Tu-S-330

Health-related quality of life outcomes in children and adolescents with ADHD treated with lisdexamfetamine dimesylate

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Participants (6–17 years) with attention-deficit/hyperactivity disorder (ADHD) were randomized to lisdexamfetamine dimesylate (LDX), placebo or osmotic-release oral-system methylphenidate (OROS-MPH; reference arm). Health-related quality of life (HRQoL) was assessed at baseline, day 28 and day 49 using the Child Health and Illness Profile-Child Edition: Parent Report Form (CHIP-CE: PRF). The CHIP-CE: PRF achievement domain was selected a priori as the primary HRQoL assessment. Baseline mean (±SD) CHIP-CE: PRF Achievement Domain T-Scores were 30.9 ± 9.7 (LDX), 30.1 ± 9.4 (placebo) and 31.2 ± 10.2 (OROS-MPH). The difference (active drug minus placebo) in least squares (LS) mean change (95% confidence interval) from baseline to endpoint in CHIP-CE: PRF Achievement Domain T-Score was 10.5 (7.9, 13.0; P<0.001, effect size 1.280) for LDX and 7.5 (4.9, 10.0; P<0.001, effect size 0.912) for OROS-MPH. LDX was more effective than placebo in improving HRQoL of children and adolescents with ADHD as measured by the CHIP-CE achievement domain. Supported by funding from Shire Development LLC.

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CAP journal watch: Editors’ symposium

Tu-S-331

Journal impact factor – Holy Grail or siren voice?

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At the Journal of Child Psychology and Psychiatry our mission is to provide a translational bridge between the very best scientific research on child and adolescent psychology and psychiatry and clinical practice for the improvement of the lives of children and adolescents and their families. How do we know if we are doing a good job? In modern parlance — what is our impact? Our gold standard impact metric would be an estimate of the positive benefit that the clinical scientific research published in the JCPP has on the lives of children and their families. However, the distal real-world impact of a journal such as ours is difficult, if not impossible, to gauge. We have to make do with more proximal measures of impact — that reflect the value and influence of our indexed journals so altering the balance and mix of papers within a journal. It can also harm the development of young and talented independent researchers as higher status and more established researcher may take precedence. In this talk I discuss the strategic considerations that these issues raises for journals like the JCAPP and I describe some of the dilemmas that editorial boards face in balancing JIF against the need to maintain a broad-based and accessible perspective of child psychology and psychiatry.

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Tu-S-332

A global perspective on child and adolescent mental health research: Closing the 10/90 gap

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Notwithstanding the disproportionate burden that mental disorders represent to children and adolescents worldwide, research in this area has predominantly originated from high-income countries (HIC). In contrast, nine out of 10 individuals under the age of 18 years live in low- and middle-income countries (LMIC). We have previously shown that only around 5% of all indexed psychiatric journals are published in LMIC, and that 90% of randomized clinical trials assessing interventions for mental health problems in children and adolescents come from HIC. As dissemination of scientific research has a pivotal role in the development and implementation of evidence-based health policies and practices, we here further explore this by assessing indexed journals and the scientific output in the field of child and adolescent mental health.

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Mobile Teams in CAP

Tu-S-368

Based on a 20-year experience of collaboration between child psychiatry and the police

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The presentation will describe the Child Development-Community Policing (CD-CP) program developed at the Yale Child Study Center as a response to children exposed to traumatic violence and will describe the brief trauma treatment, CFTSI, that grew out of many years of work with traumatized children and families. Both intervention strategies have been used with children and families who have been affected by violence, child abuse, acute medical trauma and other catastrophic events. The CD-CP program has proven effective in helping to stabilize acute reactions to traumatic events, serve as a method of engagement and for follow-up coordinated care. The Child and Family Traumatic Stress Intervention has demonstrated effectiveness in ameliorating symptoms in the peri-traumatic phase, increasing communication and family support, identifying the need for longer-term mental health treatment and, in significantly decreasing the likelihood of children developing PTSD and related disorders. – the audience will have an appreciation of acute traumatization and the risk and protective factors for recovery that can inform intervention strategies; – the audience will have an understanding of the Child Development-Community Policing Program as a part of a response to childhood trauma.;
– the audience will have an understanding of CFTSI as a clinical, early intervention for addressing the needs of traumatized children and families.

