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Dear Colleagues,

As we need the most unity and co-existence as a country, we invite you to come together once again under the roof of our association, which has been joining us for 26 years. We are experiencing the pleasure of implementing the 27th National Congress with the awareness that every brick added onto our solid foundation from the past will enrich us. This year, we will strive to meet the needs of our colleagues' who are working in different conditions and who have different needs for our constantly growing, developing and renewing branch. We aim to develop our foundation of past years based on 'innovations' added to 'basic information' by making concrete standardization studies, forming flow charts on diagnosis and treatment by closing our lack of knowledge.

For this reason, we have defined our main theme as "algorithms and solutions". We aimed to construct a different program that encourages participation, including a clear flow and tangible gains as well as many innovations to be compatible with our theme at the Congress. We believe that in the areas where we need the most, we will accomplish this with the valuable contributions from internationally respected scholars, as well as our distinguished scientists

In the early spring, we invite you all to a congratulatory congress where we will enjoy the union and coexistence by the beautiful Cesme atmosphere and Aegean trips.

Co-Chairs

**Prof. Dr. Neslihan İnal Emirođlu**

**Prof. Dr. Fevziye Toros**

10 MAY 2017   1 <sup>st</sup> DAY				
	A HALL	B HALL	C HALL	D HALL
08:30-09:45		Oral Presentations <i>Ass. Prof. Dr. Ibrahim Selçuk Esin</i>	Oral Presentations <i>Ass. Prof. Dr. Sevay Alsev Güney</i>	
10:00-11:15	Meeting of the Forensic Child and Adolescent Psychiatry Commission  Meeting of Art and Culture Commission	Meeting of the Commission for Children with Disability	"General Evaluation and Overview of Sexual Abuse and Such Like This Crimes Against Children in Terms of Turkish Penal Code Regulations" <i>Public Prosecutor Nihal Fındık</i>	Meeting of the Consultation Liaison Psychiatry Commission
11:15-11:30	Coffee Break			
11:30-12:30	Autism Commission Activity  <b>Panel - 1</b> Practical Issues About Autism Spectrum Disorders  <i>Moderator:</i> <i>Prof. Dr. Nahit Motavallı Mukaddes</i>  Assessment in ASD: Do the tools in Scientific Literature such as Questionnaires and Structured Interviews help us in Daily Practice? <i>Assoc. Prof. Dr. Onur Burak Dursun</i>  Treatment Modalities in ASD, A Review of the Current Data on the Special Education. <i>Prof. Dr. Nahit Motavallı Mukaddes</i>  Recent Advances in Psychopharmacologic Agents used in ASD <i>Assoc. Prof. Dr. Murat Coşkun</i>	<b>Panel - 2</b> How the Child Advocacy Centers (CAC) in Turkey work?  <i>Moderator:</i> <i>Prof. Dr. Ayşen Baykara</i>  Child Advocacy Centers in Turkey? <i>Dr. Çilem Bilginer</i>  What Does a Pediatrician Do At Child Advocacy Centers? <i>Dr. Özlem Bağ</i>  What Does A Forensic Interviewer Do At Child Advocacy Centers? <i>Social Worker Sezin Ünal</i>  What Does A Representative From Ministry of Family and Social Policies Do in Child Advocacy Centers? <i>Social Worker Tülin Demirsoy</i>  What Does A Child And Adolescent Psychiatrist Do At Child Advocacy Centers? <i>Ass. Prof. Dr. Sevay Alşen Güney</i>	Infant Mental Health Commission Meeting	
12:30-13:00	Lunch			

	A HALL	B HALL	C HALL	D HALL
13:00-14:15	<b>Conference - 1</b>  Recent Advances in Autism Research: Through Understanding the Etiology of Autism Spectrum Disorders  <i>Prof. Dr. Mohammad Ghaziuddin</i>  <i>Moderator:</i> <i>Prof. Dr. Yankı Yazgan</i>	<b>Panel - 3</b>  Life Long Consequences of Adverse Childhood Experiences  <i>Moderator:</i> <i>Prof. Dr. Işık Karakaya</i>  When do the Adverse Childhood Experiences Leave Their Mark on the Brain? <i>Assoc. Prof. Dr. Neşe Perdahlı Fiş</i>  When Do The Adverse Childhood Experiences Leave Their Mark on the Genes? <i>Assoc. Prof. Dr. Burcu Ayaz</i>  When do the Adverse Childhood Experiences Leave Their Mark on the Psyche? <i>Dr. Veysi Çeri</i>  When do the Adverse Childhood Experiences Lead to Development of Psychopathology? <i>Dr. Funda Gümiştas</i>	<b>Panel - 4</b>  Neuroinflammation: Just a Research Topic or Fact in development of Childhood Psychiatric Disorders?  <i>Moderator:</i> <i>Assoc. Prof. Dr. Esra Güney</i>  Autism Spectrum Disorders and Neuroinflammation <i>Dr. Ayşe Kutlu</i>  Attention Deficit Hyperactivity Disorder and Neuroinflammation <i>Dr. Nagihan Cevher Binici</i>  Bipolar Disorders, Depressive Disorders and Neuroinflammation <i>Dr. Özlem Önen</i>  Anxiety Disorders, Trauma and Stress Related Disorders and Neuroinflammation <i>Dr. Handan Özek Erkuran</i>	<b>Panel - 5</b>  OCD and Related Disorders, Phenomenology And Immunity  <i>Moderator:</i> <i>Prof. Dr. Ayşe Avcı</i>  Phenomenology Of Pandas-OCD <i>Prof. Dr. Ayşegül Yolga Tahiroğlu</i>  Humoral immune response in OCD related disorders <i>Assoc. Prof. Dr. Gonca Çelik</i>  Phenomenology of Childhood Tic Disorders <i>Dr. Perihan Çam</i>
14:15-14:30	Coffee Break			
14:30-15:45	<b>Conference - 2</b>  Irritability in DSM and RDoC: Complementary perspectives  <i>Prof. Dr. Ellen Leibenluft</i>  <i>Moderators:</i> <i>Assoc. Prof. Dr. Ali Evren Tufan</i> <i>Dr. Meryem Özlem Kütük</i>  <i>(This Session is a Teleconference Session)</i>	<b>Panel - 6</b>  Recent Advances in ADHD  <i>Moderator:</i> <i>Prof. Dr. Ayla Aysev</i>  NEBA: Does It Really Have A Potential for Being A Biomarker in Diagnosis of ADHD ? <i>Dr. Gülen Güler</i>	Autism Commission Activity  <b>Panel - 7</b>  <i>Moderator:</i> <i>Prof. Dr. Nahit Motavallı Mukaddes</i>  An Update on Autism Spectrum Disorders:  ASD Definition, Prevalence, Theories on Etiology <i>Assoc. Prof. Dr. Sezen Gökçe</i>	" Alternative Solutions, Juvenile Pushed to Crime and Conciliation Provisions"  <i>Public Prosecutor Nihal Fındık</i>

	A HALL	B HALL	C HALL	D HALL
14:30-15:45		Sluggish Cognitive Tempo: A Symptom Cluster or Diagnostic Category <i>Dr. Nagihan Cevher Binici</i>  d-CPT for the diagnosis and Differential Diagnosis of ADHD <i>Prof. Dr. Elvan İşeri</i>  Biochemical Compounds in ADHD: Is the cause somewhere else? <i>Ass. Prof. Dr. Ipek Perçinel Yazıcı</i>	Etiopathogenesis Of ASD <i>Assoc. Prof. Dr. Didem Öztop</i>  ASD Clinical presentation: Birth Through Adulthood <i>Prof. Dr. Burcu Özbaran</i>  Psychiatric Assessment in ASD <i>Ass. Prof. Dr. Sevcan Karakoç</i>	
15:45-16:00	Coffee Break			
16:00-17:15	Opening Ceremony			
17:15-17:30	Coffee Break			
17:30-18:45	Workshop - 1  The journey of a Toddler with suspected ASD: The process in USA and in Turkey. <i>Prof. Dr. Mohammad Ghaziuddin</i> <i>Prof. Dr. Nahit Motavallı Mukaddes</i>	Course - 3  Communication of Risk Diagnosis in Neuro Developmental Disorders as a Therapeutic Intervention <i>Prof. Dr. Yankı Yazgan</i>	Course - 4  Neuroimaging in Psychiatric Research <i>Prof. Dr. Ali Saffet Gönül</i>	Workshop - 2  Family Therapy-Ariel Integrative Model, as a Culturally Sensitive Approach <i>Dr. Drita Gashi Bytyci</i>

SOCIAL EVENT: PHOTOGRAPH EXHIBITION - AYLIN KARANFIL (WILL BE AVAILABLE DURING THE CONGRESS AT THE FOYER)

11 MAY 2017 | 2<sup>nd</sup> DAY

	A HALL	B HALL	C HALL	D HALL
07:15-08:15		Oral Presentations <i>Ass. Prof. Dr. Vahdet Görmez</i>	Oral Presentations <i>Ass. Prof. Dr. Gonca Özyurt</i>	
08:30-09:45	Conference - 3  Neuromodulation Treatments in Child Psychiatry <i>Prof. Dr. Neera Ghaziuddin</i>  <i>Moderators:</i> <i>Prof. Dr. Özlem Özel Özcan</i> <i>Ass. Prof. Ibrahim Selçuk Esin</i>	Yeşilay COGEPDER Joint Action  Panel - 8  <i>Moderators:</i> <i>Prof. Dr. Eyüp Sabri Ercan</i> <i>Prof. Dr. Mücahit Öztürk</i>  The Mission and Current Activities of Yeşilay (Turkish Green Crescent) _ <i>Cihan Başar Samancı</i>	Activity: Forensic Child Psychiatry Commission  Panel - 9  Forensic Interviewing of Children Suspected Of Sexual Abuse  <i>Moderator:</i> <i>Prof. Dr. Ayşen Coşkun</i>	Board of Certification Activity  Course 1 "Starting your residency"

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	A HALL	B HALL	C HALL	D HALL
08:30-09:45		Turkish Education Program on Addiction Prevention <i>Derya Akyılmaz</i>  YEDAM: A Psychosocial Treatment Day-clinic Model <i>Gaye Kağan</i>  Turkish Rehabilitation Model <i>Savaş Yılmaz</i>	Basic Forensic Interviewing of Children Suspected of Sexual Abuse Basic Principles of Questioning in Forensic Child Sexual Abuse Interviews <i>Dr. Çilem Bilginer</i>  Reporting Abuse, Challenges and Managing the Process <i>Assoc. Prof. Dr. Nusret Soyulu</i>  Forensic Interviewing with Preschoolers, School-Aged or Disabled Children Suspected of Sexual Abuse: Case Examples <i>Assoc. Prof. Dr. Şahika Şişmanlar</i>	
09:45-10:00	Coffee Break			
10:00-11:15	Conference - 4  CBT in Schools; The Prevention of Anxiety and Low Mood in Children <i>Prof. Dr. Paul Stallard</i>  <i>Moderator:</i> <i>Ass. Prof. Dr. Vahdet Görmez</i>	Event of Committee of Children with Special Needs  Panel - 10  Unanswered Questions in Intellectual Disabilities (ID)  <i>Moderator:</i> <i>Assoc. Prof. Dr. Işık Görker</i> <i>Assoc. Prof. Dr. Şaziye Senem Başgül</i>  ID in Early Years? Can Toddlers Have Severe Impairment Due to Psychiatric Diagnosis? <i>Ass. Prof. Dr. Şermin Yalın Sapmaz</i>  Comorbidities in ID: Should We Report ID and ASD Together? <i>Ass. Prof. Dr. Selma Tural Hesapcioğlu</i>	In-Patient Services Comission: Activity  Panel - 11  "My Patient Needs in-patient Care": Where to Start, What to do?  <i>Moderator:</i> <i>Assoc. Prof. Dr. Pınar Vural</i>  Is there a need for child and adolescent mental health inpatient services in Turkey: Are the present services effective, how can you reach them? <i>Assoc. Prof. Dr. Gül Karaçetin</i>  The economy and the organisation of CAMHS inpatient services. <i>Prof. Dr. Özlem Özel Özcan</i>	Meeting of the Trauma Commission

