers perceive behavioural and emotional problems in children, and emphasize the importance of using multiple informants in identifying children at risk for emotional and behavioural problems.

Symptoms of inattention as reported by teachers on SNAP. Lin S rensen, Astri Lundervold; Department of Biological and Medical Psychology, University of Bergen, Bergen, Norway

Objective: Deficits of attention are associated with a wide range of disabilities in children, and it is assumed that the frequency and characteristics of inattention is gender specific. The aim of the present study was to investigate symptoms of inattention among girls and boys as rated by teachers on the inattention subscale from SNAP. Secondly we explored the relation between these symptoms and a more general impact score from SDQ.

Method: A questionnaire including SNAP was sent to all teachers of children 7–9 years old in Bergen. The response rate was 99%.

The impact score was separated into four levels: No, minor, moderate and severe impact. Cross tabulations of the inattention sum score and the impact score was computed separately for girls and boys.

Results: Teachers reported higher SNAP inattention scores for boys (M: 2,69; SD: 3,8) than girls (M: 1,07; SD: 2,3). 1.7% girls versus 5.8% boys were scored with moderate or high impact. No gender difference on the SNAP inattention score was revealed among children rated with minor or moderate impact, while boys with serious impact obtained higher SNAP scores than girls with the same impact level.

Discussion: Higher SNAP and impact scores among boys than girls are probably due to a more general gender difference among children with problems related to coping at school. A similar SNAP inattention score among boys and girls with minor and moderate impact scores illustrates the need to examine characteristics of children with inattention and a further psychometric evaluation of attentional function in subgroups of children.

Frequency and impact of autistic symptoms. M. Posserud¹, A. J. Lundervold², C. Gillberg¹

¹ Regional Competence Centre for Child and Adolescent Psychiatry; ² Department of Medical and Biological Psychology, University of Bergen, Bergen, Norway

Objective: To explore the gender specific frequency and impact of symptoms of Autism Spectrum Disorders (ASD) in Norwegian children, as assessed by the High-Functioning Autism Spectrum Screening Questionnaire (ASSQ).

Method: A questionnaire including ASSQ and evaluation of impact (SDQ) was sent to all parents and teachers of children 7–9 years old in Bergen (n ~ 9300). 70% of parents responded and gave informed consent to their child's teacher to fill in a similar form. The teachers filled out forms anonymously for the remaining children, with a total response rate from teachers of 99%. High ASSQ-score was defined as a parent score > 18 points or a teacher score > 21p, known to indicate high probability of ASD (Ehlers, Gillberg & Wing, 1993).

Results: 157 of the identified children (2.5%) were high-scorers. High score on teacher ASSQ was strongly correlated to impact score on SDQ, for parents the correlation was weaker. Average score was significantly higher for boys than for girls, for anonymous than for identified children and for parents than for teachers. The boy:girl ratio of high-scorers was 10:1 on teacher questionnaire but only 2:1 on parent questionnaire.

Discussion: Symptoms of ASD seem to be more frequent among boys than girls. The difference in boy:girl ratio between parents and teachers might indicate that teachers have difficulties identifying ASD in girls. Parents report higher frequency of symptoms. The high correlation between teacher ASSQ score and impact indicates that teachers only report ASD symptoms when overall function is affected.

A longitudinal study of child mental health in Norway. E. Heiervang¹, K. M. Stormark¹, A. J. Lundervold², M. Heimann¹, M. Posserud¹, A. Ullebø¹, C. Gillberg¹

¹ Regional competence centre for child and adolescent psychiatry; ² Department of biological and medical psychology, University of Bergen, Bergen, Norway

Objectives: The mental health of all children now aged 7 to 9 years in the city of Bergen (N = 9300) will be examined with regular intervals until adult age. The aim is to assess prevalence of symptoms and disorders, comorbidity, functional impact, service use, as well as neuropsychological and motor functioning. The longitudinal design will enable us to study the time of onset, course of problems and risk factors.

Methods: The first stage consists of a questionnaire to parents and teachers, including the SDQ, ASSQ and SNAP along with questions about language, OCD, tics and eating problems. In the second

stage, parents of all screen-positive and some screen-negative children are invited to a structured interview (the DAWBA). In the third stage, all DAWBA cases and some control children will be examined with a semi-structured interview (the Kiddie-SADS), along with individual testing. Risk factors include SES, family factors, immigrant status and adverse life events. Repeated assessments are planned after three, six and nine years.

Results: Teacher questionnaires from all public and private schools covered 99% of the total population, while parent questionnaires covered more than 70%. Anonymous teacher questionnaires were obtained where informed consent was not obtained. Higher symptom and impact scores were reported by parents compared to teachers, and for anonymous compared to identifiable children. More specific results related to different symptom areas, impact and service use will be reported in other presentations at this conference.

Conclusion: A high participation rate was obtained in this longitudinal study of child mental health.

Prevalence of conduct symptoms. L. Gangsto, E. Heiervang. Regional competence centre for child and adolescent psychiatry, University of Bergen, Bergen, Norway

Objective: To assess prevalence of parent and teacher reported conduct symptoms in a general population sample of 9300 7–9 year old children in Bergen, Norway.

Methods: The SDQ CD and SNAP ODD subscales were included in parent and teacher questionnaires in a longitudinal study of child mental health. 90th percentile cut-offs and agreement between raters and instruments were assessed, in addition to possible effects of age and gender for these symptoms.

Results: For the SDQ CD scale the 90th percentile cut-off was 3 for both parents and teachers (5 items, max score 10) including 10.6% and 7.9% respectively. For the SNAP ODD scale (8 items, max score 16), the 90th percentile cut-off was 6 for parents including 10.6% and 4 for teachers including 10.9% of children. Cohen's kappa for agreement between parents and teachers was low both for the SDQ CD and the SNAP ODD (0.27 vs. 0.24). However, much higher agreement was found between the SDQ CD and the SNAP ODD scale both for parent and teacher versions (0.49 vs. 0.61). More boys than girls scored above the 90th percentile on both instruments, especially on teacher versions. No effect of age was observed within this narrow age range.

Conclusions: Parents reported more conduct symptoms, especially on the SNAP subscale. Low agreement was found between informants, but higher agreement between instruments (SDQ CD and SNAP ODD subscales). The sex difference was largest on teacher reports. There was no effect of age on the prevalence of conduct symptoms.

Prevalence of language and learning problems. A. Haaland, E. Heiervang, C. Gillberg. Regional competence centre for child and adolescent psychiatry, University of Bergen, Bergen, Norway

Objective: To assess prevalence of parent and teacher reported language and learning problems in a general population sample of 9300 7–9 year old children in Bergen, Norway.

Methods: Six items covering language and learning problems were included in a general questionnaire on child mental health. Four items focused on verbal language development (phonological, receptive, expressive and pragmatic problems), one item on reading and one on difficulties with mathematics. Summary and categorical variables were created based on the four verbal items. Data were analyzed according to frequency of problems, agreement between informants and the effects of gender and age.

Results: Some problems with verbal language were reported for 15.3% of children, according to both parents and teachers. Agreement between informants was fair (Kappa = 0.42), based on the two categorical variables (cut-off at 90th percentile for verbal items' summary variable). Around 9% were reported to have some read-

ing problems, and 3–4% definite problems. For mathematics corresponding values were 6–7% and 2–3%. More boys than girls had language and reading problems according to both informants, while mathematics showed no interaction with gender. There was no effect of age for verbal language problems, while difficulties with reading and mathematics were more frequently reported at age 8 and 9 (grades 3 and 4).

Conclusions: Agreement on high scorers for verbal problems is fair between parents and teachers. Both informants report more verbal and reading problems in boys compared to girls, but equal gender rates for mathematic difficulties. An age effect was observed only for learning problems.

Prevalence of obsessive and compulsive symptoms. B. Sanne^{1*}, E. Heiervang²

¹ Department of public health and primary health care; ² Regional competence centre for child and adolescent psychiatry, University of Bergen, Bergen, Norway

Objectives: To assess the prevalence of parent and teacher reported symptoms of obsessive compulsive disorder (OCD) in a general population sample of 9300 7–9 year old children in Bergen, Norway.

Methods: Five OCD symptoms were included in a questionnaire to parents and teachers in the first stage of a longitudinal study of child mental health. Each item was scored 0 for Not true, 1 for Somewhat true, and 2 for Certainly true. Summary variables for parent and teacher reported OCD symptoms were computed (maximum score 8), and categorical variables created with cut-offs at 2 for parents and 1 for teachers (90th percentile). Agreement between raters and possible effects of age and gender were evaluated statistically.

Results: Parents scored Certainly true in 0.5% of children for excessive washing/fear of contamination, in 1.2% for checking or controlling, in 0.4% for concern with order and symmetry, in 2% for need of repeated assurances and in 2.9% for troublesome or disturbing thoughts. Teachers reported considerably fewer symptoms than parents, and agreement on high scorers was low ($\kappa = 0.15$). There was no effect of age or gender on parent or teacher reported symptoms.

Conclusion: Parents report OCD symptoms considerably more frequent than teachers, and agreement between these two raters is low. No effect of age or gender was observed for the prevalence of OCD symptoms.

Associations between neurodevelopmental and emotional problems. I. Bjelland, Department of Public Health and Primary Health Care, University of Bergen, Bergen, Norway

Objective: To examine the associations between hyperactivity, tics, obsessive-compulsive and language problems, and emotional problems in a large cross-sectional survey of Norwegian children.

Methods: Sum scores of emotional problems and hyperactivity on the Strengths and Difficulties Questionnaire, and language, OCD and tics (five items on each of the three latter) were obtained from a questionnaire given to parents (response rate 70%) and teachers (response rate 99%) of 9300 children attending 2nd through 4th grade from the city of Bergen. All scores were dichotomised at the 90 percentile, except for emotional problems and tics (95 percentile). Odds ratios for having emotional problems among children with hyperactivity, tics, obsessive-compulsive and language problems were estimated by a logistic regression model adjusting for grade and gender (Model 1), and by another where all the neurodevelopmental problems were added to grade and age (Model 2). Analyses based on parents' and teacher's reports, respectively, were analysed separately.

Results: All neurodevelopmental problems reported by both parents and teachers were significantly associated with increased risk of having emotional problems (Model 1), ranging from OR = 9.13 (CI: 7.36–11.32) in OCD (parents' report) to 4.64 (3.68–5.85) in tics problems (parents' report). All estimates were

lowered in Model 2, though still showing significant effects. No interaction terms between gender and neurodevelopmental problems were significant.

Conclusions: Children with hyperactivity, tics, obsessive-compulsive and language problems seem to be at high risk of developing emotional problems. Combinations of different neurodevelopmental problems increase the risk.

Mental health status among children with a chronic disease. I. Elgen¹, A. J. Lundervold²

¹ Pediatric Institute, University of Bergen, Bergen, Norway; ² Department of Medical and Biological Psychology, University of Bergen, Bergen, Norway

Objective: To explore the mental health status among children with a chronic disease.

Method: A questionnaire including SDQ (Strengths and Difficulties Questionnaire, Goodman) and health status was sent to all parents of children 7–9 years old in Bergen. 6693 of 9658 (70%) parents gave information about their child's mental health and health status. Having a chronic disease was reported. The SDQ is a behavioural screening questionnaire with 25 items administered to parents of 4–16 years old children. The questionnaire generates scores in five areas (hyperactivity, conduct, emotional, peer relations, prosocial) and a total difficulties score. Abnormal scores were defined according to British criteria given by Goodman.

Results: 403 (4%) of the children were reported to have a chronic disease. 11% of children with a chronic disease had an abnormal total difficulty score compared to 4% of children without a chronic disease (OR: 2.9; 95% CI 2.0 to 4.2, $p = 0.0001$). The prevalence of different problems were hyperactivity (13%), conduct (8%), emotional (11%), peer relationship (14%), and prosocial (2%).

Conclusion: Children with a chronic disease have an increased risk for mental health problems

W23–4:00 pm Workshop

Risk factors of COD in a Hungarian sample

Chair: Professor Maria Kovacs

Development of the research network in Hungary. A. Vetró, E. Kiss*, I. Baji**, J. Gáboros**, K. Kapornay*, M. Kovács*** and the International Consortium for Childhood-Onset Mood Disorder * University of Szeged Medical Faculty Department of Child and Adolescent Psychiatry Szeged Hungary; ** Vadaskert Alapítványi Kórház Budapest Hungary; *** Pittsburgh University Department for Psychiatry USA

Objective: The study of child psychiatric disorders requires collaborations among clinical sites (to assure large samples), a multidisciplinary team (which enables alternative perspectives), and a support network that facilitates the progress of research. We describe a research and administrative network that was developed in Hungary and represents one of four interlocking studies of a Program Project on "Risk Factors for Childhood Onset Depression" funded by NIMH (Washington DC, USA).

Results: Using an outline of the project structure, we describe past difficulties and current solutions. We designate key functional components and structural features of our multisite study of childhood onset depression, which ascertains patients via 21 clinical sites across the country. We highlight major project elements pertaining to: a) patient screening and recruitment, b) training of clinicians in the use of standardized psychiatric interviews and operational diagnostic criteria; c) standardized data entry and verification, d) coordination of clinical data and specimen collec-

tion, and e) the administrative and information technology infrastructure.

Conclusions: The collaboration of multiple sites and different disciplines is needed to study childhood depression. Building such a project was a challenge in Hungary owing to a lack of precedence. In addition to its contribution to research, our study, which is the first of its kind in Hungary, serves as a stimulus for clinicians to learn about and integrate useful procedures (e.g. standardized assessment approaches) into daily clinical work, encourage interest in and facilitate research training of young professionals, and set the stage for a wider range of projects.

The role of early childhood risk factors in the development of prepubertal-pubertal onset depression. K. Kapornai*, E. Kiss*, A. Vetró*, C. George**, L. Mayer*, M. Kovacs**

* University of Szeged Medical Faculty Department of Child and Adolescent Psychiatry, Szeged Hungary; ** University of Pittsburgh Department for Psychiatry, USA

Objective: To explore how children with pre-pubertal versus pubertal onset depressive disorder differ in terms of perinatal events, temperament, and familial psychiatric variables.

Methods: In a multi-site descriptive study of risk factors for childhood onset depression in Hungary, we examined data from 180 currently depressed cases. Diagnoses were ascertained via DSM IV and verified by consensus between two diagnosticians (based on two separate semi-structured interviews). Using criteria reported in other studies, subjects were classified as having pre-pubertal (girls: before age 11; boys: before age 12) or pubertal onset depression. General information queried from the parents at the time of the first interview included 102 life history items of interest here. Differences with $p < 0.05$ are reported.

Results: 109 children experienced pre-pubertal onset vs. 71 pubertal onset depression. The pre-pubertal group had more boys (68% vs. 32%). Parents of pre-pubertal onset depressed children reported more perinatal problems (54% vs. 34% with at least one problem), difficulty comforting in infancy (38% vs. 23%), and greater rate of speech delay (8% vs. 25% early; 17% vs. 10% late). The likelihood of past psychiatric inpatient treatment of family members differed by subjects' gender within the two onset groups.

Conclusion: While pre-pubertal and pubertal onset depressed children present with largely similar life event histories, developmental differences appear to exist; more prepubertal onset cases seemed to belong to a "difficult baby" category. To understand the impact of prior psychiatric treatment of family members on pre-pubertal onset depression, sex of the child has to be taken into account.

The effect of maternal depression on childhood depression. Kiss E.¹, Vetró A.¹, George C.²

¹ Medical Univ. of Szeged, Hungary; ² University of Pittsburgh, USA

Objective: Many mothers (e.g., 30% in one study) of depressed, clinic referred children suffer from depression, which can have wide-ranging effects on children's functioning. Thus, we examined whether maternal depression affected various facets of their children's depressive disorder.

Methods: From a larger sample, participating in a multi-site study of risk factors for childhood depression in Hungary, data were examined for 129 children for whom relevant maternal information was available. Children's diagnoses were ascertained via DSM IV and verified by consensus between two diagnosticians (based on two semi-structured interviews). Background information was obtained via a structured questionnaire. Mothers completed the Beck Depression Inventory (BDI) about themselves.

Results: Total BDI score was 10 or less in 62 (48%) mothers; was 11-16 in 23 (18%); and was 17 or more in 44 (34%). Level of maternal depressive symptoms (3-way contrasts) did not differentiate their children in terms of sex distribution, age-at-onset of first de-

pressive episode, or psychiatric comorbidity. Further analyses are focusing on the potential mediating roles of demographic characteristics, developmental life events (e.g. divorce) and familial psychiatric treatment history on aspects of the children's diagnoses, and on mother-child congruence of depressive symptoms,

Conclusion: More than 50% of depressed children had mothers reporting that they themselves had elevated levels of depressive symptoms. Although maternal depression was not associated with selected features of their children's depressive disorder, potential effects on course and outcome could be mediated by other factors to be reported, such as life events and stress.

Genetic studies of childhood-onset mood disorder in a Hungarian national sample. C. L. Barr^{1,2}, J. H. Adams¹, V. Misener², K. G. Wigg², N. King³, I. Burcescu¹, M. Kovacs⁴, J. L. Kennedy³, A. Vetró⁵, and the International Consortium for Childhood-Onset Mood Disorder⁶

¹ Toronto Western Research Institute, Toronto, ON, Canada; ² The Hospital for Sick Children, Toronto, ON, Canada; ³ Centre for Addiction and Mental Health, Toronto, ON, Canada; ⁴ University of Pittsburgh, Pittsburgh, PA, USA; ⁵ Alber Szent-Gyorgyi Medical Centre, Szeged, Hungary

Objective: Depressive disorders are familial and twin studies of depression indicate a substantial genetic component with increased genetic risk for relatives of early-onset probands.

Methods: As part of a multi-site and multi-disciplinary, study to identify risk factors in depression, we are collecting 800 nuclear families for genetic studies with a 7-to-14 year old proband identified with clinically defined depression ascertained from clinics across Hungary. We use for genetic studies, a complementary genetic strategies of a genome scan using the families with more than one affected child, and a directed test of candidate genes implicated in the biology of depression, using family-based control association studies.

Results: We have begun the genetic studies by focusing on genes involved in the regulation of the hypothalamic-pituitary-adrenal (HPA) axis, the adrenergic system, and genes involved in synaptic plasticity. Our initial studies have been for the genes for the receptor tyrosine kinase B (TRKB), the glutamate receptor, ionotropic, N-methyl D-aspartate 2A (GRIN2A), mitogen-activated protein kinase kinase 1 (MAP3K1), potassium voltage-gated channel, Shab-related subfamily, member 2 (KCNB2), and the adrenergic receptor 1A (ADRA1C).

Conclusion: This workshop will focus on overall strategies and methods for genetic studies within a multidisciplinary program as well as present the results from the genes studied.

Wednesday, October 1st, 2003
Dickens 6

W24-1:00 pm
Workshop

Reseaux et crises

Equipe Mobile: Intervention de crise et soutien aux sorties des unités hospitalières. Y. Legay, N. Constantin, B. Tourabali, G. Galli Carminati, Unité de Psychiatrie du Développement Mental HUG-Genève

Dans le processus d'évolution de la psychiatrie et de la psychiatrie du développement mental l'hospitalisation complète laisse la place,

dans la mesure du possible, à des alternatives plus souples, telles que les activités en Hôpital de Jour ou les interventions dans le lieu de vie et les Ateliers.

Le concept d'Equipe Mobile, qui reprend partiellement le concept de psychiatrie «de secteur» de tradition française, est né, à Genève, du projet de 1988 des Associations de Parents visant à réduire le nombre de personnes avec retard mental dans les hôpitaux psychiatriques.

Successivement l'ouverture de la Résidence de Thônex en 1994 (structure des Etablissements Publics Socio-Educatifs) a montré le besoin d'adapter les prises en soins aux intégrations en Institutions Socio-Educatives pour des patients qui ont séjourné pendant de très longues périodes en milieu psychiatrique.

Depuis 1999, cette équipe pluriprofessionnelle (médecins-éducateur-infirmiers-psychologue-assistants sociaux) intervient auprès de l'ensemble de la population des personnes avec retard mental, autistes et souffrant de troubles psychiatriques: Il s'agit d'une population résidant dans des structures d'internat et d'ateliers spécialisés, vivant à domicile, hospitalisées ou bénéficiant d'un programme hôpital de jour. L'Equipe Mobile représente un dispositif d'aide au diagnostic de crise en travaillant selon les axes suivants: évaluer rapidement les demandes des institutions partenaires, en se déplaçant auprès des équipes en difficulté – proposer un soutien spécifique régulier et à long terme – gérer la compliance à la médication – mettre en place les processus d'intégrations dans les institutions et assurer le suivi de la prise en charge dans les lieux de vie.

L'Equipe Mobile intervient également auprès des diverses entités de l'Unité de Psychiatrie du Développement Mental (unités hospitalières-consultation-hôpital de jour) et travaille en partenariat avec les familles et les structures pour personnes avec retard mental (institutions spécialisées-services sociaux-ateliers protégés-organismes de loisirs...).

Toutes les actions de l'Equipe Mobile ont donc pour objectifs l'intégration (ou la ré-intégration) des patients hospitalisés vers un lieu de vie, ainsi que le soutien aux personnes avec retard mental, aux équipes institutionnelles et aux familles afin d'éviter une rupture avec ce milieu.

Le projet ISMENE: démarrer la prévention au coeur de la répression (interventions de deux psychologues dans un commissariat de police à propos des mineurs et de leurs parents ...). C. Fadeur-Benkebil, A. Parachout*, C. Guitton-Cohen-Adad

Le Projet Ismène est une expérience multipartenariale innovante qui a débuté sur la ville de Boulogne-Billancourt [92] en Octobre 2000 à l'initiative du Dr Guitton. Il consiste à mettre en place au sein du Commissariat de Police une cellule d'écoute psychologique au service de la Brigade des Mineurs.

Les psychologues présentes sur place proposent des entretiens familiaux avec les parents et les mineurs soit à la suite des gardes-à-vue, soit suite aux auditions effectuées dans le cadre de fugues ou d'absentéisme scolaire aggravé ou auprès de mineurs victimes. L'objectif est de s'attaquer au problème de la délinquance en mettant en place un processus de prévention et de soin au cours de l'action de répression. Toute interpellation d'un mineur par les services de Police étant vécue comme un moment de catastrophe par la famille, ce climat de crise familiale est un moment privilégié au cours duquel les parents peuvent être plus facilement mobilisables pour réfléchir à leurs fonctionnements familiaux et leurs responsabilités parentales. Notre intervention vise à reconstruire un lien social et de l'affiliation, à restaurer le dialogue parents-enfants, à prévenir la violence intra-familiale, à responsabiliser les parents et les réimpliquer dans leur fonction d'autorité.

