Tu-S-375

**Tourette’s disorder in a child: Diagnosis and treatment: An international perspective**

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Tourette’s Disorder (TD) is a childhood onset neuropsychiatric disorder characterized by multiple motor and vocal tics. Most clinically referred children also meet diagnostic criteria for at least one psychiatric disorder; Attention Deficit Hyperactivity Disorder (ADHD) and Obsessive Compulsive Disorder (OCD) are most frequent, but many children also meet criteria for mood, non-OCD anxiety disorders, impulse control and/or learning disorders. Many referred children with TD have at least one family member with tics, TD and/or OCD; these children often struggle in their school and social environments, which can complicate the clinical presentation and treatment. Evidence based treatment of tics has traditionally been psychopharmacological, although in the past year, habit reversal therapy, a cognitive behavioral approach, has gained more acceptance. Psychiatric comorbidity and academic problems require additional interventions, which may differ from country to country, depending on available therapeutic options. This symposium will center on a case presentation of a child with TD, ADHD and/or OCD, and academic problems. Each presenter, an expert in TD diagnosis and treatment, will discuss his/her current approach to evaluation and treatment, reflecting state of the art practices in the countries represented. Similarities and differences in approach will be highlighted, with ample time for discussion from attendees.

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**Involvement of fathers**

Tu-S-378

**Involvement of fathers at first referral to child psychiatry**

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Sociological factors lead to a traditional scheme where the mother is the one who takes the child to medical consultations in Tunisia. However, child psychiatry is an emerging field and may illustrate some transformations of this model. Objectives were to assess the involvement of fathers at the first referral to child psychiatry. Methods: An analysis with Windows-Excel and Epi-info softwares was conducted on the computerized database of the child and adolescent psychiatry outpatient clinic of Monastir. This database is updated weekly with structured epidemiological and clinical data for all patients. Studied parameters were: age and gender, accompanying adults, professional and personal situation of parents, reason for referral, and DSM-IV diagnoses. Results: Children were accompanied by both parents in 16% of first sessions, and fathers were present either with or without mothers in 34% of cases. Child’s age of 5 years or below was the most important factor related to the presence of both parents.

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**Child Psychoanalysis (Centre Alfred Binet Model)**

Tu-S-379

**Psychoanalysis today with autistic children**

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Through several clinical examples, the actual evolution of our practice of therapists and psychoanalysts in Centre Alfred-Binet will be exposed. We have to include the non-neurotic components of children functioning, with borderline personality, mental inhibition, and behaviour expression, inability to express their feelings and to feel sadness. We introduce a more active participation in playing and be engaged emotionally with the patient. Status of Interpretation, and interest of psychoanalytical psychodrama will be discussed.

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