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	A HALL	B HALL	C HALL	D HALL
10:00-11:15		How can we decide if a child with moderate ID is severely impaired or not? <i>Ass. Prof. Dr. Mutlu Karakuş</i>	Bakirköy as the final point. How does it operate? <i>Dr. Caner Mutlu</i>	
		The orphans in education: What happens to Children with Borderline IQs <i>Ass. Prof. Dr. Ibrahim Selçuk Esin</i>	If I do not have an inpatient service: Problems in practice? Our rights for other services <i>Dr. Ali Karayağmurlu</i>	
11:15-11:30	<b>Coffee Break</b>			
11:30-12:45	<b>Conference - 5</b> Substance Abuse and Co-occurring Disorders <i>Prof. Dr. Yifrah Kaminer</i>  <i>Moderator:</i> <i>Prof. Dr. Mücahit Öztürk</i>	<b>Panel - 12</b> Autism Spectrum Disorders (ASD) from a Developmental Perspective <i>Moderator:</i> <i>Prof. Dr. Tezan Bildik</i>  Theory of Mind, Assessment of Communication, Therapy of Empathy <i>Psyc. Ceyda Dedeoğlu</i>  Comorbid Psychiatric Disorders in Autism Spectrum Disorders <i>Ass. Prof. Dr. Sebla Gökçe</i>  Pharmacotherapy in Autism Spectrum Disorders <i>Dr. Soner Ozaner</i>  Autism Spectrum Disorders in Adolescence and Adulthood <i>Dr. Özlem Çakıcı</i>  When Autism is not autism anymore but Continues to Cause Impairment in Adolescence and Young Adulthood <i>Prof. Dr. Yankı Yazgan</i>	<b>Panel - 13</b> Activity of the ADHD Commission  Rational Treatment Management For Comorbid Conditions In ADHD In The Light Of Pathophysiological Theories <i>Moderator:</i> <i>Prof. Dr. Eyüp Sabri Ercan</i>  ADHD and Substance Use Disorders <i>Dr. Zeynep Esenkaya Usta</i>  ADHD and Depression <i>Ass. Prof. Dr. Sibel Nur Avcil</i>  ADHD and Anxiety Disorders <i>Dr. Fatma Hülya Çakmak</i>  ADHD and Tic Disorders <i>Dr. Zehra Babadağı</i>  ADHD and Bipolar Disorder <i>Dr. Hesna Gül</i>	Board of Certification Activity  <b>Course 2</b> "Starting your consultant career"

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	A HALL	B HALL	C HALL	D HALL
12:45-13:45	<b>Lunch</b>			
13:45-15:00	<b>Workshop - 3</b> Continuity of care for adolescents with substance use disorders <i>Prof. Dr. Yifrah Kaminer</i>  <i>Moderators:</i> <i>Assoc. Prof. Dr. Özlem Gündoğdu</i> <i>Dr. Caner Mutlu</i>	<b>Conference - 6</b> Health informatics; how meaningful and useful? <i>Prof. Dr. Bedirhan Üstün</i>  <i>Moderator:</i> <i>Prof. Dr. Füsün Çuhadaroğlu</i>	<b>Panel - 14</b> Evaluation and Management of Sleep Problems in Children with Psychiatric Disorders <i>Moderator:</i> <i>Assoc. Prof. Dr. Özden Üneri</i>  Evaluation and Management of Sleep Problems in Children with Emotional Disorders <i>Assoc. Prof. Dr. Ayhan Bilgiç</i>  Evaluation and Management of Sleep Problems in Children with Anxiety Disorders <i>Assoc. Prof. Dr. Ömer Faruk Akça</i>  Evaluation and Management of Sleep Problems in Children with Attention Deficit Abd Hyperactivity Disorder <i>Dr. Nagihan Saday Duman</i>  Evaluation and Management of Sleep Problems in Children with Autism Spectrum Disorders <i>Dr. Esra Hoşoğlu</i>	Meeting: EDITORIAL BOARDS OF THE TURKISH JOURNAL OF CHILD AND ADOLESCENT MENTAL HEALTH  (ONLY WITH SPECIAL INVITATION)
15:00-15:15	<b>Coffee Break</b>			
15:15-16:30	<b>Workshop - 4</b> Catatonia As A Cause of Regression In Neurodevelopmental Disorders <i>Prof. Dr. Neera Ghaziuddin</i>  <i>Moderator:</i> <i>Prof. Dr. Birim Günay Kılıç</i>	<b>Panel - 15</b> From suspicion to treatment Substance abuse disorders <i>Moderator:</i> <i>Prof. Dr. Zeki Yüncü</i>	<b>Panel - 16</b> Evaluation and Management of Relatively Rare Clinical Conditions <i>Moderator:</i> <i>Assoc. Prof. Dr. Cem Gökçen</i>	International Relations Commission Meeting

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	A HALL	B HALL	C HALL	D HALL
15:15-16:30		<p>Concepts and neurobiology in substance abuse disorders: <i>Assoc. Prof. Dr. Cüneyt Evren</i></p> <p>Action mechanisms of substances, abstinence and intoxication: What should we do in emergency service? <i>Assoc. Prof. Dr. Özhan Yalçın</i></p>	<p>Clinical Approach To Selective Mutizm <i>Dr. Ümit Işık</i></p> <p>Clinical Approach To Pervasive Refusal Syndrome <i>Dr. Semih Erden</i></p> <p>Psychiatric Comorbidities in Children with Special Sensation Disturbances <i>Dr. Necati Uzun</i></p> <p>Functional Abdominal Pain in Childhood <i>Dr. Fatih Hilmi Çetin</i></p> <p>Functional Constipation Clinical Approach <i>Dr. Burak Açikel</i></p>	
16:30-16:45	Coffee Break			
16:45-18:00	<p><b>Workshop - 5</b></p> <p>The Nuts and the Bolts of CBT with Children; Treatment Planning and Involving Parents <i>Prof. Dr. Paul Stallard</i></p> <p><i>Moderator:</i> <i>Assoc. Prof. Dr. Cem Gökçen</i></p>	<p><b>Panel - 17</b></p> <p>From Suspicion to Treatment Substance Abuse Disorders Part 2 <i>Moderator:</i> <i>Prof. Dr. Zeki Yüncü</i></p> <p>Toxicological Approaches and Laboratory Investigations in Substance Abuse Disorders: Are We Able to Evaluate Laboratory Investigations Correct ? <i>Prof. Dr. Serap Akgür</i></p> <p>Legal Practice in Child and Adolescent Substance Abuse Disorder: To What Should We Pay Attention? <i>Assoc. Prof. Dr. Ali Evren Tufan</i></p>	<p>Border Violations Commission Activity</p> <p><b>Panel - 18</b></p> <p>Border Violations in Child and Adolescent Psychiatry <i>Moderator:</i> <i>Prof. Dr. Müge Tamar</i></p> <p>Committee Of Border Violation In Childhood Mental Health <i>Dr. Handan Özek Erturan</i></p> <p>The Most Common Practice in Border Violations: Neurofeedback <i>Dr. Merve Çıkkılı Uytun</i></p>	<p>Ethics Committee Meeting</p> <p>ADHD Commission Meeting</p>


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	A HALL	B HALL	C HALL	D HALL
16:45-18:00		<p>Are Child and Adolescent alcohol and substance abuse treatment centers close to ideal? Are we competent enough to establish them? Bakırköy and İzmir <i>Assoc. Prof. Dr. Özhan Yalçın</i> <i>Dr. Enis Sargın</i></p>	<p>Using Neurofeedback In Child Psychiatry : Review Of Scientific Literature <i>Dr. Ferhat Yaylaç</i></p> <p>Legal Regulations Regarding Professional Violations, What Can We Do Legally? <i>Dr. Alperen Bıkmazer</i></p>	
18:00-18:15	Coffee Break			
18:15-19:30	<p><b>Workshop - 6</b></p> <p>Early detection and Early intervention in ADHD <i>Prof. Dr. Cesar Soutullo</i></p> <p><i>Moderator:</i> <i>Prof. Dr. Aynur Akay Pekcanlar</i></p>	<p><b>Workshop - 7</b></p> <p>Psychiatric factors leading children and adolescents to commit crimes and clinical approach to them. <i>Prof. Dr. Bengi Semerci</i></p>	<p><b>Panel - 19</b></p> <p>Clinically Meaningful E-health Applications for Children and Youth Mental Health in Turkey <i>Moderator:</i> <i>Prof. Dr. Eyüp Sabri Ercan</i></p> <p>INTERACTIVE DISCUSSION <i>Prof. Dr. Bedirhan Üstün</i> <i>Prof. Dr. Füsün Çuhadaroğlu</i> <i>Prof. Dr. Neslihan Inal Emiroğlu</i></p>	<p>Border Violations Commission Meeting</p>
<b>12 MAY 2017   3<sup>rd</sup> DAY</b>				
07:15-08:15		<p>Oral Presentations <i>Dr. Caner Mutlu</i></p>	<p>Oral Presentations <i>Dr. Meryem Özlem Kütük</i></p>	
08:30-09:45	<p><b>Panel - 20</b></p> <p>Child and adolescent Psychiatric services in neighbourhood countries and "brother/sister nations" and the role of our country in the development of these services <i>Moderators:</i> <i>Assoc. Prof. Dr. Murat Coşkun,</i> <i>Assoc. Prof. Dr. Onur Burak Dursun</i></p> <p>Child And Adolescent Psychiatry in Bosnia and Herzegovina <i>Dr. Sabina Kucukalic</i></p>	<p>Resident Commission Action</p> <p><b>Panel - 21</b></p> <p>Things Can Not be Talked in CAP Education <i>Moderator:</i> <i>Prof. Dr. Elvan İşeri</i></p> <p>Resident training in CAP What is the actually envisioned training? <i>Dr. Helin Yılmaz</i></p>	<p><b>Panel - 22</b></p> <p>Integrated Approach to OCD <i>Moderator:</i> <i>Assoc. Prof. Dr. Hasan Kandemir</i></p> <p>Phenomenology of Obsessive Compulsive Disorder (OCD) <i>Dr. Zeynep Vatanserver Pınar</i></p> <p>Cognitive-Behavioral Therapy in Obsessive Compulsive Disorder <i>Assoc. Prof. Dr. Nursu Çakin Memik</i></p>	<p>JOINT MEETING OF EXPERT COMMISSION AND BOARD OF DIRECTORS OF TURKISH ASSOCIATION OF CHILD AND ADOLESCENT PSYCHIATRY : BEING AN EXPERT IN TURKEY</p>