L'an dernier, nous avons enregistré une hausse d'activité de 56%. Depuis deux ans et demi que dure notre intervention, nous avons défini de nouvelles formes de travail et de déontologie qui respectent les fonctions et les missions d'origine des différents corps de métiers Justice-Police-Santé-Prévention. Les prises en charges et l'élaboration avec les familles durent entre 3 et 12 mois. Il est pri-

mordial de préciser que notre travail avec les familles est sans contrainte c'est-à-dire qu'elles sont volontaires pour nous contacter. Nous notons également qu'aucune de ces familles de victimes, d'auteurs ou d'incivils ne sont repassées «entre les mains» de la Brigade des Mineurs de Boulogne car nous en aurions été averties. Ceci tend à prouver que l'écoute complémentaire que nous avons mise à leur disposition a fonctionné dans une perspective de prévention.

Evaluation et traitement des adolescents antisociaux au sein des services de la justice de Milan.

Antisocial adolescents assessment and treatment in Milan juvenile justice system. A. Maggiolini, Centro per la Giustizia Minore, Milano, Italie

Le travail psychologique avec les adolescents avec des troubles du comportement et antisociaux auteurs de délits est particulièrement difficile. Un modèle d'intervention dans les Services de la justice des mineurs de Milan vise à soutenir l'adolescent dans la construction de son identité sociale.

Nous vous présentons le travail psychologique effectué auprès d'adolescents auteurs de délits, emprisonnés ou suivis avec des mesures alternatives, dans les Services de la justice des mineurs de Milan et dans le Centre pour le traitement et la prévention des problèmes de comportement chez les adolescents du Minotauro de Milan.

Le modèle d'intervention se base sur les conditions nécessaires suivantes:

- Le comportement antisocial est considéré comme une difficulté dans la construction de l'identité sociale, un travail de développement phase spécifique.
- Plus que sur la carence des fonctions de contrôle, ou d'élaboration cognitive ou sur la déformation dans l'interprétation des intentions hostiles de l'autre, l'attention se pose sur la difficulté de construction d'un idéal qui règle la prise de responsabilité du comportement.
- Dans l'évaluation il est très important de reconnaître le sens subjectif du comportement antisocial, le mettant en relation avec les besoins évolutifs de l'adolescent.
- Pour la traitement, il est nécessaire d'adopter une prospective intégrée qui combine les stratégies psychologiques et éducatives avec l'objectif central d'aider le développement du sens des responsabilités.

Ce modèle d'intervention s'insère dans la prospective d'une psychothérapie évolutive au sein de laquelle le changement est considéré comme un développement et non comme un soin. Les principales ressemblances et différences seront mises en évidence avec d'autres modèles de traitements des comportements antisociaux (psychanalytiques, cognitifs e multisystémiques).

We intend to present psychological work addressed to adolescents who commit offences, both in jail and following alternative measures, in Milan Juvenile Justice System and in Milan "Minotauro" Centre for Treatment and Prevention of Behavioural Problems in Adolescence.

Our intervention model is based on the following assumptions:

- Antisocial behaviour expresses a difficulty in the building of social identity, which is a phase specific developmental task.
- In this model, intervention is focused on the difficulties of Ideal construction that rules the assumption of responsibility for one's behaviour, more than on lack of control functions, or of cognitive elaboration, or on misinterpretation of others' hostile intentions.
- Evaluating antisocial behaviour, it is mostly important to recognise its subjective meaning and to relate it to the adolescent's developmental needs.
- Treatment efficacy rests upon an integrated perspective, which combines psychological and educational strategies, aiming firstly at supporting the development of responsibility.

Such intervention model derives from a perspective of developmental psychotherapy, in which change is seen as a result of development, not of recovery. We'll highlight the main similarities and

differences with other antisocial behaviour treatment models (psychoanalytical, cognitive and multisystemic).

Le réseau Ado 93 – Autour d’Avicenne: Articulation trans-institutionnelle et processus de changement à l’adolescence.

The “Avicenne Adolescent Network”: trans-institutional links and change processes during adolescence. B. Dutray, Service de Psychopathologie de l’enfant et de l’adolescent et Psychiatrie générale, Hôpital Avicenne, Université Paris 13, Bobigny; O. Taieb, Service de Psychopathologie de l’enfant et de l’adolescent et Psychiatrie générale, Hôpital Avicenne, Université Paris 13, Bobigny; O. Bricou, Service de Psychopathologie de l’enfant et de l’adolescent et Psychiatrie générale, Hôpital Avicenne, Université Paris 13, Bobigny; A. Revah-levy, Service de Psychopathologie de l’enfant et de l’adolescent et Psychiatrie générale, Hôpital Avicenne, Université Paris 13, Bobigny; R. Thomas, Service de Psychiatrie, E. P. S. de Ville Evrard (Secteur du Dr. J. C. Jany), Neuilly sur Marne; J. C. Jany, Service de Psychiatrie, E. P. S. de Ville Evrard (Secteur du Dr. J. C. Jany), Neuilly sur Marne; M. R. Moro, Service de Psychopathologie de l’enfant et de l’adolescent et Psychiatrie générale, Hôpital Avicenne, Université Paris 13, Bobigny

Le réseau des adolescents «Ado 93 – Autour d’Avicenne» s’est mis en place autour du projet de la maison des adolescents d’Avicenne. Ce réseau de soins, structuré de façon informelle, s’est développé à l’initiative de partenaires du champ social et de la psychiatrie de l’adolescent et du jeune adulte de Seine-Saint-Denis. Il s’appuie sur un partenariat multidisciplinaire de professionnels appartenant aux domaines de la prévention, de l’éducatif, du judiciaire, de l’école, de la médecine et de la santé mentale. Il s’est construit en privilégiant le sens des liens entre individus et la réflexion sur des situations collectives faites de connexions et d’acteurs.

A travers une interrogation sur la continuité des prises en charge, la qualité des relations interprofessionnelles et les qualités de souplesse dans les représentations à l’intérieur des institutions, nous montrerons le rôle d’un travail de réseau dans les processus de changement à l’adolescence.

The “Avicenne Adolescence Network” was built based on links with the project of the “Maison des Adolescents” in the Avicenne Hospital, Bobigny. This care network, held by an informal structure, is supported by professionals involved in social interventions and psychiatrists taking care of adolescent and young adults in the Seine-Saint-Denis, France. This network is supported by a multidisciplinary partnership in the field of prevention, education, scholarship, medicine and mental health, and was set up by rethinking links and connections between individuals and actors.

Through our questioning about the continuity of care and the quality of inter-professional relationship, we will show the possible network impact in the changing processes during adolescence.

Soin et éducation en institution pour adolescents. Une articulation complexe mais possible. P. Bizouard, S. Nezelof, M. Maitre, S. Louis, Service de Psychiatrie Infanto-Juvenile, C. H. U., 25030 Besançon Cedex, France; E. Simon, J. M. Kern, I. Lassus, Centre Educatif l’Accueil, ADDSEA, 23 Rue des Granges, 25000 Besançon, France

Les auteurs proposent de discuter les modalités possibles d’allier soin et éducation dans une institution accueillant à temps plein ou en journée des adolescents présentant des troubles du caractère et du comportement, des passages à l’acte auto- et hétéro-agressif symptomatique d’une souffrance psychique pouvant donner lieu à un minimum de verbalisation par leurs auteurs.

Ils décrivent la création d’une institution originale, pilote pour la Région, associant contractuellement un hôpital et une institution éducative, des éducateurs et des infirmiers, un psychiatre et un directeur éducatif, accueillant une dizaine d’adolescents dans un appartement banalisé au centre ville.

Ils décrivent le projet, la conception, les partenaires impliqués, la mise en route, les admissions, les relations avec les parents et les in-

stitutions éducatives et soignantes, les durées de séjour (3 à 9 mois) et les évolutions des adolescents (accueillis).

Après 4 ans de fonctionnement, les services rendus à une trentaine d’adolescents ont fait opter pour la pérennisation de la structure qui a prouvé son utilité pour la Région.

L’association de soignants et d’éducateurs dans un projet commun, sans exclusion et sans exclusive, paraît complexe mais possible.

Prise en charge de l’adolescent aux urgences. Chapoy-Thimel Véronique, CHRU de Lille

L’adolescence est une période critique, mutative à la fois moment de rupture d’incertitude et moment organisateur.

Ces changements vont exiger de l’adolescent et de son entourage des facultés d’adaptation.

Lorsque cela n’est pas le cas cela peut se transformer en «crise». L’adolescent répond à la crise par une transgression des normes et des usages. La symptomatologie est très variée mettant souvent le corps en jeu, idées suicidaires, angoisse, plaintes somatiques, agressivité et violence.

L’adolescent fait ainsi exploser son entourage qui ayant dépassé son seuil de tolérance, adresse alors un appel au secours à l’instance médicale pour prendre tout en charge. Pour un grand nombre d’adolescent, ce qui rend la situation urgente c’est le contexte de rupture sociologique qui les entoure.

L’urgence est une situation qui mobilise extrêmement fort les affects du patient et de son entourage. Cela peut être le lieu de changements; le lieu de passage de l’agir à la parole.

Nous parlerons de notre expérience au CHRU de LILLE

Adolescence is a critical and mutable time, which is simultaneously a time of rupture and uncertainty and a time of construction.

These changes will require adaptation abilities from the adolescent and his surrounding.

When this is not the case, it can be turned into «crisis».

The adolescent answers the crisis by a transgression of norms and uses. Symptomatology has very extended forms, often implicating the body (suicide ideas, anxiety, somatic complaints, aggressivity and violence).

So the adolescent makes his surrounding blow up, this one comes that way over the threshold of tolerance and then addresses a call for help to the medical institution, in order to take everything in charge.

For a great number of adolescents, the emergency comes from the context of sociological rupture.

Emergency very strongly mobilises the patient and the surrounding’s affects.

This can be the place of changes, the place of transformation from acting into speaking.

We will talk about our own experience in the CHRU of Lille.

Problems of compliance and acceptance in the indoor-treatment of Turkish girls in child and adolescent psychiatry. R. H. Bingol, R. G. Siefen, Westfalian Clinic of Child and Adolescent Psychiatry, Marl-Sinsen, Germany

Objective: The aspect of culture fair diagnoses and treatment of children and adolescents with a migrational background is growing importance. Gender mainstreaming suggests that migrant girls might need specific interventions.

Methods: The interaction of institutional “mechanisms of defence” with factors like religious beliefs, traditional attitudes, concerning the education of girls, family coherence, language problems, culture dependent health beliefs and subjective health theories analysed and is illustrated by three case vignettes with the help of video records.

Results: An important prerequisite is the constant employment of staff with similar cultural background. But even female medical doctors with specific cultural and bilingual competences find them-

selves confronted with barriers compliance and acceptance by Turkish families, when girls have psychiatric problems.

Conclusions: The discussion focuses on institutional and therapeutic strategies to overcome the most frequent obstacles to admission of Turkish girls and to their culture fair treatment in child and adolescent psychiatry units.

L'intervention conjonctive. Alegret J., Castanys E.

En Catalogne, quelques fois les familles arrivent aux services de Santé Mental avec une doute: es-ce-que c'est là le lieu où il faut s'adresser? Ils sont en train de faire une consultation dehors le lieu où son/sa fils/fille a été signalé comme problématique. Les difficultés se sont manifestées dans une autre situation que à la maison, et la réponse des professionnels là a été les envoyer pour une quête à Santé Mental. Il est une demande à moitié chemin entre cela sous contrainte et cela spontanée. La famille fait la sollicitation, mais elle ne parle que de la situation dehors la maison. Les professionnels envoyants, comme celles de l'école, ne sont pas là et, quand même, ils sont nommés souvent. Cette confusion peut venir de la définition du problème: il n'y a pas consensus sur l'origine de la difficulté. Dans ces cas nous y avons trouvé souvent comme symptôme des troubles de comportement des enfants ou adolescents: On fait l'hypothèse que le cadre est maintenu à cause des positions des adultes (enseignants et familles). Ces positions peuvent être de conflit ouvert ou couvert, ou bien de distance excessive. Colapinto appelle ces situations comme celles du «client involontaire»... On parlera d'une réponse technique pour accueillir ces demandes, l'intervention conjonctive, que tente de surmonter les résistances des différents sous-systèmes. On apporterait des exemples à partir de l'expérience des autres. Les entretiens centraux de l'intervention conjonctive se sont développées si à l'école que dans les dispositifs de Santé Mental.

Theraplay-an interactive parent-child therapy in the treatment of reactive attachment disorder. J. Mäkelä, S. Salo, F. Almqvist, Hospital for Children and Adolescents, Helsinki University Central Hospital, Helsinki, Finland

Objective: The aim of this triple case study is to demonstrate how Theraplay, an active, parent-child pre-symbolic play therapy, can be used in the treatment of compulsive patterns of reactive attachment disorder among foster children. Within this population compulsive symptoms, i. e., excessive wariness and submissiveness, compulsive compliance or caregiving, are among the most difficult to treat. Many of these children are initially assessed as having no problem behaviors, their symptomatology, nevertheless, leading to rigid personality development and internalizing psychiatric problems.

Method: Theraplay is a lively short-term treatment using elements of early interaction, e. g., mirroring and strong positive feedback on any spontaneity expressed by the child. The focus is on helping the child experience his/her immediate surroundings and linking them with simultaneously arousing internal feelings – the link which is usually seriously distorted among compulsive children in their infancy. Since the primary aim is to build and strengthen these internal links via a new attachment relationship the treatment is conducted together with the foster parent(s).

Results: Three cases of foster children aged 4, 7 and 10 are presented using video excerpts demonstrating some of the key elements and the positive outcome of the treatment process.

Conclusions: Theraplay can be successfully used in the treatment of even the most difficult forms of reactive attachment disorder.

Beyond the Autism Spectrum: Neurocognitive aspects of Social Ineptitude. Herbert Schreier M. D., Department of Psychiatry, Children's Hospital Research Center, Oakland California, USA 94609

Psychiatrists are increasingly being called upon to evaluate a group

of children who lie outside the autistic/Aspergers diagnostic categories but nevertheless exhibit levels of social disability. Recent research in the neurocognitive sciences [through pencil and paper and language testing] has helped identify the basis for some of the problems suffered by these children. There are observations therapists can make in their offices that help categorize this heterogeneous clinical entity. These children appear to have difficulties identifying body language, tone of voice, facial expressions and in "reading" the internal thoughts and states of another. They often do not receive therapy because they are said to be "unpsychologically minded". They often have deficits in the various areas of pragmatic language, such as the use of figurative and metaphorical language, and other aspects that make smooth social interaction possible. They can be very literal even as they are very intelligent. They tend to have particular difficulties in academic subjects that are clues to what is going on. Several clinical examples of these children will be presented on video tape, and the kinds of interactions and tests that are useful in identifying the underlying cognitive and language difficulties will be described.

Wednesday, October 1st, 2003

Posters session

N°3

Personal organic disorders in children and adolescence. N. Butorina I. G. Kuprin, Ural State Medical Academy for Advanced Education, Chelyabinsk, Russian Federation

Longitudinal investigations of residual-organic psychosyndromes (ROPS) with the beginning in childhood have shown that 32,6% of them used to be significant personal and behavioral disturbances that were account as a conative variant of ROPS. There were studied clinical and dynamic particularities a personal organic disorder development (POD).

Multidisciplinary professional team was studying the development of 115 children and adolescents. Criteria of including were diagnostic signs of POD, that being verified with anamnestic, psychopathological, neuropsychological, neurophysiological data as well as information of medical and pedagogical files (content analysis).

There were established that formation of POD is associated with age stages of dysontogenesis as a result of brain damage or brain disease at the pre-, ante- or early postnatal period of development. Evaluation of POD has some stages which associated with specific structure of multiaxial diagnosis. The main types of POD turned to be the follow: schizoid (8%), dissocial (16%), hysteric (17%), ashenic (39%) ones.

Revealed clinical and dynamic criteria allowed to manage the adequate multidisciplinary protective programs at the different age stages.

N°6

Risk factors of depressive behavioral disorders in primary pupils with impaired school skills. I. R. Zabozyayeva, N. Butorina

Specific school skills development disorders (SSDD – F81, ICD-10) used to be one of the most frequent reasons of school maladjustment (SM), when a chronic academic impairment need a multiple assessment.

Professionals of multidisciplinary team studied a cohort primary pupils (6–8 years) with poor academic skills and revealed 56 cases of SSDD. To assess it more properly there were used clinical, neurophysiologic, neuropsychological and psychological-pedagogical methods.

It was found that the basis of school maladjustment turned to be

both SSSDD and emotional and behavioral disorders that corresponded the term "behavioral depressive disorder" (ICD-10). Emotional disorders were represented with anxiety, loss of interests, lack of self-confidence, filling of despair. Behavioral deviations obtained mostly in socialized forms being accompanied either refusal or aggressive trends.

In conclusion as risk factors of depressive behavioral disorders at SSSDD were considered: low parental educational level, early organic (physical) cerebral pathology, existence of negative neurological signs, male sex, impaired intelligent level, personal peculiarities, lack of school motivation, teacher's non-professionalism. Besides it is welcome to involve different professionals for treatment and care process before school education begins.

N°7

Clinical peculiarities of depression in primary pupils. L. Benko I. R. Zabožlayeva, N. Blaginina, A. Malakhova

Identification of depressive states in childhood is one of the most complex and actual problems of child psychiatry. The aim of the present investigation was to determine appropriate clinical and psychological peculiarities of depressive disorders in primary pupils.

The content of the study was data obtained on 43 patients of both sexes (12 girls and 31 boys), aged between 7 and 11. These pupils admitted to the Center of Mental Health for Children and Adolescents. Basic psychiatric methods were used: clinical-anamnestic, clinical-psychological and clinical-dynamic. In addition, somatic and neurological statuses were assessed.

The result of the study showed that regardless of the type of illnesses caused depression, the clinical picture was characterized both by severe affective disorders with behavioral deviations and somato-vegetative manifestations. All the symptoms reflected the level of social-psychological adaptation of these children, and first of all their school adjustment. Every case was characterized either by poor academic progress (in spite of increasing time and efforts to prepare home work). Or by school refusal. Physical disorders were expressed as discomfort or as painful sensation in different parts of body, headache etc. Also eating disorders were observed: decreased appetite, fussiness in eating, or in the other hand increasing appetite and even bulimia. Sleeping disorders were found as well.

Interpretation of depressive states in primary pupils often is difficult due to changing, fragmenting and not fully formed patterns of clinical picture. The prevalence of behavioral disorders and components of physical disturbances can lead to hyperdiagnoses of depressive disorders and to inadequate therapy. To resolve this problem properly it is necessary to coordinate the efforts of psychiatrists, psychotherapists, pediatricians, medical psychologists, social workers, teachers and families.

N°9

Mood disorders and infection diseases pilot study. A. Mkhitaryan*, M. Yeghyan, Association of Child Psychiatrists and Psychologists of Armenia

Objective: It is already proved that there is a relation between some of psychiatric disorders and infection diseases. The idea of this research was to find out the increased morbidity rate of infection diseases in case of possible suppressed immune response associated with negative mood disorders or related psychosomatic disorders. From the other hand, this research explores the possible influence of the SSRI-s on the development of infection diseases.

Methods: To test this hypothesis, we conducted a medical record review among 98 children of 3 groups:

1. 30 patients who have different negative mood or related psychosomatic disorders and receiving SSRI-s;
2. 32 patients who have such type of disorders but don't use the SSRI;
3. 36 healthy children.

Each medical record was reviewed for the morbidity of infection diseases during last 10–12 months.

Results: In the 1st group the infection diseases were encountered approximately twice rarer than in the 2nd group, and in 30% more frequently than in the 3rd group.

Patients with mood or related psychosomatic disorders appear to have an increased rate of infection diseases and in cases when SSRI was received the morbidity of infection diseases decreased.

Conclusion: Mood or related psychosomatic disorders may cause sensitivity to the infection diseases.

The perspective is to conduct a more detailed study to find out the possibility to use the SSRI-s as an addendum medication in order to prevent infection diseases or treat them.

N°14

Side effects of clozapine treatment in children and adolescents. M. Pejovic-Milovancevic, S. Popovic-Deusic, O. Aleksic, E. Garibovic, B. Pirgic. Department for children and adolescents, Institute for mental health, Belgrade, Yugoslavia

Introduction: In patients aged from 12 to 18 years old with resistant schizophrenia, predominating negative and positive symptoms, resistant to classic neuroleptics atypical neuroleptics are very useful. They are generally well tolerated but we noticed some adverse side effects such as weight increase and sedation. In this paper we would present our experience with clozapine in 25 patients.

Method: We treated 25 adolescents who met the ICD10 diagnostic criteria for schizophrenia and schizoaffective disorder at least six and no more (up to now) than two years with clozapine. Age of patients ranged from 11 to 17 years. Special attention is paid to hematology and biochemistry because of possible serious adverse effects.

Results: Nearly all patients gained weight. Disturbed hematology had 37% patients, 6% of them had mild white blood cells (WBC) decrease, 21% had increased lymphocytes, and 8% increased number of eosinophiles. Changes in biochemistry had 27%. In several cases we observed drowsiness, gastrointestinal disturbances (optipation) and in one case we have oedema on upper extremities.

Conclusion: Clozapine has shown to be generally well tolerated drug, but some precautions should be always done. Periodic blood test should be done in first 16 weeks weekly and lately once in month and adolescents should be carefully monitored because of weight gain and possible low compliance.

N°15

Clozapine in treatment of children and adolescents with refractory psychotic disorders. O. Aleksic, M. Pejovic-Milovancevic, S. Popovic-Deusic, B. Pirgic. Department for children and adolescents, Institute for mental health, Belgrade, Yugoslavia

Introduction: Clozapine is widely known atypical neuroleptic with multiple receptor affinity. Efficacy and safety of this medication makes it very often used as second or first choice compound in children and adolescents mostly with psychotic features, sensitive to classical antipsychotics. The main indications to use clozapine are acute schizophrenic episodes and therapy refractory schizophrenic disorders. We also use it in affective disorders, mania state, early child psychosis, mental retardation and severe obsessive compulsive disorder.

