Mo-S-124

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

H.F.L. Meyer-Bahlburg
Nys Psychiatric Institute, Columbia University, New York, USA

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 neuroanatomy 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

What developmental research teaches us from peripartum to toddlerhood?

Mo-S-126

Interactions of borderline mothers and their infants: Longitudinal perspectives

M. Genet
Perinatal Psychiatry Research, Erasme Hospital University Paris Descartes, Antony, France

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

A. Hartmann
Département de neurologie, hôpital de la Pitié-Salpêtrière, Paris, France

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) titers – a common feature in childhood or a risk factor for neuropsychiatric disorders in minors?

A.G. Ludolph *, S. Blaser, L. Mellina
Department of Child and Adolescent Psychiatry, University of Ulm, Ulm, Germany

*Corresponding author.

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