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	A HALL	B HALL	C HALL	D HALL
08:30-09:45	<p>Child And Adolescent Psychiatry in Albania <i>Assoc. Prof. Dr. Valbona Alikaj</i></p> <p>Child And Adolescent Psychiatry in Kosovo <i>Prof. Dr. Mimoza Shahini</i></p>	<p>Dreams and realities: What is the present status? <i>(Presentation will be prepared by residents and be presented by a consultant on their behalf)</i></p> <p>How can problems be solved? <i>Dr. Esen Yıldırım Demirdöğen</i></p>	<p>Cognitive Behavioral Therapy Approach on an Adolescent Patient with Obsessive Compulsive Disorder <i>Dr. Hatice Ünver</i></p> <p>Psychopharmacologic Treatment Approach in OCD and OCD with Poor Insight in Child and Adolescents <i>Dr. İrem Damla Çimen</i></p>	
09:45-10:00	Coffee Break			
10:00-11:15	<p>Mood Disorders Commission Action</p> <p><b>Conference - 7</b></p> <p>Prevention of Psychosis and Mania: Where do we Stand and Where Do We Go? <i>Prof. Dr. Christoph Correll</i></p> <p><b>Moderator:</b> <i>Prof. Dr. Neslihan İnal Emiroğlu</i></p>	<p><b>Panel - 23</b></p> <p>New &amp; Popular Internet Related Addictions in Adolescence <b>Moderator:</b> <i>Prof. Dr. Birim Günay Kılıç</i></p> <p>New &amp; Popular Internet Related Addictions in Adolescence <i>Prof. Dr. Birim Günay Kılıç</i></p> <p>General internet addiction <i>Dr. Mehmet Sertçelik</i></p> <p>İnternet Gaming Disorder <i>Dr. Fatma Hülya Çakmak</i></p> <p>Social Network Sites, Smartphone, and Whatsapp Addictions <i>Dr. Hesna Gül</i></p>	<p>Infant Mental Health Commission Activity</p> <p><b>Panel - 24</b></p> <p>Infant and toddler mental health - Discussions on recent data <b>Moderator:</b> <i>Prof. Dr. Koray Karabekiroğlu</i></p> <p>Toddler psychiatry: 11-year follow-up <i>Prof. Dr. Koray Karabekiroğlu</i></p> <p>Child psychiatry clinic referrals in early childhood <i>Dr. Berkan Şahin</i></p> <p>The Importance of Father in Infant Mental Health <i>Dr. Zehra Babadağı</i></p> <p>Social factors related to social/emotional problems in early childhood stage <i>Dr. Neriman Kesim</i></p>	Inpatient Services Commission Meeting

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	A HALL	B HALL	C HALL	D HALL
11:15-11:30	Coffee Break			
11:30-12:45	<p><b>Workshop - 8</b></p> <p>Efficacy and Tolerability of Antipsychotics in Youth with Serious Mental Disorder <i>Prof. Dr. Christoph Correll</i></p> <p><b>Moderators:</b> <i>Assoc. Prof. Dr. Burak Baykara, Ass. Prof. Dr. Gonca Özyurt</i></p>	<p><b>Panel - 25</b></p> <p>Peer Bullying <b>Moderators:</b> <i>Prof. Dr. Türkan Demir, Prof. Dr. Ülkü Ülgür</i></p> <p>Nature, Common Forms and Characteristics of Peer Bullying <i>Dr. İbrahim Adak</i></p> <p>Clinical Evaluation and Effects of Peer Bullying <i>Dr. İlyas Kaya</i></p> <p>Relation of Peer Bullying and Autism Spectrum Disorder <i>Dr. Yağmur Gündüz</i></p>	<p><b>Conference - 8</b></p> <p>Rational Drug Use in CAP <i>Dr. Meryem Özlem Kütük</i></p>	
12:45-13:45	Lunch			
13:45-15:00	<p>Satellite symposium</p> <p><b>DUAL CONFERENCE</b></p> <p>Fine Tuning in ADHD Treatment <i>Prof. Dr. Eyüp Sabri Ercan, Prof. Dr. Neslihan İnal Emiroğlu</i></p> <p> <i>(Supported by Sanofi)</i></p>	<p><b>Panel - 26</b></p> <p>Anxiety, obsessive compulsive and post traumatic stress disorders in preschool age: difficulties in diagnosis &amp; new treatments <b>Moderator:</b> <i>Prof. Dr. Ayşe Arman</i></p> <p>Preschool Anxiety Disorders: Difficulties In Diagnosis &amp; New Treatments <i>Dr. Mahmut Cem Tarakçıoğlu</i></p>	<p><b>Panel - 27</b></p> <p>Genetic aspects of Autism Spectrum Disorders <b>Moderator:</b> <i>Prof. Dr. Yasemen Işık Taner</i></p> <p>Autism Spectrum Disorder in the Genetic Clinic <i>Ass. Prof. Dr. Hande Kaymakçalan Çelebiler</i></p> <p>Speed Up Genetic Research To Understand Autism <i>Dr. Adife Gülhan Ercan Sençiçek</i></p>	

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	A HALL	B HALL	C HALL	D HALL
13:45-15:00		<p>Preschool Obsessive Compulsive Disorders: Difficulties In Diagnosis &amp; New Treatments <i>Ass. Prof. Dr. M. Tayyib Kadak</i></p> <p>Preschool Posttraumatic Stress Disorder: Difficulties In Diagnosis &amp; New Treatments <i>Dr. Alperen Bıkmazer</i></p>	<p>Genetic counselling in autism spectrum disorder <i>Ass. Prof. Dr. Muhammed Mehtar</i></p>	
15:00-15:15	Coffee Break			
15:15-16:30	<p><b>Conference - 9</b></p> <p>Bipolar disorder in children and adolescents. Outcome and Diagnostic stability <i>Prof. Dr. Cesar Soutullo</i></p> <p><u>Moderator:</u> <i>Assoc. Prof. Dr. Burak Baykara</i></p>	<p><b>Panel - 28</b></p> <p>Psychotherapeutic Technics In Eating Disorders: A practical view <i>Moderators:</i> <i>Prof. Dr. Aynur Akay</i> <i>Prof. Dr. Pınar Yurtbaşı</i></p> <p>Cognitive and Behavioral Approaches in treatment of Childhood Obesity in outpatient Setting <i>Dr. Yusuf Öztürk</i></p> <p>The endocrine and non-endocrine causes of childhood obesity associated with common psychiatric disorders <i>Prof. Dr. Ayhan Abacı</i></p> <p>Psychotherapy Treatment of Anorexia Nervosa and Bulimia Nervosa in outpatient setting <i>Ass. Prof. Dr. Gonca Özyurt</i></p>	<p><b>Workshop - 9</b></p> <p>New systematic classifications in Neuropsychopharmacology <i>Prof. Dr. Oğuz Karamustafalıoğlu</i></p> <p><u>Moderator:</u> <i>Assoc. Prof. Dr. Murat Coşkun</i></p>	<p><b>Workshop - 10</b></p> <p>The role of Child Psychiatrist in School Consultation <i>Prof. Dr. Ülkü Ülgür</i></p> <p>THIS WORKSHOP WILL BE INTERACTIVE WITH AUDIENCE</p>

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	A HALL	B HALL	C HALL	D HALL
15:15-16:30		<p>Psychotherapy Treatment of Other Eating Disorders in Outpatient Setting <i>Dr. Merve Onat</i></p>		
16:30-16:45	Coffee Break			
16:45-18:00	<p><b>Workshop - 11</b></p> <p>Child and Adolescent Psychiatry Training in USA, UK and Turkey <i>Prof. Dr. Murat Pakyürek,</i> <i>Ass. Prof. Dr. Vahdet Görmez</i></p> <p><u>Moderator:</u> <i>Prof. Dr. Ayşen Baykara</i></p>	<p><b>Panel - 29</b></p> <p>Supplements in Child Psychiatry <i>Moderator:</i> <i>Assoc. Prof. Dr. Didem Behice Öztop</i></p> <p>Vitamin D and its use in Child Psychiatric Practice <i>Ass. Prof. Dr. Kemal Utku Yazıcı</i></p> <p>Melatonin and its use in Child Psychiatric Practice <i>Dr. Mine Elağöz Yüksel</i></p> <p>Omega 3-Omega 6 and their use in Child Psychiatric Practice <i>Ass. Prof. Dr. Hatice Altun</i></p> <p>Acetylcystein and Its Use in Child Psychiatric Practice <i>Ass. Prof. Dr. Nilfer Şahin</i></p> <p>Zinc and its use in Child Psychiatric Practice <i>Dr. Hatice Doğan</i></p>	<p><b>Workshop - 12</b></p> <p>Principles of Psychodynamic Approach to Adolescents <i>Prof. Dr. Füsün Çuhadaroğlu</i></p>	<p><b>Panel - 30</b></p> <p>Turkish Journal of Child and Adolescent Mental Health <i>Moderator:</i> <i>Prof. Dr. Neslihan İnal Emiroğlu</i></p> <p>How to write an article and get it published? From an editor's perspective <i>Assoc. Prof. Dr. Cüneyt Evren</i></p> <p>Scientific indexes and participation of journals in indexes <i>Assoc. Prof. Dr. Ali Evren Tufan</i></p> <p>Historical development of Turkish Journal of Child and Adolescent Mental Health From an editor's perspective <i>Prof. Dr. Ebru Çengel Kültür</i></p>
18:00-18:15	Coffee Break			
18:15-19:30	Autism commission Meeting			Mood Disorders Commission Meeting
21:00	YENI TURKU CONCERT   Cesme Castle			

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13 MAY 2017   4 <sup>th</sup> DAY				
	A HALL	B HALL	C HALL	D HALL
08:30-09:45	<b>Workshop - 13</b> How to Publish Scientific Papers and Get a Successful Grant ? <i>Prof. Dr. Christoph Correll</i> Moderator: <i>Prof. Dr. Fevziye Toros</i>	<b>Course - 5</b> K-SADS Course <i>Prof. Dr. Ebru Çengel Kültür</i>	<b>Panel - 31</b> An Underestimated Problem: Transition into Adulthood Moderator: <i>Prof. Dr. Ayşegül Özerdem</i> Transition to Adulthood or Transformation of Difficulties? Psc. Ceyda Dedeoğlu Psycho-social and Academic Achievement of University Students with ADHD Dr. Aylin İlden Koçkar ADHD in a Turkish University Population Dr. Esengül Kayan Evaluation of the Comorbidity in College Students with ADHD Dr. Özlem Çakıcı	Rights of Children Commission Meeting  Psychotherapy Commission Meeting
09:45- 10:00	Coffee Break			
10:00-11:15	<b>Conference - 10</b> ADHD Across Lifespan: A Longitudinal Approach <i>Prof. Dr. Murat Pakyürek</i> Moderator: Assoc. Prof. Onur Burak Dursun	<b>Panel - 32</b> How to Assess and treat Emotion regulation in Childhood Psychiatric Disorders? Moderator: Prof. Dr. Aynur Akay	<b>Workshop - 14</b> Bipolar disorder from Adolescence to Adulthood; Treatment of Complex Situations Moderator: Prof. Dr. Ayşegül Özerdem	
10:00-11:15		Assessment and Treatment of Emotion Regulation in ADHD Dr. Yusuf Öztürk  Assessment and Treatment of Emotion Regulation in Anxiety Disorders Ass. Prof. Dr. Gonca Özyurt  Assessment and Treatment of Emotion Regulation In Mood Disorders Assoc. Prof. Dr. Ali Evren Tufan	Treatment of Acute Mania and Depression: Algorithms and Difficult Situations Prof. Dr. Timuçin Oral  Maintenance Treatment of Bipolar Disorders Prof. Dr. Ayşegül Özerdem  Update of Treatment of Pediatric Bipolar Disorders Prof. Dr. Neslihan Emiroğlu	
11:15-11:30	Coffee Break			
11:30-12:45	<b>Panel - 33</b> Draft law on psychological health; Towards an action plan for child and adolescent mental health Moderators: Prof. Dr. Füsun Çuhadaroğlu Prof. Dr. Timuçin Oral  Basic Information on draft law on mental health Prof. Dr. Timuçin Oral  Draft law on mental health of child and adolescent mental health Assoc. Prof. Dr. Esra Güney  Studies of Ministry of Health on child and adolescent mental health Dr. Esra Alataş	<b>Workshop - 15</b> A Look at The Role of Infant - Mother Relationship Problems in Newborn Period on Some Problems Occuring in Later Ages Using By Psychodrama Techniques Prof. Dr. Ayşen Baykara		Adolescent Comission Meeting
12:45-13:45	Lunch			
13:45-15:00	Closing Ceremony			
15:00-16:15				Proficiency Exam
14 MAY 2017   TRAVEL TO CHIOS ISLAND				

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## **SPEAKER ABSTRACTS**

### **P.1.Practical Issues About Autism Spectrum Disorders (Panel 1)**

#### **P.1.1.Assessment in ASD: Do the tools in Scientific Literature such as Questionnaires and Structured Interviews help us in Daily Practice?**

**Onur Burak Dursun, Associate Professor of Child and Adolescent Psychiatry, Faculty of Medicine, Ataturk University Erzurum/Turkey**

Diagnostic Process is one of the most challenging issues in Autistic Spectrum Disorder. Discussions on many recent topics in literature such as the increase in prevalence rates, the presence of a group who do not continue to have the diagnosis mainly based on evaluation and diagnostic processes. Lack of biomarkers increases the importance of available protocols and tools namely questionnaires and diagnostic interviews. In this presentation we will have a look at the current diagnostic algorithms and the pros and cons of usage of diagnostic tools in daily practice.