Method: Twenty five adolescents with early-onset schizophrenia and refractory psychotic disorder to typical neuroleptics were treated with clozapine to at least six months and no longer than two years (range 150–300 mg/die). Monthly evaluation with PANSS (Positive and negative syndrome scale for schizophrenia) and CGI (Clinical global impression) were used to measure efficacy. There are only two adolescents in treatment longer than 2 years. Drop out was almost 30%.

Results: 20% of patients decrease in total PANSS score. Positive and negative symptoms persisted with social impairment: CGI severity from 0,75 to 2,00 (index of effectivity)

Conclusion: Clozapine was effective in 35% of cases with a wide range of diagnosis. It seems to be useful and safe medication for patients insensible or with many side effects to classical neuroleptics.

N°16

Indication for the use of fluoxetine in child and adolescent psychiatry. O. Aleksic, M. Pejovic-Milovancevic, S. Popovic-Deusic, B. Prigic. Department for children and adolescents, Institute for mental health, Belgrade, Yugoslavia

Introduction: One of the most powerful medications that have very broad aspects of clinical applications are the selective serotonin reuptake inhibitors (SSRI). Beside depression, obsessive compulsive disorder and some anxiety disorder we use SSRI and most oftenly fluoxetin in treatment of multiple motor and vocal tics, eating disorders and some forms of conduct disorder. We would in this paper analyzed the age group, disorder categories, response to treatment and the frequency of side effects.

Method: A retrospective search was conducted of a medical records and additional information was obtained from a computerized database on all children and adolescent treated with fluoxetin from 2000–2002 at Department for children and adolescents. The clinical response to treatment was rated by Youth self report (Achenbach, 1987), Conners parent scale (Conners, 1980) and for adolescents older than fifteen by Beck depression inventory (Beck et al, 1961) and/or Hamilton depression rating scale (Hamilton, 1967)

Results: Subjects were 15 boys and 26 girls with a mean age 15,7. Patients were treated for a diverse range of disorders including depression, obsessive compulsive disorder, anxiety disorder, multiple motor and vocal tics, eating disorders and some forms of conduct disorder. A total of 66% patients improved, 27% had no response and 7% deteriorated on flunirin treatment. Most improvement was found in patient with the depression and last improvement in children with conduct disorder and multiple vocal and motor tics. Side effects were recorded in 20% patients.

Conclusion: Fluoxetin is safe and effective in the treatment of young people with complex psychiatric and developmental disorders.

N°17

10 years follow-up of psychotic children and adolescents. S. Popovic-Deusic, M. Pejovic-Milovancevic, O. Aleksic; Institute for Mental Health, Belgrade University School of Medicine, Belgrade, Yugoslavia

Objective: to investigate the outcome of psychoses in children and adolescents diagnosed at their first admission at the Department for Child and Adolescent Psychiatry of the Institute for Mental Health in Belgrade.

Method: Two-stage retrospective epidemiological investigation of psychotic children and adolescents (hospitally treated at the Department for Child and Adolescent Psychiatry) was conducted. During the first stage of investigation we identified all psychoses hospitally treated for the first time, during 5 years period. In the second stage of investigation we made a follow-up study – 5–10 years after first admission.

Results: During the 5 years period 140 psychotic children and adolescents from Belgrade were hospitally treated. Among them, only 45 were hospitalized for the first time (“main sample”). We followed-up 41 patients (“follow-up sample”): 18 males (44%) and 23 females (56%). Mean age at follow up was 25 years. At first discharge most psychotic disorders were on the first place from the group of reactive psychoses and secondly – mood disorders. In the period of follow up most of the patients were still psychotic (26 or 90%), but in 10% there was the appearance of nonpsychotic diagnoses (personality disorders and moderate mental retardation). Distribution of psychotic disorders in the follow-up sample has significantly

changed – with decrease of reactive psychoses, and high prevalence of mood disorders and Sch.

Conclusions: In the follow-up sample 71% had multiple hospitalizations, 10% were outpatients, and 19% were dropout. The worst outcome was in patients with multiple admissions (90% still psychotic); 17% were completely deteriorated and unable to work and live alone; over 70% of male patients did not attend the army; over 80% never married or had permanent job. Patients with lower intellectual capacities had very poor outcome.

N°29

Régulation émotionnelle dans les troubles du comportement alimentaire. A. S. Deborde, S. Berthoz, F. Perdereau, N. Godart, M. Corcos, P. Jeammet, Institut Mutualiste Montsouris, France

Objectifs: L'alexithymie, difficulté à identifier et à exprimer ses émotions, témoignerait d'un dysfonctionnement des capacités de régulation émotionnelle. La prévalence en population générale serait de 15% environ.

Dans les Troubles du Comportement Alimentaire (TCA), la forte prévalence des troubles affectifs (50 à 75%) souligne l'étendue des difficultés de régulation émotionnelle chez ces patientes.

L'objectif de cette étude était de montrer que les TCA auraient un degré de dysrégulation émotionnelle plus important et significativement plus élevé que celui de deux populations contrôles: une population normale non-alexithymique et une population sub-clinique alexithymique.

Methodes: Une batterie de questionnaires évaluant la dépression (BDI), l'anxiété (STAI-T, STAI-E), l'anhédonie (PAS, SAS) et l'alexithymie (TAS-20, BVAQ-B) a été complétée par des adolescentes et jeunes adultes [15–25 ans], de sexe féminin.

- 30 TCA (anorexiques restrictives ou purging ou boulimiques), dont le diagnostic a été posé au MINI.
- 30 alexithymiques et 30 non-alexithymiques, en fonction de leur score à la TAS-20.

Resultats: Conformément à l'hypothèse, les patientes présentaient des scores de dépression, d'anxiété, d'anhédonie et d'alexithymie non seulement plus élevés que les non-alexithymiques mais aussi plus élevés que les alexithymiques.

Par ailleurs, les alexithymiques présentaient des scores de dépression, d'anxiété, d'anhédonie et d'alexithymie plus élevés que les non-alexithymiques.

Conclusions: Les résultats révèlent l'existence d'un continuum de dysrégulation émotionnelle des non-alexithymiques aux TCA d'une part et soulignent un fonctionnement cognitivo-affectif massivement altéré chez les TCA d'autre part. Il serait intéressant d'investiguer dans quelle mesure le profil émotionnel de ces patientes module leurs capacités attentionnelles pour des stimuli émotionnels (e.g. expressions faciales).

N°38

Emotion-processing deficits in eating disorders. S. Bydlowski¹, chef de clinique-assistante des hôpitaux; M. Corcos², S. M. Conso¹, S. Paterniti¹, C. Laurier², P. Jeammet²

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Objective: Clinical reports describe eating disorder patients (EDs) as being unable to differentiate emotional states or regulate dysphoric affects. High prevalence of alexithymia has been reported in EDs, but several studies found a strong correlation between depression and alexithymia, calling into question the association between alexithymia and EDs, because of the high prevalence of mood disorders in EDs patients. We therefore used the construct of emotional awareness, which appeared in former studies as independent of negative affect, to study emotion processing in a population of EDs compared with controls. Our two main objectives were: first, to measure both emotional awareness and alexithymia, in order to

better understand emotion-processing deficits in ED patients, and second, to increase the reliability of the measures by limiting the influence of confounding factors.

Method: 70 females with eating disorders were compared with 70 female controls free of past or current eating disorders, of similar age, educational level and socioeconomic status. Participants completed the BDI, the TAS (alexithymia) and the Level of Emotional Awareness Scale (LEAS).

Results: Compared to controls, EDs exhibited higher alexithymia, depression scores, and lower LEAS scores, with an inability to identify and describe their own emotions, as well as an impairment in mentalizing others' emotional experience (all $p < 0.001$). As predicted, whereas alexithymia scores were related to depression scores, LEAS was not. After controlling for depression, alexithymia scores were similar in EDs and controls.

Conclusions: The marked impairment in emotion processing found in EDs is independent of affective disorders. Thus, the joint use of TAS and LEAS suggests a global emotion-processing deficit in EDs.

Traitement des émotions et troubles des conduites alimentaires: étude comparative. S. Bydlowski¹, chef de clinique-assistante des hôpitaux; M. Corcos², S. M. Consoli¹, S. Paterniti¹, C. Laurier², P. Jeamment²

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Objectif: Les descriptions cliniques des sujets souffrant de troubles des conduites alimentaires (TCA) constatent leurs difficultés à identifier et à différencier leurs états émotionnels. Plusieurs études notent une forte prévalence de l'alexithymie dans cette pathologie, mais celles-ci montrent une corrélation importante entre les scores d'alexithymie et de dépression, interrogeant la validité de l'évaluation du dysfonctionnement émotionnel. C'est la raison pour laquelle nous nous sommes intéressés au concept de conscience émotionnelle, dont la mesure (LEAS) est indépendante des affects négatifs, afin d'étudier le traitement des émotions dans les TCA. Notre principal objectif était de mesurer et la conscience émotionnelle et l'alexithymie, afin d'évaluer de façon à la fois plus complète et plus valide, le dysfonctionnement émotionnel, en limitant l'influence des facteurs confondants.

Méthode: 70 patientes présentant un TCA ont été comparées à 70 témoins de sexe féminin, indemnes de tout trouble psychiatrique et d'âge, de niveau d'éducation et de statut socio-économique équivalents. Les sujets de l'étude complétaient le BDI, la TAS et la LEAS.

Résultats: Les patientes présentaient des scores plus élevés de dépression et d'alexithymie, et un score de LEAS plus bas, que les témoins. Comme cela était attendu, les scores d'alexithymie étaient corrélés au score de dépression, ce qui n'était pas le cas du score à la LEAS. Après ajustement sur la dépression, il n'y avait plus de différence significative entre cas et témoins concernant le score d'alexithymie.

Conclusion: Les sujets souffrant de TCA présentent un déficit de fonctionnement émotionnel indépendant des troubles affectifs de type dépressif. L'utilisation conjointe de la TAS et de la LEAS suggère donc la présence d'un déficit global du fonctionnement émotionnel chez ces sujets.

N°56

Risperidone for Children and Adolescents with Chronic Tic or Tourette disorders in Korea. J. W. Hwang, M.D, Seoul National University College of Medicine, Seoul, South Korea; B. N. Kim, M.D, Seoul National University College of Medicine, Seoul, South Korea; C. B. Lee, M.D, Seoul National University College of Medicine, Seoul, South Korea; S. J. Chung, M.D, Seoul National University College of Medicine, Seoul, South Korea; M. S. Shin, Ph.D, Seoul National University College of Medicine, Seoul, South Korea; S. C. Cho, M.D, Seoul National University College of Medicine, Seoul, South Korea

Risperidone have effectively been used for treating adult patients with Tourette disorder, but few studies have been performed with young children or adolescents. The purpose of this study was to determine the short-term effects and safety of risperidone as an alternative for traditional antipsychotic drugs in the treatment of chronic tic disorder or Tourette disorder in young children and adolescents through a 6-week open label design. From the results of this study, risperidone was shown to be an effective and safe drug in the treatment for Tourettes disorder and chronic tic disorder in children and adolescents.

Objective: The purpose of this study was to determine the short-term effects and safety of risperidone as an alternative for traditional antipsychotic drugs in the treatment of chronic tic disorder or Tourette disorder in young children and adolescents through a 6-week open label design.

Method: The subjects were 15 young children and adolescents (male: 13, female:2, mean age: 10 ± 2.4). 7 subjects were diagnosed with Tourette disorder and 8 with chronic tic disorder, and all subjects were administered risperidone without hospitalization. Clinical response was measured at baseline and at the 1st, 3rd and 6th week after drug treatment, by the Korean version of the Yale Global Tic Severity Scale (KYGTSS) and the Global Assessment of Functioning Scale. The side effects were carefully monitored using adverse event evaluation charts. The mean dosage of risperidone was 0.53 ± 0.13 mg on the 1st week, 0.90 ± 0.28 mg on the 3rd week, and 1.23 ± 0.37 mg on the 6th week.

Results: Comparison between periods according to the KYGTSS showed significant difference ($t = 4.920$; $df = 14$; p -value < 0.01) in the 1st week-3rd week period. In the 6th week after administration the tic severity scale showed significant improvement in 13 out of 15 subjects. In the case of side effects, only one case of sedation was reported.

Conclusions: From the results of this study, risperidone was shown to be an effective and safe drug in the treatment for Tourettes disorder and chronic tic disorder in children and adolescents.

N°79

Soul and body. Relation of harmony and antagonism (anorexia nervosa). Jankov Dajana and Katanic Dragan, Novi Sad-Serbia

Distinguishing psychic and somatic aspect of complex human being has been always a challenge for investigation. Medicine and psychology were content with interfering these two fields and did not successfully manage to separate them in independent phenomena. Selye theory made their bonds more consistent, linking medicine and psychology into one response towards environment.

The theory model we wish to introduce managed to split and independently view both aspects, bringing hypothetic possibility of working apart at the same time, although allowing them to be presented simultaneously as a whole. The basic explanations for psychic model were used from psychoanalysis, while somatic aspect was presented involving endocrinology, the complex and multidisciplinary field of medicine. Applying this theoretical model, we succeeded to explain anorexia nervosa, being a mystery so far. This new model could explain many other psychic and somatic diseases.

The essence and source of this theoretical model involves psychological aspect and the possibility of authentic harmonization of final identification modeling of personality, echoing on somatic

plan. The model helps to present psychoanalysis into generally accepted biological rules.

The sentence Healthy soul in healthy body, should be Only the right soul can be beneficial for body, explaining right soul as able to estimate the subjects from deep intimate personality, recognizing events in the surroundings at the same time.

N°94

Treating autism: Antiandrogens and Neuroleptics in combination. Niederhofer, H. M. D., Ph. D.

We refer about a 13 years old patient who was admitted in our hospital for three times because of autism of the early childhood, liver damage and multiple aggressions. Tranquilizing medication did not show any sufficient effect.

Combined neuroleptical – antiandrogenic medication caused a significant remission of symptomatology. The patient could finally be dimitted and therapy could be continued in an ambulant setting.

N°103

Excessive Masturbation in An Adolescent Patient. After Epilepsy Surgery: A Case Report. Ayten Erdogan, Mine Ozmen, Cigdem Ozkara, Sirin Duvenci

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Psychopathology most commonly depression, anxiety, and organic mood/personality disorder has been reported both before and after surgery in more than 50% of patients with medically intractable temporal lobe epilepsy. Psychiatric problems are multifactorial in these patients and affected by the pathology and location of the lesion, genetic predisposition, medications, social and family circumstances, as well as the surgery itself. In this case report, we describe a fourteen years old girl who underwent selective amygdalohippocampectomy for medically intractable temporal lobe epilepsy with hippocampal sclerosis. She was referred to psychiatry unit because of excessive masturbation after surgery. She had been seizure free and her antiepileptic medicine had already been started to be tapered slowly. A detailed interview revealed history of sexual abuse, recent marriage of a sister, and birth of a brother around surgery. Excessive masturbation seemed to be related to the loss of parents' attention due to seizure free status of her after surgery and recent family matters as well. She was thought to have depression with behavioral problems. She done extremely well after antidepressant therapy and psychotherapeutic intervention which included the family and continued to be seizure free without any behavioral problems.

N°108

Evolution à 18 mois d'une catatonie induite par les neuroleptiques chez une adolescente. G. Dupuis, M. Myquel, F. Askenazy, Nice, Université de Nice Sophia-Antipolis

Evolution favorable sous carbamazépine d'une catatonie induite par les NLP chez une jeune fille de 15 ans.

Introduction: Nous proposons d'étudier l'évolution favorable sous 400 mg par jour de carbamazépine d'un cas de catatonie de survenue aiguë induit par les neuroleptiques, chez une jeune fille de 15 ans.

Methode: Description de l'évolution et de la prise en charge sur 18 mois.

Resultats: Le syndrome catatonique induit par les neuroleptiques, aypyrétique, est apparu brutalement, précédé d'anomalies neurologiques: tremblements fins des extrémités, myoclonies, syndrome confusionnel. L'IRM cérébrale et l'EEG ont montré une atro-

phie cérébrale débutante et une souffrance cérébrale diffuse, la ponction lombaire un profil inflammatoire. Ces éléments ont orienté dans un premier temps le diagnostic en faveur d'une encéphalopathie spongiforme.

On notera dans la symptomatologie initiale, la présence d'une forte composante hallucinatoire à prédominance visuelle.

La catatonie est apparue après 40 jours de traitement par neuroleptiques: Loxapine (150 mg/j) en monothérapie puis bithérapie avec la Levomepromazine (75 mg/j) et enfin Haloperidol (25 mg/j) qui a permis une amélioration initiale des symptômes hallucinatoires.

Nous décrivons ici la prise en charge de ce symptôme médical rare, résolutif à ce jour. Aucune rechute n'est observée à 18 mois que ce soit la catatonie ou le syndrome délirant, mais la patiente présente un trouble cognitif majeur et des éléments déficitaires importants.

Conclusion: Ce cas clinique met en exergue la composante organique dans la catatonie et l'intérêt de l'utilisation de la carbamazépine dans le traitement de ce type de trouble.

18 months evolution to an acute catatonia induced by the neuroleptics to a teenager.

Introduction: we suggest to study the positive evolution under a prescription of 400 mg per day of Carbamazepine to a female teenager of 15 years old suffering of an acute catatonia induced by the neuroleptics.

Method: Description of the evolution and treatment during 18 months

Results: The catatonic syndrome induced by the neuroleptics, without fever, appeared suddenly and was preceded by neurological anomalies: that includes "slight" tremors to the body extremities, myoclonies and mental aberration syndrome. The brain RMI and EEG show a starting atrophy and an extended suffering of the brain area, in addition an inflammatory profile was revealed by a lumbar puncture. At first, These elements have lead us to diagnose a spongiform encephalopathy.

In the symptoms described above, we can notice the presence of an important visual hallucinations.

The catatonia appeared after 40 days of neuroleptic treatment: loxapine (150 mg/day) as monotherapy followed by bithery with Levomepromazine (75 mg/day) and finally Haloperidol (25 mg/day) which translates in an improvement of hallucinatory symptoms.

In this paper, we describe the treatment of this rare symptom. No relapse was observed after eighteen months, regarding the catatonia or delusion syndrome. However, the patient shows a major cognitive trouble and negative symptom of schizophrenia.

Conclusion: This case report shows the organic component of catatonia and the interest of using carbamazepine treatment in this type of disease.

N°133

Anorexia nervosa in children and adolescents and the prognostic role of personality traits. I. Dobrescu, R. Grozavescu, Laura Mateescu Child and Adolescent Psychiatry Department, "Prof. Dr. Al. Obregia" Hospital of Psychiatry, Bucharest, Romania

Objective: The goal of our study was to assessed the personality traits in an adolescent girls sample diagnosed with Anorexia Nervosa, hospitalized in Child and Adolescent Psychiatry Department of Al. Obregia Hospital, between 1990–2001.

Material and Method: The sample comprised 15 adolescent girls with age at the first psychiatric investigation between 12–17 years old (media 14,8) diagnosed with Anorexia Nervosa, hospitalised in Child and Adolescent Psychiatry Department. The control sample comprised 15 adolescent girls investigated in schools from Bucharest, between 12–16 years old (media 14,2). Admission into control sample was conditioned only by normal intelligence level (QI > 85 in the Raven Test). The Instruments used for the samples evaluation were: K-SADS semi-structured interview for DSM-IV cri-

teria and CSI-STONY-BROOK for assessment on Axis I; Personality inventory for psychopathologic use with 13 variables (general anxiety, emotional instability, phobogenic disposition, depression, conflict-arising egocentrism, vindictive perseverance, hypochondriac anxiety, exhibitionism, impulsiveness, interpretative perseverance, impulsive perseverance, introversion, fatigability) and 62 items, developed by Maria Grigoriou Serbanescu; C-GAFS for evaluated social, familial and school functioning. Data have been processed statistical and mathematical in A NOVA variation analysis.

Conclusions: Personality plays a pathogenic role in Anorexia Nervosa. A diagnosis of a personality disorder in children and adolescents is not to be considered, but it is obvious that the female patients with Anorexia Nervosa have some prominent traits which influence the course of disease.

N°143

Delirium at the PICU (Paediatric Intensive Care Unit). A preliminary report. J. N. M. Schieveld, MD, child psychiatrist, Department of Psychiatry and Neuropsychology, University Hospital Maastricht, The Netherlands, P. O. Box 5800, 6202 AZ MAAS-TRICHT, The Netherlands

Objective: Delirium is a frequent disorder in a general hospital with adults: prevalence 10–30%, postoperative 50%, terminal illness 80%.

There is a high co-morbidity and mortality (I. W. A. T. C. H. D. E. A. T. H.), causes are always organic (90% proven).

There are 3 presentations, prodromal, sub clinical, fullblown; 3 types: agitated, hypoactive, mixed.

Lifetime prevalence in children is almost 100% (otitis media, influenza), there is scarcely any child psychiatric literature.

What are the incidence, prevalence, presentation, treatment, outcome and follow up for children age 0–17.

Methods: Descriptive study, retrospectively of a consecutive series of referred children; period January 2002 until March 2003, in an university hospital with a PICU (7 beds), medium care and general paediatric ward (38 beds).

During these 15 months we saw 19 children; 16 referred by paediatrician intensivist and 3 by others. Questions: agitation – fighting the ventilator – confusion – withdrawal, mostly in spite of adequate analgesic sedation (opioid and benzodiazepines).

Results: Presentation and types; all forms, except mixed.

Incidence: 6,8/100; prevalence unknown.

Sexes: 12 boys, 7 girls; ages 0–16 years; 3 clusters:

0–2 years: 8

5–9 years: 4

14–16 years: 7

Treatment; 12 Haloperidol, 7 Risperdone; < 4 years just Haloperidol; > 4 years: Risperdone or Haloperidol.

Outcome: 17 excellent, 2 died.

Conclusions: Infants and adolescents can be treated very well with Haloperidol i. v. or p. o. and > age 4 with Risperdone as well. There were no side effects.

