Discharge and follow-up are an integral part of admission and options for their best practice delivery are considered.

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Baby, child, adolescent liaison psychiatry

Mo-S-113

Psychogenic non-epileptic seizures in adolescents
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Pseudoseizures are defined as paroxysmal episodes that clinically resemble epileptic seizures but in which simultaneous electrographic activity fails to show any epileptic ictal pattern. Many psychogenic seizures patients received the false diagnosis of epilepsy and are still treated with antiepileptic drugs; a diagnostic of non-epileptic events should be considered in children and teenagers with intractable epilepsy. Because the interictal epileptiform abnormalities may confound the diagnosis, the EEG-video recording is the gold standard for distinguishing non-epileptic from epileptic seizures. Pseudoseizures have been associated with mood and anxiety disorders, dissociative and somatoform disorders, and trauma with especially sexual abuse. Clinicians should screen for adult and childhood trauma, dissociative disorders, depression and posttraumatic stress disorder. Therefore, previous personal and family history of epilepsy represents the most important risk factor for psychogenic seizures in children and teenagers. The psycho-physiological mechanisms that cause psychogenic seizures are controversial. Some authors reports that psychogenic seizures could be associated with physical brain disorder that may play a role in their development. Others consider that these seizures are caused by psychological process like conversive disorders. The majority of young patients with psychogenic seizures have a good outcome. The PNES diagnosis has to be clearly communicated to the patient. Psychiatric comorbidities have to be treated by a psychiatrist who suggests a psychotherapy too.

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Mo-S-114

Conversive disorders among children and adolescents: Clinical and MRI findings, and challenges
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The authors will review psychoanalytic and neurobiological perspectives on disorders falling under the umbrella of “conversion disorders”, in which emotional and other psychological dynamics are transferred to or converted into abnormalities in the perception or function of the body, or in dissociative states of consciousness. Conversive disorders in children and adolescent are different that ones in adults. The talk:

– will review recent neuroscientific experiments that study conversion disorders;
– present data about children and adolescent included in the clinical research: sex, age, symptom, anxiety (STAI, RCMA) and depression (CDI); family functioning; and MRI first results (ASL, Arterial Spin Labelling);
– the main point is that actual neurobiological researches fail to built paradigms based on relevant theoretical and clinical hypotheses. Psychoanalysis provides an interesting frame for new F MRI paradigms in conversive children and adolescents, that are presented.

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Mo-S-115

Treatment of recurrent headaches and abdominal pain in children and adolescents: What does the evidence tell us and which are the implications?
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Functional non-organic abdominal pain and headaches are common health complaints reported by school-aged children. The prevalence of frequent headaches and migraine has increased, in particular among adolescent girls, and the long-term prognosis for children and adolescents with recurrent abdominal pain or headaches is unclear. They also experience a marked impact on their psychosocial functioning and reduced quality of life. During the last two decades, cognitive-behavioral treatment approaches have been shown to be effective primarily for children and adolescents suffering headaches but also recently for those having chronic abdominal pain. Given these pain complaints are undertreated, more cost-effective approaches need to be developed. Recently, internet-based psychological approaches and brief interventions have shown promising outcomes for children and adolescents with frequent abdominal or head pain. An overview over empirical findings focusing on the results of controlled trials of drug and psychological intervention and suggestions for future research will be presented.

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The impact of psychosocial trauma on child development

Mo-S-116

Distant consequences and psychological help for people who were child victims of the Rwandan genocide of 1994 – a protective factors study
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In 1994, between 800,000 and one million Tutsis were killed in Rwanda. The psychological consequences are enormous. Currently, some survivors adopt various strategies to cope with genocide’s impacts.

Objective: To identify protective factors among Rwandan genocide’s victims during their childhood and adolescence.

Methods: Articles published in the last seventeen years were identified and analyzed using Medline, PsyChInfo and the websites of organizations that assist genocide’s victims. Eleven articles were identified. Some relate to youth (n = 7) and the others to both youth and adults (n = 4).

Discussion: Protective factors identified are:

– individual factors like self-confidence, having the will to live, perseverance and responsibilities;
– family factors are parent’s education, father’s occupation and family size;
– environmental support such as to have a confident adult, friends and the Rwandan government and NGOs.

Results: The results are discussed in terms of their consequences possible to protect people against adversity.

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Mo-S-117

Child soldiers, terrorism, terror, and child development
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À l’encontre de la Convention des Nations Unies sur les Droits de l’Enfant, il est fréquent qu’enfants et adolescents soient utilisés dans les conflits armés. En Afrique, au Pakistan, au Népal, au Liban, en Palestine, ils sont recherchés