#### **P.1.2. Recent Advances in Psychopharmacological Treatments in Autism Spectrum Disorders**

**Doç. Dr. Murat Coşkun, Istanbul Medical Faculty, Child and Adolescent Psychiatry Department**

Children and adolescents with autism spectrum disorders (ASD) may frequently experience a number of behavioral and/or emotional difficulties that can be as problematic as the symptoms of ASD itself. Anxiety, mood instability, impulsivity, hyperactivity, sleep problems, aggressive, self-injurious and inappropriate sexual behaviors can occur in young subjects with ASD. Like in other medical conditions or emotional /behavioral problems in people without ASD medications may be helpful in treating these difficulties in subjects with ASD. The use of medication is more often aimed at treating the symptoms of these associated conditions, which we can characterize as emotional and behavioral problems, than for core symptoms of ASD itself, as no medications have shown clear benefit for social communication impairment or restricted, repetitive behaviors. In this presentation a general view for the use of psychopharmacological treatments in ASD will be discussed.

### **P.2.What Is Child Advocacy Center (Cac)? How Does It Work?Turkey's Two Wellknown Cac's Experiences (Panel 2)**

#### **P.2.1.Child Advocacy Centers in Turkey**

**Çilem Bilginer**

Child Advocacy Centers (CACs) were established to investigate, prosecute and treat sexual abuse victims in the 1980s in US and 2010 in Turkey. These centers allow all the required forensic, medical and social services to take place on the same day in the same place for child sexual abuse victims. The centers are based in state hospitals and offer services in the fellowship of the multiple ministries such as the Ministry of Health, Ministry of Justice, Ministry of Family and Social Policies, Ministry of Interior Affairs and Ministry of National Education. The primary objective of this service is to provide a child-friendly environment to take testimony of the victims by

professionals in a room that facilitate video and audio recording. Thus, to listen the children ideally only one time and to eliminate re-traumatization of them through the judicial process. There are 30 centers in 27 provinces using this system in Turkey. This presentation will explain the establishment, workflow, services offered to victims and the parts that need to be improved of Child Advocacy Centers in detail.

In this panel, it is aimed to give detailed information about CACs for child mental health professionals.

### **P.2.2.What Does A Pediatrician Do At Child Advocacy Centers?**

#### **Özlem Bağ**

Pediatrician who works at CACs evaluates the child's overall health status. During this examination, routine physical examination is carried out and also screening is done for other diseases rather than sexual abuse.

If there is a risk of pregnancy (definition of coitus or contact with sperm in pubertal girls) in the CSA victims statement, a blood pregnancy test (beta HCG) is requested or scheduled at any other appropriate time. A detailed history of the menstrual cycle is obtained. Emergency contraception is given to the acute CSA victims (first 72 hours) for whom there is a risk for pregnancy. Serological tests are performed for sexually transmitted diseases (Hepatitis B, HIV, Hepatitis C, VDRL etc.). Prophylactic antibiotic therapy is given to the CSA victims who are at risk for bacterial infections. At the end of the estimated prodromal period (3rd and 6th months), serologic tests are planned to repeat. Those who have no immunity according to their serological tests are informed about booster doses. Adolescents who exhibit risky sexual behavior are informed about HPV vaccination.

When a CSA victim is pregnant, according to the judicial situation and the preference of the child and her family, she may be directed for abortion. If the CSA victim has postpartum complaints like anemia, health care services are offered.

In this panel it is aimed to give information about a pediatrician's duty at CACs.

### **P.2.3.What Does a Forensic Interviewer Do Who Works at Child Advocacy Centers?**

#### **Sezin Ünal**

A forensic interviewer is described as a person who completed Forensic Interviewer Education Program to be certificated to interview with the child sexual abuse (CSA) victim at Child Advocacy Centers (CAC). During the CSA victim evaluation procedure, a forensic interviewer should wellmaware of developmental stages, psychological features and effects of the trauma on CSA victims. Each and every forensic interviewer also should have skills in order to minimize children's further abuse during the evaluation process. Doctors, nurses, psychologists, child development specialists and social workers may join forensic interviewer education program and become a forensic interviewer if they completed the process successfully.



Forensic interview includes interviewing with CSA victim, reporting the interview carefully to help the prosecutor determine whether it will be necessary to press charges or not.

During the Forensic Interviewer Education Program, every participant is also trained to be a family interviewer. Family interviewer provides information about the incident by interviewing the child's family members, counseling the family and the child to find solutions to their problems and to guide them.

In this panel, it is aimed to give information about forensic and family interviews with examples to explain how a forensic interviewer works at CAC's.

#### **P.2.4.What Does A Representative From Ministry of Family and Social Policies Do in Child Advocacy Centers?**

##### **Tülin Demirsoy**

Child Advocacy Centers (CACs) were established to investigate, prosecute and treat sexual abuse victims in the 1980s in US and 2010 in Turkey in collaboration with various agencies such as Ministry of Health, Ministry of Justice and Ministry of Family and Social Policies. CAC's main aim was to increase collaborative teamwork among the involved agencies to ease sexual abuse victim's trauma.

Ideally at least two representative from Ministry of Family and Social Policies work at CACs. Representative from Ministry of Family and Social Policies gets into the process of evaluation of the child sexual abuse victim when family interviewer or forensic interviewer think that there is a risky situation such as intrafamilial sexual abuse or lack of family support. During the interviews if there is a risk to deliver the child to its family and there is no other place where the child could stay, the Ministry of Family and Social Policies representative working in the CAC contacts with social services. It is also an obligation for these representatives to prepare social study report for each victim for whom the representative join his/her procedure.

In our panel, it is aimed to discuss the Ministry of Family and Social Policies representative work in

CAC by giving examples to clarify its obligations.

#### **P.2.5.What Does A Child And Adolescent Psychiatrist Do At Child Advocacy Centers?**

##### **Sevay Alşen Güney**

CAC is a hospital based center in Turkey where children admits due to sexual abuse suspicion. Sexually abused children's medical, forensic and mental examinations, forensic interview, family interview and the preparation of the reports are carried out at every stage at CAC.

İzmir CAC is one of the most experienced CAC in Turkey and successfully displays a multidisciplinary approach since 2012. Each victim admitted İzmir CAC, is evaluated by a child

and adolescent psychiatrist at least once due to sexual abuse effects on their psychology. Child and adolescent psychiatrist evaluates the findings of that may be the result of sexual abuse and arranges the necessary medical treatment when psychopathology is detected and reports the findings of this examination and adds it to the investigation file of CSA victim.

For the cases for whom the risk is identified at the first visit, child and adolescent psychiatrist directs them for long-term follow-up. For today, CAC's are not structured for psychiatric treatment and rehabilitation purposes.

In this panel, it is aimed to explore the child and adolescent psychiatrists' duty who work at CAC's by mentioning study results and real life experiences.

### **P.3. Lifelong effects of adverse childhood experiences (Panel 3)**

#### **P.3.1. When adverse childhood experiences are stamped in the brain**

##### **Associate Professor Neşe Perdahlı Fiş**

Mankind continues to face with many different psychosocial adversities around the world. Adverse life events, such as disasters, wars, political violence, abuse, neglect, and any other kind of exploitation may have detrimental consequences on children. Evidence suggest that “tolerable stress” is an essential part of normal developmental trajectory, whereas “toxic stress” could modify maturation and responsiveness of nervous, endocrine and immune systems in human body. These three systems mediate so called “allostatic process”, to maintain stability in case of physiological or environmental changes. In the short run, they promote adaptation to these changes, however prolonged activation is thought to be maladaptive and even toxic. Adversities in early life may produce chronic stress, which further may lead to drawbacks in emotional, cognitive, and physical development of children.

Due to possible long term consequences, it is important to understand the projections of early adverse life events. The aim of this presentation is to review and discuss the impact of early childhood adverse psychosocial experiences on the developing brain.

#### **P.3.2. When the adverse childhood experiences are stamped in the genes**

##### **Burcu Ayaz**

Despite the large literature on negative life events (NLE) in children and adolescents, very few studies have measured the contributions of genetic influences to NLE exposure to childhood.

Results of quantitative genetic modeling suggested that life events were heritable in both developmental stages, both that shared environmental factors played a larger role in children NLE exposure and genetic influences were more substantial in adolescents. The results for girls differed from those for boys that with higher heritability in females than males. Girls were more likely than boys to experience independent NLE. Polimorphisms of the genes such as corticotropin-releasing

hormone receptor 1 gene and serotonin genes are assumed to be associated with NLE in children and adolescents.

### **P.3.3. When the adverse childhood experiences are stamped in the psyche**

**Veysi Çeri**

The Interaction between caregiver and child set up the unique emotional and behavioral pattern of later life. Children do not internalizing only physical images of their caregivers but also internalize their behaviors, coping styles, reactions, feelings and emotions etc. Through the interaction with caregivers and other near-by figures, children learn how to behave and not behave, what feel or try to not feel and how to cope with feelings and frustrations which shapes children character. During this special life course many adversities may disrupt the development of concepts of normality and abnormality and the unique interaction between id, ego and superego and the evaluation of reality or idealizations. Thus adverse childhood experiences look like a shade 'neither die nor fade away' which effect us all.

### **P.3.4. When the adverse childhood experiences are stamped in the psychopathology**

**Funda Gümüştaş**

Severe early negative life events (such as parental loss or death) sensitized individuals to depression when exposed to proximal stressful events. Individuals experience heightened reactivity to current stressors as a result of greater exposure to severe childhood adversity. According to the stress sensitization theory, exposure to moderate adversity in childhood environments may buffer against the effects of proximal stress and promote a more adaptive response to future stress.

Adolescence is linked to greater negative effects and more perceiving stress than adulthood, and is characterized by high risks for increase of a variety of mental health problems, including anxiety and depression. Experiencing stressful life events during adolescence led to increases in both externalizing and internalizing symptoms.

Coping has been identified as a psychosocial mediator of the stress-psychopathology association.

The severity of negative life events in childhood, exposure to stress in adolescence and individual coping strategies are important in terms of psychopathology type, course and response to treatment.

**P.4. A research topic or a reality in Psychiatric disorders of child and adolescence? (Panel 4)****P.4.1. Autism spectrum disorders and neuroinflammation****Ayşe Kutlu**

Autism Spectrum Disorders (ASD) are neurodevelopmental disorders with early childhood onset, that are characterized with an insufficiency in social communication development, repetitive behavior and limited interests. Even though ASD are among the most studied branch within neurodevelopmental disorders, etiology is still unclear.

