Epidemiological studies of child and adolescent mental disorders

Su-S-056
Stigma in children and adolescents with psychiatric illness compared to school population
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Topic: Stigma in children and adolescents with psychiatric illness compared to school population 785 parents of children with psychiatric diagnoses, 1619 school children, 1410 parents and 102 teachers were surveyed across seven states in Malaysia. The results showed that whilst parents were often blamed for the onset of their children’s mental health problems, there was a large degree of pity and people wanting to assist. Exposure to media information on persons with mental illness helped people to understand the illnesses and resulted in feelings of empathy towards caregivers and their mentally ill children. However, this did not prevent them from still fearing the children. The implications of the study call for more work on understanding the mindset and fears of people towards children and adolescents with mental illness.

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Su-S-057
Epidemiology of child and adolescent psychiatric disorder in Bangladesh
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The first two-phase exploratory study of prevalence of child psychiatric disorder in Bangladesh was carried out in three contrasting areas. The estimated prevalence of any ICD-10 diagnosis was 15% where area difference was ranged from 11–21%. In a subsequent study, the prevalence of psychiatric disorder between rural and urban school going children was found 14.9% (16% in rural area and 14% in urban area). In another two-stage study in urban area, prevalence of any DSM IV diagnosis was 18%. The pattern of psychiatric disorders found in Bangladeshi children that identified in other parts of the world, with a preponderance of behavioural and anxiety disorders. The rate of obsessive-compulsive disorder was higher than in previous studies. Children from the slum were significantly more likely to have serious behavioural problems. Behaviour disorder was comparatively more in urban area. In contrast, emotional disorder was more in rural area. By comparison with the relatively prosperous urban area, the families in the rural area were less affluent and less well educated, but they had greater social capital, as judged by high rankings for neighborhood helpfulness and low ratings for neighborhood danger. The rural families’ greater social wealth may have offset their financial and educational disadvantages. By contrast, the slum families were poorer in all ways – experiencing even more financial and educational disadvantage than the rural families, but without the extra social capital to offset this. Other associated factors were detected as, good merit status, absence of recreation facilities, bully victim, academic load, financial crisis in family, disciplinary hardships and punishment in school, rural resident, low parental education, positive family history and prolong psychiatric illness of the parents. In a country with very few child mental health professionals, there is a vast gap between need and provision that must be addressed.

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Su-S-058
Prevalence and risk factors of depression in Japanese junior high school students: An epidemiological approach
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Objective: To investigate the prevalence and risk factors of depression using self-report questionnaires.
Methods: Subjects were 2014 students in two distant regions and 1946 subjects reported. Using self-report questionnaires including Depression Self Rating Scale for Children (DSRS-C) whose cut-off point was 24 or more according to a previous study in Japan.
Results: After excluding 173 subjects because of lack of data, “depression” group consisted of 62 subjects (3.4%) similar to previous reports. Logistic regression analysis revealed that risk factors of depression included past deliberate self-harm (odds ratio 2.39), past suicidal idea (3.29), past abnormal experiences as psychotic-like experiences (1.73), existence of people to consult (0.18), and chance to express emotion to others (0.32).
Discussion: The present study suggests that it is important for teachers to have reliable relationships with depressive students and give chances to talk and express their emotion. Through discussion with teachers, teachers might have a tendency not to notice depressive symptoms in the earnest and sensitive students.

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Neuroimaging and neurocognitive markers in pediatric mood disorders

Su-S-060
Neural systems implicated in attentional control in youth diagnosed with and at familial risk for mood disorders
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This presentation will provide a brief review of neuroimaging evidence demonstrating that altered development of frontolimbic systems implicated in emotion processing and regulation during adolescence may contribute to heightened vulnerability for mood disorders in at-risk youth. It will also include findings from a study including 16 unaffected bipolar offspring (8–17 years) (HBO), and 15 age-matched healthy controls (HC). We used an emotional working memory fMRI task to measure neural activity in a priori neural regions supporting emotion processing (amygdala, ventral striatum) and emotion regulation (ventrolateral prefrontal cortex (VLPFC), dorsolateral prefrontal cortex (DLPFC), anterior cingulate cortex (ACC)). Connectivity analyses used VLPFC as a seed region. Relative to HC, HBO had significant greater activity VLPFC and amygdala to positive distracters and reduced VLPFC-amygdala connectivity during positive and negative distracters only. These findings will be discussed in terms of their implications for risk of future onset of mood and the importance of elucidating developmental changes in frontolimbic systems during adolescence.

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Su-S-061
Neural systems implicated in impulse control in pediatric bipolar disorder and ADHD
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In a series of studies, we differentiated the neural and behavioral phenotypes of impulsivity in pediatric bipolar disorder (PBD) and attention-deficit hyperactivity disorder (ADHD), two pediatric illnesses with overlapping symptoms of inattention, poor behavior control and impulsivity. In a first study, we examined impulsivity in terms of inhibitory control. We used conventional fMRI and...