ADHD in WPA Region III. Africa and Middle East
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ADHD has been investigated in several epidemiologic surveys in Arab countries and is encountered frequently in clinical settings. Given the dearth of specialists in child mental health, children with ADHD are treated by adult psychiatrists and neurologists. Primary care physicians and pediatricians have little propensity to detect mental disorders in children. Given the diversity of psychological theoretical approaches in schools, there is great variation in whether ADHD is detected at the school level or labeled as misbehavior secondary to environmental adversities. It is mainly academic underachievement that gets families to consult specialists, not the hyperactive, impulsive or disruptive symptoms. The presentation will identify common comorbidity patterns in Arab countries, as well as challenges in testing and identification of associated learning problems in these multi-lingual settings. Given the presence of long-standing conflicts in some countries (e.g. Lebanon, Iraq, Palestine), the relation between exposure to wars and ADHD will be addressed.

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ADHD in WPA Region IV. Asia and Australasia
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Objective/methods.— The presenter will discuss the perspective of a child psychiatrist in India.
Results/discussion.— In Indian children common behaviour problems are obstinacy, disobedience, anger outbursts, temper tantrums, low academic achievement, hyperactivity, inattention and impulsivity. Usually, parents, families and teachers first identify the problems. Pediatricians, often the first physicians to be consulted, may then refer the child to a psychiatrist/psychologist (not necessarily a child specialist). Overall, there is inadequate training for teachers and pediatricians in identifying and managing these problems. ADHD is diagnosed most often based on clinical history. DSM-IV or ICD-10 criteria are used in academic settings. The approximate prevalence of ADHD in India is 1–2%. Pharmacological management is used in severe disruptive ADHD, when behavioral or psychosocial management has failed or academic performance is significantly affected. Most parents, while generally hesitant about medications, are more agreeable to pharmacological treatment when there are severe disruptive behaviors or educational difficulties.

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ADHD in WPA region IV. Far East Asia
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Introduction/objectives.— Representing WPA Far East Asian Region, Dr. Kim will discuss the case from the perspective of a child psychiatrist practicing and researching both in Korea and the USA.
Methods.— The presenter will discuss: prevalence trends of ADHD in Korean school aged children, how a Korean child would typically present for care, diagnostic methods and various treatment modalities, using both epidemiological research and clinical data.
Results.— Initial findings from the epidemiological research data suggest that phenotypic variation in Korean children is similar to that in Westerners with some possible distinctions. Access to care is also influenced by a cultural stigma related to mental health problems, public awareness of the ADHD and the shortage of child psychiatrists in the rural area.
Discussion/conclusion.— ADHD is a common disorder, affecting approximately 8% of all children. It would appear that this prevalence estimate holds for many countries, despite the high degree of variability in symptom presentation. While there may be validity and reliability in diagnosis across populations, the variability offers the possibility of variability in those symptoms which meet criteria in Asian and Western samples.

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Zarima intervention: a spanish eating disorder prevention program

The Zarima intervention
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Subsequent to an epidemiological study on ED in a large representative stratified community sample of 4047 Spanish adolescents using standardized methods, a prospective study was carried out to examine the effect of a controlled school-based programme for prevention of ED. The ZARIMA programme has proved to be effective when evaluated scientifically at the one-year follow-up. After 12-month follow-up the risk of ED in the intervention group was almost one-third that in the control group (4.1% v. 10.5%), and the incidence of ED significant decrease in intervention group (IG) but not in control group (CG) (0.0% v. 2.7%). The number of subjects of this pilot study was small. It would therefore be inappropriate to generalize from its findings. Additional research was needed on using a testing this program with a more divergent and larger sample with randomised controlled trial with measurements pre- and post-intervention. A replication was required, a multicenter research project. Objective: Selective prevention of ED in adolescents. Methods: Randomised controlled trial. Sample: 1813 students seventh-grade in 27 schools of Zaragoza, Santiago de Compostela, Vigo, Orense and Santander (North of Spain) were randomly assigned to IG and CG. At 12-month follow-up ED risk decrease in IG (specially in girls).

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Care and researcher for children and adolescents with ASD in France: the resources centers for autism (sponsored by ANCRA)

The network of resources centers for autism in France
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Autism Resource Centers have been created since 2004 in order to implement and disseminate validated methodologies for the diagnosis and functional assessment of ASD, and more generally to promote care and treatment of ASD in our country. There are now 26 of these centers, one in each region of France. There multidisciplinary teams provide specialized exams for children and adults with ASD. They also include documentation centers open to professionals, students and parents. They develop regional networks, facilitating communication and joint working between different institutions working in the field of autism. The Autism Resource Centers are grouped in a National Association (ANCRA) which coordinates and represents them before government authorities. ANCRA actively participates in ongoing reforms of the policy for people with autism in France.

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