Clinical challenges in treating ADHD

Mo-S-120

ADHD and ASD
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ASD presents with difficulties in social communication, social interaction and stereotyped, repetitive behaviour. Clinical symptoms of PDD supersede that of ADHD and should be the primary diagnosis and can co-exist. The current diagnosis criteria in the two major manuals exclude ADHD in presence of ASD. Although clinicians feel that ASD can exist with ADHD, the FDA recently approved the use of risperidone in controlling aggressive and self-injurious behaviour and irritability.

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Mo-S-121

ADHD and epilepsy
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Seizure control is first priority as numbers of seizures are directly related to processing and attention difficulties. Structural abnormality in brain is probably a risk factor for epilepsy with comorbid ADHD. Moreover, uncontrolled seizures cause disturbed sleep, which in turn may result in attention difficulties during the day. Side effects of some anti epileptic drugs such as topiramate, vigabatrin, gabapentin are known to increase aggression in Learning Disability (LD) and many children with epilepsy are likely to have LD. ADHD children are more prone for unprovoked seizures then the normal population. The SPC for MPH state it may lower the convulsive threshold in patients with prior history of seizures and in patients with prior EEG abnormalities. DEX has some anticonvulsant activity especially in nocturnal seizures (Taylor E Plenary session: Current controversies in ADHD treatment 14th International Congress of ESCAP; 11–15 June 2011, Helsinki, Finland).

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Mo-S-122

ADHD and sleep difficulties
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Sleep is one of the most commonly reported symptoms ADHD it effects more than the fifth of the patients. Any decrease in sleep quality and/or quantity may lead to worsening of behaviour, mood, alertness and level of concentration. Treating the cold symptoms of ADHD sometimes worsens sleep and increases complaints from parents and clients. It is therefore important to screen for sleep difficulties. This talk looks at comorbidity affecting sleep in ADHD as well as why pharmacological interventions may make sleep worse. It also looks at interventions that improve sleep. Both pharmacological and non-pharmacological methods are considered. The causes of ADHD related sleep problems may include anxiety, Oppositional Defiant Disorder (ODD), primary sleep disorders, Obstructive Sleep Apnoea (OSA), Restless Leg Syndrome (RLS), Delayed Sleep Phase Syndrome (DSPS). Also stimulant medications may increase the difficulty of falling asleep. Treatment methods looked at include sleep hygiene, melatonin, neuroleptics and the case for changing the main agents of treatment of ADHD.

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Gender identity: development and vicissitudes

Mo-S-123

Atypical gender identity development and autistic spectrum features
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IACAPAP 2012 Paris, 21st–25th July 2012 Symposium: Abstract Atypical Gender Identity Development and Autistic Spectrum Features Dr. Domenico Di Ceglie (Gender Identity Development Service (GIDS), Tavistock Centre, London) Recent research has shown that there is an overrepresentation of autistic spectrum conditions or traits in transgender young people and adults. This paper reviews the recent literature. It then describes a study, which examined systemizing and empathizing in adolescents with Gender Identity Disorder (GID), using parent report questionnaires. The study was conducted in collaboration...