with E. Skagerberg (GIDS, Tavistock Centre), B. Auyeung and S. Baron-Cohen (Autism Research Centre, University of Cambridge, UK). Based on recent research, we predicted that young people with GID would show lower empathy, on average, compared to controls. Parents (n = 35) of adolescents with GID aged 12–18 years old referred to the Gender Identity Development Service in London took part (21 transgressed female-to-male people, and 14 transgressed male-to-female people). Parents of 156 typically developing adolescents aged 12–18 years old recruited via a research website in Cambridge University were used as a control group. The parents were asked to complete the Adolescent Empathy Quotient (EQ) and the Adolescent Systemizing Quotient (SQ). The female-to-male transgender group had, on average, a significantly lower EQ score than female controls. The male-to-female transgender group had a lower EQ score than male controls but this difference was not significant after correcting for multiple comparisons. There was no significant difference on SQ between the transgender groups and controls. Implications of these findings and directions for future research are discussed.

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Mo-S-124
Gender dysphoria with and without DSD: How to accommodate both psychiatry and human rights
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In the ongoing revision of both DSM-IV and ICD-10, the future classification of the gender identity variants (GIVs) is highly controversial. Patient advocates see GIVs as natural variants that are pathologized and stigmatized by medical nomenclature. Biologically oriented clinicians deduce pathology from the deviation of GIVs from the evolution-created binary mammalian sex system or the neuranatomy and steroid genetics of normal controls. Mental-health clinicians point to individuals whose GIV appears to offer a solution to other serious adjustment problems. We argue that in the current epoch of the anthropocene (Zalasiewicz et al., 2011) the evolutionary argument has lost its validity, while the biological findings are inconclusive. GIVs as a solution to other problems remain of concern, and insurance coverage will continue to require justification of “medical necessity”. Thus, some anchoring in psychiatric nomenclature is required, while pursuing harm reduction by way of choosing terms and placement in the classification manuals.

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What developmental research teaches us from peripartum to toddlerhood?

Mo-S-125
From primary health care to specialist services in child psychiatry, obstetric and pediatric units
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Finland has municipal well baby clinics since 1944, but they used to concentrate on preventive public health, screenings for developmental delays and illnesses and health education. The importance of mental health as part of public health is yet not seen in the practical services. The scientific knowledge of importance of attachment and good early relationships for the child’s development is not properly implemented in the services.

Infant mental health services started in Porvoo Hospital 20 years ago. Main referring agencies are well baby clinics in primary health care, child protections services and adult psychiatry. The most recent collaboration is providing infant mental health services for all small preterm babies and their families. The catchment area is a population of 100 000. The everyday service and interventions used will be described.

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Mo-S-126
Interactions of borderline mothers and their infants: Longitudinal perspectives
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Microanalysis of mother-infant interactions of 92 dyads using the Still Face Paradigm showed that mothers with Borderline personality Disorder (BPD) and their three-month old infants were involved in interactive patterns that paradoxically combined paucity of variation and excessiveness of initiation and excitement. Infant’s regulatory efforts are visible through dysregulated behaviors. These results suggest, in accordance with the literature, that children of mothers with BPD may be at risk of emotional dysregulation and Disorganized Attachment, which are in turn risk factors for BPD.

Among these dyads, 14 in the BPD group and 13 in the control group were followed up until school age. We will present longitudinal results of this sub-group including interactive microanalysis, attachment status using the Strange Situation Procedure and toddler’s attachment and quality of emotional regulation using the Attachment Story Completion Task. Impact on therapeutic management will be discussed.

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Mo-S-127
Gilles de la Tourette syndrome: A bridge between psychiatry and neurology
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Gilles de la Tourette Syndrome (GTS) is both a neurological and a psychiatric disorder; defined by abnormal movements called tics which represent the condition sine qua non to diagnose the disease; and accompanied in 90% of cases by psychiatric co-morbidity [1]. The latter needs to be evaluated carefully since it can, in fact, pre-empt the suffering caused by tics. Conversely, we find many conditions, most prominently autism spectrum disorder, where GTS is a more or less apparent co-condition. Therefore, GTS patients must, if possible, be evaluated and treated by a multidisciplinary team consisting of psychiatrists, neurologists, psychologists, neuropsychologists and social workers. On a scientific level, GTS offers unique insights into abnormalities in neuronal development, migration and circuit formation common to both psychiatric and neurologic disorders. Thus, GTS can be considered the paradigmatic neuropsychiatric condition.

Reference

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Mo-S-128
High levels of anti-streptolysin (ASL) and anti-streptodornase (ASD) titers – a common feature in childhood or a risk factor for neuropsychiatric disorders in minors?
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Objective.– Tourette Syndrome (TS) is a chronic, familial, neuropsychiatric disorder with unknown etiology. Attention deficit hyperactivity disorder (ADHD) is the most common comorbidity in childhood. Previous studies have