N°167

Age d'apparition précoce, sexe, antécédents familiaux de troubles affectifs: indicateurs d'un trouble bipolaire? Une étude rétrospective multicentrique. C. Dame, D. Souery, J. Mendlewicz, I. Massat, Hôpital Erasme, Service de Psychiatrie, Unité des adolescents, Bruxelles, Belgique Hôpital Erasme

Selon Kraepelin, le pic de fréquence de l'épisode inaugural du trouble bipolaire (BP) se situe entre 15 et 20 ans (chez 15 à 20% de patients). La littérature contemporaine abonde de descriptions du trouble BP juvénile. Des études récentes rapportent que les premiers épisodes dépressifs précèdent en moyenne de 2,5 ans les premiers épisodes (hypo)maniaques dans 2/3 des cas. Par conséquent, nombre d'adolescents avec un diagnostic de dépression majeure sont des bipolaires latents. Outre la présence d'antécédents famili-

aux de trouble affectifs (TA), les prédicteurs d'évolution vers une bipolarité n'ont pas été clarifiés.

Objectifs: Dans la présente étude, nous avons testé 3 variables cliniques (âge d'apparition du trouble, sexe, antécédents familiaux de TA) chez des sujets atteints de TA (UP et BP) afin d'identifier des «facteurs de prédiction» du trouble BP.

Méthode: Les données, issues d'une banque multicentrique européenne (BOMED2), sont rétrospectives et récoltées sur base d'outils standardisés (SADS-LA, SCAN, FH-RDC): 533 sujets unipolaires (UP) et 767 sujets BP.

Résultats: 30% des sujets BP ont une apparition précoce de leur trouble (< 20ans), comparativement aux sujets UP (18,2%), $p=0,000001$. Parmi les sujets ayant un trouble BP précoce (< 20 ans), le sexe masculin est significativement plus élevé que le sexe féminin ($p=0,0002$, OR = 2,5), contrairement aux UP. L'utilisation d'un modèle de régression logistique montre que le sexe masculin ($p=0,0012$, OR = 1,57), la présence d'ATCD familiaux (premier degré) de TA ($p=0,0038$; OR = 1,49) et l'âge précoce (< 20 ans) de l'apparition du trouble ($p=0,000096$, OR = 1,86), sont des variables prédictives d'un trouble BP en comparaison avec un trouble UP.

Conclusion: A la lumière de ces résultats, sont discutées les implications à visées thérapeutiques et recherche.

N°183

Psychological assessment and follow-up of serodifferent couples in which the man is infected by hiv and who request medically assisted procreation. J. L. Goeb¹, S. Ferel², P. Duthil³, B. Golse⁴, A. Guedeney³, F. Jacquemain², F. Damond³, A. Devaux³, J. Guibert², O. Launay², M. Leruez-Ville⁴, S. Matheron³, M. Naouri³, G. Feldmann³, E. Dulioust², P. Jouannet²
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Background: HIV-serodifferent couples in which the man is infected increasingly request medically assisted procreation (MAP) whereas they are often fertile in order to minimize the risk of virus transmission to the woman and to the child. Psychological difficulties are likely to occur in this situation but have not been specifically studied.

Objective: To study the psychological status and parental project of serodifferent couples (in which the man is HIV infected but not the woman) who request MAP to procreate.

Methodology: The psychological assessment of the man and woman combines a standardized clinical interview (Structured Clinical Interview for DSM IV), self-report questionnaires exploring personality (Tridimensional Personality Questionnaire), harmony in the couple (Dyadic Adjustment Scale), and child project (an adapted version of the Child Project Questionnaire). A second assessment during the sixth month of pregnancy also includes for the woman the Edinburgh Postnatal Depression Scale. The last assessment for the couple is carried out with the same tools during the sixth post-partum month, that is to say before the second peak of postnatal maternal depression and just as premature children have normally "caught up" with a possible psychomotor function retardation. The development of the child is assessed with the Bayley Developmental Scale, the revised Brunet-Lézine Test, the Alarm Distress Baby Scale and the revised Denver questionnaire completed by the parents. An interview will also be proposed to the couple in case of definitive MAP failure. One hundred and eighty couples are to be included in the study, which is carried out within the frame of a multidisciplinary research protocol.

Results: At about half of the inclusion period, about 80 couples have been included. Most of the eligible couples accept to participate in the psychological study. The tools used in the first evaluation seem to be adequate.

Conclusions: The study is ongoing without particular difficulties. A very good involvement of the couples is observed.

This study is part of a research protocol supported by a grant (COL 00005) from the Direction Regionale de la Recherche Clinique of Assistance Publique-Hopitaux de Paris.

N°196

Mental health of mothers with heart valve diseases and mental health of their children. Marina Beliantchikova, Alexey Bobrov, Research Centre on Mental Health and Institute of Psychiatry, Moscow, Russia

The objective: The aim of the study was to assess the mental disorders in women with mild forms of congenital and rheumatic heart valve diseases (VD) and in their children.

Methods: 56 women with VD aged 28 to 47 years and 107 their children (who was born in 1983–1986) were followed up. The control group consisted of 35 women without VD and 36 their children. The length of observation was from 4,3 to 11,8 years. The mental state examination according to checklist of ICD-10 was conducted 2 times a year. Four family configuration types were defined on the basis of structural parameters of the family (hierarchical, coalitional, emotionally-disclosed, harmonical families).

Results: It was found the significant increase of the total of mental disorders in mothers with VD (89,2%) and their children (74,3%) as compared with normal controls (23,1%) and (22,8%), $p < 0,001$. The correlation between some ICD-10 mental disorders in children and types of family structure was significant (anxiety-phobic disorders and hierarchical family, somatoform disorders and coalitional family, affective disorders and emotionally-disclosed family).

Conclusions: Our results indicate that women with VD and their children are at high risk of psychopathology. Models of preventive work with VD families are discussed.

N°199

Anorexic male adolescents: body image, eating attitudes and psychological traits. A. Gila, J. Castro, M^a. J. Cesena, J. Toro, Eating Disorders Unit, Department of Child and Adolescent Psychiatry and Psychology, Hospital Clinic Universitari of Barcelona, IDIBAPS, Barcelona, Spain

Objective: To evaluate body image and its relationship with psychological and behavioral traits associated to anorexia nervosa in male patients.

Method: 30 male adolescent with anorexia nervosa were compared with 421 male adolescents from the general population. Body image was evaluated with the Subjective Body Dimensions Apparatus. Eating attitudes were evaluated by the Eating Attitudes Test in its 26 item version (EAT-26). In 19 anorexic patients and 200 boys from the comparison group the Eating Disorders Inventory (EDI) was also administered.

Results: Anorexic patients had higher mean scores in the EAT-26 and the scale of Body Dissatisfaction of the EDI but not in other EDI scales. Both groups overestimated all parts of their bodies but anorexic patients had a greater overestimation of shoulders ($p = 0,007$), hips ($p = 0,01$) and thighs ($p = 0,019$). Correlations in the anorexic group were high and negative between body overestimation and body mass index and also high but positive between overestimation and the EAT and the scale of Drive for Thinness of the EDI. Overestimation did not correlate significantly with other scales of the EDI.

Discussion: Male anorexic patients have a greater overestimation of some parts of their bodies and it is related to body mass index, abnormal eating attitudes and drive for thinness but not to other psychological traits evaluated by the EDI.

N°207

Eating disorders in young women and their primary medical treatment. I. Hach, U. Ruhl, A. Rentsch, E. S. Becker, V. Türke, J. Margraf, W. Kirch, Technical University Dresden, Germany

Objective: To find out the prevalences of eating disorders and comorbidities in young women and their primary medical treatment.

Method: In a prospective epidemiological study, 1555 young women (between 18 and 25 years of age) were questioned two times

with a structured interview (F-DIPS) designed for mental disorders. In the time period [1997–1998], we also investigated, by analyzing personal health insurance data, primary care physicians' diagnoses and payments for services rendered.

Results: The lifetime-prevalence of eating disorders was 3.3% (2.3% AN, 1.1% BN). BN lasted longer than AN. Young women with eating disorders seemed to be at an elevated risk for phobic anxiety disorders and depressive disorders. In the patients with anorexia nervosa there were addictive diseases significantly more frequent (alcohol and hypnotics/sedatives; $p < 0,05$). Family doctors and gynaecologists were the physicians most often consulted by young women. The primary care physicians diagnosed eating disorders in only a few of the women concerned. Neither physical diseases which can be associated with eating disorders nor other mental disorders did lead to a specific exploration.

Discussion: The results of this study do not show a high degree of self-assurance, neither in the diagnosis nor in the treatment of eating disorders by primary care physicians. The study indicates that screening methods should be used in primary medical care with every suspected mental disorder.

N°210

Evaluation of a short-term preventive intervention for children of somatically ill parents. B. Paschen, R. Saha, C. Baldus, M. Haagen, M. Pott, A. Brüggemann & G. Romer, Department of Child and Adolescent Psychiatry and Psychotherapy, University Hospital Hamburg-Eppendorf, Hamburg, Germany

Objectives: Children of parents suffering from a chronic disease (Cancer, MS, HIV-infection) are threatened by the possibility of mental health problems. Earlier Studies identified this target group to be at risk especially for depressive and anxiety-related symptoms.

Preventive approaches for these children are rare. Evidence based guidelines for secondary prevention in this risk-population are missing. At the University Hospital in Hamburg, Germany a counselling service has been existing for three years now. Preliminary results from a half-year evaluation ($n = 25$), within the framework of the international EU-funded COSIP-project, are presented. The evaluation-study was conducted in order to collect empirical data on helpful intervention-strategies and appropriate evaluation-designs.

Methods: The short-term intervention is evaluated from three perspectives (Parent, Child, Counsellor), with three instruments:

KINDL, a questionnaire about the child's self-reported state of health with six subscales, used in a pre-post-design,

A modified version of the FBB, a questionnaire assessing both the process-orientated as well as the result-orientated contentment with counselling,

SBI, a questionnaire, developed within the COSIP-Project to measure retrospectively the specific goal attainment in 12 dimensions, unique for families affected by a chronic illness.

Results: The outcomes of the study including discussion of intervention-strategies and evaluation-designs used will be presented in detail.

N°213

Evaluation plurimodale des prises en charge dans un centre thérapeutique de jour pour adolescents. V. Rossier, L. Holzer, E. Aerni, O. Halfon Service Universitaire de Psychiatrie de l'Enfant et de l'Adolescent, Lausanne, Suisse

Objectifs: Le projet présenté vise à implanter un système d'évaluation des prises en charges dans un centre thérapeutique de jour pour adolescents (CTJA).

Méthodes: L'application d'un instrument validé et standardisé, l'ADAD (Adolescent Drug Abuses Diagnosis), permet de comparer la gravité de la problématique à l'entrée (T0) et à la sortie du patient (T1). L'ADAD investigate les problématiques dans 9 domaines: médical, scolaire, professionnel, social, familial, psychologique, lé-

gal, consommation d'alcool et de drogues. D'autres indicateurs pouvant avoir une incidence sur l'efficacité de la prise en charge, comme l'alliance et les variables d'admission ont également été pris en compte par le biais d'un questionnaire adressé aux soignants.

Résultats: Globalement, les résultats qui portent sur la prise en charge de 15 adolescents indiquent une diminution de la gravité des problématiques entre le T0 et le T1.

Conclusions: L'ADAD semble être un instrument de mesure adapté à l'évaluation des prises en charges dans un centre thérapeutique de jour pour adolescents. Il permet tant l'investigation des diverses problématiques que leur comparaison.

N°217

Predictive factors of social disability in anorexic and bulimic patients. N. T. Godart¹, F. Perdureau¹, F. Curt¹, F. Lang², J. L. Venisse³, O. Halfon⁴, P. Bizouard⁵, G. Loas⁶, M. Corcos¹, Ph. Jeammet¹, M. F. Flament⁷

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Objectives: The purpose of this study was to determine whether subjects suffering from Anorexia Nervosa (AN) or Bulimia Nervosa (BN) would demonstrate more severe social disability than a control group; and whether social disability could be best explained as a function of the eating disorder itself or as a function of comorbid anxiety or depressive disorders.

Method: Subjects were 166 AN subjects, 105 BN subjects and 271 control subjects matched for age, sex and socio-economic status. Prevalence of anxiety or depressive disorders was assessed (through the Mini International Neuropsychiatric Interview), and social functioning was measured (through the Groningen scale).

Results: The majority of AN and BN subjects demonstrated social disability in the "social role" (leisure time, time spent with friends) and the "occupational role" (work or educational activities). A regression analysis was employed to uncover predictive factors of social disability. Eating disorders (AN and BN), anxiety disorders and depression accounted for a large portion of social disability.

Conclusion: Anxiety and depressive disorders appear to play an important role in the type of social disability demonstrated in eating disorder patients. Therapeutic implications are discussed.

N°223

Somatic aspects of early onset depressions. S. Stambolova, A. Slavchev, Child and Adolescent Psychiatric Clinic, University of Medicine, Sofia, Bulgaria

Diagnostic and differential-diagnostic difficulties often result from somatic components of early onset depressions.

Objective of the work is to determine the frequency and age-related dynamics of somatic elements of early onset depressions.

Method: 133 patients aged between 9–16 years (average 14,5 years) diagnosed with depressive episode according to ICD 10 in the inpatient Child and Adolescent Psychiatric Clinic in Sofia were evaluated retrospectively for a period over six years. The evaluation of somatic attributes of the depressions was based on clinical observations and hospital documentation.

Results: Somatic components in the clinical features of early onset depressions as well as depressed and/or irritable mood, tearfulness, disturbed psychosocial functioning, were observed in 32 (24%) patients. Twelve percent had gastrointestinal complaints, 11% had enuresis nocturna, headache – 6%, transient hypertension

– 1,5% and others – 1,2%. Frequency and intensity of somatic complaints tend to decrease with age.

Conclusion: Somatic elements of early onset depression are a non-specific path to externalize psychosocial discomfort and could be interpreted as a "masking" of depression, probably related to psychosocial immaturity of the children's Ego and its expressive possibilities

N°224

Treatment compliance and early termination of therapy: a comparative study. M. Vlassopoulos, H. Lazaratou, G. Zeliou, H. Tzavara, H. Bethani, D. Anagnostopoulos, University of Athens Psychiatric Clinic, Athens, Greece

Objective: Research shows that treatment compliance in child psychiatric practice is a multifactorial issue, including factors such as the type of presenting problem, family functioning and the therapeutic team's organization. Early termination is a result of the interaction of these factors. The aim of this study is to compare evidence collected at two time periods concerning factors affecting treatment compliance and to investigate whether early termination rates differed after modifications in procedure were made by the Child Psychiatric Service.

Methods: Epidemiological data was collected from the patient files for two time periods. At Time A [1990–1994], 455 cases were examined, while at Time B [1999–2001], 476 cases were examined. These were the total number of cases admitted to our Service during these periods.

Results: During Time A, 58.6% of cases failed to comply with treatment, while at Time B, 45.7% failed to comply. Statistical analysis in both cases showed that the sex and age of the child, the socio-economic status of the family, the family's size, the parent's educational background as well as the referral source are unrelated to compliance. On the contrary, the type of problem presented by the child, the type of recommended treatment and the number of sessions attended is correlated with treatment compliance.

Conclusions: These results are discussed with respect to the re-examination of certain aspects of the Service's functioning and the team's modifications with respect to its techniques concerning the admission procedure and the therapeutic contract.

N°238

Internalizing disorders in child psychiatric patients from 1995 to 2002 – correlation between cause for referral and hospital diagnosis. M. J. Sorensen, S. Dalsgaard, P. H. Thomsen, Psychiatric Hospital for Children and Adolescents Aarhus, Denmark

Objective: To describe the referral pattern for school-aged children in a Danish Psychiatric Hospital for Children and Adolescents from 1995 to 2002. On this basis determine 1) a possible change in diagnostic pattern over time 2) a possible corresponding change in causes for referral 3) correlation of hospital diagnosis with causes for referral according to referral papers. Focus is primarily on internalising disorders.

Methods: A random clinical sample of seventy 8–13 year old children per year were included (n = 560). Referral papers were examined and compared with register-data for agreement between referral cause and subsequent clinical diagnosis.

Results: There was a relative increase in the frequency of depressive disorders but not anxiety disorders in the time period examined. A corresponding increase was seen for depressive symptoms as cause for referral. The correlation between depressive and anxious symptoms as causes for referral and the clinical diagnoses was modest, but in the majority of cases (depressive symptoms: 61,9%; anxious symptoms: 61,2%) a clinical diagnosis within the internalising spectrum was given. Compared to the total group of children examined, children referred for depressive symptoms were more often referred by their general practitioner, they were older, more often female and the referral was more likely to be urgent.

Conclusion: The increase in the depression diagnosis seems to be

at least partly due to an increase in patients referred for depressive symptoms. There is a modest correlation between causes for referral and the diagnosis given to the child after examination.

N°242

Epidemiology of feeding problems in a Spanish preschool sample. J. Canals, Department of Psychology, Universitat Rovira i Virgili, Spain; G. Esparó, Public Health and Preventive Medicine Unit, Universitat Rovira i Virgili, Spain; C. Jané, Department of Social and Health Psychology, Universitat Autònoma de Barcelona, Spain; S. Ballepí, Department of Social and Health Psychology, Universitat Autònoma de Barcelona, Spain; F. Viñas, Department of Psychology, Universitat de Girona, Spain; E. Domènech, Department of Social and Health Psychology, Universitat Autònoma de Barcelona, Spain

Objective: In this study we analyzed the prevalence of feeding problems in a sample of nursery children and examined the environmental and psychopathological factors related to such problems.

Methods: We used the Early Childhood Inventory-Parents Checklist (ECI-4) to assess 851 Spanish children aged between 3 and 6 from both urban and rural samples. This screens emotional and behavioral problems and is based on the Diagnostic and Statistical Manual of Mental Disorders-IV. We considered "caseness" of feeding problems, based on the DSM-IV criteria of feeding disorder of infancy or early childhood and information contained in the feeding problems category of the ECI-4. We collected sociodemographic data and information about life events.

Results: Our results showed that the prevalence of feeding problems was 4.8% and that there were no differences between gender. The younger children has more feeding problems. Sample subtype, socioeconomic level and family characteristics were not linked to feeding problems. Children with feeding problems had significantly more symptoms of psychological problems and somatic complaints and had experienced more life events in the previous 12 months.

Conclusions: We discuss several possible explanations for the relationships between these factors and we propose that they be considered in clinical practice.

N°244

A new method for treatment evaluation. Winter S., Wiegard A., Welke M., Lehmkuhl U., Clinic of Child and Adolescent Psychiatry, Psychosomatic and Psychotherapy, Humboldt University, Charité, Berlin, Germany

Objective: The goal of this study is the development of a new method for evaluation in psychotherapy for adolescents.

Methods: In this study we used a questionnaire originally developed for adults: The Psychotherapie Basisdokumentation (PSY-BaDo, G. Heuft/W. Senf, 1998).

All inpatients (>= 12-17 years) from 1997-2002 received questionnaires. Finally 102 adolescents were included in this study (girls 69,6%/boys 30,4%). The diagnosis were recorded with ICD 10.

For the development of the new questionnaire especially for adolescents we made an expert rating. This rating we analyzed qualitatively with the method of the Grounded Theory. The new questionnaire is tested in our clinic since february 2002 (N = 25).

Results: The quantitative analysis (N = 102) shows that adolescents and therapists mention different goals. However this does not influenced the therapy outcome. Adolescents and therapists agree significantly referring to the assessment of the therapy outcome. The adolescents asses the therapy outcome more optimistic than the therapists.

The results of the expert rating led to the development of the new questionnaire for adolescents. The experts mention that the original questionnaire is an advantageous method also for adolescents. We modified the problematic items for adolescents and made a new graphic, also we developed a parallel parent report.

We show the first results of the documentation with the new

questionnaire (N = 25). We describe the courses of the psychotherapies in the view of adolescents, therapists and parents.

Conclusions: The new method of evaluation in psychotherapy for adolescents can be used efficiently to measure the therapy outcome in the sense of quality management.

N°257

Follow-up of controlled school-based programme of prevention of eating disorders Zarima-prevention. P M Ruiz-Lázaro, P Comet, ZARIMA-Prevention Group. Child And Adolescent Psychiatry. D. G. A. Teruel. U. M. I. H. C. U. - University. Zaragoza (Saragosse) Spain. Secretary Spanish Society for Child and Adolescent Psychiatry

Objective: Primary and secondary prevention of eating disorders (ED) in adolescents (Secondary school).

Method: Experimental design with a control group (randomised controlled trial) with measurements pre- and post-intervention. Started in 1999 (1st E. S. O.), with follow-up in 2nd E. S. O. (2000) and 4th E. S. O. (2002). Sample: 5 public and 5 private school of Zaragoza (Spain) with two classrooms of 1st E. S. O. in each school. Standard evaluation: screening with validated questionnaires (EAT-26) and semi-structured interviews (SCAN) in intervention and control group.

Results: In 1999 we studied 502 of 545 pupils selected (response rate: 92.110%): 257 intervention and 245 control, 266 girls and 236 boys. In intervention group 20/257, the 7.78% (CI 95%: 4.82%-11.8%) were classified at risk of ED (high scorers, EAT-26) and in control 19/245, 7.76% (CI 95%: 4.73%-11.8%). Difference was not significant: 0.00027 (CI 95%: -0.0466-0.0471). In 2000 we studied 441: 222 intervention and 219 control (80.9% selected in 1999). In intervention group 9/222, the 4.05% (CI 95%: 1.87%-7.55%) were classified at risk of ED and 23/219, the 10.5% (CI 95%: 6.44%-14.6%), in control group. Difference was significant: 0.0645 (CI 95%: 0.0163-0.113). ED incidence (ICD-10, DSM-IV) significant decrease in intervention group but not in control group. Difference was significant in girls: 4.07% (CI 95%: 0.00575-0.0756). In 2002 we studied 351: 172 intervention and 179 control (64.4% selected in 1999). In intervention group 6/172, the 3.49% (CI 95%: 1.29%-7.44%) were classified at risk of ED and in control 12/179, the 6.7% (CI 95%: 3.51%-11.4%). Difference was not significant: 0.0322 (CI 95%: -0.0136-0.0779).