Long term studies provide data that indicate neuroinflammation might have a role within the pathogenesis of these disorders. In a post-mortem study, it was shown that individuals with ASD had neuroinflammatory alterations within their cerebral cortices and cerebellum, irrespective of their age range. Continuous active neuroinflammation in ASD has also been shown via elevated levels of proinflammatory cytokines such as TNF- $\alpha$ ;, IFN- $\gamma$ ;, IL-6 in Cerebrospinal Fluid (CSF). Again, alterations within peripheral (serum/plasma) cytokine levels have also been shown with clinical studies. While some studies suggest an elevation of peripheral TNF- $\alpha$ ;, IFN- $\gamma$ ;

IL-6, IL-2 levels, others do not support this finding. Many studies suggest equal or lower levels of IL-10, an antiinflammatory cytokine, compared to healthy controls, following an increase in the levels of peripheral pro-inflammatory cytokines. This consistent finding has not been replicated within other studies that assess levels of other antiinflammatory cytokines ( IL-4, IL-5, IL-8,IL-17). Current data indicates that inflammatory processes might have a role in the emergence of ASD, as a disorder and in this part of the conference, we shall discuss these processes with relevant scientific data from current literature.

**P.4.2. Attention Deficit Hyperactivity Disorder and neuroinflammation****Nagihan Cevher Binici**

Although the etiology of ADHD is one of the most studied issue of child and adolescent psychiatry, specific causes of the disorder still remain unclear. Existing literature points out the common effects and interaction of genetic, biological and environmental factors. Eventhough there is a growing body of evidence from etiology studies, no specific underlying mechanism that would count for all ADHD cases has yet been suggested. In this context, one of the interesting area has been the evaluation of inflammatory processes in the course of the disorder.

Limited studies recently suggest a disruption in the balance of inflammatory and antiinflammatory mechanisms. In a study conducted within this field, it was shown that levels of TNF- $\alpha$ ; were increased significantly and has returned to its normal limits following treatment. Attention deficiency, which is among the cardinal symptoms of ADHD, has been linked to increased levels of IL-13 (antiinflammatory cytokine) while an increase in IL-16 (proinflammatory cytokine) was linked to hyperactivity. Low birth weight that has been defined among risk factors for ADHD was linked to elevated IFN- $\gamma$ ; levels. Similarly, ADHD cases that had preterm birth history had

elevated levels of intercellular adhesion molecule- 3 (ICAM-3), that is a protein linked to inflammation along with higher levels of IL-6, TNF-alfa, and IL-8. In another study conducted in Turkey, it was shown that ICAM-1 and ICAM-2 levels were higher than controls in cases with ADHD and levels of ICAM-2 returned to its normal range upon treatment. Results obtained so far might indicate that neuroinflammatory processes might play a role in ADHD and within this part of the conference, scientific data within this field shall be presented and discussed.

#### **P.4.3. Bipolar disorders, Depressive disorders and neuroinflammation**

##### **Özlem Önen**

Depressive disorders and bipolar disorders are among psychopathologies seen in children and adolescents, and are with major epidemiological and economic consequences. Increased levels of CRP and hypersecretion of cytokines as well as an increase in the levels of metabolites that have a role in tryptophane metabolism, that is a precursor in serotonin production have been increasingly underlined within the pathogenesis of these two frequently encountered disorders. Data indicating alterations within levels of cytokines and tryptophane metabolites following antidepressant treatment have been presented in adults within relevant literature. However, limited number of studies has been conducted in children and adolescents. Assessment of diagnostic and treatment processes in psychiatry takes place primarily through interviewing the patient and using psychometric instruments. Biomarkers might seem like a hopeful option in diagnosing, treating and preventing psychiatric disorders. Assessing levels of CRP and inflammatory cytokines to determine their role within pathogenesis of depressive disorders and Bipolar Disorder as well as their use as an economic and routine biomarkers within clinical practice to determine response to treatment, aid in decreasing overall cost of treatment and decide on overall clinical efficacy might be a useful approach.

#### **P.4.5. Anxiety disorders, trauma and stress related disorders and neuroinflammation**

##### **Handan Özek Erkuran**

As anxiety disorders and trauma and stress related disorders are commonly seen in children and adolescents, we believe more studies need to be done to determine the nature, etiology, neurobiological processes within the course as well as treatment options and other interventions, since early diagnosis and early interventions directly affect the course and prognosis, not to mention detrimental effects on developmental processes if left untreated. Lately, more studies in adult psychiatric literature have started to focus on immunological alterations as well as changes within the levels of proinflammatory and inflammatory cytokines within the course of anxiety

disorders and trauma and stress related disorders. While cytokines such as IL-1beta, TNF-alfa, IL-6, CRP have been assessed regarding their roles in pathophysiology of the disorders as well as their questionable use as biomarkers in diagnostic processes, specifically in schizophrenia, bipolar disorder, major depressive disorder and other psychiatric disorders. Recent studies within this field have largely focused on neutrophil-lymphocyte ratio (NLR) , providing this variable as a fine



marker for inflammatory processes. Role of inflammation and NLR have caught more attention recently, within psychiatric literature, as well. This part of the conference shall focus on inflammatory processes in childhood anxiety disorders as well as trauma and stress related disorders, along with a brief discussion of relevant literature.

## **P.5. OCD And Related Disorders, Phenomenology And Immunity (Panel 5)**

### **P.5.1. Phenomenology Of Pandal-Ocd**

#### **Ayşegül Yolga Tahiroğlu**

Obsessive compulsive disorder (OCD) is a chronic neuropsychiatric disorder with a complex etiopathogenesis. Pediatric autoimmune neuropsychiatric disorders associated with beta hemolytic streptococcal infections (PANDAS) is a subtype of OCD marked by an abrupt onset or exacerbation of neuropsychiatric symptoms. In our study, we aim to characterize the phenotypic presentation of children and adolescents with PANDAS. The participants were 251 OCD cases aged between 4-17 years (mean 10.35±2.96 years). One hundred-fifty (59.8%) of them were PANDAS-OCD; 67 (26.7%) of them were non-PANDAS-OCD, and 34 (13.5%) of them were not identified as PANDAS or non-PANDAS that called as other-OCD group. These subgroups were assessed using self-report and clinician-administered measures, medical record reviews, comprehensive clinical evaluation, and laboratory measures. Children and adolescents with PANDAS presented with an early age of OCD onset (mean 6.4 years in PANDAS-OCD group versus 8.5 years in non-PANDAS-OCD group). The sudden, acute onset of neuropsychiatric symptoms, frequent infection diseases, tonsillectomy, penicillin prophylaxis, elevated ASO titers, and a positive family history of otoimmün diseases and/or OCD were significantly more frequent in the PANDAS-OCD group. Identifying clinical characteristics of youth with PANDAS will allow clinicians to diagnose and treat this cases with a more strategized and effective approach.

### **P.5.2. Ocd Related Disorder And Humoral Immunity**

#### **Gonca Çelik**

Body Dysmorphic disorder (BDD), skin picking, hoarding and trichotillomania (TTM) had been classified as Obsessive Compulsive and related disorder in DSM V although those had been classified as impulse control disorder in previous version, DSM-IV. Recently, immune etiology has been addressed for OCD, called as PANDAS/PANS. However, there is no study investigating an association between autoimmunity and OCD related disorders in pediatric clinical samples. We aimed to investigate possible association between humoral immunity (Immunglobulin A, ANA, ASO) and clinical characteristics of OCD cases who admitted Child Adolescent Psychiatry Department. All patients were evaluated by Schedule for Affective Disorders and Schizophrenia for School Age Children-Present and Lifetime Version-Turkish Version (K-SADS-PL-T)

**RESULTS:** There were 56 patients and 56 controls. The mean age of subjects was 12,8 for both groups. There were 18 patients in PANDAS-OCD and 2 patients were TTM with PANDAS OCD; 15 patients were OCD and 2 patients were TTM with OCD; 2 patients were skin picking with

OCD; 17 patients were OCD related disorder (8 patients were TTM; 3 patients were hoarding; 2 patients were BDD; 4 patients were skin picking). ADHD was most common comorbid condition in all OCD groups.

### **P.5.3. Phenomenology of Childhood Tic Disorders**

#### **Perihan Çam Ray**

Phenomenology of Childhood Tic Disorders Tic Disorders (TD) were defined as neurodevelopmental disorders including Provisional Tic Disorder (PTD), Persistent (Chronic) Motor or Vocal Tic Disorder (CTD), Tourette Syndrome (TS), Other Specified Tic Disorder and Unspecified Tic Disorder in DSM V. It is emphasized that comorbid psychiatric disorders such as ADHD, Obsessive Compulsive Disorder (OCD) and Anxiety Disorder are most commonly seen in tic disorders. Genetics, neuroimaging, neurophysiological, neurochemical and postmortem studies have been focused on the complexity of phenotypic nature of tic disorders. Recent studies supported that autoimmune mediated syndrome might be account for this wide variety phenotypic aspects such as PANDAS-PANS. In our study, we aimed to investigate sociodemographic data, clinical features and infection-induced immune etiology in children and adolescents with tic disorders. RESULTS; There were 187 children with Tic Disorders, including 150 boys (80.3%) and 37 girls (19,7%), aged between 4 and 18 years. Of all cases, 104 were classified as PANDAS (n=104; 55,6%), 26 as non-PANDAS (n=26; 13,9%) and 57 as PANDAS variant (n=57; 30,5%). In total, 180 (96,3%) of the patients had &#8805;1 comorbid disorder. Among the comorbid disorders, ADHD was the most common (n: 142, 75,9%), followed by OCD (n:108, 57,8 %). DISCUSSION: In this study, we reported that some characteristics of tic disorders were prominent. Especially, PANDAS, male gender and ADHD comorbidity were mainly seen phenomenological features in this group.

### **P.6. Innovations in ADHD (Panel 6)**

#### **P.6.1. Can NEBA Be A Diagnostic Biomarker?**

**Gülen GÜLER, MD. Department Child and Adolescent Psychiatry, Elazığ Mental Health Hospital, Elazığ, Turkey**

The DSM and ICD diagnoses of Attention Deficit and Hyperactivity Disorder (ADHD) are based on a consensus about clusters of clinical symptoms. However, this diagnostic procedure has been criticized for not to be sufficiently reliable and valid diagnoses. Therefore, a biologically based diagnostic test or biological marker that is sensitive and specific to ADHD could be of great assistance. Neuropsychiatric Electroencephalogram (EEG)-Based ADHD Assessment Aid (NEBA) system is the first prescription device approved by the FDA to assist in diagnosing ADHD in 2013. The NEBA interprets the theta/beta ratio (TBR) of the EEG, as this ratio has been shown to be higher in children and adolescents with ADHD. TBR is remarkably robust with an effect size of 3.08, and highly stable over time with a 1-month reliability of 0.96. A meta-analysis in 2013, concluded that excessive TBR cannot be considered a reliable diagnostic measure of

ADHD but it could have a prognostic value in predicting treatment outcome to stimulant medication and neurofeedback. In another study says the NEBA device is presented as an “assessment aid” rather than a diagnostic test, with the goal of helping to “improve certainty with DSM-5 criterion E (i.e., whether symptoms are better explained by another condition...)” According to last studies, clinicians should inform patients with suspected ADHD and their families that the combination of EEG theta/beta power ratio and frontal beta power should not replace a standard clinical evaluation. There is a risk for significant harm to patients from ADHD misdiagnosis because of the unacceptably high false-positive diagnostic rate of EEG theta/beta power ratio and frontal beta power. It should not be used to confirm an ADHD diagnosis or to support further testing after a clinical evaluation, unless such diagnostic assessments occur in a research setting.

