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.

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Mo-S-134
Pharmacologic treatment of challenging behaviors: A lifespan approach
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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 0.90. 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.

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Mo-S-136
Preliminary findings from a RCT on the effects of nutritional and social skills intervention on aggression among Singaporean children with disruptive behaviour disorders
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Mo-S-137
Improving executive function, visual memory, and attention by atomoxetine in boys with attention-deficit/hyperactivity disorder
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Our work aimed to assess the effect of atomoxetine on executive function, visual memory, and attention in children with ADHD in Taiwan. This was an open-label 12-wk atomoxetine treatment trial among 30 drug-naive boys with ADHD, aged 8–16 years. Before administration of atomoxetine, the participants were assessed using the Conners’ Continuous Performance Test (CPT) and the tasks of the Cambridge Neuropsychological Test Automated Battery (CANTAB) including executive function and visual memory: Intra-dimensional/Extra-dimensional Shifts (IED), Rapid Visual Information Processing (RVIP), Spatial Span (SSP), Spatial Working Memory (SWM), Stocking of Cambridge (SOC), Pattern Recognition Memory (PRM), Spatial Recognition Memory (SRM), and Reaction Time (RT); they were reassessed at weeks 4 and 12. Our results showed that there was significant improvement in executive function measured by the IED, RVIP, SSP, SWM, SOC, in visual memory measured by PRM and SRM, and in sustained attention measured by the RT and CPT. Our findings support atomoxetine effectiveness in improving non-verbal executive function, visual memory, and attention among boys with ADHD.

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Mo-S-138
Task shifting and dissemination of an evidence-based intervention for childhood behavioral problems in a developing country
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Introduction.– In this symposium, we present preliminary findings from an on-going randomised, double-blind, placebo-controlled trial that assesses the effectiveness of an intervention involving omega-3 supplementation and social skills training in reducing aggression. We hypothesized that children who received omega-3 supplementation, social skills training, or both omega-3 supplementation and social skills training would show greater reductions in aggression than those who received omega-3 placebo only.

Method.– A total of 177 participants (aged 9 to 16 years) diagnosed with Disruptive Behaviour Disorders (DBD) from an outpatient child psychiatric clinic in Singapore participated in this study. They were randomly assigned to one of the following groups:
- omega-3 only (n = 46);
- social skills + omega-3 placebo (n = 42);
- omega-3 + social skills (n = 42);
- omega-3 placebo only (n = 47).

Parents of children in all groups also received standard treatment, which consists of 7 lessons of behavior management training.

Results.– In line with our hypothesis, children who received omega-3 only, social skills only, or both omega-3 and social skills training showed a greater trend toward improvement on parent-rated aggression at post-treatment (6-month).

Conclusions.– Findings from the present study provided preliminary support for the use of omega-3 and social skills training in treating aggression. Implications of the findings will be discussed and limitations of the study will be presented.

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Mo-S-139
Decision making in primary care
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Objective.– Task shifting involves the redistribution of available community resources. This project describes the dissemination of an evidence-based parenting skills intervention by training social and health workers with little or no mental health background so they themselves train mothers of children with behavioral problems in impoverished communities in a developing country.

Methods.– The Strengths and Difficulties Questionnaire (SDQ) was completed by mothers to screen for children with behavioral problems and was repeated at the end of the intervention. Pre- and post-tests of parenting attitudes were administered to mothers. Workers in social development centers and dispensaries were trained and each social and health worker in turn trained mothers of children with behavioral problems under supervision utilizing an Arabic adaptation of the Treatment Manual for Externalizing Disorders “Helping Challenging Children” developed by the Integrated Services Taskforce of the World Psychiatric Association Child Mental Health Presidential Programme.

Results.– A total of 20 workers and 87 mothers were trained. The proportion of children who obtained an SDQ total difficulties score in the abnormal range decreased from 54.4% to 19.7% after the training. Whereas 40.2% of mothers used severe corporal punishment with their children before the intervention, this decreased to 6.1% post-intervention. Three-fourths of mothers related that the program helped them develop new parenting skills.

Conclusion.– This pilot project demonstrated the feasibility of task shifting and dissemination of a manual based intervention by training of workers who have little background in mental health to offer effective services to families in impoverished communities who otherwise would not have received them. Successful replication in other developing countries would pave the way to incorporating such programs in national policies given their potential sustainability and cost-effectiveness.

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Mo-S-140
Increasing access to mental health services in the US
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Objective.– Review public-sector interventions in Massachusetts to increase access to child psychiatrists for primary care physicians (MCPAP program) and to increase access to community-based services for publicly-insured children (Child Behavior Health Initiative).

Methods.– Details of programs and evaluative data obtained to date will be presented.

Results.– Access to child psychiatric consultation has increased, primary care providers feel more able to respond to children’s behavioral problems. Large numbers of children are being screened and enrolled in wraparound-type services. Clinical-level outcomes are not known.

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