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 (ASLO) 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.

http://dx.doi.org/10.1016/j.neurenf.2012.05.131

Mo-S-129 
Variability of performance and within neurobiological measures in children with TS

K.J. von Plessen
Center for Child And Adolescent Mental Health, University of Bergen, Bergen, Norway

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 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.

http://dx.doi.org/10.1016/j.neurenf.2012.05.132

Mo-S-130
Does active tic suppression result in a paradoxical rebound in tic frequency and intensity?
K.R. Müller-Vahl a, *, S. Bokemeyer b, L. Riemann
Clinic of Psychiatry, Socialpsychiatry and Psychotherapy, Hannover Medical School, Hannover, Germany
*Corresponding author.

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 comfortable 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.

http://dx.doi.org/10.1016/j.neurenf.2012.05.133

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

Mo-S-131
Diagnostically homeless from DSM
G.A. Carlson
Child And Adolescent Psychiatry, Stony Brook University School of Medicine, Stony Brook, USA

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, it 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.

http://dx.doi.org/10.1016/j.neurenf.2012.05.134

Mo-S-132
Dysharmony, multiple complex developmental disorder or pervasive developmental disorder-NOS?
J. Guilé a,*, J. Xavier b, M. Plaza c, C. Mille a, D. Cohen b,c
a Psychiatrie, CHU Amiens Picardie, Amiens, France
b Psychiatre de l’enfant et de l’adolescent, GHU Pitié-Salpêtrière, Paris, France
c ISIR, CNRS UMR 7222, UPMC, Paris, France
*Corresponding author.

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 Disahrmony and MCDD constitute complementary views on the same group of severely impaired children.

http://dx.doi.org/10.1016/j.neurenf.2012.05.135

Su-S-132 bis
Relevance of a subtype of PDD-NOS: “Multiple Complex Developmental Disorder (MCDD)”
S. Symann, A. Wintgens, I. Aujoulat, A. Seghers, E. Constant, W. D’Hoore, D. Charlier
Brussels/BE

Objectives.–Improve diagnosis and treatment of children presenting psychotic symptoms.