Optimal outcome in ASD

Su-S-045
How does the presentation of autism spectrum change across the lifespan?
K.M. Munir
Developmental Medicine and Psychiatry, Children’s Hospital Boston, Harvard Medical School, Boston, USA

This presentation will introduce the over arching perspective on “optimal outcomes” (OO) of ASD. Potentially one in 10 children with ASD achieve optimal outcomes. Epidemiological studies show that ~7% of children with ASD leave the spectrum. Clinical studies show that optimal subgroup share characteristics with high functioning subjects in head-growth pattern and IQ. There is also evidence across national contexts (US and Turkey) that early intensive behavioral interventions are over-represented in the optimal subgroup. A sobering observation is that many children in optimal subgroup experience comorbid symptoms of inattention/anxiety/depression. Data from Africa in general, and in sub-Saharan Africa in particular, suggest that age at first presentation of ASD reveal excess of non-verbal children with late diagnosis/interventions well above 8 years of age, and a backdrop of meager ASD knowledge/awareness, problems with help seeking/stigma, lack of healthcare facilities, and trained personnel. An important goal for the DSM-5 classification is the introduction of developmentally sensitive criteria adapted to the children’s symptom severity and “required substantial supports”. Symptoms of ASD may be present early but not become evident until the threshold of “social demands exceed limited capacities”. This new framework is highlighted in the context of findings from US, Turkey, and Nigeria.

http://dx.doi.org/10.1016/j.neurenf.2012.05.051

Su-S-046
Optimal outcome in ASD with early intensive behavioral intervention: A prospective follow up study in Istanbul, Turkey
N.M. Mukaddes
Child Psychiatry, Istanbul University, School of Medicine, Istanbul, Turkey

Although follow up studies on individuals who met diagnostic criteria for ASD show that the outcome is not favorable in general, with scattered evidence suggesting a loss of diagnosis in 3–25% of individuals with ASD. Among published studies on treatment effects of different approaches, the most robust treatment effects have been observed when ABA treatments were implemented at a very young age and very intensively. We studied:
– characteristics of subjects with former diagnosis of ASD who recovered from the disorder;
– the quality of intervention programs that they received.
Participants were 38 children, with diagnosis of ASD according to DSM-IV criteria and with total CARS score > 30 at referral, who lost the diagnosis of ASD during regular follow up (1–9 years). Patients were in an eclectic educational program (home-based ABA program, social skills training, and speech therapy). In addition to the clinical examination, the outcomes were assessed using CARS, ABC, and IQ testing. The final CARS scores were 15–21. All the subjects had IQ scores > 89. Early identification and intervention programs could potentially help a subgroup of children with diagnosis of ASD who no longer endorse diagnostic criteria for ASD.

http://dx.doi.org/10.1016/j.neurenf.2012.05.052

Su-S-047
Excess of non-verbal cases of ASD presenting to orthodox clinical practice in Africa: A trend possibly resulting from late diagnosis and intervention
M.O. Bakare
Child Psychiatry, Federal Neuropsychiatric Hospital, Enugu State, Nigeria

This review explored the age at first presentation of African children with ASDs to orthodox clinical practice and their expressive language ability at presentation. Literature search of case series and case reports of ASDs coming from Africa was done. Six literatures included the content related to age of the child at first presentation to orthodox clinical practice and symptoms presentation related to expressive language ability and thus fulfilled the inclusion criteria. Postulations were made to explain the observations emanating from the review. Excess of non-verbal cases over verbal cases of ASDs were presenting to orthodox clinical practice and there is a common denominator of late presentation/diagnosis and in turn interventions with most cases presenting for the first time well above eight years of age. Postulations made to explain these observations included; low level of knowledge and awareness about ASDs in Africa; problems with help seeking behaviour and lack of mental healthcare facilities and trained personnel. There may be a shift in the trend of excess non-verbal cases of ASDs over the verbal cases presenting to orthodox clinical practice with enhancement of processes directed at ensuring early diagnosis and interventions, especially interventions aimed at improving speech and language development well early.

http://dx.doi.org/10.1016/j.neurenf.2012.05.053

Optimal outcome in ASD

Su-S-045
How does the presentation of autism spectrum change across the lifespan?
K.M. Munir
Developmental Medicine and Psychiatry, Children’s Hospital Boston, Harvard Medical School, Boston, USA

This presentation will introduce the over arching perspective on “optimal outcomes” (OO) of ASD. Potentially one in 10 children with ASD achieve optimal outcomes. Epidemiological studies show that ~7% of children with ASD leave the spectrum. Clinical studies show that optimal subgroup share characteristics with high functioning subjects in head-growth pattern and IQ. There is also evidence across national contexts (US and Turkey) that early intensive behavioral interventions are over-represented in the optimal subgroup. A sobering observation is that many children in optimal subgroup experience comorbid symptoms of inattention/anxiety/depression. Data from Africa in general, and in sub-Saharan Africa in particular, suggest that age at first presentation of ASD reveal excess of non-verbal children with late diagnosis/interventions well above 8 years of age, and a backdrop of meager ASD knowledge/awareness, problems with help seeking/stigma, lack of healthcare facilities, and trained personnel. An important goal for the DSM-5 classification is the introduction of developmentally sensitive criteria adapted to the children’s symptom severity and “required substantial supports”. Symptoms of ASD may be present early but not become evident until the threshold of “social demands exceed limited capacities”. This new framework is highlighted in the context of findings from US, Turkey, and Nigeria.

