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 gray matter volume using voxel-based morphometry (VBM). In a second study, we compared regional gray 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
M. Ernst
Ninho, NIH, Bethesda, USA

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 (VPPC) 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, VPPC, 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
J. Yagi
Medical Affairs, Morioka Juvenile Prison, Morioka, Japan

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 protection spread around the coastal areas were used as outposts, and the three Child Mental Health Care Centers were newly set up, to where psychiatrists have been dispatched periodically. Information from the prefectural offices of child protection and cooperation with local pediatricians were instrumental in successful operation. The Child Mental Health Care Center in Miyako opened in June 2011. Thirty-seven children visited the center (the total number of visits: 138) for nine months since it’s opening. As for changes of chief complaints with time, 53.1% of the total visits in the first three months were related to sleep disturbance, followed by behavioral problem (43.8%) and trauancy (40.6%). The latter two have had high percentages; however, sleep disturbance has decreased every three months, whereas regression, separation anxiety, and developmental problems have been increasing.

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
M. Usami∗, Y. Iwadare, M. kodaira, K. Watanabe, K. Saito
Department of Child and Adolescent Psychiatry, National Center for Global Health and Medicine, Kohodai Hospital, Ichikawa, Japan

∗Corresponding author.

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 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
S. Sugiya
Child Psychiatry, Sapporo City General Hospital Seiryoinn, Sapporo, Japan

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 Kesennuma 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 somatoform 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
∗Miyagi Comprehensive Children’s Center, Sendai City, Miyagi Prefecture, Japan
∗∗∗Wakamiya Hospital, Yamagata, Japan

∗Corresponding author.