N°258

Eating disorders in a representative sample of adolescents. P. M. Ruiz-Lázaro, J. P. Alonso, M.ª P. Comet, A. Lobo, J. M. Vellilla. Child And Adolescent Psychiatry. D. G. A. Teruel. U. M. I. H. C. U. - University. Zaragoza (Saragossa) Spain. Secretary Spanish Society for Child and Adolescent Psychiatry

Objective: To measure prevalence rates for eating disorders (ED) in a large representative sample of Spanish adolescents using standardized methods.

Method: A two-stage approach was used, which involved the screening of a population large sample of 4,047 adolescents aged 12-18 and subsequent semi-structured interviews of screen-positive female subjects. In phase 1 research nurses administered the Spanish version of the Eating Attitudes Test (EAT-40), Eating Disorder Inventory (EDI) and the Sociocultural Influences in the Aesthetic Body Shape Questionnaire (CIMEC-40). In phase 2 a research psychiatrist administered the SCAN (Schedules for Clinical Assessment in Neuropsychiatry).

Results: A total number of 2,193 adolescent girls (response rate: 84.4%) and 1,854 boys (response rate 87.6%) participated voluntarily. A 16.32% (95% CI 14.8% to 17.9%) of the girls and a 3.3% (95% CI 2.6% to 4.2%) of the boys were classified at risk of ED (high scorers). The prevalence rates (ICD-10, DSM-IV criteria) for girls were 0.14% (95% CI 0% to 0.4%) for anorexia nervosa (AN), 0.55% (95% CI 0.3% to 0.9%) for bulimia nervosa (BN) and 3.83%

(95 % CI 3.1 % to 4.7 %) for ED Non Otherwise Specified (EDNOS). Overall ED prevalence in girls was 4,51 % (95 % CI: 3.7 % to 5.4 %).

Conclusion: The prevalence of ED in Zaragoza (Spain) is similar to those reported for other developed countries. This is the most accurate psychiatric study of our knowledge about the prevalence of DSM-IV, ICD-10 ED in a representative stratified community sample of the adolescents in both a Spanish speaking country and Southern Europe.

N°261

Premorbid factors in adolescent inpatients suffering from a first-episode of psychosis. A. Guerra, V. Tort, M. E. Navarro, M. Martin, M. J. Muñoz, M. L. Miralles, Adolescent Unit. Benito Menni CASM. Sant Boi de Llobregat (Barcelona). Spain

Objective: The neurodevelopmental hypothesis postulates that genetic and environmental factors operate in fetal or neonatal life cause abnormalities in brain development which are manifest in childhood and adolescence as delayed milestones, cognitive deficits and social malfunctioning.

We look at several items related with premorbid and precipitating factors.

Methods: There is a sample of 19 inpatients admitted to an psychiatric adolescent unit fulfilling the criteria for a first-episode of psychosis. We describe several premorbid variables (family history, obstetric complications, developmental milestones, academic and social functioning). The age range was 14–17 years.

Results: The gender distribution was 11 ♂ 8♀. From several variables analysed, family history of psychiatric disorders was present in a 63 % of the patients, obstetric complications (OCS) in the 31 % and PAS showed difficulties in the most of the adolescents. Other variables found was the presence of prodromal symptoms (about 80 %), precipitating factors (90 %) and comorbid substance abuse (84 %).

Conclusions: Social dysfunctioning, family history of psychiatric disorder and obstetric complications are premorbid factors that are overrepresented in first-episodes of psychotic disorders. The presence of premorbid or prodromal symptoms could help to target some high risk adolescents of suffering of psychotic disorders and implement some preventive actions. Some limitations of our study are small sample, inpatients (severity) and higher social dysfunctioning.

N°269

Société néo-libérale, famille contemporaine et pédopsychiatrie: un défi pour les professionnels. Alain Lazartigues, Bruno Verrecchia, CHU de Brest, Service universitaire de pédopsychiatrie, hôpital de Bohars, 29820 Bohars, France

Les repères économiques et sociaux et les valeurs structurant l'espace social ont changé depuis 30 ans: disparition du devoir impliquant une morale liant le sujet au groupe, remplacement par l'hédonisme qui focalise les enjeux sur le sujet. L'individualisme, l'épanouissement de soi, les exigences d'authenticité, l'affaiblissement de l'encadrement institutionnel proposent à l'enfant l'utopie d'une société de sujets libres, sans les contraintes impliquées par l'appartenance au collectif. Parallèlement, les exigences d'une auto-fondation par la compétition, par l'intégration dans un groupe en fonction des ses performances (concours, travail, sport) n'ont jamais été aussi fortes. L'école est au centre de ce conflit (une «société d'individus»), de même que la famille contemporaine, organisée autour du principe de consensus pour l'éducation comme pour la vie en commun. La place de la mère est devenue centrale, par la continuité qu'elle assure auprès de l'enfant, et par l'idéologie de parité qui guide la société. Les organisateurs de la structuration psychique de l'enfant ont donc changé: différence des générations (relation parents-enfant symétrique), différence des sexes (parité, disparition des tâches domestiques comme sociales liées au sexe), consensus, réduction de l'horizon temporelle au présent. Ces changements induisent des modifications dans la personnalité de base qui n'est

plus sur le modèle névrotique, mais plus proche de personnalité dépressive dépendante (avec une problématique majeure de l'attachement) et de personnalité perverse narcissique (par disparition de l'appartenance au social et effacement des exigences, essentiellement surmoïque impliquée par cette appartenance). Nous présenterons quelques conséquences sur les prises en charge.

N°270

Autorité et nouvelles parentalités. Humberto Morales, Alain Lazartigues, CHU de Brest, Service universitaire de pédopsychiatrie, hôpital de Bohars, 29 820 Bohars, France

L'autorité est en crise, au niveau de l'état comme dans la société ou la famille. Qu'est-ce que l'autorité? Pour Hanna Arendt, l'autorité est au cœur d'un système social dans lequel les places sont asymétriques (les parents ont des places différentes de celles des enfants), les droits et devoirs de chacun sont clairement explicités (le devoir des parents est de protéger l'enfant, de l'éduquer, etc. ; un des devoirs de l'enfant est d'obéir à ses parents), les transgressions sont peu nombreuses et les sanctions leurs sont proportionnelles. Enfin, ce système est globalement accepté.

La famille contemporaine marque sa différence: la parité supprime toute différence au niveau des statuts du père et de la mère, la différence des générations ne résiste pas au copinage entre parents et enfants; les rapports parents-enfants s'organisent sur le principe de consensus; droits et devoirs tendent à devenir identiques; l'issue du rapport de force décide quand le consensus est introuvable; la primauté de l'individualisme s'oppose à toute acceptation des règles et des exigences impliquées par l'appartenance sociale. C'est le conflit situé au cœur de la «société d'individus» qui est la nôtre et dans laquelle par l'éducation nous devons faire entrer progressivement les enfants. Cette disparition de l'autorité dans la famille contemporaine modifie radicalement les conditions de développement des enfants issues de ces familles avec la double problématique des intériorisations (des interdits et structuration corrélative du surmoi) et des identifications (fragilité narcissique). Nous examinerons quelques conséquences pour le pédopsychiatre.

N°271

Batir, habiter, penser, soigner. Bruno Verrecchia, Alain Lazartigues, Christine Courtois, CHU de Brest, Service universitaire de pédopsychiatrie, hôpital de Bohars, 29820 Bohars, France

A l'origine de cette réflexion: le projet de construction d'un nouvel hôpital de jour accueillant de jeunes enfants souffrant de pathologies autistiques, de troubles graves du développement, projet déployé selon quatre dimensions: architecturale, culturelle, institutionnelle, thérapeutique. En effet, notre parti-pris fût de considérer d'emblée et conjointement Architecture et Culture comme des déterminants fondamentaux du Soins dans sa genèse institutionnelle, et notre chance de pouvoir instaurer un partenariat constructif tant avec l'ingénieur de l'hôpital qu'avec notre directeur administratif.

Penser le soin implique nécessairement de penser le lieu du soin car c'est aussi à partir de cet Espace de Jeu, espace physique et psychique, que le projet thérapeutique prend son essor. C'est dans cet espace que peuvent se déployer les multiples dimensions du jeu individuel et collectif d'une équipe soignante avec les patients et leur famille. Cet espace est donc un enjeu fondamental du soin, singulièrement en psychiatrie. Il s'agit de penser ici l'habitation comme «le trait fondamental de la condition humaine» (Heidegger). L'architecture contribue précisément au déploiement d'un espace habitable. Travailler, dialoguer, rencontrer l'autre, soigner en un lieu qui a une β me – la finalité de l'architecture n'est-elle pas de contribuer à l'épanouissement de l' β me car «la forme est essentielle à l'être» comme le dit Saint Bernard – et non exercer des prestations techniques dans des cubes préfabriqués!

On a donc privilégié dans ce projet la recherche de centres de gravité «ontologiques» qui orientent, guident, et inspirent naturellement nos attitudes plutôt que la mise en place de repères ex-

clusivement cognitifs faisant appel à un mode de pensée purement opératoire.

N°279

«**La journée de Ouistiti**»: apport et confirmation du diagnostic clinique de la dysharmonie évolutive chez le jeune enfant. C. Ehrenberg, Phymontin-Usis, Paris, France; B. Bergmann, Phymontin-Usis, Paris, France; M. Soulé, Phymontin, Paris, France

Objectifs: Fort de vingt ans d'expérience dans le suivi thérapeutique d'enfants souffrants de troubles du comportement, l'Unité de Soins Intensifs du Soir (USIS) du XIV^{ème} arrondissement de Paris vise par cette recherche-action, financée par La Fondation de France, à promouvoir la prise en charge précoce, dès 3-4 ans, des ces enfants. Il s'agit d'enfants souffrants de troubles graves: dysharmonie évolutive, pré-psychose, pathologies limites qui peuvent se manifester par des symptômes d'hyperactivité infantile. L'hypothèse est qu'une médiation clinique particulière: «la journée de Ouistiti», (un choix de dessins inédits relatant la journée d'un petit singe) offre un apport et une confirmation rapide du diagnostic issu de l'entretien clinique.

Méthodes: Passation de Ouistiti auprès de deux groupes: 100 enfants tout-venants interrogés en maternelle, 15 enfants souffrants de troubles graves de la personnalité et suivis en institution. Constitution d'un groupe d'enfants à risque parmi le groupe des tout-venants, et comparaison avec un questionnaire d'évaluation général rempli par les enseignants. Recherche de convergences entre les passations de Ouistiti et les résultats obtenus par des bilans psychologiques habituels.

Résultats: Les profils des réponses obtenus à Ouistiti sont très différents suivant le groupe interrogé. La majorité des enfants considérés comme «à risque» après la passation de Ouistiti rencontre des problèmes scolaires.

Conclusions: En mêlant de façon rapide et ludique les réponses directes de l'enfant à une observation clinique précise, Ouistiti est un outil de repérage clinique utile à intégrer dans un entretien d'évaluation.

N°289

Error as a symptom in borderline personality. D. Goor*, N. Zdanowicz, Université catholique de Louvain, Belgique

Objective: The hypothesis is that the subjective evaluation of their child's functioning by borderline mothers is tainted with problems of perception. These problems, inherent to the structure of borderline personalities, would be enhanced because of the stress in parenting (the period of children's education is understood as a stress factor in a stress-vulnerability model typical of the borderline personality).

Method: 19 borderline mothers, according to the DSM4, answered a questionnaire on a subjective evaluation of their child's functioning. Moreover, objective data on the real functioning of the children was collected. Pearson correlations were established between the subjective and objective elements.

Results: Subjective evaluation of their child's school functioning by borderline mothers was not at all predictive of the real functioning of the child. This can be shown directly, but also indirectly (positive influence of a third party on the mother-child unit).

Conclusion: If the subjective evaluation by borderline mothers of their child's functioning is not predictive of the real functioning, it seems nevertheless interesting to organize a mother-child follow-up. This can have a metaphoric value in the light of the traumatic childhood past of these borderline patients and their difficulty to symbolize it. This could be a complementary therapeutic approach in the borderline personality.

L'erreur comme symptôme chez la personnalité borderline.

Objectif: L'hypothèse posée est celle-ci: l'évaluation subjective par des mères borderline du fonctionnement de leur enfant serait entachée de troubles de la perception. Ces troubles, inhérents à la structure de personnalité borderline, seraient exacerbés suite au stress vécu de la parentalité (la période d'éducation des enfants étant comprise comme facteur de stress dans un modèle stress-vulnérabilité descriptif de la personnalité borderline).

Méthode: 19 mères borderline selon le DSM4 ont répondu à un questionnaire d'évaluation subjective du fonctionnement de leurs enfants. Par ailleurs, des données objectives sont récoltées concernant le fonctionnement réel des enfants. Des corrélations de Pearson sont établies entre éléments subjectifs et éléments objectifs.

Résultats: L'évaluation subjective par les mères borderline du fonctionnement scolaire de leur enfant n'est pas du tout prédictive du fonctionnement réel de l'enfant. Ceci peut être démontré directement mais aussi indirectement (influence positive d'un tiers sur l'unité mère-enfant).

Conclusion: Si l'évaluation subjective par les mères borderline du fonctionnement de leur enfant n'est pas prédictive de leur fonctionnement réel, il nous paraît tout de même intéressant de pouvoir organiser un suivi mère-enfant, notamment pour la valeur métaphorique que peut avoir un tel suivi, au vu du passé infantile traumatique des patientes borderline et de leur difficulté à le symboliser. Ceci pourrait être une approche thérapeutique complémentaire chez la personnalité borderline.

N°310

Prescribing psychotropic medication to nursing women: what are the safest options? Olza Ibone, Child Psychiatrist, Zaragoza, Spain

Objective: The benefits of breastfeeding for infant development, attachment and maternal health are well known. Treatment of maternal psychopathology during the postpartum period poses the clinical dilemma of having to choose the psychotropic drugs that are compatible with breastfeeding. Many times weaning is recommended even though it is not necessary and the benefits of breastfeeding are lost.

Methods: In this paper we present a review of the most recent studies concerning the use of antidepressants, antipsychotics, mood stabilisers and benzodiazepines by nursing women. The general recommendations for the prescription of psychotropic drugs to lactating mothers include monitoring plasma levels and a thorough examination of the infant by the paediatrician.

Results: Several studies have concluded that antidepressants such as sertraline, paroxetine and fluvoxamine appear can be used safely to treat postpartum depression in lactating women. There is less information regarding the use of atypical antipsychotics. Lithium therapy has shown to have some detrimental effects in infants breastfed by treated mothers and most authors recommend weaning under this therapy. Some recommendations can be drawn from the review presented.

Conclusions: Many psychotropic drugs are compatible with breastfeeding.

N°313

Antidepressant treatment patterns among children and adolescents diagnosed with depression: an assessment of u. s. office-based physician-patient encounters. T. L. Skaer, D. A. Sclar L. M. Robison, Pharmacoeconomics and Pharmacoepidemiology Research Unit, College of Pharmacy, Washington State University, Pullman, WA USA

Objective: Since 1998, the use of selective serotonin reuptake inhibitors (SSRIs) has been advocated as first-line pharmacotherapy in the treatment of depression in children and adolescents due to the enhanced safety profile as compared with that of tricyclic antidepressants (TCAs). This study was designed to use a single national data source to discern trends in the prevalence of office-

based visits resulting in a diagnosis of depression among children and adolescents age 5–18 years, and trends in the prescribing of antidepressants for its treatment.

Methods: Data from the U. S. National Ambulatory Medical Care Survey were used for the analysis. The number and rate of office-based physician visits resulting in a diagnosis of depression (ICD-9-CM codes 296.2–296.36; 300.4; or 311), and the prescribing of antidepressants (by type) were discerned for the years 1989–2000. Trend analyses were conducted using three 4-year time intervals: 1989–92; 1993–96; 1997–00.

Results: Over the time frame examined, the U. S. population-adjusted rate of office visits documenting a diagnosis of depression more than doubled, from 12.1 per 1,000 children and adolescents age 5–18, to 29.4 per 1,000. The percent of patients prescribed an antidepressant increased from 39.6% to 59.5%; receipt of an SSRI increased from 16% to 38.9%; and receipt of a TCA declined from 21.5% to 3.1%.

Conclusion: These data reveal significant growth in the rate of children and adolescents diagnosed with depression in the U. S., and significant growth in the prescribing of SSRIs for its treatment.

N°314

Use and cost patterns of risperidone versus olanzapine for the treatment of schizophrenia among u. s. children and adolescents 5–18 years old. D. A. Sclar, T. L. Skaer, L. M. Robison, College of Pharmacy, Washington State University, Pullman, WA, USA, W. M. Dickson, Department of Pharmaceutical Sciences, College of Pharmacy, University of South Carolina, Columbia, SC, USA, J. S. Markowitz, Department of Pharmaceutical Sciences, College of Pharmacy, Medical University of South Carolina, Charleston, SC, USA, C. L. DeVane, Institute of Psychiatry, Medical University of South Carolina, Charleston, SC, USA

Objective: To discern the cost of observed pharmacologic treatment patterns (switch; augment; both; neither) for Medicaid beneficiaries, age 5–18, in the State of South Carolina diagnosed with schizophrenia, and prescribed either risperidone, or olanzapine.

Methods: Data were abstracted for the time-frame January 1, 1995, through December 31, 2000. Each patient-level record contained extensive information six months prior to, and 12 months post-initiation of antipsychotic pharmacotherapy (n = 2,511). Logistic regression was used to derive odds-ratios for the likelihood of switching to another antipsychotic, augmenting with another antipsychotic, or both, and were adjusted for potential confounders. General linear modeling was used to ascertain adjusted least square means [± SE] for 12 month post-period expenditures in total, and by service areas, across the treatment pattern.

Results: Patterns of use in the 12 months post-initiation of antipsychotic pharmacotherapy: Switch: risperidone 13.9%, olanzapine 28.5%; Augmentation: risperidone 8.4%, olanzapine 19.8%; and Switch and Augmentation: risperidone 7.8%, olanzapine 17.7%. Initiating pharmacotherapy with risperidone resulted in a statistically significant lower probability of switching (OR = 0.44, 95% CI = 0.35–0.56), augmentation (OR = 0.41, 95% CI = 0.31–0.54), or both (OR = 0.44, 95% CI = 0.33–0.58). Twelve month post-period expenditures were: No switch or augmentation \$2,138.93 ± 92.41; Switch \$2,397.36 ± 289.53; Augment \$6,982.90 ± 804.33; Both switch and augment \$4,066.27 ± 249.00.

Conclusions: Among children and adolescents 5–18 years old prescribed an atypical antipsychotic, the need for switching, augmentation, or both, resulted in increased health service expenditures. Initial selection of atypical antipsychotic influences the extent of switching, augmentation, or both.

N°315

Did Sir Winston Churchill have hyperkinetic or bipolar affective disorder? Dr Adeel A. Siddiqui, Registrar in Child and Adolescent Psychiatry, Child and Family Centre, Ballyfermot, Dublin-10; Professor Michael Fitzgerald, Henry Marsh Professor of Child Psychiatry, Trinity College, Dublin

Objective: This article sets out to discuss the psychopathology of Winston Churchill.

Method: It is a literature-based research conducted by reviewing already published material on Churchill.

Results: This paper suggests that Churchill had strong flavour of Hyperkinetic Disorder and/or may also have Bipolar Affective Disorder.

Conclusions: Sir Winston Churchill was born in 1874. He was a history maker and an exceptionally gifted man known to the world as British Prime Minister, a military General and a “relentless writer”. “In Admiralty he generated vitality because his energy was phenomenal and when he became Prime Minister his greatest skill was his ability to mobilise people”. He had difficult childhood; from very early age he was showing signs of “an independent, restless, stubborn, defiant character”. His school days were full of tensions held in “low self-esteem by his family and criticised by his masters for the forgetfulness, carelessness, unpunctuality and irregularity”. He always talked excessively, was impulsive in his remarks, had “fidgety hands” and “noisy mind”, all typical of Hyperkinetic Syndrome. Despite of these he had “phenomenal power to concentrate” which may be seen in ADHD as they have the ability of hyper focusing on their subject of interest. There seems to be strong family history of affective illness. Randolph, his father suffered from mood swings “was too fond of fast company” and “aggressive high-jinx”. His mother Jennie had “restless tongue and extravagant life style” He described his mother as remote and inaccessible and his father as stern and unpredictable. Churchill suffered from periods of intermittent depression described by him as “black dogs”. He may have suffered from elation of mood also as he could be very energetic, was very reckless in his behaviour and enjoyed driving at high speed. He was described as quick and fertile in thoughts. He drank and smoke heavily. Queen Victoria described him as “man and odd”.

References

- Jenkins R (2001) Churchill
Rose N (1994) Churchill-an unruly life.
Soames M (1979) Clementine Churchill.

N°319

Evaluation of child psychiatric family ward treatment in the Tampere university hospital: a pilot study. K. Puura, P. Kaukonen, T. Tamminen, M. Koittankoski, U. Partanen. Tampere University and University Hospital, FINLAND, kajja.puura@pshp.fi

The family ward treatment started 1993 in the child psychiatric department of Tampere University Hospital to address problems of families with children under school age. The work with the families focuses on the interaction and relationships between family members during a three-week long treatment period. The ward can take two families at a time.

Objectives: For evaluating the effect of the treatment, a pilot study was conducted with all the families who had received family ward treatment between 1993–2000. A set of questionnaires were sent to all of the 140 families treated, and 71 (50%) agreed to participate in the study. As a measures we used the Parenting Stress Index, Short Form (PSI) and the Child Behaviour Checklist (CBCL) for parents, and questionnaires of our own for the children and parents about their view on why they had come to the treatment, how the treatment had felt and whether they thought it had been useful.

Results: In our sample 20% of the index patients were 6 years old or younger, 62% were 7–12 year-olds and 18% over 13. The reasons for coming to the family ward included problems of the child in

50%, problematic parenting in 30% and parents crisis in 13% of the cases, with remaining 10% having miscellaneous reasons for referral. The children reported being fine after the treatment in 70%, relatively fine in 20% and poorly in 10% of the cases. Mothers reported the child and family having benefited from the treatment in 70% of the cases, no benefit in 10% and negative effects in 6% of the cases. The analyses of the PSI and CBCL results will be also presented in the poster.

N°323

Depressed adolescents in the context of an adult psychiatric emergency room. A. Pehlivanidis* and G. Trikkas, Athens University Psychiatric Clinic, Eginition Hospital, Athens Greece

The increased number of visits to the Psychiatric Emergency Room during the last years, is mainly attributed to factors such as the increasing use of psychoactive substances, the lowering of social tolerance of the different social crisis phenomena (gradually increasing one-parent families) and the psychiatrization of social problems.

