The houses of adolescents: A sociological adaptation to help adolescents today

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If pubertal and psychic adolescence process has always existed and constituted a body and subjective change experience, the phenomenology of adolescence yet is very dependent on the socio-cultural context which supervises and gives meaning to this transformation and this passage to age model adult. The houses of the teenagers just reply to sociological recent and current developments: it offers a global approach to young people that take into account all their problems and needs for access to a civic life.

Catatonia in young people

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The role of deprivation, abuse and trauma in pediatric catatonia without a clear medical cause
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Catatonia occurs in children and adolescents with a wide range of medical and psychiatric disorders. In some cases, a clear medical cause cannot be found. The role of deprivation, abuse, or trauma in the development of pediatric catatonia was assessed through examination of classic writings and of recent studies. There are multiple accounts of children and adolescents in whom catatonia develops in the aftermath of severe deprivation, abuse, or trauma, in past and recent literature. Catatonic symptoms may be falsely attributed to other disorders associated with deprivation, abuse, or trauma, and labeled as anacritic depression, quasi-autism, reactive psychosis, complex PTSD, and pervasive refusal syndrome (for example in detained refugee children). Children and adolescents with catatonia should be assessed for neglect, trauma, and abuse within the family or social situation, in addition to medical causes. Regardless of purported etiology, pediatric catatonia is an urgent indication for medical intervention.

Pharmacological treatments for catatonia in young people

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Once correctly identified, there is a range of effective drug treatments for catatonia. The evidence base for adults is better than for children and teenagers, which consists of case reports and small case series. While benzodiazepines remain the gold standard, I will review all the main agents and present a small case series demonstrating the range of approaches outside of Electroconvulsive therapy.

Medical and developmental risk factors of catatonia in children and adolescents: A prospective case control study
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Context.– Rare diseases have been associated with more and more genetic and non-genetic causes and risk factors. But this has not been systematically assessed in catatonia, one of the psychiatric syndromes, that is the most frequently associated with medical condition.

Objective.– We sought to assess the medical and developmental risk factors of catatonia in children and adolescents.

Methods.– From 1993 to 2009, 58 youths aged 10 to 18 years were prospectively admitted for catatonia and were followed up after discharge. A multidisciplinary approach assessed patients’ medical condition and developmental history. A causality assessment scored medical risk (maximum score = 10; κ = 0.91). We compared the prevalence of catatonia in these patients to that of 80 inpatients with bipolar I disorder admitted from 1993 to 2003 who were also followed up.

Results.– We found that 13 (22.4%) patients had medical conditions and 18 (31%) had a history of developmental disorder in the catatonia group, whereas one (1.3%) and 17 (22.6%) patient had the same conditions in the bipolar group (P < 0.001; P = 0.17, respectively). Medical conditions associated with catatonia included auto-immune encephalitis (systemic lupus erythematosus \[n = 3\] and anti-NMDA-receptor encephalitis \[n = 1\], seizures \(n = 1\), ciclosporin encephalitis \(n = 1\), post hypoglycaemic coma encephalitis \(n = 1\), and genetic or metabolic conditions (Chorea \[n = 2\], SHT cerebrospinal fluid deficit \[n = 1\], storage disease \[n = 1\], fatal familial insomnia \[FFI; n = 1\], and PRODH mutations \[n = 1\]). Six patients responded to a specific treatment approach related to their medical condition (e.g., plasma exchange in the case of auto-immune encephalitis).

Conclusion.– Catatonia in children and adolescents is associated with a high prevalence of medical conditions. This needs to be acknowledged as it may greatly delay the treatment of catatonia and the diagnosis of medically related catatonia. Tragically, this may deny patients treatment opportunities.

Does the clinic of the baby allow us to revisit our vision of adolescence and vice versa?

La clinique de l’adolescent

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Notre vision de l’adolescence permet de revisiter la clinique du bébé en montrant combien le corps permet la construction intime et la vie intériorisée du sujet humain de sa naissance à sa mort quand celui-ci ne peut l’exprimer par les mots. La clinique nous montre combien par son corps l’adolescent exprime la quête de lien à l’autre dans un rapport de séduction et de destructivité, de plaisir et de déploiement, de tension et de détente. L’absence de rencontre avec l’autre, quel qu’en soit l’expression corporelle, nous permet de comprendre que le narcissisme est toujours secondaire à la rencontre avec l’objet.”