### **P.6.2. Sluggish Cognitive Tempo: Different Aspects and Differential Diagnosis of an Underrecognized Psychiatric Situation**

**Nagihan Cevher Binici**

Since its definition in 1980's, Sluggish Cognitive Tempo (SCT) has been subject to many studies. Patients with SCT show clinical symptoms like day dreaming, having difficulties to be awake, feeling low energy, living in their own world, seeming like confused. SCT is a failure of cognitive stimulation and wakefulness.

Although SCT was considered as Attention Deficit Hyperactivity Disorder (ADHD) inattentive type's sub classification previously, recent studies do not support this hypothesis.

Though sustained attention is a problem both in SCT and ADHD, it has been suggested that the difficulty of engage attention is a much bigger problem in SCT and therefore it may be a different clinical picture.

It has been increasingly accepted that SCT can be seen with ADHD but is a separate disorder. Recent studies have focused on the areas such as neuropsychological test differences, evaluation of executive functions, comparison of genetic inheritance characteristics, observation of treatment response rates in order to determine the differences between ADHD and SCT.

In this Panel, by reviewing the scientific data in this area, we hope to increase awareness of our colleagues about SCT.

### **P.6.3. The Role of d CPT in Diagnosis and Differential Diagnosis of ADHD**

Prof. Dr. Elvan İşeri

Gazi University Faculty of Medicine, Child and Adolescent Psychiatry Department

Attention deficit-hyperactivity disorder (ADHD) is a heterogeneous neurodevelopmental disorder characterised clinically by the core signs of inattention, hyperactivity and impulsiveness. ADHD affects the academic achievement, well-being, and social interactions of children.. It's usually discovered during the early school years, when a child begins to have problems paying attention. The estimated prevalence of ADHD in school-aged children is around 5 per cent. Attention deficit

hyperactivity disorder (ADHD) affects children and teens and can continue into adulthood. Adults with ADHD may have trouble managing time, being organized, setting goals, and holding down a job. They may also have problems with relationships, self-esteem, and addiction. This is why it's important to recognize signs of ADHD in childhood. Diagnosis of ADHD is best made by a child psychiatrist after evaluation of clinical interviews, observations, reports of parents and teachers, psycho-educational assessment, and neuro-developmental examination. Differential diagnosis is also very important in the assessment and follow up period. Psychiatric comorbidities, such as substance abuse, antisocial behaviour, learning disabilities, conduct disorders, mood and anxiety disorders are common in ADHD population.

There is no single laboratory test for the diagnosis and differential diagnosis of ADHD, the clinician's judgment is gold standart but there is a need of more objective ADHD assessment tool. Recent advances in computerised continuous performance task (CPT) tests have greatly improved their clinical utility in ADHD. CPT tests require the subject to respond to simple target stimuli and refrain from responding to non-target stimuli. CPT's are often criticized for their low sensitivity and specificity rates . Many authors have questioned its ability to consistently discriminate ADHD children from normal controls, psychiatric controls or learning disabilities. Recent modality of CPT is interested in distractors (d CPT) which can be visual, exclud auditory, or multi-modal. It was hypothesized that children with ADHD would display more distractibility than controls as measured by their responses to pure visual, pure auditory, and a combination of visual and auditory distractors. In addition, it was hypothesized that the differences in performance between ADHD and control group would be exacerbated in the presence of distractors.

The MOXO-CPT is a standardized computerized test designed to identify ADHD related behavior. The MOXO-CPT included four performance indices: Attention, Timing, Impulsivity, and Hyperactivity As in other CPTs, the MOXO task requires a participant to sustain attention over a continuous stream of stimuli and to respond to a pre-specified target. However, the MOXO paradigm also includes intentionally distracting visual and auditory stimuli which appear during specific phases of the test and are typical in their content to items in everyday life.

In this presentation effectiveness of d-CPT in diagnosis and differential diagnosis of ADHD will be discussed.

#### **P.6.4. Hecpidin and the iron deficiency parameters in attention deficit hyperactivity disorder**

**Ass. Prof. Dr. İpek Perçinel Yazıcı**

Iron is an essential element that plays an important role in many biological processes, including basic brain functions. Iron deficiency has been indicated to effect catecholamine metabolism, especially dopamine which may lead to symptoms of ADHD. Serum ferritin levels, which are typically accepted as a reliable indicator of body iron stores, have been used to determine iron deficiency in studies related to the issue in the literature review. However, the results of this studies have not been consistent. Researchers also recommend that future studies should evaluate a relationship between molecules that play a role in the regulation of iron homeostasis such as hepcidin and peripheric iron parameters. Hecpidin is a small cationic peptide hormone that is

predominantly synthesized in the liver. Nowadays it is accepted as the main hormone in regulating iron metabolism.

Two studies were conducted by our group taking into consideration the limitations and suggestions of the previous studies. In the first study, iron deficiency parameters were compared in ADHD cases with healthy control. In addition the relationship between ADHD symptom severity and serum ferritin level was assessed. In second study which is now in the writing phase healthy control and ADHD subjects were compared in terms of hepcidin levels, which are key molecules in the regulation of iron metabolism in the body. Also the relationship between ADHD symptom severity and serum hepcidin level was assessed.

ADHD is highly prevalent worldwide, is associated with substantial life impairments, and frequently persists into adulthood. For this reason, it is very important to explain all of the biological process in ADHD clearly. In this speech, the results of studies on ADHD and iron deficiency will be discussed. The results of our two studies will be shared with the audiences. To the best of our knowledge, the study is the first study about ADHD and hepcidin in the literature.

## **P.7. An Update on Autism Spectrum Disorders (Panel 7)**

### **P.7.1. Autism Spectrum Disorder; Definition, Prevalence and Theories on Etiology**

**Sezen Köse, M.D., Associate Professor**

**Ege University School of Medicine, Child and Adolescent Psychiatry Department, İzmir/Turkey**

Autism spectrum disorder (ASD) is a neurodevelopmental disorder, which is characterized by persistent impairment in reciprocal social communication and social interaction, and restricted, repetitive patterns of behavior, interests, or activities, and with increasing prevalence in recent years. ASD is highly heritable and reports about the genetic etiology are on the increase. Even though advances in ASD researches, it is still behaviorally defined disorder, and a full parental interview including a past and current developmental and behavioral history, and structured observation of the child individually and in a peer-group setting is required for diagnosis. Thus, the better understanding of the mechanisms underlying behavioral symptoms and cognitive processes are critical. Identifying the specific cognitive features of the individuals with Autism Spectrum Disorders (ASD), is thought to be important in highlighting the neuropathology and discovering the responsible genetic factors as well to contribute to the appropriate educational approaches.

The definition and prevalence of ASD, theory of mind and executive function deficits and weak central coherence, which are prominent in cognitive profile literature of ASD, were aimed to review with the current literature.



**P.7.2. Ethiopathogenesis of autistic spectrum disorders****Assoc. Prof. Dr. Didem Öztop İstanbul Gelisim University**

Autism is a pervasive developmental disorder of childhood characterised by disturbances in both social interactions and communication as well as stereotyped patterns of activities and behaviour. The increase in estimates of the prevalence of autism has raised the question of an "epidemic" of autism. More active case assessment and changes in diagnostic criteria probably account in large part for such increase. Investigators have attempted to define the neural pathophysiology of autism ever since the hypothesis of "refrigerator mother" as its cause was replaced by the view that it is a developmental disorder of the immature brain. The exact cause of ASD is currently unknown, but many risk factors have been identified in the research literature that may contribute to their development. These risk factors include genetics, prenatal and perinatal factors, neuroanatomical abnormalities, and environmental factors.. Most researchers believe that certain genes a child inherits from their parents could make them more vulnerable to developing ASD , but no specific genes linked to ASD have been identified, it may be a presenting feature of some rare genetic syndromes, including Fragile X syndrome, Williams syndrome and Angelman syndrome. , The results of family and twin studies suggest that genetic factors play a role in the etiology of ASD. Studies have consistently found that the prevalence of autism in siblings of autistic children is approximately 15 to 30 times greater than the rate in the general population. In addition, research suggests that there is a much higher concordance rate among monozygotic twins compared to dizygotic twins. There seem to be multiple genes involved, each of which is a risk factor for components of the autism spectrum disorders. Some researchers believe that a person born with a genetic vulnerability to ASD only develops the condition if they're exposed to a specific environmental trigger. Possible triggers include being born prematurely (before 35 weeks of pregnancy), maternal gestational diabetes, maternal and paternal age over 30, bleeding after first trimester, use of prescription medication (e.g. valproate) during pregnancy, and meconium in the amniotic fluid. In recent years the most controversial claim regarding autism etiology was the "vaccine controversy" A 2014 meta-analysis examined ten major studies on autism and vaccines involving 1.25 million children worldwide; it concluded that neither the MMR vaccine, which has never contained thimerosal, nor the vaccine components thimerosal or mercury, lead to the development of ASDs.

**P.7.3. Autism Spectrum Disorder; Clinical Characteristics****Prof. Dr. Burcu Özbaran**

Ege University School of Medicine, Child and Adolescent Psychiatry Department, İzmir/Turkey

In this presentation the clinical characteristics of Autism Spectrum Disorder (ASD) which can defined as a neurodevelopmental disorder, from early childhood to adult period will be discussed and the critical points in ASD diagnosis will be emphasized with case reports and clinical experiences.

#### **P.7.4. Psychiatric Evaluation of Autism Spectrum Disorder**

**Assist.Prof. Sevcan Karakoç Demirkaya**

**Adnan Menderes University School of Medicine, Child and Adolescent Psychiatry**

Psychiatric evaluation of autism spectrum disorder (ASD) includes interview with the parents, assessment and observation of the child and, routine medical investigations. Not only detailed developmental, prenatal-natal and postnatal history is obtained but also kindergarten observations and video images are also assessed. Interview of the child can be in a structured or nonstructured manner. During the psychiatric assessment, especially core ASD symptoms are evaluated depending on the age of the child. Structured diagnostic tools such as Autism Diagnostic Interview and Autism diagnostic Observation are not standardized in our country. However Autism Behavior Checklist, Childhood Autism Rating Scale and Checklist for Autism in Toddlers are available measures in our country. Developmental, intellectual and adaptive levels are also assessed. All these evaluations are helpful for both primary diagnosis and differential diagnosis. Clinical evaluation of ASD will be discussed in details in this presentation.

#### **P.8. Yeşilay COGEPDER Joint Action (Panel 8)**

##### **P.8.1. The Mission Of The The Green Crescent Society (Yesilay) And Current Activities**

**Cihan Basar Samancı**

**The Green Crescent Society (Yeşilay), Deputy Director General**

Non-governmental organizations (NGO) work independent from government agencies based on volunteering. With the aim of guidance and awareness raising, those are the foundations doing lobbying, advocacy, monitoring, assessment, and value creating towards the goals including political, social, cultural, judicial and environmental topics.

NGOs' have local, regional, national and international qualifications from human rights, education, culture, to environment, business, community development and relief work (Caniklioğlu, 2007: 80).

As an NGO, Turkish The Green Crescent Society Works against tobacco, drug, technology and behavioral addictions which are threatening society's physical and mental health. Towards this aim, Turkish The Green Crescent Society cooperates with national and international public and private organizations and also NGOs.

Turkish The Green Crescent Society plans activities towards addictions, it also researches the the current situation in the world. Different examples can be seen when we examine the structure of NGOs around the world and drug addiction problem.

Addiction affects society's mental health and productivity negatively. At this point, effects of NGOs fight, in national and international levels, play an important role in the development of the society. Turkish The Green Crescent keeps its efforts to protect our society from any kind of harmful habit and addiction since 1920.

The aim of this presentation is to inform about the activities as well as illustrating the mission and vision of The Green Crescent Society (Yesilay) as an NGO.