Depression in adolescence is related to the above-mentioned phenomena. Furthermore this psychiatric condition is closely related to self-destructive behavior, which has to be treated in a specialized context. The personnel of a Psychiatric Emergency Room for adults usually is not very familiar with the particularities of the depressive syndrome in adolescence such as clinical assessment of behavior disturbances and ethical dilemmas of patients in a period near the adulthood.

During a period of one year 45 adolescents (15–20 y.o.) diagnosed as depressed were assessed at the Emergency Psychiatric Room of the only University Psychiatric Hospital in Athens. In comparison to the remaining patients diagnosed as depressed (N = 975) the adolescent group more frequently visited the hospital accompanied by a family member, was reporting a double rate of self-destructive behavior and has been rated more frequently for psychopathic behavior. Less substance abuse and sleep disorders were reported.

Since the early-onset depression is more deleterious for patient's life, training of the Psychiatric Emergency Room to assess and treat properly adolescent depression in crisis is very important.

N°326

Suicide attempters referred to the university child psychiatric department of a general children's hospital. K. Papanikolaou, M. Belivanaki, K. Richardson, S. Anasontzi, V. Hatzara, I. Tsiantis, Child Psychiatric Department, University of Athens, Agia Sophia, Childrens Hospital, Athens, Greece

In the present study we examined the sociodemographic factors, psychiatric morbidity and family functioning in children and young adolescents (< 14 years old) referred to the University Child Psychiatric Department of "Agia Sophia" Children's Hospital during the last 28 months.

Forty-nine consecutive subjects and their parents were assessed and independently completed a battery of questionnaires. Among other questionnaires children completed the Youth self Report (YSR) and Children Depression Inventory (CDI) and parents the Child Behavior Checklist (CBCL), Beck Depression Inventory (BDI) and Family Assessment Device (FAD), a demographic questionnaire and a life event checklist.

The male-female ratio was 1:15. In 1/3 of cases conflict with parents was the precipitating event. Pharmaceutical was the most common method of attempt (87%). 10% reported a previous suicide attempt. Finance difficulties and change of residence were the most common stressful life events. Mean scores in all subscales of FAD were above 2.2. In CDI 45% of subjects had a score above 20. Preliminary results showed that in both CBCL and YSR the total and internal scores were statistically significant. Between the two questionnaires high correlation was noted in somatic complaints,

anxiety/depression, total and internal scores. BDI score was correlated to total and internal score only in CBCL.

To conclude, over 45% subjects showed clinical depression, the total scores in CBCL and YSR were high especially in internalizing symptoms, depressed mothers tended to give higher scores to internal symptoms in CBCL and families seemed to be dysfunctional.

N°329

Tension-type headache and neuropsychiatric disorders in children. R. Donfrancesco, A. Dell'Uomo, La Scarpetta Hospital, U. O. Tsmree, ASL RM/A, Roma, Italy

Objective: Some papers, concerning adult people, display a higher prevalence towards tension-type headaches than migraine ones amongst people with psychiatric disorders. The aim of this paper is to verify these data amongst children with psychiatric disorders.

Method: A structured interview concerning headache symptomatology was used with 158 children, all psychiatric consecutive patients of 3 child neuropsychiatrists of a primary health care unit. A control group of 105 subjects was recruited among the consecutive patients of 2 paediatricians of the same primary health care unit. These data have been collected on children from ages 5 to 14. The two groups were matched based on age. The diagnosis was performed according the IHS criteria.

Results: Children that were visited in the neuropsychiatry primary care unit had more headaches (22.78%) than children in paediatrician clinics (9.90%, $p < 0.05$). Of these, 10.12% of the psychiatric population had tension-type headaches and 8.22% migraine ones. Among the control group, 5.96% of the children had tension-type headaches and 3.96% migraine headaches. No statistic differences were found between the ratio migraine/tension-type headaches of the two groups.

Conclusions: Children with psychiatric disorders have more frequent headaches than children of the paediatric clinics, but tension-type headaches are not a specific feature of this association. Neuropsychiatric disorders are a common aggravating factors for both migraine and tension-type headaches.

N°341

Psychometric properties and normative data of eating disorder inventory for children, the Swedish version. B. Thurffjell, B. Edlund, H. Arinell, B. Häglöf & Ingemar Engström, Uppsala University, Sweden

Objective: To present psychometric and normative data of the Swedish version of Eating Disorder Inventory for Children (EDI-C).

Methods: Completely answered EDI-C questionnaires from 201 adolescent girls diagnosed with an eating disorder (ED) and 2073 adolescent girls without a known ED were used to evaluate the psychometric properties of the EDI-C. Data collected within seven projects, including completely answered questionnaires from 2070 boys and 2655 girls attending grade 4–12, gave the normative information.

Results: Internal consistency was 0.70–0.90 for the ED group. Eleven factors with eigenvalue > 2.2 explained 56% of the variance and showed satisfying correspondence to the constructs of EDI-C. A discriminant analysis classified 85.6% of the cases correctly. The most important discriminating subscales were Drive for thinness, Asceticism and Body dissatisfaction. All subscales except Maturity Fears showed significantly higher mean values for the ED group. The psychometric properties in nonclinical groups of girls and adolescent boys resemble those found for adolescent girls with an eating disorder. An increase of Drive for Thinness, Body Dissatisfaction, Interoceptive Awareness and Impulse regulation characterized the adolescent girls. Maturity Fears, Interpersonal Distrust and Social Insecurity decreased during adolescence for both genders.

Conclusions: The results indicate that the psychometric properties of EDI-C are comparable to the properties of EDI-2. EDI-C should be preferred for adolescents since its statements suit this age group. The results also indicate that the EDI-C could be used for

both boys and girls, although separate norms are recommended for preadolescents and adolescents, for boys and girls respectively.

N°347

Treatment in group to parents of children with different psychopathologic disorders. R. Nicolau, Psychologist Especialist Senior Infanto-Juvenil CSMIJ Eixample, Servei de Psiquiatria i Psicologia Infantil i Juvenil, Hospital Clínic de Barcelona, Spain; M. García-Giral, Psychiatrist Especialist Senior Infanto-Juvenil CSMIJ Eixample, Servei de Psiquiatria i Psicologia Infantil i Juvenil, Hospital Clínic de Barcelona, Spain; V. Casullà, Psychologist Master de Psiquiatria i Psicologia Infantil i Juvenil. Departament de Psiquiatria i Psicologia Médica. Universitat de Barcelona, Spain; E. de la Serna, Psychologist Master de Psiquiatria i Psicologia Infantil i Juvenil. Departament de Psiquiatria i Psicologia Médica. Universitat de Barcelona, Spain; M. Cruz, Psychologist Especialist Senior Infanto-Juvenil CSMIJ Eixample, Servei de Psiquiatria i Psicologia Infantil i Juvenil, Hospital Clínic de Barcelona, Spain

Aim of the study: One wants to study the knowledge of the parents before and after these sessions in-group.

Methods: Parents of patients who attend a Child and Adolescent Child Guide at Barcelona. The team of the Unit makes the diagnosis and the treatment. All parents whose children are been attended by the Unit are invited to assist to a session in-group about cognitive and behavioural strategies to deal with parenting problems with their children. The group is open (one can come in and give up the sessions went they want). The groups are divided by aged into two: parents of children aged 6 to 10 and a parent of children aged 11 to 17.

The group frequency is fortnightly during 7 months. The group session duration is two hours.

It is done an evaluation at the first session and a second evaluation at the end. It is used a questionnaire elaborated by R. Nicolau and M. Garcia (2001).

Results and Conclusions: We are increasing our sample. The preliminary results show: parents increase their knowledge about what are the different strategies to use to shape the behaviours of their children.

N°362

Sleep problems in a community sample of Spanish preschool children. Viñas F., Canals F., Jané M. C., Ballepí S., Esparó G., Domènech E., Universitat de Girona – Spain

Objective: The aim of this study was to determine the prevalence of sleep problems in preschool children and to analyse its relation to sociodemographic characteristics, parents' health and psychopathological variables.

Method: 851 preschool children (3 to 6 year-olds) from rural and urban areas were assessed using a DSM-IV-referenced rating scale. Parents were assessed with the GHQ-28. Additional information about family structure, family habits and live events was obtained from a self-report questionnaire.

Results: The 19% of preschoolers displays sleep problems. The more common problem is crawling into parent's bed in the middle of the night (11.7%), followed by trouble in falling asleep (6.3%), waking up much earlier than usual (5.7%) and waking up crying in the middle of the night (4.5%). These sleep problems are associated to the presence of psychopathology in children and health problems in parents.

Conclusions: The results of this study show that sleep problems are not uncommon in preschoolers. We suggest to detect them to prevent further more severe symptomatology.

N°365

Capgras syndrome after traumatic brain injury. J. A. Alda*, M. P. Lozano**, M. Melendez***, C. Bosch, A. Febrer***
Servicio de Psiquiatria. **CDP Unidad Creu Roja. ***Servicio de Rehabilitación. Hospital Sant Joan de Déu. Barcelona (Spain).

Introduction: Traumatic brain injury (TBI) in children and adolescent is a mayor public health problem. The overall risk of TBI in children is estimated at 4% in boys and 2.5% in girls. Age-specific rates for severe head trauma increase from under 5 yr of age reaching a peak in adolescence and are higher for boys at all ages. The Capgras syndrome is characterized by failure to recognize a familiar person (or persons), associated with belief that the real person has been replaced by a double.

This syndrome is a variant of the phenomenon of reduplicate paramnesia (Pick, 1903).

Objective: to analyze the relationship between the traumatic brain injury and the development of the delusional misidentification.

Material: We describe a patient 18 year old man after a severe traumatic brain injury developed a delusional misidentification (Capgras syndrome). Neuropsychological testing demonstrated significant deficits in executive and memory functions.

Magnetic Resonance imaging shows cortical contusions in the left frontal, right frontotemporal lobes and multifocal difusse axonal injury.

Results: Delusional ideation fully resolved within 10 days of commencement of olanzapine 10 mg daily.

Conclusion: Even though Capgras symptoms have typically been attributed to functional psychosis, a variety of organic brain lesions have been shown to produce duplication syndromes.

N°376

Familiar environment and eating disorders in school adolescents. J. Canals, Rovira i Virgili University, Tarragona, Spain; O. Asorey, Rovira i Virgili University, Tarragona, Spain; G. Esparó, Rovira i Virgili University, Tarragona, Spain; S. Pérez, Rovira i Virgili University, Tarragona, Spain; V. Arija, Rovira i Virgili University, Tarragona, Spain

Objective: To investigate the association between intrafamilial interpersonal relations/structure and disordered eating behaviors.

Method: Design: Cross-sectional epidemiological study developed in two phases. Subjects and instruments: All the secondary students (n=2921) between 12 and 15 years were assessed in the first phase with the Eating Attitudes Test (Garner and Garinkel, 1979). A group with EAT higher than 25 (Canals et al., 2002) and a control group with scores lower than 10 were assessed in the second phase (n=343). In these subjects, we administered the Spanish version of the Environment Scale (FES; Moos et al., 1984) and created three groups: high, medium, low, according to the scores of each assessed subscale. We used the Spanish version of the Schedules of Clinical Assessment in Neuropsychiatry (SCAN; Wing et al., 1993) to collect information and to realize the diagnoses of Anorexia, Bulimia and EDNOS according to DSM-IV criteria.

Results: The EAT score was significantly higher in adolescents who had a low perception of their families in terms of cohesion and expressivity. EAT was significantly higher when adolescents assessed relations with members of their family as highly conflictive. The structure of control was medium. The adolescents diagnosed with EDNOS were significantly represented in the low cohesion, expressivity and autonomy groups and the highly conflictive group.

Conclusions: In adolescents of a non-clinical population there is an association between some characteristics of intrafamilial relation/structure and disordered eating behaviors.

N°380

Study about the efficacy of cognitive and behavioral therapy in group in the nocturnal enuresis. M. García-Giral, Psychiatrist Specialist Senior Infanto-Juvenil CSMIJ Eixample, Servei de Psiquiatria i Psicologia Infantil i Juvenil, Hospital Clínic de Barcelona, Spain; R. Nicolau, Psychologist Specialist Senior Infanto-Juvenil CSMIJ Eixample, Servei de Psiquiatria i Psicologia Infantil i Juvenil, Hospital Clínic de Barcelona, Spain; H. Gonzalez, Psychologist, CSMIJ Hospital Sant Joan de Deu, Manresa, Spain; S. Noguera, Psychologist Specialist Infanto-Juvenil CSMIJ Eixample, Servei de Psiquiatria i Psicologia Infantil i Juvenil, Hospital Clínic de Barcelona, Spain; A. Bretones; Nurse, Secció de Psiquiatria Infanto Juvenil, Hospital Clínic, CSMIJ Eixample, Barcelona, Spain; M. Cruz, Psychologist Specialist Infanto-Juvenil CSMIJ Eixample, Servei de Psiquiatria i Psicologia Infantil i Juvenil, Hospital Clínic de Barcelona, Spain

Aim: To increase the adherence to the treatment of patients and parents. To find a low cost therapy to treat nocturnal enuresis. To show the efficacy of the cognitive and behavioural therapy in the nocturnal enuresis. To find and look the positive effect of giving information about the disorder to the adherence to the treatment and to the outcome.

Methods: There is a clinical study pre-post treatment with repetitive measures.

This treatment has been done for 5 years in our Unit.

The children and the parents are invited to do the treatment in group. There are two sessions with the therapist to evaluate the history of the nocturnal enuresis and to make differential and comorbid diagnosis.

The study is done on the results of the 5 groups treatment. Each group does not have the same number of member (the first have 5 children and the last 15). Children aged 6 to 12 years old.

The program has 18 sessions: 9 to parents and 9 to children. The first six sessions are weekly and the six latter sessions are fourthly and the 3 last sessions are monthly. The last session is done with children and parent altogether.

Results: There is in process. Without statistical data, there is a high level of remission of the nocturnal episodes in these groups compared with the clinical classical behavioural treatment experience. The adherence seems higher, most of them arrive at the end of the treatment. There is some relapse but is stopped in no more than one month.

N°383

Systemic approach to intoxication with alcohol. M. Sprenger, C. Kalischko, A. Bernardon, B. Mangold, Child- and adolescent psychiatry and psychosomatic university hospital Innsbruck, Austria

Objective: The number of admissions of adolescents/children to the pediatric department of the university hospital Innsbruck/Austria because of intoxication with alcohol doubled in the last five years. The objective of the project is to find hallmarks for screening children/adolescents with risk to develop a SUD or other problems as early as possible and to find out the role of the family or system respectively.

Method: All 10- to 18-year-old patients admitted because of intoxication with alcohol will be handed out the AUDIT, the CBCL and the child/adolescent part of the "subjectives Familienbild" screening tool (Mattejat) for completion. Parents will be asked to fill out the CBCL and the parents part of the "subjektives Familienbild" A child- and adolescent psychiatrist/family therapist will do a comprehensive assessment with the patient in a semistructured interview, a separate one assesses the family. Interactive therapy finding process with all involved persons.

Quantitative and qualitative evaluation of data in cooperation with the biostatistical department.

Time frame: one year. Start summer 2003. We expect to have at least 80 participants.

Results: We expect to find main risk and protective factors in the

system/family field which may confirm our hypothesis that family is the stage of ongoing problems. The matter of comorbidity and its circumstances and interactions will be another expected important factor.

Conclusions: A comprehensive confrontation with facts about alcohol use in adolescents may enable us to a constructive way of handling the problems associated with alcohol. Senseful prevention and interventions should take place especially in the family/system.

N°389

Evolution des urgences psychiatriques infanto-juvéniles d'un hôpital d'enfants. J. A. Alda, J. Claret. Servicio Psiquiatria. Hospital Sant Joan de Déu. BARCELONA (ESPAÑA)

L'objectif de notre travail c'est l'analyse de l'évolution des urgences psychiatriques infanto-juvéniles (jusqu'à 18 ans) depuis trois ans.

Matériel et méthode: Etude descriptive des caractéristiques cliniques et socio-démographiques des patients recrus dans notre Service d'Urgences psychiatriques de L'Hôpital Sant Joan de Déu de Barcelona depuis son début il y a trois ans.

Résultats: Pendant ces trois ans on a reçu un total de 2822 urgences psychiatriques dont 58,2% (n = 1642) du sexe féminin. De ces patients un 26,2% (n = 741) furent hospitalisés avec une moyenne d'âge de 13,9 ± 3,23 ans.

Le 55,2% (n = 1559) étaient déjà l'objet d'un suivi psychiatrique.

Conclusion: Le profil du patient vu en urgence c'est une adolescente femme avec antécédents psychiatriques, qui vient aux urgences entre 15 et 24 heures, par initiative familiale et dont le motif de consultation c'est un trouble du comportement, une crise d'anxiété ou un geste suicidaire et ayant eu besoin d'un traitement psychopharmacologique (notamment des anxiolytiques).

N°390

Preschool major depressive disorder: clinical characteristics in early childhood. Sogos C. MD PhD, Mazzoncini B. PhD, Paolesse C. MD, Department of Child and Adolescent Psychiatry- University of Rome "La Sapienza", Italy

Objectives: The main aim of this study is to recognize the pattern of depressive disorder as it emerges in preschool children.

Authors attempt to contribute to a better comprehension of depressive disorders in preschoolers from a clinical point of view, through examination of underlying organization of behaviors and affects.

Methods: 32 children with Major Depressive Disorder aged 4 to 5 years (18 Males, 14 Females), consecutively referred to our Out-patient Service for psychopathological and developmental disorders, were submitted to an age-related cognitive, neuropsychological and psychopathological diagnostic assessment along with individual play sessions, observation in a structured group setting, observation of parent-child interaction, parents interviews.

Results: On the basis of prevalent psychomotor style, it was possible to identify 3 subgroups of children. Authors named the 3 subgroups as follows: Over-excited (15 subjects, 9 males and 6 females), Under-excited (12 subjects 6 males and 6 females), Highly vigilant (5 subjects, 3 males and 2 females).

Consistent with the research hypothesis the assessment shows a marked tendency for the 3 observed subgroups to be organized in well-defined affective-behavioral patterns, characterized by a peculiar string of behaviors, relationship with adults and with peers and play's characteristics.

Conclusions: The results of this study point out the existence in preschool children of specific affective-behavioral patterns of depressive disorder. The clinical impression is that in this phase the characteristics of depressive disorder do not yet appear to be organized in a fixed and immovable way.

N°392

Comorbidity in childhood depression: comparison between consulting and screening samples. Sogos C. MD PhD, Mazzoncini B. PhD, Giacchè R. MD, Department of Child and Adolescent Psychiatry- University of Rome "La Sapienza", Italy

Objectives: This study was aimed to investigate different characteristics of depressive syndrome on the basis of different referral pathways.

Methods: Two samples of 24 depressed preadolescents (namely spontaneously referred the first sample [a], called during a preventive medicine campaign, the second group [b]) were compared.

Results: Several important differences between the two samples emerged. In the group a the rate of comorbidity was 66%; the mean age was 10.1; 92% of the sample has a Major Depressive Disorder vs 8% of the sample with Dysthymic Disorder. In the group b the rate of comorbidity was 24%; the mean age was 12.2; 12% of the sample has a Major Depressive Disorder vs 88% of the sample with Dysthymic Disorder.

Conclusions: The course of Pure Depression seems to be more silent respect to Depression with psychiatric comorbidity. That interferes significantly with the precocity of the disorder's identification, treatment and course.

N°393

Childhood depression: subgroups and clinical picture. Mazzoncini B., PhD, Sogos C., MD PhD, Capriotti N. MD, Veronesi C. BA, Department of Child and Adolescent Psychiatry- University of Rome "La Sapienza", Italy

Objective: To study in depth the clinical characteristics of childhood Depressive Disorder regarding the following aspects: typology, course and severity of disorder, age of onset, gender, symptomatic antecedents, life events,, psychiatric comorbidity.

Methods: 41 depressed children aged 6,2 to 13,4 years consecutively referred for outpatient treatment were submitted to psychodiagnostic and neuropsychological assessment. The whole sample was divided into the four subgroups of Depression and respect to other associated psychiatric conditions (according with DSM IV criteria).

Results: Data show that in the whole sample it emerges a peak of referral around the age of nine. For what concern the clinical expressivity in the four diagnostic subgroups, there is not any significant statistical difference regarding age and gender. On the other hand, for what concern symptomatological antecedents and life events: a) in the chronic subgroups respect to acute disorders, more social relationship difficulties and sleep disorders were found; b) in the acute subgroups respect to the chronic subgroups more frequency of divorce, separation and moving to a new home or school emerged. Respect to comorbidity, the subgroup without any associated condition show significant differences for what concern symptoms, antecedents, life events.

Conclusions: The results seem to confirm the existence of peculiar characteristics of Depression in this developmental phase. In particular, comorbid disorders seem to specifically characterize the course and both the emotional and the clinical expressivity of Depressive Disorder.

N°399

Amélioration de la prise en charge hospitalière mère-bébé des femmes souffrant de troubles psychiatriques du post-partum. S. Gamba Szijarto, N. Kaufmann Didisheim, S. Thévoz, C. Müller Nix, M. M. Saillen Stoll, A. Herzog, T. Larequi, P. Guex, F. Ansermet, DUPA et SUPEA, Département de psychiatrie, 1011 Lausanne-CHUV, Suisse

Objectif: Evaluation qualitative des prise en charge psychothérapeutique de la dyade mère-bébé (0 à 18 mois), dans les réseaux de la psychiatrie universitaire (adulte et enfant) à Lausanne, Suisse, et des améliorations à apporter. Population: 123 dyades

mère-bébé hospitalisées en milieu psychiatrique (y compris hospitalisation de jour), ou ayant bénéficiés d'une prise en charge psychothérapeutique lors de l'hospitalisation somatique de la mère ou de l'enfant, entre janvier 2000 et juin 2002. L'évaluation des prises en charge a été faite à partir des dossiers des patients (rétrospectivement), et une appréciation de ces prises en charge faite par 61 soignants concernés (questionnaire).

