Tensor imaging (DTI). All had completed the DAWBA diagnostic computerized interview that allows for symptom assessment. In a first study, we included 42 adolescents with SBP and 168 controls. Voxel-wise comparisons were performed for DTI parameters using TBSS and for grey matter volume using voxel-based morphometry (VBM). In a second study, we compared regional grey matter volume using VBM between 119 adolescents with subthreshold depression and 475 controls.

**Results.** Significant decreases in global and regional Fractional Anisotropy were observed in SBP subjects in various WM tracts that have been reported altered in bipolar disorder, and GM volume was significantly decreased in the anterior cingulate cortex.

In participants with subthreshold depression, GM was significantly decreased in the ventromedial prefrontal cortex, in the anterior cingulate cortex, and in both caudate nuclei.

**Discussion.** Results suggest alterations of brain structure in healthy subjects with subthreshold affective symptoms that are similar to those reported in full-blown manic or depressive episodes, which might lead to preventive strategies. However, whether those alterations are developmental or predict pathology needs further investigation.

http://dx.doi.org/10.1016/j.neurenf.2012.05.184

**Mo-S-190**

**Neural systems in anxious adolescents: Neuroimaging studies**

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Anxiety typically emerges in childhood and heralds risk for anxiety and depression in adulthood. Findings of cognitive and emotional deficit in adolescent patients with an anxiety disorder will be reviewed. Cognitive deficit have been identified in three domains: attention bias learning/conditioning, and emotion processing. We will review behavioral and fMRI findings from independent studies using dot-probe detection, fear conditioning and exposure to affective stimuli to examine functional domains in anxious patients. During threat orienting, anxious showed greater amygdala activation together with reduced connectivity to the ventral prefrontal cortex (VPFC) relative to controls. Upon fear conditioning, anxious adolescents developed higher fear levels, but not greater differential conditioning, than controls. Exposed to emotional stimuli, anxious patients showed greater amygdala activation to fearful faces than happy faces in amygdala, VPFC, and anterior cingulated cortex than controls. These findings will feed a neural system model of early-onset anxiety disorders.

http://dx.doi.org/10.1016/j.neurenf.2012.05.185

**Mo-S-191**

**Changes in mental problems of children and the proper treatment during the first year after the disaster**

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The Pacific seaboard of Iwate Prefecture is one of the most severely damaged areas by the massive March 11, 2011 earthquake and tsunami. No child psychiatrists were in the disaster-stricken parts of Iwate and there was an urgent need to organize effective child mental care systems to cover the large rural areas. With the idea of utilizing existing resources, the prefectural offices of child mental health care team collaborated with the Community Board of Education. The first intervention was interviewing the children in shelters. The second intervention was performing a questionnaire study of psychiatric symptoms for 13,353 children (age: 4–18 years). And the third intervention the visiting every school in Ishinomaki and talked about children’s problems with their schoolteachers based on the results of the study. Based on these three activities, we are planning a long-term intervention of children’s psychiatric problems with a collaboration of the Community Board of Education.

http://dx.doi.org/10.1016/j.neurenf.2012.05.186

**Mo-S-192**

**Strategy of psychiatric intervention in collaboration with the municipal caregivers at severe disaster areas**

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Ishinomaki, the second largest city in Miyagi Prefecture with a population of 162,822, suffered enormous damage from the huge earthquake and tsunami occurred on March 11, 2011. In order to treat children stressed by the catastrophic disaster, the National Center for Global Health and Medicine organized the Child and Adolescent Psychiatric Intervention Team for Ishinomaki. The team’s activities included three steps of intervention, collaborated with the Community Board of Education. The first intervention was interviewing the children in shelters. The second intervention was performing a questionnaire study of psychiatric symptoms for 13,353 children (age: 4–18 years). And the third intervention the visiting every school in Ishinomaki and talked about children’s problems with their schoolteachers based on the results of the study. Based on these three activities, we are planning a long-term intervention of children’s psychiatric problems with a collaboration of the Community Board of Education.

http://dx.doi.org/10.1016/j.neurenf.2012.05.187

**Mo-S-193**

**Mental health problems of the children in the earthquake and tsunami effected district: Early intervention by expeditionary child psychiatric care team from Hokkaido, Japan**

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The Great East Japan Earthquake occurred on March 11th, 2011. The earthquake triggered a powerful tsunami wave, which did serious damage to the Pacific coast of the Tohoku district. Hokkaido Prefecture sent 13 psychiatric support teams for children to the Kesenuma area, which was greatly affected by the disaster, between March 26th and September 2nd, 2011. The psychiatric support team was composed of 3 or 4 members. Each team stayed there for 5 to 7 days. We visited shelters and educational facilities, examined children affected by the disaster, attended (held) lectures and consultation meetings. We visited 41 shelters, 20 nursery schools, 23 schools, and we held eight meetings. We examined 110 children who had psychiatric symptoms caused by the disaster. The symptoms are as follows; fear, avoidance of their damaged houses, sleep disturbance, separation anxiety, psychological regression, irritability, aggressiveness, and somatofrom symptoms.

http://dx.doi.org/10.1016/j.neurenf.2012.05.188

**Mo-S-194**

**Analysis of child psychiatric intervention by Miyagi child mental health care team**


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http://dx.doi.org/10.1016/j.neurenf.2012.05.186