Tu-S-354

Project 5: Determinants of medical care for young women with turner syndrome during the transition period
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Lifelong follow-up is recommended in Turner syndrome. We evaluated the medical follow-up—mostly by gynecologists or general practitioners—during the transition period pediatric/adult care of a 568 young adult patients’ cohort with Turner syndrome. Recommended medical assessments were performed in 16% (audiometry) to 68% (lipid level determinations). Only 3.5% patients underwent all assessments. Multivariate analysis identified the physician type as the only factor consistently associated with follow-up, which was better with endocrinologists than with other physicians. Other variables associated with adequate follow-up were paternal socioeconomic class, education, number of Turner syndrome disease components, size of the follow-up medical center in childhood, physical health dimensions of SF-36 scores. In conclusion, by contrast with follow-up during the transition phase, patients should be sent to physicians specializing in Turner syndrome, particularly those with lower education levels from families of low socioeconomic status.

http://dx.doi.org/10.1016/j.neurenf.2012.05.335

Best practice in the management of ADHD

Tu-S-355

The neurophysiology of neuro-feedback and neurocognitive training in ADHD
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Attention-deficit hyperactivity disorder (ADHD) is one of the most common mental disorders, particularly in children and adolescents. There is a growing need for evidence based non-pharmacological interventions. Here, we review the evidence for neuro-feedback and cognitive training, both of which target specific neural mechanisms involved in ADHD. The current evidence points to sizeable and partly specific effects, reaching still medium effect sizes in randomized trials compared to partly matched control conditions, but evidence from studies attempting placebo control is more mixed. At least for neuro-feedback, several follow-up studies also report sustained effects. The talk focuses on the evidence for controlled and specific effects related to the specific type of training, and the influence of study designs and control conditions. The evidence emphasizes the need to further clarify the need for both specific and non-specific effects using proper forms of blinding and control along with valid forms of training.

http://dx.doi.org/10.1016/j.neurenf.2012.05.336

Tu-S-356

Integrating psychodynamic and systemic conceptions with biological theories in Attention Deficit Hyperactivity Disorders
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The clinical picture of Attention Deficit Hyperactivity Disorders will be presented according to three developmental lines, namely neural, cognitive and psychic dimensions. Such depiction will then be integrated in a dynamic and interactive model within which each dimension interplays with its environmental counterpart, biological milieu interior, perception/learning and affective relationship respectively (Guilé, 2010, 2011). Finally psychodynamic, systemic and genetic factors will be posited alongside the youth’s development to explain how they interact in ADHD youth at different stages of the illness.

http://dx.doi.org/10.1016/j.neurenf.2012.05.337

Psychiatric diagnosis during adolescence (ISAPP)

Tu-S-358

Borderline and complex traumatised adolescents
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Objectives.— Although conduct disorders are one of the most common psychiatric disorders in childhood and adolescence and although they seem to be an important risk factor for adult aggressive and delinquent behavior as well as for other comorbid disorders in adulthood, only few studies have evaluated specific therapy approaches for this patient group. A randomized controlled clinical trial carried out at Asklepios Fachklinikum Tiefenbrunn (Rosdorf, Germany) studied the efficacy of a manualized psychodynamic inpatient treatment for adolescents who suffer from mixed disorders of conduct and emotions (F92, ICD-10).

Methods.— Primary outcome measure of the included patients (n = 54) was fulfilling the diagnostic criteria for mixed disorders of conduct and emotions before and after treatment/waiting period (SCID-I/I/II, Disysp-KJ). In addition to various global outcome measures (SCL-90-R, IIP, BPI, BSSK, IES, ILK etc.) the self-reflective-functioning-scale as well as the OPD-CA axes ‘structure’ and ‘prerequisites for treatment’ were used as specific psychodynamic outcome measures.

Results.— Patients showed a remarkable complexity of different diagnosis especially the diagnosis of Borderline developmental disorder and complex traumatization (developmental trauma disorder). They had obviously deficits in their impulse regulation.

Conclusions.— As long as the diagnosis of Borderline developmental disorder and developmental trauma disorder are not evaluated in the clinical situation adolescents do not get the treatment they need. This has not only implications for treatment, development of specific psychotherapy but also for research.

http://dx.doi.org/10.1016/j.neurenf.2012.05.338

Tu-S-359

Value and limits of a psychiatric diagnosis during adolescence
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We all are waiting for the upcoming edition of the DSMV. We know how controversial and bitter is the context of its publication and fear its final content. Because of the expected over inflation of diagnoses in this significantly delayed DSMV, both the scientific community and the public at large, question already the validity of making a psychiatric diagnosis. This is especially relevant for the adolescent in whom worrisome behaviours can be considered as adaptive, as a significant indicator of pathology or often remain indeterminate without follow up. We have witnessed in the last 10 years tremendous changes, mostly connected to the advanced of neurosciences and functional neuroimaging. That accounts in part for the difficult gestation of the next DSM — its editors trying to integrate this new scientific data in the diagnosis classification.

Interestingly, neurosciences have shown that the adolescent brain undergoes major changes at this time of development. Furthermore, we know that adult psychopathology often begins during adolescence. Such a continuity imposes...