Cognitive markers and emotion processing in adolescent depression: State vs trait

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The current study employed computerized tasks to assess for executive functioning (Stocking of Cambridge), visual short-term memory (Delayed Matching to Sample), sustained attention and impulsivity (Rapid Visual Processing) and ability to switch attention to or away from positive or negative emotional stimuli (Affective Go/No GO). Forty adolescents with MDD (20 in acute episode (MDDa) and 20 in remission (MDDr)) and 17 healthy controls (HC) matched on age, gender ratio, IQ and pubertal development were recruited. Compared to healthy controls MDDa but not MDDr were impaired on executive functioning (P = 0.01, d = 0.94) and were more impulsive (P = 0.01, d = 0.85). Higher impulsivity was associated with depression severity (r = –0.365, P = 0.02) and earlier age of depression onset (r = 0.402, P = 0.012). No between group differences were noted on measures of short-term memory and sustained attention. MDDa were faster on the shift to negative target blocks as compared to shift to positive target blocks while HC and MDDr displayed the opposite pattern (P < 0.05). This negative bias was not associated with depression severity or medication status. In conclusion executive dysfunction and impulsivity as well as bias to negative emotional stimuli appear to be present in the acute stage of MDD and absent in remission suggesting possible depression state-specific markers of MDD in adolescents. Analysis of data regarding emotion processing bias among depressed adolescents in a different sample using the Emotional N BACK task is currently under way and will also be presented during this symposium in the hope to under way and will also be presented during this symposium in the hope to.

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Su-S-064
Developmental dyslexia

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Objective of the manuscript is the impairment in reading and/or spelling not explained by mental retardation or poor schooling. The prevalence is about 4–8%, boys more often affected than girls. Comorbidity includes attention disorder and dyscalculia and mostly secondary-adjustment disorders (depression, anxiety) and conduct disorder. Aetiology is related to neuropsychological factors associated with the biological maturation of the central nervous system. Most relevant deficits are phonological processing and speech perception, the impairment to access the regularities of the orthographic aspects of print and deficits in working memory. Those deficits are seen in dyslexia in very different writing systems and languages. Molecular genetic candidate regions are located on chromosomes 1, 2, 3, 4, 6, 11, 15, 18 and X. Identified genes are involved in neural migration of the neocortex. Brain imaging identified altered brain regions. Included are cerebral networks activated when mapping a visually presented word onto its phonological presentation. Treatment components are: explanation of the diagnosis to child, parents and teachers; educational support; the training in phoneme awareness, letter sound association and in orthographic spelling rules; treatment of any concurrent comorbidity. Outcome: given appropriate educational support, children make slow progress. Reading and spelling deficiencies will continue into adulthood. Continuous family encouragement and specialized support at school are crucial for a good psychosocial integration.

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Su-S-065
The developmental being. Modeling a probabilistic approach to child development and psychopathology

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Genetic and neuropsychological determinants have recently dominated the debates on the understanding of child and adolescent psychiatric disorders. Yet, genetics is not the exclusive mode of inheritance in humans, nor the only risk factor of psychopathology. Recent studies have shown that environmental factors can shape brain structures at molecular and structural/functional levels. These modifications can have pathological consequences by themselves, but can also influence development via adaptive/compensatory mechanisms. The-
Su-S-066
The European INCANT (International Cannabis Need of Treatment) study
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INCANT is a multisite randomized controlled trial. It compared Multidimensional Family Therapy (MDFT) with active treatment as usual (TAU) at and across sites in Brussels (Brugmann Hospital), Berlin (Therapieladen), Paris (Centre Emergence and CEDATs), The Hague (Parnassia Brijder and De Jutters), and Geneva (Phélix). Eligible for INCANT were adolescents of either gender, from 13 through 18 years of age, with a cannabis use disorder. We did recruit 450 plus 13 non-randomized TAU cases from France = 463 cases. Previous MDFT trials have shown that MDFT does better than active TAU in adolescents categorized as ‘high-severity’ (showing more or more intense, problem behaviour than low-severity teenagers). We decided to apply this severity distinction to the INCANT TLFB data, distinguishing youth with 64 or less TLFB cannabis use days before baseline (low-severity) and youth with 65 to 90 such days (high-severity). MDFT and TAU were equally effective in reducing cannabis use days in the low-severity youth. However, MDFT was clearly superior to TAU in the high-severity kids (effect size moderate to large).

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Su-S-067
Multidimensional Family Therapy (MDFT) practice in France and across Europe in the INCANT study
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MDFT is an outpatient systems-oriented treatment programme, involving a broad array of interventions. None of these interventions is unique to MDFT, but what render them special are the way they are combined and the linkage to a strong theoretical framework. Accordingly, in MDFT the therapist tries to target as many life domains and problem behaviours as possible. A therapy restricted to just substance use may not achieve lasting benefits, as unresolved problem behaviours are risk factors for substance use relapse. Despite their differences of background, European MDFT therapists have integrated the model quite well. The experiences of the American trainers and the very good relationship between the European therapists have strongly enhanced the process. Incant also highlighted that European professional had a lot in common (way of thinking the psychotherapy, ethical principle, critical thinking…).

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Su-S-068
The French and European treatment as usual in the INCANT study
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During the Incant study, each participant had to describe the way he usually treated adolescents with substance abuse. This described psychotherapy was named treatment as usual (TAU) in the Incant study. The French TAU was not homogeneous. Therefore, we have interviewed 10 French psychotherapists in order to highlight common practices despite this heterogeneity of practices. This study has permitted us to try to formalize what we called the explicit TAU or TAUe. This TAUe was a supervised TAU. At the end of the study, we used the questionnaires we have built for the TAUe to interview all European TAU therapists.

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Su-S-069
The French network of consultations for young drug consumer
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In 2004, the Consultations for young drug consumers have permitted to adolescents with substance abuse problems to get in touch with qualified professionals in the field of addictions. More than 250 consultations were created. Their practices were based on motivational interviews, therapeutic alliance and self-assessment of drug use. These consultations are now well implemented and have built an important network. They are still chapping their practices to be always aware of the constant evolution of drug use among youngster.

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Asperger syndrome

Su-S-070
Psychopathology, resilience and creativity of Asperger syndrome
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The author attempt to point out, just for a start, the characteristics of Asperger syndrome from the point of view of psychopathology through a rereading of Hans Asperger’s original paper (1944). This thesis merits reevaluation, if for no other reason than to fill the gaps in operational diagnostics based on the DSM. It is found by rereading that Asperger’s view of the principal disturbances of autistic psychopathy include a “disturbance of natural evidence” or a “crisis of common sense”. It is moreover possible to classify Asperger syndrome among the disturbances of spacing in the sense meant by the evolutionary psychiatry of A. Stevens and J. Price. The author then develops our comprehension of Asperger syndrome from the point of view of the perspective proposed by the notion of resilience in people with Asperger syndrome and of the possibility for them through these mechanisms of adaptation to find in the organization of the personality of the “as if” type a position of relative equilibrium. They concur or overlap in the creation of crutches, of borrowed personalities secondarily legitimated by the reaction of the socius. This will end up in the production of inventions and “œuvres” (works). Clearly, one rarely encounters several cases that one could consider pertinent to be successful Asperger syndrome.

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