Suicidality in adolescents

Mo-S-239
Like sparkle in sugar cane . . . cluster of youth suicide
V. Stanganelli a,*, L. Callaghan b, T. Prince b, B. Hansen b, P. Sutton b, A. Howe b, N. France b, F. Cheverton b, J. Lawton b, J. Travers b
a Senior Lecturer In Psychiatry/psychms, James Cook University/Queensland Health, Q 4740, Australia
b Child and Youth Mental Health, Queensland Health, Mackay, Australia
*Corresponding author.
The aim of this paper is to share our community's experience facing a cluster of suicide among adolescents within a rural area in Queensland (Australia). Material and methods.— We studied the impact of tragic deaths within a community of 160,000 inhabitants in Australia. The adolescents were mostly males, from Indigenous cultures, between 12 to 17-years-old. As a result of these episodes, we established a committee for crisis intervention which coordinated different levels of promotion, prevention and early intervention. Particularly, our committee needed to consider cultural and spiritual aspects of Indigenous and Aboriginal culture in Australia.
Results.— The adolescents who integrated the cluster were part of a vulnerable group of the population. They suffered from multiple disruptions in their emotional development because of belonging to broken families, they had attachment disorders, lack of paternal figure and they were witnesses of domestic violence since early childhood. All of them were unemployed, with poor academic performance, generally living on the streets and they also abused alcohol and substances. They refused to discuss their problems despite having previous suicidal and para-suicidal attempts. Those adolescents shared neighbourhoods, schools or they were relatives, friends or acquaintances from other towns nearby. The cluster of suicides impacted on the entire youth group by mechanisms of transferrence and in countertransferrence. We will present two clinical cases of patients with identity diffusion co-morbid to axis I diagnosis (ADHD and eating disorder). These patients are typically treated for the AXIS I diagnosis, but we believe are treated better by attending to the AXIS II personality pathology, and within the TFP-AIT model.
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The impact of sleep disorders in early child psychiatry

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Sleep disorder in ADHD population
R. Chaskell a, D.P. Castro
a Child Psychiatry, Andes university, Bogota, Colombia
*Corresponding author.
Sleep disorders are frequently reported by parents of children with ADHD. We have studied thoroughly with the Pediatric Neurology Department and with the use of well-known scales the sleep disorders of these children. The disorders are of such a nature that they affect emotional events, night terrors, nightmares, odontological alterations, snoring, waking in the middle of the night. Other processes affected by sleep include bad temper, difficulties in attending school, and learning processes. Neurological examination has proven useful as well as recommendations towards better sleep hygiene. Parents and the affected children and their sibling show improvement in their quality of life.
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Sleep disorder in autism spectrum disorders
R. Pallia
Salud Mental Pediatrica, Hospital italiano de Buenos Aires, Buenos Aires, Argentina
Sleep disorders are very frequently reported by parents of children with Autism Spectrum Disorders (ASDs), affecting 45% to 80% of children with this diagnosis. Given the characteristics of ASDs, it is not common that these children express complaints about sleeping problems; they are affected their daily behaviors as moodiness, irritability, restlessness, boredom, hyperactivity, continued complaints. Sleeping disorders impaired family relationship, cognitive skills and socialization. The main problems are prolonged sleep onset, shorter sleep time, frequent nocturnal awakenings, difficulties in the assembly of the sleep wakefulness, affecting lifestyle, organization and routines and family relationship. The etiology is unclear and is probably multifactorial, including neurodevelopmental factors, neurotransmitters factors, anxiety, family lifestyle, etc. There must be an early and active detection through screening sleep difficulties in parent interviews, questionnaires, actigraphy, polysomnography. Treatment is significant to