Keywords: NGO, The Green Crescent Society, Addiction

## **P.8.2. Addiction Prevention Training Program of Turkey (TBM)<sup>1</sup>**

**F. Derya AKYILMAZ**

### **Green Crescent Training Department Manager - Psychologist**

50% of Turkey's population is under the age of 30; and 19 million is composed of young people aged between 14 and 29. According to the studies conducted in our country, it is determined that there is a rapid rise in substance usage among young generation. Another important finding obtained through the studies is the fact that average age to start using substance is decreasing.

It is reported that prevention and early intervention programs are the most effective ways in combating addiction. Prevention work has gained importance because when compared to the effort and cost for prevention, treatment and integration of addicts require more effort, and cost more. Several prevention methods are being used across the world for years now. Among successful prevention strategies are informing, education, problem analysis, social combat and environmental approach.

The most important risk group includes children and youngsters in school age. Considering that these children and youngsters spend most of their time in education institutions, school-focused demand diminishing activities gain more importance. Among school focused prevention works, Training Program on Addiction Prevention of Turkey (TBM), which started with an analysis of deficiencies in prevention works in Turkey, and current scientific exercises regarding prevention works; and is conducted to start a grassroots combat by combining school and family based methods to mobilise all layers of society in fighting against addiction, by Green Crescent which increases public awareness, aims at developing responsibility in individual, familial and social levels remains at the forefront.

TBM is realised as an effective action plan in combating addictions by taking the country's sociological structure, needs and current education system into account. The program is a scientifically based education program which includes various exercise methods from across the world that focus on minimising non-addict individual's risk of becoming an addict. Through TBM, it is intended to increase the new generation's level of awareness concerning different types of addiction so as to support them in leading a safer and healthier life away from addiction risks.

The objective of this article is to share information on the content, application and dissemination methodology, and assessment and evaluation system of TBM which is the first and only measurable and sustainable protective-preventive education program of Turkey.

Key Words: TBM, School-focused Prevention Works, Green Crescent

### **P.8.3. YEDAM: An Outpatient Psycho-Social Treatment Model <sup>2</sup>**

**Clinical Psy. Gaye Kağan**

#### **YEDAM (Yeşilay Counseling Centers) Clinical Director**

The effectiveness of psycho-social intervention techniques are seen in long-term treatment approach of an addiction which is a global problem. When the model of rehabilitation in the field of addiction are reviewed, community based approaches consist the grounds of treatment. Services such as psychotherapy planning, family therapies, group therapies, social counseling, academic and professional counseling and skill development and prevention of relaps take part in the basis of rehabilitation model. In treatment programmes, an entegrative system that includes both medical treatment and psycho-social rehabilitation are based.

Addiction is a multidimensional public health disorder that has bio-psycho-social aspects. While the treatment of addiction disorder has multidimensional approaches in the world, treatment methods are mostly related with biological aspects in Turkey. The psychological and social aspects of rehabilitation process that is one of the most important parts of treatment is underestimated. So, when do we use medical treatment? or which part of treatment do we need psycho-social intervention for this bio-psycho-social addiction disorder? The YEDAM Model was designed to find an answer these kind of questions and service outpatient psycho-social treatment for rehabilitation processes for patients who have an addiction problem in the light of these needs.

The most important component in this model is to include the process which is specifically designed for the individual the family integration to the rehabilitation process. What is personalized approach in addiction and what does it cover? How can we make sure that the family play an active role and what is its efficiency in the success of treatment?

When application system was designed in The YEDAM Model, the most widespread model in addiction treatment, Stepped Care Approach was taken as a reference (Sobell, 2000).

Type of the service is stated by the needs of the person in the stepped care approach. The fundamental idea of the stepped care approach is to support intensive service for the case who respond without sufficient and to support less intensive service for the case who respond sufficient. The biggest problem of Stepped Care Approach is that clients who are planned to visit more often do not follow the plan and do not sufficiently apply for the treatment (Sigmon 2005). It includes individualized, evidence- based and structured interventions and during application, Strepped Care Approach and reinforcers are used. Researches show that behavioral reinforcement provide that enhancement in participation to psychosocial support programmes (Brooner, 2004; Brooner, 2007).

The goal of this presentation is to draw the principles of systematically restructured psycho-social intervention model which is special to Turkey, The Yedam Model. Within this context, scientific references, institutional principles, application plan and application principles of YEDAM plan are going to be explained. In addition, results of statistical analysis application of numbers, application types, application requirements and essential features of YEDAM pilot practice which has 52% success rate.

#### **P.8.4. Turkey Rehabilitation Model**

**Savas Yilmaz,**

**Turkish Green Crescent Society, General Manager**

The increasingly growing drug problem is one of the most important problems of our country. In our country, the drug-addicted population in is youngsters. Among these youngsters the unemployment rate is high and the education level is low. Although there are drug treatment centers in our country, there is no rehabilitation center to provide any behaviour change.

Turkish Green Crescent aims to reach a comprehensive solution to the drug rehabilitation field in our country with the Turkey Rehabilitation Model project launched in August 2016.

Turkey Rehabilitation Model is not only a center. It aims to establish a drug rehabilitation ecosystem that is ready to provide continuous service in Turkey. Instead of just one center, it has a national rehabilitation curriculum adapted to Turkish culture, a guidance infrastructure for integrated work of institutions, social support proposals offered after rehabilitation process, a financial model for financial continuity, a human resources infrastructure for training people working in the field of drug rehabilitation, and an accreditation system for the provision of qualifications in the field of drug rehabilitation in Turkey.

10 countries were examined in the designing period of the model, 5 countries were visited on site, and the most qualified experts consulted on this issue.

Turkish Green Crescent, who has designed the entire ecosystem as a pioneer in Turkey, has the ultimate aim of preventing addiction especially among young people.

The purpose of this presentation is; Turkey Rehabilitation Model in the field of addiction, which is devised for the development of rehabilitation studies, will be transferred to the field researches, targets and the designed infrastructure action plan.

Key words: Green Crescent, Addiction, Rehabilitation, Ecosystem

## **P.9.Forensic Interviewing of Children Suspected of Sexual Abuse (Panel 9)**

### **P.9.1. Basic Principles Of Questioning In Forensic Child Sexual Abuse Interviews**

#### **Dr. Çilem Bilginer**

Child sexual abuse often has not any physical evidence or a witness except the victim and the suspect. Thus forensic interview with children can be the only evidence for sexual abuse. On the other hand forensic interview with children may differ from adults directly related to the developmental characteristics of children. Attention in the structure of forensic interview with children has increased and many techniques have been developed on this field since the beginning of the 90's. These interview structures can be categorized under two headings as Structured "Narrative" Interviews and Semi-structured (e.g. RATAAC, ChildFirst, Finding Words) protocols. RATAAC is an acronym that symbolise the following five possible stages: Rapport, Anatomy Identification, Touch Inquiry, Abuse Scenario, and Closure. RATAAC: The CornerHouse Forensic Interview Protocol was created by CornerHouse staff members in the early of 90's. CornerHouse is a private Child Abuse Evaluation and Training Center, located in Minneapolis. Since 1990, CornerHouse has been providing a five-day child sexual abuse forensic interview training and this training programs under different names are the most commonly attended programs by Child Advocacy Center (CAC) professionals in the US. Also, the CornerHouse Forensic Interview protocol is preferred by forensic interviewers of CACs in Turkey.

The aim of this course is to give a general understanding of basic principles of questioning in forensic child sexual abuse interviews and to introduce the five stages of RATAAC protocol.

### **P.9.2. Forensic Interviewing Of Adolescent Suspected Of Sexual Abuse: Case Examples**

#### **Ayşen Coşkun**

The characteristics of forensic interview with adolescent and the points to be considered when writing a forensic report will be cited through the case examples.

### **P.9.3. Forensic Interviewing With Preschoolers, School-Aged Or Disabled Children Suspected Of Sexual Abuse: Case Examples**

#### **Şahika Şişmanlar**

The characteristics of forensic interview with preschoolers, school-aged or disabled children and the points to be considered when writing a forensic report will be cited through the case examples.

## **P.10. Unanswered Questions in Intellectual Disability(Panel 10)**

### **P.10.1. Intellectual Disabilities in Early Years? Can Toddlers Have Severe Impairment Due to Psychiatric Diagnosis?**

Şermin Yalın Sapmaz

Although babies grow and develop at different rates, most follow a predictable path and learn to walk, talk, and gain new skills in expected ways. For some young children, however, development unfolds according to a slower timetable or in an atypical fashion. For those infants and toddlers with a disability or developmental delay, intervening early can make all the difference in the world. Early intervention provides services and supports to promote the best possible developmental outcomes, and it enhances the capacity of families to meet their child's needs. For children at significant risk, early intervention can serve as a protective buffer against the multiple adverse influences that may hinder their developmental progress. In this presentation, early intervention and outcomes will be discussed.

### **P.10.2. Comorbidity of Intellectual Disability: Should we report the intellectual disability and autism spectrum disorders together?**

Selma Tural Hesapçioğlu

Intellectual disability (ID) is a neurodevelopmental disorder with onset during developmental period that includes both intellectual and adaptive functioning deficits in conceptual, social, and practical domains. The individuals with ID have deficits in intellectual functioning, such as reasoning, problem-solving, planning, abstract thinking, judgment, academic learning, and learning from experience. There may be prenatal, perinatal and postnatal causes in etiology of ID.

Co-occurring mental, neurodevelopmental, medical, and physical conditions are frequent in ID. Rates of some conditions e.g. mental disorders, cerebral palsy, and epilepsy three to four times higher than the general population. The most co-occurring mental or neurodevelopmental disorders are attention deficit/ hyperactivity disorder, depressive and bipolar disorders, anxiety disorders, autism spectrum disorder (ASD), stereotypic movement disorder (with or without self-injurious behavior), impulse control disorders, and major neurocognitive disorder. An individual with ID may also exhibit aggression and disruptive behaviors, including harm to others or property destruction.

ID is common among individual with ASD. This comorbidity may affect the prognosis of the disorder and may reduce the capacity of independent living of the individual. Therefore, coding the comorbidities separately as indicated in DSM-5, may help the identification of intervention patterns to be made to the patient. Considering the heavy financial and moral burden the child with OSB puts on the family, it seems to be a necessity that the health committee reports include both of the diagnoses separately.

### **P.10.3. The orphans in education: What happens to Children with Borderline IQs**

**İbrahim Selçuk Esin, MD. Ataturk University, Department of Child and Adolescent Psychiatry  
Erzurum/Turkey**

According to the American Psychiatric Association (1), borderline intellectual functioning (BIF) (slow learners) has been defined as having an intelligence quotient (IQ) in the range between 70 and 84, i.e. between -2 and -1 standard deviations (SD). Borderline Intellectual Functioning (BIF) has always been a difficult concept. It had different names, different boundaries, and travelled through the different versions of the Diagnostic and Statistical Manuals of mental disorders (DSMs) starting as a solid element of - what we now call – intellectual disability (ID) in the DSM I and ending, in DSM-5, as a V-code literally in last place (2). This intellectual level is part of the normal variation, but in today's complex society individuals with BIF run the risk of shortcomings both at school and in working life (3). Many comorbid psychopathologies can be found in BIF, and if BIF is unrecognizable it is difficult to achieve full treatment in psychopathology. In addition that, the risk of exposure to abuse and neglect of individuals with BIF, similar to those with mental retardation, is greater than that of children with normal intelligence. These individuals do not receive any academic support as there is no provision of BIF within the national education system of our country.

