beyond the third decade. Information about the later adult status of children with ADHD, one of the most common disorders of childhood, is important since the disorder is widely reported to persist through adulthood. Findings from a prospective 30 year longitudinal study addresses the extended course of ADHD. We report on the functional and psychiatric outcome of 135 males at mean age 41, diagnosed with ADHD at mean age of 8 (range, 6–12 years), and 136 non-ADHD males matched for age and SES, interviewed blindly by trained clinicians.

As expected, ADHD at follow-up was significantly elevated in probands \( (P<0.001) \). When the number of ADHD criteria is reduced, as recommended for ADHD in adults, rates rise in both groups. Other disorders significantly more prevalent in probands were: antisocial personality disorder (APD), drug (non-alcohol) disorders, and nicotine dependence. Childhood ADHD was not associated with elevated rates of mood or anxiety disorders in adulthood. Findings pertaining to other functional domains also will be presented. The extended clinical course of ADHD appears diagnostically specific, consisting of ADHD, APD and drug (non-alcohol) use disorders, supporting the validity of the ADHD diagnosis.

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Tu-D-10
Childhood disruptive behaviour and adult social integration: Why wait?
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Severe disruptive behaviour problems start during the preschool years and are associated with long-term school failure, juvenile delinquency, adult criminality and unemployment. Why do most school authorities wait until adolescence to attempt to help these children when there is good evidence that:
- early intensive preventive interventions have long term beneficial effects;
- interventions during adolescence further increase the risk of serious problems during adulthood?

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Tu-D-11
Long term outcome of delinquent children. Results of the Marburg child delinquency study
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This is a report on the results of a longitudinal study of delinquent children stratified according to the number of offenses committed before and after the age of criminal responsibility (14 years).

Methods.— A control group consisted of persons who had no contact to the police as children. A total of 263 individuals (mean age 22 years) were investigated with a standardized personal interview, as well as an intelligence test, a personality questionnaire (Freiburg Personality Test, FPI) and a questionnaire about parental child-rearing style. They were also given a questionnaire developed especially for this study about delinquent activities before the age of 14 for which they had not been apprehended by the police (undetected crimes). Data on their interactions with the law enforcement authorities were taken from their uncensored juvenile and adult criminal records up to age 40.

Results.— At the most recent data collection the study participants had reached a mean age of 42 years. They were classified into three groups: non-offenders, “persisters” (former juvenile delinquents who continued to commit crimes), and “desisters” (former juvenile delinquents who stopped committing crimes). Logistic regression analysis enabled the retrospective prediction of multiple delinquency in childhood and adolescence, as well as of delinquency over the course of life. The main prognostically relevant factors were the summated social and familial risk factors, followed by personality traits and the number of unregistered (self-reported) property offenses in childhood.

Conclusion.— These findings show that early delinquency does not necessarily develop into a long-term criminal career, and that the risk factors for criminality are nearly the same as those for mental disturbances. Only three risk factors seem to be specific to criminality: male sex, the early onset of aggressiveness, and the negative influence of delinquent peers.

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Children survivors in contexts of war

We-D-12
Descending into hades: Helping young children after sudden loss of a caregiver through political violence, terrorist acts, and war
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This presentation will discuss how infants’ and young children’s reactions to sudden loss in the context of political violence, war, or terrorism can overrun caregivers’ psychological defenses. This can lead to a consolidation of their relationship or to distancing and a further sense of despair and loss, depending on a range of risk and resilience factors that will be elucidated. These include prior trauma and attachment history in the caregiver, as well as related psychopathology. Case examples drawn from clinical work in New York City during the aftermath of the September 11, 2001 terrorist attacks on the World Trade Center, as well as from clinical research in Geneva with survivors of political violence will be presented.

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We-D-13
Children and traumatic experiences: Consequences and treatment
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War constitutes a daily reality for millions of people. My clinical experience shows that traumatic events, without necessarily leading to a trauma, confront the child and his family with the unbearable. 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. This presentation examines the characteristics of the treatment of the children of war. It also stresses the future of these children in adulthood. The destiny of the children of war depends on the nature of the stress they have experienced, on the characteristics of the “psychic apparatus” of their parents and on the possibilities they had to symbolize the violence. I postulate the existence of an anti-traumatic system with resilient children. In this system, not only individual factors as the constitution of the subject play a role but also all the factors linked to the social and family environment. The satisfactory early development constitutes the cornerstone of this system. The society, in so far as it assumes the necessity of a memory duty contributes strongly to the strengthening of this system.

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We-D-14
Conceptualization of autism and autism related phenomena
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Most research has considered autism categorically, but the increasingly apparent complexities and heterogeneity are prompting a more dimensional approach. There is accumulating support for considering autism-related behaviors as separable and fractionable, and often occurring in isolation in family members and the general population. Dissection of components in autism offers a fruitful simplifying approach. However, it appears that interactions between autism domain traits and among the traits’ underlying factors are crucial regarding phenotypic expression in this realm. These interactions can be suggested to be additive, multiplicative (synergistic) and “emergenic” (novel phenomena, not seen in