
http://dx.doi.org/10.1016/j.neurenf.2012.05.120

Mo-S-118
Trauma and psychological conflictuality
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Depuis 20 ans environ, nous assistons, dans le domaine de la psychopathologie, à une recrudescence de travaux sur le traumatisme, et ce dans deux perspectives l’une descriptive, l’autre psychanalytique réhabilitant les textes de Ferenczi. Mais le risque est grand de retomber dans une psychogenèse événementielle naïve et/ou d’oublier la conflictualité psychique issue de l’ambivalence pulsionnelle. L’essence de la psychopathologie psychanalytique reste l’étude du fonctionnement mental soit le traitement individuel, groupal, et collectif des excitations pulsionnelles. Aussi nous interrogerons-nous sur la façon dont le psychisme traite (ou non) certains traumatismes événements ponctuels ou certaines conjonctures ; ce qui fait qu’on ne peut d’ailleurs parler de traumatisme qu’après coup.

http://dx.doi.org/10.1016/j.neurenf.2012.05.121

Mo-S-119
Multiple factors in a “rebirth”
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Facteurs multiples d’une renaissance. À travers le cas de Luc, enfant de 12 ans achevant sa quatrième année de traitement à la maison d’enfants Hare Yershulaim, et suivi depuis l’enfance pour troubles envahissants tantôt d’estimes essentiellement affectifs, tantôt suspectes organiques, seront examinées les questions de sa psychopathologie visiblement ramifiée, les questions de la répercussion de celle ci sur son développement psychosexual, et les questions de l’impact du traitement qu’il a reçu au cours de ces années. Le traitement dans cette institution est le résultat d’une approche psychanalytique intégrative, qui inclut psychothérapie individuelle intensive, mais qui accorde en outre une attention aux divers facteurs d’un développement psychique et à leur impact. Le traitement dans cette institution est le résultat d’une approche psychanalytique intégrative, qui inclut psychothérapie individuelle intensive, mais qui accorde en outre une large place au travail de l’équipe pluridisciplinaire, le tout visant à régénérer un développement psychique chez des enfants manifestant un état chaotique et dysharmonique.

http://dx.doi.org/10.1016/j.neurenf.2012.05.122

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 supersedes 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.

http://dx.doi.org/10.1016/j.neurenf.2012.05.123

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, gabapentine 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).

http://dx.doi.org/10.1016/j.neurenf.2012.05.124

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.

http://dx.doi.org/10.1016/j.neurenf.2012.05.125

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 systematizing and empathizing in adolescents with Gender Identity Disorder (GID), using parent report questionnaires. The study was conducted in collaboration.
with E. Skagerberg (GIDS, Tavistock Centre), B. Auyeung and S. Baron-Cohen (Autism Research Centre, University of Cambridge, UK). Based on recent research, we predicted that young people with GID would show lower empathy, on average, compared to controls. Parents (n = 35) of adolescents with GID aged 12–18 years old referred to the Gender Identity Development Service in London took part (21 transgendered female-to-male people, and 14 transgendered male-to-female people). Parents of 156 typically developing adolescents aged 12–18 years old recruited via a research website in Cambridge University were used as a control group. The parents were asked to complete the Adolescent Empathy Quotient (EQ) and the Adolescent Systemizing Quotient (SQ). The female-to-male transgender group had, on average, a significantly lower EQ score than female controls. The male-to-female transgender group had a lower EQ score than male controls but this difference was not significant after correcting for multiple comparisons. There was no significant difference on SQ between the transgender groups and controls. Implications of these findings and directions for future research are discussed.

http://dx.doi.org/10.1016/j.neurenf.2012.05.126

Mo-S-124

Gender dysphoria with and without DSD: How to accommodate both psychiatry and human rights

