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 transendered female-to-male people, and 14 transendered 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.

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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 neuranatomy 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.

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Mo-S-125
What developmental research teaches us from peripartum to toddlerhood?

Mo-S-126
Interactions of borderline mothers and their infants: Longitudinal perspectives
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Microanalyse 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 microanalyse, 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.

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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

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Mo-S-128
High levels of anti-streptolysin (ASL) and anti-streptodornase (ASD) titers – 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

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suggested associations between TS and ADHD and antistreptococcal antibodies (PANDAS = pediatric autoimmune neuropsychiatric disorders associated with streptococcal infections). Since postinfectious autoimmune processes might generally play a role in the pathophysiology of neuropsychiatric disorders, we included antistreptolysin O (ASL-O) and antistreptodornase (ASD) in our routine laboratory measures in our outpatient clinic.

Methods.—Determination of ASL and ASD titer in routine laboratory check-ups in the outpatient clinic of the Department of Child and Adolescent Psychiatry at the University Hospital Ulm.

Results.—Two hundred and fifty-eight measurements distributed on the following diagnoses: 57 tic disorders, 58 ADHD, 16 OCD, ten anxiety, 60 depression, 57 conduct disorder. Results revealed that the frequency of elevated ASL and/or ASD titer did not differ between diagnostic groups. Boys showed more often elevated titers than girls.

Conclusion.—Neuroimmunological factors might contribute to the development of neuropsychiatric disorders in a subgroup of children, especially males, but does not seem to predispose specifically to tic disorders or ADHD.

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Mo-S-129
Variability of performance and within neurobiological measures in children with TS
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Behavioral variability is an important developmental marker and considered negatively related to the ability to exert cognitive control. Along with other developmental domains, children with ADHD have a well-documented impairment, possibly a developmental lag, with a higher rate of behavioral variability compared with controls. Little attention has been paid to behavioral variability in children with TS. We thus aimed to map both cognitive control and brain activity as measured with electrophysiology in a speeded forced-choice visual task (modified Eriksen flanker task) in children aged 8–12 years with TS with and without comorbid ADHD and in healthy control children. In the context, that variability of RT correlated inversely with age in all groups, our preliminary data (78 participants) show that children with TS with and without comorbidity have longer RT’s than the control children and higher variability of RT’s compared with controls and children with ADHD.

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Mo-S-130
Does active tic suppression result in a paradoxical rebound in tic frequency and intensity?
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Gilles de la Tourette syndrome is a chronic motor and vocal tic disorder. Recently, it has been suggested that not only medical treatment but also behavioural therapy using Habit Reversal Training (HRT) is effective in the treatment of tics. HRT aims to increase patients’ tic awareness and to develop a competing response in order to replace annoying tics with this competing, more acceptable or socially acceptable movement. HRT is based on the presence of a premonitory urge before the tic. Medical doctors and patients, however, expressed the concern that HRT may result in a “rebound” effect, a paradoxical increase in tics (above baseline levels) after tic suppression. Recent studies, however, demonstrated that tic frequency during post-suppression was higher than during suppression, but lower than baseline levels. Limitations of available studies are the small number of patients included and patients’ age (only children). We, therefore, investigated the “rebound” effect in a large group of adults (n = 40). Since adults can suppress their tics more effectively than children, it can be speculated that the “rebound” effect is different in children compared to adults. We investigated not only the patients’ subjective experience on the degree of tic suppression and “rebound” but also used a validated video tic rating.

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The diagnostically homeless: towards a multidimensional approach of the PDD-NOS

Mo-S-131
Diarctically homeless from DSM
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Children with developmental and complex behavior disorders tend to present to clinics with multiple domains of dysfunction including the areas of mood regulation, attention, and thinking. Common within clinical settings, little is known about these children longitudinally or therapeutically. The reasons for the lack of knowledge and progress as it pertains to these youth are complicated, but clearly research on these children has been hampered by the fact that they do not fit into our nosological categories. They are not given a label with criteria. Diagnostically homeless, they are thus either excluded from studies as not meeting criteria for an autism spectrum disorder, mood disorder, schizophrenia, or mood disorder, or are included in samples with conditions like attention deficit hyperactivity disorder adding to the heterogeneity of those conditions when they have more than that. The goal of this talk is to further explicate the problem and suggest possible solutions.

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Mo-S-132
Dysharmony, multiple complex developmental disorder or pervasive developmental disorder-NOS?
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Pervasive Developmental Disorder-Not Otherwise Specified (PDD-NOS) is a diagnostic entity, which is poorly and mainly negatively defined by exclusion of Autistic Disorders. In order to limit PDD-NOS heterogeneity, alternative clinical constructs, including Dysharmony and Multiplex Complex Developmental Disorder (MCDD), have been developed. Using the Diagnostic Inventory for Dysharmony (DID) (Xavier, 2011), this study explored the concordance between the three clinical constructs in a Day Hospital sample. Dysharmony phenomenology overlapped with Pervasive Developmental Disorders (DID and PDD concordance: kappa: 0.41; P < 0.01). Nevertheless, the Dysharmony construct did differ from both Autistic Disorder and PDD-NOS, and appeared to be closer to MCDD. We conclude that Dysharmony and MCDD constitute complementary views on the same group of severely impaired children.

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Su-S-132 bis
Relevance of a subtype of PDD-NOS: “Multiple Complex Developmental Disorder (MCDD)”
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Objectives.—Improve diagnosis and treatment of children presenting psychotic symptoms.