suggested associations between TS and ADHD and antistreptococcal antibodies (PANDAS = pediatric autoimmune neuropsychiatric disorders associated with streptococcal infections). Since postinfectious autoimmunity 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 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.

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

Mo-S-131

Diasagnostically 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 Multiple 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: A1; 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.
Challenging behaviors among people with autism: cues to solve the puzzle

Mo-S-133
Severe challenging behaviors among hospitalized adolescents with autism: What origin?
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During adolescence, some individuals with autism engage in severe disruptive behaviors, such as aggression toward self or others, tantrums, hyperactivity, severe repetitive behavior. We aimed to assess risk factors associated with these very acute states and regression in adolescents with autism in an inpatient population. We reviewed the charts of all adolescents with autism hospitalized for severe disruptive behaviors in a psychiatric intensive care unit. We systematically collected data describing socio-demographic characteristics, clinical variables, associated organic conditions, etiologic diagnosis of the episode, and treatments. Results concerning more than 60 adolescents are presented. Among the patients, almost all patients exhibited severe autistic symptoms and intellectual disability, and two-thirds had no functional verbal language. Suspected risk factors associated with disruptive behavior disorders included adjustment disorder, lack of adequate therapeutic or educational management, anxious disorders, depression, catatonia, uncontrolled seizures and painful comorbid organic conditions. Disruptive behaviors among adolescents with autism may stem from diverse risk factors, including environmental problems, comorbid acute psychiatric conditions, or somatic diseases such as epilepsy. The management of these behavioral changes requires a multidisciplinary functional approach.

Pharmacologic treatment of challenging behaviors: A lifespan approach

Mo-S-134
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Pharmacologic treatments may facilitate parent training, behavioral interventions and educational advancement in individuals with Autism Spectrum Disorders (ASD) and challenging behaviors. As yet, none are proven to reverse core symptoms of ASD. Medication combinations are often used, not uncommonly with alternative treatments; combination studies are needed. While noncompliance, aggression, self-injury and property destruction are common presenting problems, an approach using DSM-IV-TR diagnostic symptom clusters is useful. Preschoolers, school-aged children and adolescents with ASD often manifest symptoms of Attention Deficit Hyperactivity Disorder (ADHD) and Obsessive Compulsive Disorder, to varying degrees. Low dose antipsychotics including risperidone and aripiprazole, stimulants and/or other ADHD medications such as atomoxetine may be helpful. Similarly, antipsychotics and ADHD medications may benefit challenging behaviors in adults with a childhood hyperactivity history. For bipolar-like disorders, valproic acid, gabapentin, lithium and low dose antipsychotics may be effective. Close side effect monitoring is essential.

Recent treatment studies on ADHD in Asia

Mo-S-135
Predictors for the long-term adherence to pharmacotherapy: 36-month retrospective study in Korean kids with ADHD
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Objectives.– In this study, we aimed at identifying the factors affecting long-term adherence to medication in children with ADHD and showing drop out rates of 6-month intervals up to 36-month.

Methods.– Retrospective medical record review of 300 ADHD patients who had visited the child and adolescent psychiatry clinic at a university hospital, in Seoul, Korea from March 2005 to January 2009.

Subjects were diagnosed as ADHD based on the criteria set forth in the DSM-IV-TR. Treatment discontinuation was defined as the last prescription date when the medication possession rate (MPR) became less than 0.40. Simply, subjects were divided into two groups, Group I, non-adherence with or without pharmacotherapy before six months after the first visit to the hospital, and Group II, adherence with over 36-month pharmacotherapy.

Results.– The drop out rates at 6-month intervals were 38.3%, 10.3%, 9.7%, 6.0, 4.3%, and 3.7% and the rate of adherent subjects with over 36-month period was 27.7%.

One hundred fourteen patients were labeled as Group I, non-adherence without pharmacotherapy and 83 patients were labeled as Group II, adherence with over 36-month pharmacotherapy.

In comparison of Group I and II, Group II showed less parental educational years, higher symptom severity, and more comorbid psychiatric disorders than Group I.

Conclusion.– About one-fourth of patients diagnosed as ADHD adhered to treatment 36-month after the first visit. Regarding patient evaluation and the development of treatment strategies, factors affecting early drop-out and longer follow-up must be considered.

Preliminary findings from a RCT on the effects of nutritional and social skills intervention on aggression among Singaporean children with disruptive behaviour disorders

Mo-S-136
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