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In the ongoing revision of both DSM-IV and ICD-10, the future classification of the gender identity variants (GIVs) is highly controversial. Patient advocates see GIVs as natural variants that are pathologized and stigmatized by medical nomenclature. Biologically oriented clinicians deduce pathology from the deviation of GIVs from the evolution-created binary mammalian sex system or the neur anatomy and steroid genetics of normal controls. Mental-health clinicians point to individuals whose GIV appears to offer a solution to other serious adjustment problems. We argue that in the current epoch of the anthropocene (Zalasiewicz et al., 2011) the evolutionary argument has lost its validity, while the biological findings are inconclusive. GIVs as a solution to other problems remain of concern, and insurance coverage will continue to require justification of “medical necessity”. Thus, some anchoring in psychiatric nomenclature is required, while pursuing harm reduction by way of choosing terms and placement in the classification manuals.

http://dx.doi.org/10.1016/j.neurenf.2012.05.127

Mo-S-125

From primary health care to specialist services in child psychiatry, obstetric and pediatric units

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Finland has municipal well baby clinics since 1944, but they used to concentrate on preventive public health, screenings for developmental delays and illnesses and health education. The importance of mental health as part of public health is yet not seen in the practical services. The scientific knowledge of importance of attachment and good early relationships for the child’s development is not properly implemented in the services. Infant mental health services started in Porvoo Hospital 20 years ago. Main referring agencies are well baby clinics in primary health care, child protections services and adult psychiatry. The most recent collaboration is providing infant mental health services for all small preterm babies and their families. The catchment area is a population of 100000. The everyday service and interventions used will be described.

http://dx.doi.org/10.1016/j.neurenf.2012.05.128

Mo-S-126

Interactions of borderline mothers and their infants: Longitudinal perspectives

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Microanalysis of mother-infant interactions of 92 dyads using the Still Face Paradigm showed that mothers with Borderline personality Disorder (BPD) and their three-month old infants were involved in interactive patterns that paradoxically combined paucity of variation and excessiveness of initiation and excitement. Infant’s regulatory efforts are visible through dysregulated behaviors. These results suggest, in accordance with the literature, that children of mothers with BPD may be at risk of emotional dysregulation and Disorganized Attachment, which are in turn risk factors for BPD.

Among these dyads, 14 in the BPD group and 13 in the control group were followed up until school age. We will present longitudinal results of this subgroup including interactive microanalysis, attachment status using the Strange Situation Procedure and toddler’s attachment and quality of emotional regulation using the Attachment Story Completion Task. Impact on therapeutic management will be discussed.

http://dx.doi.org/10.1016/j.neurenf.2012.05.129

Mo-S-127

Gilles de la Tourette syndrome: A bridge between psychiatry and neurology

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Gilles de la Tourette syndrome (GTS) is both a neurological and a psychiatric disorder; defined by abnormal movements called tics which represent the condition sine qua non to diagnose the disease; and accompanied in 90% of cases by psychiatric co-morbidity [1]. The latter needs to be evaluated carefully since it can, in fact, pre-empt the suffering caused by tics. Conversely, we find many conditions, most prominently autism spectrum disorder, where GTS is a more or less apparent co-condition. Therefore, GTS patients must, if possible, be evaluated and treated by a multidisciplinary team consisting of psychiatrists, neurologists, psychologists, neuropsychologists and social workers. On a scientific level, GTS offers unique insights into abnormalities in neuronal development, migration and circuit formation common to both psychiatric and neurologic disorders. Thus, GTS can be considered the paradigmatic neuropsychiatric condition.

Reference

http://dx.doi.org/10.1016/j.neurenf.2012.05.130

Mo-S-128

High levels of anti-streptolysin (ASL) and anti-streptodornase (ASD) titer – a common feature in childhood or a risk factor for neuropsychiatric disorders in minors?

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Objective.– Tourette Syndrome (TS) is a chronic, familial, neuropsychiatric disorder with unknown etiology. Attention deficit hyperactivity disorder (ADHD) is the most common comorbidity in childhood. Previous studies have