La spécificité de la pédopsychiatrie de consultation-liaison en soins palliatifs

M. Vadnais,∗, P. Canouib

∗Service de psychiatrie, hôpital Sainte-Justine, Montréal, Canada
bService de psychiatrie, hôpital Necker–Enfants-Malades, Paris, France

Auteur correspondant.

Le rôle du pédopsychiatre qui œuvre au sein d’une équipe de soins palliatifs pédiatriques (SPP) est vaste, et va bien au-delà de la pharmacothérapie, qui demeure toutefois un outil indispensable. La consultation auprès de l’enfant et sa famille permet l’évaluation des réactions anxio-dépressives, de normales à pathologiques. Le pédopsychiatre fait face à des enjeux ethniques autour du consentement/refus de traitement, les aspects médico-légaux se compliquant selon la maturité du patient et la dynamique familiale. Deux situations urgentes peuvent survenir: l’agitation/delirium et celle du suicide. Leurs causes et les interventions seront abordées. Lorsqu’elle surtient, la question du suicide prend une dimension unique dans le contexte de fin de vie. Le confort étant toujours au cœur de la philosophie des SPP, il est possible d’utiliser la psychopharmacothérapie pour soulager certains symptômes somatiques, comme la douleur. Le travail de liaison du pédopsychiatre avec les membres de l’équipe et autres consultants est essentiel.

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Face processing in ASD

Studying face processing in autism through the interplay between high and low level visual processes

B. Jemela,∗, Y. Zéroualib

∗Laboratoire de recherche en neurosciences et électrophysiologie cognitive, hôpital Rivière-des-Prairies, Montreal, Canada
bCorresponding author.

There is now converging evidence that dynamic interactions between low and high visual processes as well as functional coupling of neural discharges within distributed cortical networks can account for key properties of conscious visual experience. In the present presentation, we show that a defect in these neurofunctional processes may be central to understanding certain cognitive dysfunctions/typicalities in autism (i.e. superior processing of low-level perceptual inputs, difficulty processing cognitively complex materials such as faces). We present behavioral and electrophysiological evidence from different paradigms that demonstrate that visual perception of facial stimuli in young adults with high functioning autism (HFA) is less biased by task instructions, is less finely tuned to relevant visual information, is not modulated by subjective perception in response to bistable images (i.e. can be perceived as either faces or objects), and results from locally integrated neural information as revealed by an EEG synchrony study.

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What is the specific child psychiatrist’s role in pediatric palliative care nowadays in France?

M. Vignes

Service de Psychiatrie de l’Enfant et de l’Adolescent, CHU de Toulouse, France

The treatment of severe children’s disease has changed, cares are given faster and faster in hospitals and children who are included in palliative care programs are most of the time at home. Consequently, the role of a child psychiatrist in a palliative care team is quite different from what it was ten years ago, when the pediatric palliative care team first started to work in Toulouse Children’s Hospital. He has to face “emergency situations” like unexpected death of babies and to be ready to visit the child and his family out of the hospital, at home or in a Children’s hospice. He must be able to meet the siblings before and after the bereavement. He is involved in support programs for home care teams and has to listen attentively to the others caregivers (nurses and paediatricians). However, he also has to meet young patients weekly or more during specific consultations, where the fatal issue is discussed and sometimes has also to prescribe psychotropic drugs when necessary.

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