http://dx.doi.org/10.1016/j.neurenf.2012.05.051

Su-S-046
Optimal outcome in ASD with early intensive behavioral intervention: A prospective follow up study in Istanbul, Turkey
N.M. Mukaddes
Child Psychiatry, Istanbul University, School of Medicine, Istanbul, Turkey

Although follow up studies on individuals who met diagnostic criteria for ASD show that the outcome is not favorable in general, with scattered evidence suggesting a loss of diagnosis in 3–25% of individuals with ASD. Among published studies on treatment effects of different approaches, the most robust treatment effects have been observed when ABA treatments were implemented at a very young age and very intensively. We studied:
– characteristics of subjects with former diagnosis of ASD who recovered from the disorder;
– the quality of intervention programs that they received.
Participants were 38 children, with diagnosis of ASD according to DSM-IV criteria and with total CARS score > 30 at referral, who lost the diagnosis of ASD during regular follow up (1–9 years). Patients were in an eclectic educational program (home-based ABA program, social skills training, and speech therapy). In addition to the clinical examination, the outcomes were assessed using CARS, ABC, and IQ testing. The final CARS scores were 15–21. All the subjects had IQ scores > 89. Early identification and intervention programs could potentially help a subgroup of children with diagnosis of ASD who no longer endorse diagnostic criteria for ASD.

http://dx.doi.org/10.1016/j.neurenf.2012.05.052

Su-S-047
Excess of non-verbal cases of ASD presenting to orthodox clinical practice in Africa: A trend possibly resulting from late diagnosis and intervention
M.O. Bakare
Child Psychiatry, Federal Neuropsychiatric Hospital, Enugu State, Nigeria

This review explored the age at first presentation of African children with ASDs to orthodox clinical practice and their expressive language ability at presentation. Literature search of case series and case reports of ASDs coming from Africa was done. Six literatures included the content related to age of the child at first presentation to orthodox clinical practice and symptoms presentation related to expressive language ability and thus fulfilled the inclusion criteria. Postulations were made to explain the observations emanating from the review. Excess of non-verbal cases over verbal cases of ASDs were presenting to orthodox clinical practice and there is a common denominator of late presentation/diagnosis and in turn interventions with most cases presenting for the first time well above eight years of age. Postulations made to explain these observations included; low level of knowledge and awareness about ASDs in Africa; problems with help seeking behaviour and lack of mental healthcare facilities and trained personnel. There may be a shift in the trend of excess non-verbal cases of ASDs over the verbal cases presenting to orthodox clinical practice with enhancement of processes directed at ensuring early diagnosis and interventions, especially interventions aimed at improving speech and language development well early.

http://dx.doi.org/10.1016/j.neurenf.2012.05.053

Utilité des prises en charge au long court en psychiatrie de l’adolescent

Su-S-049
Anorexie mentale : hospitalisation de longue durée et devenir à long terme
N. Godart
Inserm U669, service de psychiatrie de l’adolescent et du jeune adulte de l’Institut Mutualiste Montsouris, universités Paris Descartes et Paris-Sud, Paris, France

We analyzed structured clinical charts of 200 consecutive hospitalizations for AN of 12–22 year-old patients. Patients were hospitalized in our specialized eating disorder unit in Paris offering multidisciplinary treatment. The focal point of treatment is the therapeutic contract, established at admission. The duration of hospitalization depends on the patient, who is discharged when the final target weight has been reached. Mean LOS was 135 days. We then investigated whether LOS was associated with 10 year outcome. The result will be presented and discussed here.

http://dx.doi.org/10.1016/j.neurenf.2012.05.054

Su-S-050
Intérêt et limites des hospitalisations soins-études à l’adolescence
C. Bié∗, E. Berthaut
Fondation Santé des Étudiants de France, centre médical et pédagogique, Neufmoutiers-en-Brie, France
*Corresponding author.

Psychiatric care facilities provided by the “Fondation santé des étudiants de France” are one of the few resources for long lasting in-patient treatment for adolescents in France. Adolescents referred to our units suffer from severe and long-lasting disorders and usually already had a long psychiatric history with several care attempts. Those previous attempts, either ambulatory or in hospital, having proved to be inadequate, we offer them long-lasting care aiming at mental restoration and rehabilitation rather than acute symptoms relief. Hospitalization is thought as a support to the adolescence undergoing developmental process, through family meetings, therapeutic group work and encounters with varied professionals proposing varied therapeutic mediations. The specificity of our services is to give access to full schooling within the hospital, this schooling playing a significant part in the care. One of the issues we mean to address is the risk of chronicization...