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Tu-S-569
From individual to community, dealing with reclusion: The experience of eric, a home treatment crisis team


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In Plaisir, France (Parisian suburb), the ERIC group is a mobile psychiatric emergency service. Our mobility—and the possibility of intervening at the patient’s home—allows us to deal with various situations, and often be the first contact between patients and professionals from the field of mental health.

We report the case of parents calling us for their son, a 24-years-old man that had shown a sudden, and since then complete, social withdrawal 3 months before our intervention.

We describe here the process of exploring the diagnosis hypotheses in this complex situation.

Relating the symptom of seeking isolation and confinement at home to a psychopathologic frame was crucial, and we had to consider the involvement of psychotic or depressive features, social phobic or post-traumatic components, as well as relational - hierarchical issues in the familial system and existential psychotic or depressive features, social phobic or post-traumatic components, as well as relational - hierarchical issues in the familial system and existential elements of the response of an individual to a competitive social environment.

Also, in the context of home visits to a young man that did not seek for our intervention, it was essential to find out the tempo in which these dimensions could be explored.

Finally, this case illustrates how the temporality of dealing with complex cases can be considered as a balance between:
– the responsibility to ensure the patient’s and family’s protection;
– the ability of creating a context of alliance to the professionals and acceptance of care.

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Tu-S-570
Based on a 9-year experience of a mobile team for adolescents with difficulties

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Adolescents with difficulties (school difficulties and school failure, conduct disorders, depression and suicide attempts) lead to important problems of society and public health. These adolescents, for most of them, express no explicit demand, and we are not able to accede to this populuation using our classical and regular care structures (private psychiatry, medico-psychology centers, etc.). Thus, it appears necessary to develop mobile teams in order to go towards these adolescents with difficulties and meet them. This is the first step to allow the adolescents with difficulties to acced to the care system. In this communication, the functioning of a mobile team for French adolescents (mobile team integrated in a child and adolescent psychiatry public department) will be presented and discussed.

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Tu-S-571
From physical to psychic mobility

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Based on the experience of a mobile team for preadolescents and adolescents with difficulties but no demand, will be discussed the interest of the physical movement from caregivers to go towards these preadolescents and adolescents.

First, this movement can help them to break their isolation and social withdrawal. Second, physical motion can stimulate thought processes and overcome mental inertia. Furthermore, several studies underlined that the effect of movement on cognitive processes stems more from the purpose of that movement (e.g., approach or avoidance) rather than from the physical motion itself. It opens important therapeutic perspectives on the role of the movement to go towards patients given the reported effect of other people’s motion on mental activity. Finally, the importance and interest of changes in the physical environment (change of locations) and the relational environment (change of caregivers) during the encounters with the patient and his/her family, will be presented and discussed.

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Tu-S-333
Spasmoohilia and psychopathology: Comorbidity or overlap? An exploratory study in childhood

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a France, b Italy, c Belgium

This symposium presents some topics of the 7th international congress of AEPEA (Association Européenne de Psychopathologie de l’Enfant et de l’Adolescent) that will be in Bruxelles the 8th, 9th and 10th of may 2014. The continuous dialogue between body and mind during development is explored:
– through the researches on personal and family cultural differences in immigrants’ children who present multiple vulnerability factors because of the new surroundings, in order to help them to participate in the receiving society (France);
– through the special needs due to physiology of preterms children in order to avoid later feeding problems (Belgium);
– through a complete literature review about pain and schizophrenia with some preliminary data on pain sensitivity, behavioural pain reactivity and electrophysiological assessments (France);
– through the research of two groups of children and adolescents, one suffering of spasphilia and the other of headache in order to understand the relationship of pain with attachment and psychopathology (Italy).

All these topics show the need to work and research in network with new services.


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Transmission of traumatic experiences

Tu-S-334
Understanding transmission of traumatic experiences

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After the shelling of Cana (South of Lebanon) in 1996, medical and psychological consultation centers for children victims of war and their families were created in the South of Lebanon. The presentation focuses on my experience as a clinician with children exposed to war and addresses several questions: Which parents have a greater tendency to transmit their distress to their offspring? What is transmitted from parents to child? How is the distress transmitted and through which mechanisms? And finally, which children are more vulnerable to the transmission of distress in the family? My research in the field of trauma shows that parents who cannot talk about traumatic events and share emotions with their children will necessary transmit their anxiety to them. Hence, the violence will not be symbolized. Children will then present the risk of becoming adults with troubles. I will examine the question of resilience that may mitigate or prevent the risk of intergenerational transmission of trauma.

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