Résultats: 32 mères ont été hospitalisées, 91 dyades ont été prise en charge par la psychiatrie de liaison et un réseau psycho-social. La prise en charge de la dyade mère-enfant n'est pas reconnue dans l'organisation des soins, ni dans leur remboursement. Les différents lieux de prise en charge manquent de moyens et de formation spécifique au traitement de la dyade. Le travail multidisciplinaire et la coordination entre les nombreux services concernés doivent être améliorés.

Conclusion: Le bassin de population, 190'400 habitants, et le nombre des naissances, 2244 en 2001 ne permettent pas d'envisager la création de lieux de prise en charge spécifiques. Il est nécessaire d'améliorer l'utilisation des ressources à disposition, d'organiser un programme de formation spécifique autour d'un groupe de cliniciens de référence qui oriente ces prises en charge, et d'obtenir un remboursement de la prise en charge de la dyade mère-bébé.

N°408

Are mood disorders more frequent in eating disorder patients than in the general population? N. T. Godart¹, F. Perdereau¹, F. Curt¹, F. Lang³, J. L. Venisse⁴, O. Halfon⁵, P. Bizouard⁶, G. Loas⁷, M. Corcos¹, Ph. Jeammet¹, M. F. Flament²

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Objectives: In studying a clinical population, we estimated the frequency of mood disorders in patients suffering from Anorexia Nervosa (AN) and Bulimia Nervosa (BN) and compared them to a control group matched for age and sex. We hoped to answer the following questions: [1] what is the frequency of mood disorders in AN and BN patients, according to DSM-IV criteria? [2] are mood disorders more frequent in patients with eating disorders (ED) than in a control group? [3] in cases with comorbidity, what is the relative chronology of onset for mood disorders and eating disorders?

Method: We evaluated the frequency of mood disorders in a sample of 271 subjects who presented with a diagnosis of either AN or BN and 271 control subjects, using the Mini International Neuropsychiatric Interview (MINI), DSM-IV version.

Results: Mood disorders are more frequent among ED patients than among controls, with a global prevalence in the order of 80% for each ED group. The majority of the mood disorders comorbid with ED were depressive disorders (major depressive episode and dysthymia). The relative chronology of onset of these disorders was equivocal, because mood disorders preceded or followed the onset of eating disorders.

Conclusion: Mood disorders appear significantly more frequently in patients requesting care for ED than in controls.

N°410

Early onset psychotic disorders in the western Cape province, South Africa: clinical profile and management issues. S. M. Hawkridge, D. Calata, R. A. Emsley, J. Schronen, E. Seale, T. Sousalis, C. Wills, University of Stellenbosch, Cape Town, South Africa

Since the advent of democracy in South Africa, a laudable programme to redistribute resources to the provision of primary health care services in previously disadvantaged communities has

resulted in severe financial constraints for specialist health services, including those caring for children and adolescents with psychiatric illnesses. Major psychiatric disorders such as schizophrenia and bipolar disorder may have their onset in adolescence or even childhood. Young patients may also present with psychotic symptoms as a result of other psychiatric disorders or general medical conditions. The diagnosis and treatment of early onset psychotic disorders can thus be complex, but in many settings in developing countries adult treatment protocols are adopted empirically because of a lack of specialist staff. The Tygerberg Academic Hospital Child and Adolescent Psychiatry Unit serves as a provincial acute inpatient assessment centre for the Western Cape Province of South Africa. In this paper we present the clinical profile of patients admitted to the unit with psychosis in 1997, 2000 and 2001, describe diagnostic and management strategies and outcomes, and discuss ways of optimising treatment and outcome for young patients with bipolar disorder and schizophrenia in the context of limited facilities and resources. Of the 156 patients admitted with psychosis during the calendar years under study, 30 received a diagnosis of bipolar affective disorder and 45 a diagnosis of schizophrenia or schizophreniform disorder.

N°412

Expressed emotion and anorexia nervosa: validity of the five minute speech sample in reference to the Camberwell family interview. Rein Z., Institut Mutualiste Montsouris, Paris, France; Godart N., Institut Mutualiste Montsouris, Paris, France; Perdereau F., Institut Mutualiste Montsouris, Paris, France; Curt F., Institut Mutualiste Montsouris, Paris, France; Jeammet Ph., Institut Mutualiste Montsouris, Paris, France; Fermanian J., Hôpital Necker, Paris, France

We have undertaken a preliminary study on the validity of the "Five Minute Speech Sample" (FMSS) in reference to the "Camberwell Family Interview" (CFI) in anorexia nervosa. We will outline here this study and discuss the results.

There is today and to our knowledge only one study in the literature on the validity of the FMSS in Anorexia Nervosa [1]. The methodology (sample's heterogeneity, modification of the rating's rules, etc.) and the results of this study require further investigations.

The aim of our project is:

- To demonstrate that the FMSS's measure of the EE in families with an anorexic patient is valid comparatively to the CFI's measure.

Our hypothesis is:

- The level of EE in families with an anorexic patient may be reliably measured by the FMSS in comparison to the gold standard, the CFI.

Method: We included in this study the parents of Anorexia Nervosa patients participating in the prospective follow up study on the "family therapy in anorexia nervosa". The assessment was conducted at intake, after the end of a hospitalization for anorexia nervosa.

The mothers and the fathers included (40 in total) have been assessed individually. The FMSS was conducted first, followed after a ten minutes coffee-break by the CFI. We chose to administrate the FMSS first because of the verbatim instructions (free speech) and the length of the assessment (5 minutes).

Results: The preliminary results of this study support our hypothesis.

[1] Van Furth, E. F., Van Strien, D. C., Van Son, M. J. M. & Van Engeland, H. (1993). The validity of the Five Minute Speech Sample as an index of Expressed Emotion in parents of eating disorder patients. *Journal of Child Psychology and Psychiatry and Allied Disciplines*, 34 [7], 12533-12560.

N°428

The effect of food-related context upon the decision-making processes in gambling situations among anorectics. Rainer G. Siefen*, Hanna Cronjäger², Marlies Pinnow², Axel Schölmerich²

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Bechara et al. (1994) developed a gambling paradigm that models real-life decision-making situations concerning reward, punishment and uncertainty of future consequences. The gambling task (GT) is supposed to evaluate deficits in risk assessment and in postponement of immediate reward for the sake of long term benefits among patients suffering from lesions in the ventromedial prefrontal cortex.

The presented pilot study using this gambling situation was intended to investigate, whether the decision-making behaviour of anorectics in a food-related context is likely to be different compared to a neutral context. For this purpose, a version of the gambling task was developed where calories served as gambling points (GTC).

The sample included 32 female adolescents (11 anorectics, 21 controls) with an average age of 16.4 years (range: 13 to 20 years). Independent groups had to solve the original GT or the GTC. As independent variable the "net loss" at the end of the gambling task was registered.

The control group exhibited equivalent performance across both conditions, whereas the net-loss of the anorectic group was significantly higher in the GTC as compared to the GT.

These results are discussed with regard to diagnosis-specific changes in susceptibility to reward and punishment, sensitivity concerning future consequences of decisions in a food-related context and possible influences of prefrontal cortex functioning.

Reference

Bechara A, Damasio AR, Damasio H, Anderson SW (1994) Insensitivity to future consequences following damage to human prefrontal cortex. *Cognition* 50:7-15

N°431

Motivational modulation of the startle reflex: a method for the evaluation of effects of food-related incentives in anorectic juveniles. Hanna Cronjäger¹, Marlies Pinnow¹, Rainer G. Siefen², Axel Schölmerich¹

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Approaches of motivational psychology (Berridge, 1996) emphasize the relevance of different incentive mechanisms in the mediation of motivational/affective responses to food stimuli, which can be differentiated by their neuroanatomical structures.

Food avoidance among anorectics can be interpreted as deficits of the motivational incentive-system, mainly mediated through the mesotelencephalic dopaminergic system and parts of the Nucleus accumbens and the Amygdala.

We studied the perception of food stimuli in anorectic juveniles using the "emotion-modulated-acoustic-startle-paradigm" (Grüsser et al., 2002). This paradigm allows to differentiate the wanting component from other motivational factors.

28 female juveniles (mean age 17.7 years, range 11-22 years; 14 anorectic, 14 healthy controls) participated in the study. The startle reflex and the cognitive evaluation with regard to valence were measured as responses to the presentation of pictures of different food-related items. The startle reflex of anorectics was significantly reduced by food stimuli that were associated with fat, whereas for all other food stimuli (sweet, light, carbohydrates) no differences with the controls' responses were found. This indicates a fat-induced appetitive motivational state. On the other hand, the subjective desire to consume this kind of food was significantly reduced in the anorectics as compared to the control group.

In sum, these results suggest dissociation between explicit subjective and physiological responses to stimuli with fat-containing foods in Anorexia nervosa.

References

- Berridge KC (1996) Food reward: brain substrates of wanting and liking. *Neuroscience and Biobehavioral Reviews* 20(1):1–25
- Grüsser S-M, Heinz A, Raabe A, Wessa M, Podschus J, Flor H (2002) Stimulus-induced craving and startle potentiation in abstinent alcoholics and controls. *European Psychiatry* 17:188–193

N°439

Emotional problems and self destructive behavior in adolescents with diabetes juvenilis. A study of three cases. V. Munitić, M. Žuljan Cvitanović, R. Roje. Psychiatry Clinic, Clinical Hospital Split, Split, Croatia

Author present study of three cases of adolescents with diabetes juvenilis associated with emotional problems and self destructive behaviour. Patients are clinically and psychologically evaluated and tested.

The onset of diabetes juvenilis is often associated with emotional stress, which is a disturbance of the homeostatic balance in predisposed children. Heredity and family history are important in the onset of diabetes. Diabetic children usually have to maintain intensive program of dietary control and applicate insulin therapy several times a day. It is a great narcissistic injury for them, especially because of sensible period of their lives when they have a special necessity to be accepted and affirmed in a group of the same aged. In the situation when they are depressed, frustrated and dejected, they often overeat or over drink self destructively, causing their diabetes to get out of control.

In reviewing cases we showed three adolescents with predominant self-destructive behavior such as trichotillomania, overeating and head banging. They feel a shame and isolation from the others and have low self-esteem. Because of that occasionally, each of them have suicidal thoughts. They can't accept their handicap and negation is usually dominant defense mechanism.

N°492

Three years Follow-up of 52 children and adolescents with psychosis. Preliminary results from the Copenhagen Research Group of Psychosis in Children and adolescents.

Early onset psychosis show a mixed presentation of premorbid symptoms, comorbid disturbances and psychotic symptoms. This is a prospective cohort study of children and adolescents aged 10–18 with early onset psychosis. Initial evaluation with diagnostic interviews, psyco-social interviews and yearly follow-up interviews. Most children and adolescents were functioning poorly after three years, but some were apsychoic and back to normal. An evaluation of psychosis must include developmental perspective.

N°497

Schizophrenia and tardive dyskinesia: the case of a young adult. O. Istoc, F. Perdereau, N. Godart

We will present the clinical case of a schizophrenic patient 18 years hospitalized more than 8 months in an adolescent psychiatry unit. In front of the inefficiency of an atypical neuroleptic, this patient was treated with haloperidol, which allowed an amendment of symptomatology psychotic. However, he presented significant dyskinesia, and abnormal movements, which imposed the stop of traditional neuroleptic. Considering the resumption of the dissociative process, we thus tried a treatment by clozapine.

After a study of the literature, we will discuss the interest of the clozapine in tardive dyskinesia in young adult.

N°499

A comprehensive etiological model for somatoform disorders in childhood and adolescence. N. Bouman, De Jutters Centre for Child and Adolescent Psychiatry, The Hague, The Netherlands

Objective: The etiology of somatoform disorders (SFD) in childhood and adolescence is complex and multifactorial. However, few attempts have been made to bring these different factors together. The author has devised an etiological model in which the different etiological factors of SFD are brought together within one conceptual framework. The objective of this study is to test this model based on the literature concerning SFD in childhood and adolescence.

Methods: An extensive literature search on SFD in childhood and adolescence has been performed using medline and literature references in extant articles.

Results: More than 100 articles have been identified consisting of research studies and caseseries. In these articles, etiological factors are mostly presented in a limited way. For some factors within the etiological model there is ample support while others factors appear to be less relevant.

Conclusion: An etiological model for SFD in childhood and adolescence is investigated using a literature review. Support has been found for several aspects of this model. The model will be presented and discussed.

N°501

Clinical characteristics and biochemical indices in children and adolescents after suicide attempt and at follow-up assessment.

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Based on previous findings in adults, it was hypothesized that several biochemical factors could be associated with suicide attempts in children and adolescents, especially those with impulsive features.

The study aimed to demonstrate relationships between [1] suicide attempts and blood cholesterol concentration; [2] suicide attempts and hormonal factors (oestrogens in adolescent girls, testosterone in adolescent boys); [3] suicide attempts with impulsive features and serotonergic parameters (5HT, 5HTAA).

All consecutive subjects, aged 8 to 16 years, admitted after a suicide attempt were assessed using various clinical diagnostic (Mini Neuropsychiatric Interview-Kid version) and dimensional instruments (Children's Depression Rating Scale, Impulsivity Rating Scale), and several blood and urine measurements. Healthy controls matched for sex, age, body mass index, pubertal status, and season of sampling, were recruited and assessed on the same parameters. In patients, clinical and biochemical measurement was repeated 1–2 months after the suicide attempt, to determine whether the initial findings were state or trait related.

We report the clinical and biochemical results about 30 subjects and their controls.

N°507

Developmental consultant services – Why are they necessary?

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Primary Health Care Centers are institutions where individuals, family and local community come to primary contact with health care system.

The aim of this paper is to present the organizational model and

the results of work of the Developmental Consultant Service in Dispensary for preschool children of Primary health Care Center.

Method of work of the Consultant team, consisting of pediatrician, child psychiatrist, clinical psychologist, nurse and logopedists, is such that it allows solving most developmental difficulties on the primary health care level, without wasting precious time. The diagnostic procedures, general treatment for development stimulation (cognitive and emotional), consultant work with parents for the improvement of their competitiveness, work in nursery-homes, kindergartens, and schools. There are 10000 children of preschool age, growing and developing on the territory of Vozdovac Community. 1700 of these children grow and develop under biological risk.

Discussion: Addressing the patients to the institutions of the secondary and tertiary health care level doesn't necessarily imply the break of the contact with the Developmental Consultant. Support for the family in difficulties, motivation of the local community on solving large problems of these families and financial support to these families represents a picture of a good society on local level that enables everyone "life according to the possibilities".

N°508

Differential diagnosis of eating disorders in adolescents using eating disorders diagnostic scale. Dusan Backovic, M. D., Ph. D., Institute of Hygiene and medical ecology, School of medicine, Belgrade University, Pasterova 2, 11000 Belgrade, Serbia and Montenegro, tel/fax. + 9111 3612762

Eating disorders have a highest incidence in adolescent group. In the aim of better differential diagnostic way, We use Eating Disorders Diagnostic Scale (EDDS) with 22 items (E. Stice et al. 2000) in 22 anorexic patients (14–27 yr., BMI 13.9–20.5 kg/m²) and 4 bulimic patients (19–23 yr., BMI 19.3–20.5 kg/m²), two times in two weeks period. All diagnoses were confirmed by Structured Psychiatric interview (Spitzer 1990).

Specificity for test and retest were: in anorexia 1.00 for both, in bulimia 1.00 and 0.85. Positive predictive value: in anorexia test and retest 1.00 1.00, and in bulimia 0.75 and 1.00. Sensitivity: in anorexia test 0.36, retest 0.15, and in bulimia test 0.75 and retest 0.50.

The benefits of this scale are that it can be completed quickly and easily and might be useful (with limitation) for assessment of all eating disorders in etiologic, prevention and research application.

N°510

Impact de la comorbidité individuelle et familiale sur les relations familiales dans l'anorexie mentale. S. Faucher, F. Perdereau, Z. Rein, F. Curt, C. Terregaux, N. Godart, Institut Mutualiste Montsouris, Paris, France

On retrouve fréquemment des antécédents personnels et familiaux de troubles dépressifs et anxieux chez les patients anorexiques.

Par ailleurs, de nombreux auteurs ont décrit les relations familiales comme étant perturbées dans l'anorexie mentale. Actuellement, si la plupart des auteurs ne voient plus une relation de causalité entre les interactions familiales et la survenue de l'anorexie mentale mais ils y voient un élément favorisant la pérennisation des troubles.

L'impact de la comorbidité individuelle et familiale dans l'anorexie mentale a jusqu'ici été peu étudié.

Les objectifs de notre projet sont:

- D'étudier l'impact de la dépression et des troubles anxieux chez les patients anorexiques sur les relations familiales.
- D'étudier l'impact de la dépression et des troubles anxieux des parents des patients sur les relations familiales.

Méthodes: Cette étude s'inscrit dans le recrutement d'un projet plus large mené actuellement dans le service du Professeur Jeammet.

55 patientes anorexiques (de type restrictif selon les critères du DSM IV) ainsi que leurs parents ont été incluses dans cette étude après une hospitalisation dans le service.

Les diagnostics d'épisode dépressif majeur et de troubles anx-

ieux ont été portés grâce au Mini International Neuropsychiatric Interview (MINI) selon les critères du DSM IV. L'intensité de la symptomatologie dépressive et anxieuse a été évaluée grâce à différentes échelles.

Les relations familiales ont été évaluées avec un autoquestionnaire (le FACES III) et un instrument de mesure de l'émotion exprimée (le Five Minutes Speech Sample).

N°511

Infant and childhood feeding difficulties as risk factors for anorexia nervosa: a study of discordant siblings. N. Micali, Institute of Psychiatry, London, UK; J. Holliday, Institute of Psychiatry, London, UK; A. Karwautz, Univ. Klinik f. Neuropsychiatrie des Kindes und Jugendalters, AKH Wien, Austria; M. Haidvogel Klaus, Univ. Klinik f. Neuropsychiatrie des Kindes und Jugendalters, AKH Wien, Austria; G. Wagner, Univ. Klinik f. Neuropsychiatrie des Kindes und Jugendalters, AKH Wien, Austria; F. Fernandez Aranda, Ciutat Sanitaria Universitaria de Bellvitge, Spain; M. Breclij, University Paediatric Hospital, Ljubljana, Slovenia; D. Collier, Institute of Psychiatry, London, UK; J. Treasure, Institute of Psychiatry, London, UK

Objectives: To investigate whether early feeding problems, in particular digestive problems and feeding difficulties during childhood, predict the development of anorexia nervosa in sister pairs discordant for the disorder.

Methods: We used a within-family, discordant sibpair design, to [1] control for unmeasured potentially confounding factors and [2] to examine whether early feeding experiences are linked specifically to the sibling with AN. 197 sister pairs were compared. Lifetime diagnosis of eating disorders was obtained with a semi-structured interview (EATATE). Mothers were sent questionnaires devised by the authors, to report on their daughters' infant and childhood feeding experiences.

Results: Sister pairs were similar in age with a mean age gap of 3.2 years (SD 1.9). At the time of the interview the affected subjects had a mean BMI of 17.7 (SD 3.7), and unaffected sisters a mean BMI of 22.4 (SD 3.8). A conditional regression analysis model was used for data on feeding and digestive problems. There were no significant differences in maternal reports of weight gain during the first year of age, duration of breast feeding, solid food introduction, gastrointestinal problems between the age of 1 and 10.

Conclusions: Some retrospective and prospective studies have identified early feeding problems as risk factors for anorexia nervosa. This is the first study using a discordant sib-pair design to identify possible early feeding experiences as risk factors for anorexia nervosa. No significant differences were found in maternal reports of feeding and gastrointestinal problems during childhood in sister pairs discordant for anorexia nervosa.

N°512

Etude prospective du devenir de patientes souffrant de troubles du comportement alimentaire. L. Strik Lievers fondazione C. Mondino, Pavia, Italie J. Chambry, M. Corcos, P. Jeammet Institut Mutualiste Montsouris, Paris, France

Objectifs: Le but de cette étude était de réaliser une étude prospective centrée sur l'évolution du comportement alimentaire et de la densité minérale osseuse chez des patientes anorexiques et boulimiques selon les critères du DSM IV

Méthode: Nous avons recruté 16 patientes ayant un β ge supérieur à 16 ans dont 7 boulimiques et 9 anorexiques. Le protocole comportait un premier entretien standardisé (T0) à la recherche des critères DSM IV des troubles du comportement alimentaire ainsi que l'existence de troubles dépressifs et une mesure de la dimension alexithymique par l'utilisation d'instruments standardisés (MINI, HAD, BDI, TAS 26). Par ailleurs, une mesure de la densité minérale osseuse par absorptiométrie biphotonique au niveau du col fémoral et au niveau lombaire (L2-L4) était réalisé. Un second entretien (T1) a été proposé deux ans plus tard, selon les mêmes

modalités avec une mesure de la densité minérale osseuse associé à un questionnaire évaluant les modifications cliniques estimées par le patient. Des tests statistiques descriptifs et comparatifs non paramétriques (Mann Whitney) ont été effectués

Résultats: L'ensemble des sujets a pu être revu une seconde fois, avec cependant des délais variables ($m = 30 + 11$) qui sont dus aux difficultés à convoquer les patientes ne bénéficiant plus de suivi thérapeutique dans le service. A T1, 7 patientes ne répondaient plus aux critères diagnostiques de troubles du comportement alimentaire (groupe G). L'ensemble des patientes présentaient de façon statistiquement significative une diminution des scores aux échelles de dépression (BDI, $p < 0,04$) et d'alexithymie (TAS, $p < 0,05$).

L'étude comparative des données entre le groupe G et les autres patientes n'a pas montré de différence significative à T0. Cependant, à T1 les patientes bénéficiant d'une amélioration clinique sur le plan alimentaire, présentaient de façon significative, une augmentation de la densité minérale osseuse lombaire ($p < 0,03$) ainsi qu'une diminution du score total d'alexithymie à la TAS ($p < 0,01$).

Conclusion: L'existence de différence de densité minérale osseuse entre le groupe G et les autres patientes au niveau lombaire à T1 suggère que l'amélioration du comportement alimentaire a un effet positif sur la minéralisation osseuse. Les différences trouvées au niveau du score total à la TAS font penser que l'amélioration clinique est associée à une réduction de l'alexithymie.

N°515

Subtyping adolescents with a first schizophrenic episode using a person centered approach. G. Spiel, Dep. of Neurology & Psychiatry for Children and Adolescents- General Hospital Klagenfurt, Austria; C. von Korff*, Dep. of Neurology & Psychiatry for Children and Adolescents- General Hospital Klagenfurt, Austria; H. A. Ballin, University Hamburg-Eppendorf, Germany; R. Gössler, Dep. of Neuropsychiatry for Children and Adolescents-University of Wien, Austria; M. Günter, Dep. of Psychiatry and Psychotherapy of Children and Adolescents, University Tübingen, Germany; H. Meng, Dep. of Psychiatry for Children and Adolescents, University Basel, Switzerland; G. Sange, Dep. of Neurology & Psychiatry for Children and Adolescents- General Hospital Klagenfurt, Austria; D. Stösser, Dep. of Psychiatry and Psychotherapy of Children and Adolescents, University Tübingen, Germany

Objective: The group of adolescents suffering psychosis challenges us with regard to diagnosis, treatment and prognosis. The high risk of early disability in this group of patients is evident.

Undoubtedly essential progress has been achieved in diagnostic and treatment issues, but nevertheless we face many unresolved scientific questions. Our knowledge focuses on the general features of the disease and bases on single case information.

The aim of the study is to overcome this apparent discrepancy using the so called person centered methodological approach. Instead of focusing on single symptoms as isolated variable, we concentrate on symptom constellations never the less sticking to the empirical quantitative scientific paradigm.

Using this theoretical background accidental co-occurrence of psychopathological features in the single case can be differentiated from comorbidity as the expression of a nosological entity.

Method: Using the data basis of the Vespa study (Verbundstudie Erstmanifestierte juvenile Psychosen in der Adoleszenz) psychopathological symptoms- documented by the AMDP system- of the entire cohort is analyzed by the Configurable Frequency Analysis (KFA, Lienert).

Results: 5 subtypes of the group can be delineated from one to another. They differ in age structure and specific psychopathological features.

Conclusions: The intention of the study was to identify subtypes in the group of psychotic patients as described above.

In a next step the focus could be set on a bigger data set and on the patients' subjective experiences with regard to cross-sectional, anamnestic and prognostic issues.

N°524

The structure of intrapsychic needs in epileptic children and adolescents treated with novel and conventional. E. Mojs, M. D. Gowacka, Dept of Health Sciences, Univ. of Medical Sciences, Pozna, Poland. Head of the Dept: prof. M. D. Gowacka

Epilepsy as long-term disease is one of the risk factor in appearing emotional disturbances and disturbances of socio-emotional development. These problems may be understood as connected with brain pathology, side effects of pharmacotherapy or with psychosocial aspects of the disease (labeling, mistakes in parenting etc.).

The aim of the study was the evaluation of the structure of intrapsychic needs, emotional control in children with epilepsy treated with novel AEDs (lamotrigine) as add-on drug. Children with epilepsy treated with conventional drugs (AEDs) participated in examination as a reference group. They were matched according to age, sex, level of intelligence and form of education.

The work was based on the analysis of the results of 50 children aged 6–15 years with epilepsy (generalized or partial seizures). The mean of age of appearing of epilepsy was 4, 4 yrs, in the reference group was 3, 4 yrs. The Test of Apperception (TAT or CAT-H), Test of Unfinished Sentences and anamnesis were used.

The results showed significant differences in the structure of needs between groups. The need of achievement was similar in both groups, but the need of safety, passivity and isolation appeared more often in the experimental group. The factor of the term of disease and pharmacological treatment differentiated groups. Children with long term epilepsy had stronger need of joy and safety. It can be understood as lack of fulfilling the needs in the past. It confirms the need of the special care over children with epilepsy and psychological therapy in wide range of aims as well.

N°532

Birth of a new adolescents outpatients care center. Niesen N., Bru E., Mille C., Moroy F. Fédération intersectorielle de pédopsychiatrie, Amiens, France.

Creation of this center lies in the following reasons:

- adolescents' hospitalizations are useless and even noxious sometimes;
- traditional psychotherapy can be dangerous for particular adolescents: for those, whose narcissism is fragile, the risk is breakdown or acting out;
- a high proportion of borderline adolescents who need to transfer onto several persons.

The center was born in September 2002.

Staff of the team is one nurse, three youth workers, one psychomotor worker, one social worker, one secretary, one psychologist, and one child psychiatrist. The consultant psychiatrist is responsible for it.

This structure has followed the experience of a center for adolescents which received in-patients, and which also lavished outpatients' care.

This poster presents the assessment of the work of this center one year after its opening: adolescents' symptoms, psychopathology, family context, previous care, symptoms and evolution.

We shall also describe different sorts of care used with these adolescents and the further evolution possibilities of our work with them.

Avènement d'un C. A. T. T. P. (centre d'accueil thérapeutique à temps partiel) pour adolescents. Niesen N., Bru E., Mille C., Moroy F. Fédération intersectorielle de pédopsychiatrie, Amiens, France

La nécessité de la mise en place d'un C. A. T. T. P. pour adolescents sur Amiens est née du constat:

- de la relative inutilité voire toxicité d'hospitalisations qui pouvaient être évitées.

- de la non adéquation de la psychothérapie en face à face pour certains adolescents, psychothérapie qui s'avérait soit insuffisante, réclamant l'adjonction de moyens institutionnels supplémentaires, soit inadéquate car pouvant mettre en danger, dans un premier temps en tous cas, les défenses des adolescents, les menaçant d'effondrement narcissique ou de fuite dans le passage à l'acte.
- de la demande de soins pour des adolescents sur un registre «état-limite», supportant mal le face à face, du fait notamment des raisons évoquées ci-dessus et de la nécessité d'un transfert «multidirectionnel» ou «diffracté» pour ces patients difficiles. Le C. A. T. T.P. a vu le jour en septembre 2002.

L'équipe comprend une infirmière, trois éducateurs, une psychomotricienne, un assistant social, une secrétaire, une psychologue et une assistante spécialiste en psychiatrie. La structure est placée sous la responsabilité du pédopsychiatre coordonnateur de la fédération intersectorielle de pédopsychiatrie.

Cette structure s'est mise en place en relais d'un centre de jour pour adolescents qui accueillait à la fois des adolescents hospitalisés dans les services de psychiatrie générale et des prises en charge ambulatoires.

Nous présenterons dans ce poster le bilan du C. A. T. T.P. à un an: symptômes des adolescents accueillis, éléments de psychopathologie, contexte familial, prises en charge antérieures, évolution.

Nous aborderons également les différentes modalités d'accueil pour ces patients et les perspectives de cette institution naissante.

N°534

Outcome data on the effectiveness and treatment adherence of a day treatment program for youth with eating disorders. K. A. Henderson, A. Buchholz, C. York, Children's Hospital of Eastern Ontario and University of Ottawa, Ottawa, Canada

The Regional Eating Disorder Program for Children and Adolescents at the Children's Hospital of Eastern Ontario provides intensive day treatment for youth between the ages of 12 and 17 with moderate to severe eating disorders. The program provides nutritional, medial, educational, and intensive psychotherapeutic treatment from an interdisciplinary team. There continues to be a paucity of research evaluating treatment outcomes in comprehensive programs for adolescents. The short-term treatment goals of the day treatment program include medical and nutritional rehabilitation, reduced symptoms of disordered eating, and improved social-emotional functioning. The program's effectiveness in meeting these short-term objectives and treatment adherence in the day treatment program will be presented. Medical and nutritional rehabilitation were measured by body mass index (BMI), severity of illness, menstrual status, and nutritional intake. Eating disorder symptomatology was measured with the Eating Disorder Inventory-2 (Garner, 1991). Social-emotional functioning was measured with the Children's Depression Inventory (Kovac, 1992), the Multidimensional Anxiety Scale for Children (March, 1997), Harter Self Perception Profile for Adolescents (1988), and the Silencing the Self Scale (Jack and Dill, 1992 as modified by, Sippola & Bukowski, 1996). Analyses using the reliable change index indicate that the program is successful in achieving these short-term goals for patients who complete the day treatment program. Discriminant function analyses were completed to explore variables related to treatment adherence. These results will be discussed in the context of improving treatment adherence and treatment recommendations for adolescents.

N°549

Screening, evaluation and treatment of cancer and anxiety disorders in children and adolescent cancer patients. D. Gothelf, M. Rubinstein, I. Farbstein, I. Buchval, E. Shemesh, I. Yaniv, A. Apter. The Psycho-oncology Unit, Schneider Children's Medical Center of Israel, Petah Tiqwa, Israel

Background: Depression and anxiety disorders are common in chil-

dren and adolescents coping with cancer. Psychiatric disorders in children with cancer are under-diagnosed and this is a major risk factor for noncompliance to medical treatments and for long term poor outcome. There is also a paucity of data on the safety and efficacy of psychopharmacological treatments in children with cancer. The aims of the present study were: 1. To evaluate the prevalence of depression and anxiety disorders in children with cancer. 2. To evaluate the efficacy and safety of fluvoxamine in treating these symptoms.

Methods: Standardized self-report questionnaires were used to screen for depression and anxiety symptoms. A child psychiatrist interviewed children with high scores. Those found to have major depressive disorder or anxiety disorders were treated with fluvoxamine 100 mg per day and evaluated at baseline, 4, and 8 weeks after the initiation of treatment.

Results: 70 children and adolescents with cancer were screened. According to their self-reports about 30% were above the clinical threshold of depression and/or anxiety. Ten patients were treated with fluvoxamine. These patients reported relatively low rates of side effects and the treatment was effective in 8 out of the 10 patients.

Conclusions: It seems that depression and anxiety disorders are common in children coping with cancer. Diagnosis and treatment of psychiatric disorders in this population is complex mainly because it is difficult to decide if the symptoms such as pain, fatigue, anorexia and insomnia are part of the disease, side effects of the chemotherapy or signs of a psychiatric disorder. Overall it seems that fluvoxamine is safe and probably also effective in this population.

N°551

Childhood mourning: prospective case analysis of multiple losses. K. R. Kaufman, N. D. Kaufman, D. L. Kaufman, UMDNJ-Robert Wood Johnson Medical School, New Brunswick, New Jersey, USA

Objective: Multiple losses within short time periods make one question life and can exponentially influence one's coping skills. But what are the effects on a child and what should be done when the next loss occurs? This case addresses the multiple losses suffered by a child while assessing coping skills of the child and coping strategies utilized by the parents to assist the child.

Method: Prospective case analysis with literature review.

Results: A 7-year-old boy experienced the deaths of three grandparents within 18 months (paternal grandmother 11/13/01; maternal grandmother 7/31/02; paternal grandfather 5/21/03). He was the only grandchild actively involved in the paternal grandparents' eulogies. On the morning following his grandfather's funeral he was informed that his maternal uncle had died suddenly. As such, this child has had to cope with the loss of four significant relatives within 18 months in the context of being born to older parents. Whereas when his paternal grandmother died he commented that "I am angry that Bubby Becky died and went to heaven before I could give her one last hug," at the unveiling he commented that "Bubby Becky will never die... there is a piece of her in my heart forever." At the eulogy for his paternal grandfather, he summarized emotions well beyond his years - "Too many petals and thorns have fallen from the family rose."

Conclusions: This report analyzes the deaths, responses, child coping skills, parental coping strategies, and suggests steps to be taken for children faced with coping with multiple losses.

N°559

Eating disorders: an evaluation of current clinical practice in the Republic of Ireland. A. Lydon, Mater Misericordiae Hospital, Dublin, Ireland; F. McNicholas, Our Lady's Hospital for Sick Children, Dublin, Ireland

Objective: Eating disorders, in particular anorexia nervosa and bulimia nervosa, present a major public health concern, and are asso-

ciated with a significant level of morbidity and mortality. The management of cases which present in childhood and adolescence is complicated by a lack of evidence based literature in this age group and the use of an adult classification system. This survey was conducted to evaluate the variability of current treatment practice in Ireland, which has not been studied to date. Views on what might constitute future best practice for eating disorders were also determined.

Methods: A survey was specifically designed for the purpose of this study, and once piloted, was issued by mail to all consultant child and adolescent psychiatrists in the Republic of Ireland. A second wave of contact was conducted to ensure a maximum response rate.

Results: Consultants throughout the country reported a wide variability in current treatment practice for eating disorder cases. Several consultants reported a difficulty in obtaining in-patient admission, and limited resources and staffing were cited as frequent limiting factors.

Conclusions: There is no specific service in the Republic of Ireland for the management of eating disorder cases which arise in childhood and adolescence. The low number of eating disorder cases presenting to child and adolescent psychiatry clinics, and the inconsistency in current available treatment, suggests that many cases remain undiagnosed and untreated for some time, which negatively impacts on future treatment outcomes.

N°575

Changes in children's symptoms. P. Santalahti*, A. Sourander, H. Helenius, A. Haavisto, K. Ikäheimo, University of Turku, Finland

Objective: To study differences in children's psychiatric symptoms in Finland between 1989 and 1999.

Materials and Methods: Two cross-sectional representative samples were compared. All children born in 1981 (1989 sample, n=985) and 1991 (1999 sample, n=962) living in selected school districts in south-west Finland served as study samples. Parents filled in (Rutter's parent) teachers (Rutter's teacher questionnaire) and children (CDI). Questions about somatic symptoms and bullying were added.

Results: The amount of screen positive boys for general psychiatric symptoms was significantly lower in 1999 than 1989 both by parents (18% in 1989 and 11% in 1999, p-value 0.009) and teachers (18% and 12%, p-value 0.009). There was no significant difference among girls (about 10% by parents and 5% by teachers). In 1999 sample the boys and girls scored more similarly than in 1989 sample. Child reported depression had increased significantly from 1989 to 1999 (from 7% to 9%, p-value 0.028). The mental health difference between children living in intact two-parent families and other families increased from 1989 to 1999, the family structure being more strongly associated with socio-economic factors in 1999 than in 1989. Child and parent reported headache and child reported stomach ache had increased significantly. A child, a parent and a teacher, reported that less children were bullied in 1999 than 1989.

Conclusions: Children in families other than intact two-parent families and their care-givers should be offered more socio-economic support to diminish the mental health difference among children in different life circumstances.

N°592

Forming Partnerships to develop a child and adolescent mental health program. Freeman G., Josse B., Geist R.

Objective: This paper will present a new psychiatric program for children and adolescents, and will describe the importance of community partnerships in planning and implementing the model. The program is designed to serve five community hospitals in a region of 550,000 people. We will present issues that emerged when devising a vision for the program, the necessary infrastructure, a strategy for implementation, and a clear methodology to deal with expansion. Issues concerning resource limitations will be addressed.

Methods: The paper will focus on how the required elements of the new program were put into place. A child and adolescent psychiatrist was hired as consultant to help create the blueprint for expansion of integrated services. Extensive consultations were held with government representatives, hospital management, physicians, allied health professionals, and community agencies. An Advisory Committee was established to develop guidelines and to act as the accountability structure for quality assurance and resolution of issues. Multidisciplinary subcommittees were directed to different aspects of the development process. A functional plan was written that specified staffing, space, and equipment needs.

Results: The paper will outline problems and solutions arising from the design of this biopsychosocial model. The vision was put into operational terms, with common goals for outpatient, urgent care, and intensive ambulatory services. Meetings were held with a network of community mental health organizations to work out agreements on referral criteria and follow-up responsibility when young people are discharged from the program. Discussions with child and adolescent mental health services resulted in a document showing how the hospitals and participating mental health organizations should harmonize services. In this way, community partnership produced an effective continuum of care for young people.

Conclusions: Adequacy of resources is a constant challenge for psychiatrists and allied professionals in the public sector. To meet patient care demands, hospitals need to adopt innovative approaches for linking with other government-funded health care providers. In combining resources and identifying program strengths, hospitals can develop new programs that are coordinated with child and adolescent mental health services in the community.

N°606

Étude de la transmission des représentations parentales de la maladie chez une adolescente, enfant de migrants, présentant une maladie somatique chronique sévère, le lupus érythémateux systémique. O. Bricou, O. Taïeb, T. Abbal, C. Le Du, B. Dutray, A. Revah-Lévy, M. R. Moro, Service de Psychopathologie de l'enfant et de l'adolescent et Psychiatrie générale, Hôpital Avicenne, Université Paris 13, Bobigny, FRANCE

Objectifs: Etude de la transmission des représentations parentales et des théories étiologiques de la maladie chez une adolescente, enfant de migrants, dans le cadre d'une maladie somatique chronique.

Méthode: étude du cas clinique d'une jeune fille de 15 ans, déclarant un lupus érythémateux systémique à l'adolescence, maladie somatique chronique sévère, imprévisible dans son évolution et souvent invalidante.

Résultats: nous montrerons à travers ce cas, comment se construisent les représentations et les théories étiologiques familiales de la maladie, dépendant de facteurs culturels et comment celles-ci sont transmises à l'adolescente. Nous verrons que le processus de séparation-individuation de l'adolescence vient interférer dans la transmission de ces représentations. Par ailleurs, nous décrirons les interactions entre les modifications corporelles cutanées de la maladie et l'impact psychique des changements pubertaires.

Conclusion: la psychiatrie transculturelle prend tout son intérêt dans la prise en charge de la souffrance psychique, d'une part, par l'étude des représentations et des théories étiologiques de la maladie au niveau individuel et familial et, d'autre part, par une meilleure compréhension de l'impact transgénérationnel de la maladie.

Study of transmission of parental representation of illness in the case of an adolescent girl whose parents were migrants, suffering from a chronic somatic disease, the systemic lupus erythematosus.

Objective: study of the transmission of parental representation and perceived causes of illness for an adolescent girl, whose parents were migrants with a chronic illness.

Method: case-report of fifteen-years-old girl, suffering from sys-

temic lupus erythematosus (SLE) occurring during adolescence. SLE is a severe chronic somatic disease, characterised by an unexpected evolution and a frequent disability.

Results: through this case, we will examine how the parental representations and perceived causes of illness are built and transmitted to their daughter. We will notice that the adolescence's process of separation-individuation interfere in these transmission. Furthermore, we find that there is a particular impact of a disease, that changes the physical aspect (directly by skin damage or by the side effects of the treatment) and which occurs in the period of the body changes of the puberty. This impact depends of the representations of the subject and the social and cultural representations.

Conclusion: we notice the interest of transcultural psychiatry in the treatment of psychological suffering, using on the one hand the study of cultural representations and perceived causes and on the other hand the understanding of the trans-generational impact of the disease

N°618

Personality and behaviour moderating the stress-asthma relationship in children. S. Sandberg, University College London, London, UK; S. Taskinen, University of Jyväskylä, Jyväskylä, Finland; H. Oja, University of Jyväskylä, Jyväskylä, Finland; J. Y. Paton, University of Glasgow, Glasgow, UK

Anxiety and low mood make children with asthma more vulnerable to stress-precipitated exacerbations, while mild levels of oppositional behaviour and minor behavioural transgressions protect in the face of environmental stress.

Aim: To test to what extent the aspects of the child's personality and behaviour moderate the risk of new asthma exacerbations following stressful life events.

Design: Prospective follow-up study of 18 months.

Participants: 90 children, aged 6–13 years, suffering from Chronic asthma.

Results: The risk of an acute exacerbation was increased two to Three-fold in the 6-week period following a severely negative life event, compared with other times. The timing of maximum risk

Was determined by the presence or absence of high chronic psychosocial stress. Aspects of the child's personality and behaviour moderated the risk. Thus, there was a further significant increase in the risk of a new exacerbation in children who were either anxious or had low mood. In contrast, mild levels of oppositional behaviour or rebelliousness protected against the increased risk precipitated by stressful life events.

Conclusions: Anxiety and low mood appear to make children with asthma more vulnerable to stress-precipitated exacerbations, while mild oppositionality and minor behavioural transgressions protect against them. However, as none of the children in the study suffered from clinical levels of psychopathology, the results only apply to children with asthma, but without true psychiatric disorder.

N°619

Positive experiences and the relationship between stress and asthma in children. S. Sandberg, University College London, London, UK; DC McCann, University of Southampton, Southampton, UK; S. Taskinen, University of Jyväskylä, Jyväskylä, Finland; H. Oja, University of Jyväskylä, Jyväskylä, Finland; J. Y. Paton, University of Glasgow, Glasgow, UK

Life events with a definitive positive effect can counteract the increased risk of an asthma exacerbation precipitated by a severely

negative life event, provided the chronic stress is only of low to medium level. Therefore, reducing chronic stress must be seen as a priority in children suffering from asthma, as these children are also more vulnerable to negative life events precipitating asthma exacerbations.

Sample: Ninety children aged 6 to 13 yr and suffering from chronic asthma were included in a prospective follow-up study lasting 18 mo in order to assess whether life events involving substantial positive effects on the child can protect against the increased risk associated with stressful life events. The main outcome measures included positive life events, positive long-term experiences, severely negative life events, chronic psychosocial stress and new asthma exacerbations.

The results showed that, provided they occurred in close proximity to severely negative events, positive life events, generally related to the child's own achievements, afforded protection against the increased risk of new asthma exacerbation precipitated by severe events in children whose lives were marked by low to medium levels of chronic stress. No such effect was found in children exposed to high chronic stress, nor did long-term positive experiences, such as when the child has a rewarding hobby, affect the asthma risk.

N°630

Insuline dependent diabetes mellitus and depression in childhood and adolescents. A. A. Abdelaziz, E. A. Abdelaziz, Ain Shams University, Cairo, Egypt

Objective: Diabetes is a chronic condition requiring prolonged medical supervision and informed self-care, and many physicians emphasize the psychological aspect of treatment. For the diabetic child, psychological problems may be caused by restriction of diet and activity, and the possibility of serious physical complication. Compliance with blood testing, diet, and insuline use are prominent problems in children and adolescents

Methods: The subjects were recruited from the outpatient clinic of IDDM of children and adolescents. Durations of study six months. The sample was comprised of 100 cases. They were subjected to the Children's Depression inventory(CDI)and ICD-10 diagnostic criteria for research.

Results: The sample was comprised from 100 cases,50 were diagnosed as IDDM, the other 50 children was control. The patients were composed of 64% girls. The mean of the age was 13.12 ± 2.29 . Children with high score on CDI were 28% of the patients. The Children with depressive symptoms had +ve family history of depression, and educational problems.

Conclusion: We estimate the prevalence of depression in IDDM in children, IDDM increase the risk of psychological problems and depressive symptoms. The risk factors include age, sex, and family history of psychiatric problems. So early diagnosis and intervention of this children is very important to avoid more complication.

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