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### **P.11. My Patients' need In-patient Care: Where to start, what to do?(Panel 11)**

**P.11.1. Is there a need for child and adolescent inpatient psychiatry services in Turkey: Are they efficient? How can we access them?**

Gul Karacetin, M.D. Associate Professor of Child and Adolescent Psychiatry

Chief of the Clinic of Child and Adolescent Psychiatry, Bakirkoy Research and Training Hospital for Psychiatric and Neurological Diseases

The information about the characteristics of the Inpatient Child and Adolescent Mental Health Services (ICAMS) in Turkey was collected and presented by the commission of Inpatient Services of Turkish Association for Child and Adolescent Psychiatry previously (Karacetin et al., 2013). In this presentation, the former information on ICAMs will be revised and updated. ICAMs are very



important in treatment of children and adolescents who have the potential of giving harm to themselves and the people around them because of their psychiatric disorders. Also; ICAMs are crucial for children and adolescents whose treatment cannot be done on an outpatient setting due to reasons like refusal of oral treatment or familial factors. In addition to those factors mentioned above; ICAMS are crucial in some cases where the diagnoses and diagnostic formulation needs to be done by close observation in an inpatient setting.

### **P.11.2. Bakirköy as the final point. How does it operate?**

**Caner Mutlu**

**Bakirkoy Prof. Dr. Mazhar Osman Research and Training Hospital for Psychiatry, Neurology and Neurosurgery, Istanbul, Turkey**

Bakirkoy Prof. Dr. Mazhar Osman Research and Training Hospital for Psychiatry, Neurology and Neurosurgery is a tertiary care hospital (also secondary care) and one of the regional psychiatric specialty hospitals in Turkey. The Child and Adolescent Psychiatry Clinic which has been managed by child and adolescent psychiatrists since 2011 responds to mental health problems of all people under the age of 18 within the Marmara Region (one of the seven big regions, each containing regional, urban, and rural areas) and sometimes for other regions in Turkey. It consists of one outpatient unit, one psychiatric emergency unit (assessing within 24 h of referral and patients who do not need to be referred by their physicians, other emergency departments, or other hospitals, and thus generally present by themselves), one inpatient unit. The inpatient unit have 16 beds for boys, 12 beds for girls and generally serves youths aged 12-17 years. In the hospital, there is also a Health Ministry-licensed alcohol and substance treatment center known as 'CEMATEM' for child and adolescent substance users, which includes an outpatient unit for daytime applications needing no appointments and an inpatient unit for youth who want and accept to be treated and rehabilitated voluntarily with a structured 2-month treatment program.

Most of child and adolescent psychiatrists in Turkey do not have any facility for their patients needing hospitalization/ treatment in inpatient units. Therefore, limited facilities should be used as effectively as possible. This presentation aims to inform about how our colleagues can benefit more effectively and more practically from this big inpatient unit.

### **P.11.3. "If I do not have an inpatient service: Problems in practice? Our rights for other services"**

**Ali Karayağmurlu**

**Gaziantep Children's Hospital, Expert Doctor**

Inpatient service has become a growing need for patients of children and adolescent psychiatry. If you do not have an inpatient service, either you will referred to patients or you will attempt to follow the patients in other departments' services. Although procedure applied in situations which the patients should be referred, is made according to the legislation determined by the Ministry of

Health, many problems are encountered in practice. These problems have arisen from many factors like the gaps in the legislation, the physical insufficiency, unknown the legislation by the health personnel. Because there hasn't been any legislation regarding the patient's follow-up at another service yet, the rights and borders have not fully determined. This has also led to an increase in our responsibility for patient rights and posed a significant risk for psychiatrists.

## **P.12. Autism Spectrum Disorders From A Developmental Perspective (Panel 12)**

### **P.12.1. Theory of Mind, Assessment of Communication, Therapy of Empathy**

#### **Ceyda Dedeoğlu**

Having “theory of mind” is a fundamental element of self-organization, and an important acquisition in terms of the early social relationship. Theory of mind is being described as an interconnected concept which constitutes a set of beliefs and desires explaining others’ behaviour (Fonagy and Target, 1997). Autism spectrum disorders are associated with lack of theory of mind, in different levels. Development of theory of mind as well as development of empathy are considered to be the key concepts in the explanation of this spectrum which is considered as the disorder of social communication.

Developmental assessment procedures to support the diagnosis of Autism also focus on the aforementioned concepts of Theory of Mind, empathy and social communication. Since the diagnosis and functionality level of individuals vary within the spectrum, this variation should be reflected in the assessment procedures. Although there are semi-structured procedures (like ADOS) to capture this variance in the thorough examination of every aspect of communication, the variance is not reflected in the end result since the goal is “diagnosis”. However, it is possible to use those (or any other) detailed examination as a tool to ameliorate the skills of the child as well as the life quality of the family.

Dealing with the deficit of empathy requires excessive skills of empathy in the clinician’s side. Understanding the problem and difficulties in the patient is necessary but not sufficient when the problem is affecting lives of all surrounding. While supporting the skills of the child in order to improve the capacity of empathize, it is inevitable to empathize with the family members, their burden, desperation and deprivation (from their child’s emotional reflection). Increasing the parent’s capacity to cope with these emotions should be an integral part of any treatment approach.

### **P.12.2. Comorbid Psychiatric Disorders in Autism Spectrum Disorders**

#### **Sebla Gökçe**

The prevalence of autism spectrum disorders (ASD) is reported to be increasing around the world. It was reported 1/68 in recent studies. Because of high prevalence, their early onset, lifelong persistence, high level of associated impairment, and absence of effective treatment for the core problems, ASDs are an important cause of morbidity and public health problem. Comorbid

psychiatric disorders are common and frequently multiple in children with autism spectrum disorder in childhood, adolescence and adulthood, but they are less investigated and diagnosed. They may contribute to impairment in addition to the core symptoms of the autism and provide specific intervention and should be routinely evaluated in the clinical assessment of this group. Diagnosing psychiatric comorbidity could reduce overall impairment and improve quality of life.

We will discuss identifying and diagnosing the comorbid psychiatric disorders in autism spectrum disorders in this session.

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### **P.12.3. Pharmacotherapy in Autism Spectrum Disorders**

#### **Soner Ozaner**

Although there is no known efficacious pharmacotherapy for core symptoms of autism spectrum disorder (ASD), psychotropic medications are commonly prescribed for behavioral/emotional symptoms associated with ASD. Current evidence-based pharmacotherapy options and updates from recent noteworthy studies are reviewed in this session.

Recent findings show that atypical antipsychotics, particularly risperidone and aripiprazole, are effective in reducing irritability, stereotypy and hyperactivity. Metabolic adverse events, including weight gain and dyslipidemia, are common. Methylphenidate is effective in reducing attention-deficit hyperactivity disorder (ADHD) symptoms. Atomoxetine and alpha-2 agonists appear effective in reducing ADHD symptoms. Selective serotonin reuptake inhibitors are not effective in improving repetitive behaviors in children with ASD, and frequently cause activating adverse events. Efficacy

of antiepileptic drugs is inconclusive. Overall, efficacy and tolerability of pharmacotherapy in children with ASD are less favorable than data seen in typically developing children with similar symptoms. Newer agents, including glutamatergic agents and oxytocin, appear promising albeit with mixed results.

Current evidence-based pharmacotherapy options in children with ASD are very limited, and many have substantial adverse events. Clinicians should use pharmacotherapy as a part of comprehensive treatment, and judiciously weigh risks and benefits. New pharmacotherapy options for core symptoms as well as cooccurring symptoms of ASD are in urgent need.

#### **P.12.4. Autism Spectrum Disorders in Adolescence and Adulthood**

##### **Özlem Çakıcı**

Although most frequently diagnosed in childhood, autism spectrum disorders (ASD) are considered lifelong disabling conditions as ASD-related challenges continue to develop and change in adolescence and adulthood. There has been relatively little attention paid to ASD during the adolescent and adulthood periods. Although symptoms associated with ASD can be markedly improved with appropriate interventions, ASD requires lifelong management in most cases. Unfortunately adulthood outcomes for ASD are generally poor, even for those with average to above average cognitive ability . Adults with ASD often require specialized services for several issues like managing friendships and romantic relationships, puberty, education and employment, cooccurring medical and mental health problems, residential decisions, and dealing with law enforcement. So future health services research is required at the beginning and end of adulthood, including improved transition from youth to adult health care and increased understanding of aging and health in older adults with ASD. In this session the major challenging areas for the adult and adolescent ASD patients will be discussed in detailed.

Autism spectrum disorders: management over the life span.

Matson JL, Cervantes PE, Peters WJ. Expert Rev Neurother. 2016 Nov;16(11):1301-1310.

Outcomes in adolescents and adults with autism: A review of the literature

Alissa Levy, Adrienne Perry Research in Autism Spectrum Disorders. 5(2011):1271-1282

#### **P.12.5. When Autism is not Autism Anymore but Continues to Cause Impairment in Adolescence and Young Adulthood**

##### **Yankı Yazgan**

Social deficit is a relatively new term that came out of the need for identifying a dysfunction that leads to significant interpersonal problems and relational impairment while the symptoms are not enough to fulfill the criteria for autism, or even when there are no symptoms of autism. Some of those individuals have been identified as autism in earlier years and their conditions have evolved into an “optimal outcome”. For some of them, their difficulties have never been associated with a diagnosis of autism spectrum disorder, although they might have met the criteria at some time in their earlier years. It appears that most of these individuals, if they have been to a child psychiatrist, may have been prescribed a second generation antipsychotic, due to a lack of response to a treatment for symptoms of impulsivity and inattention. As they enter adolescence and young adulthood, the evolving behavioral and cognitive rigidity creates social and emotional difficulties, not restricted to interpersonal domain. The therapeutic repertoire for this somewhat expanding population of ASD is limited, and as tools become available in Turkish, this problematic situation awaits innovation and more research.

Guler et al. Autistic Traits and Factors Related to a Clinical Decision to Use Risperidone in Children

Bulletin of Clinical Psychopharmacology 2014;24(4):333-41

Gokcen et al. The Psychometric Properties of Turkish Version of Autism Spectrum Screening

Questionnaire in Children aged 6-18 years, Turkish Journal of Psychiatry (in press)

### **P.13. Rational Treatment Management for Comorbid Conditions in ADHD in the Light of Pathophysiological Theories (Panel 13)**

#### **P.13.1. ADHD and Substance Use Disorders**

##### **Zeynep Esenkaya Usta**

Attention Deficit Hyperactivity Disorder (ADHD) is a neurodevelopmental disorder that begins in childhood and continues in adulthood, characterized by inattention, hyperactivity and impulsivity not appropriate for age and developmental stage.

Developmental and functional abnormalities of the frontal lobe are thought to play an important role in the etiology of ADHD. Dorsolateral prefrontal cortex is responsible for maintaining attention, dorsally anterior cingulate cortex for selective attention, orbitofrontal cortex for impulsivity, and prefrontal motor cortex for hyperactivity. Dopamine (DA) and noradrenaline (NA) play a role in cognitive functions such as attention, concentration, motivation and alertness. Furthermore the effects of psycho-stimulants and selective noradrenaline reuptake inhibitors used in the treatment of ADHD exert their effects through dopaminergic and noradrenergic pathways.

Dopaminergic pathways are the most frequently mentioned pathways when explaining the pathophysiology of addictive behavior. Addictive drugs act by stimulating the "reward pathway" in the limbic system. The pathways in this system consist of dopaminergic neurons that originate from the ventral tegmental region and reach the nucleus accumbens.

The frequent coexistence of ADHD and Substance Use Disorder (SUD) and the more common presence of ADHD symptoms in individuals with SUD have led to a focus on the relationship between these two disorders.

The coexistence of ADHD and SUD can initially be explained by the compatibility of the neural and behavioral phenotypes. Secondly, ADHD and its neuronal and behavioral characteristics are risk factors for dependence. In addition to these chronic substance intake may directly alter the function of the orbitofrontal cortex, mimicking the neural and behavioral aspects of ADHD. Furthermore addictive substance use in patients with ADHD may be considered as an attempt to self-treat the symptoms of the disease.

In this presentation, the pathophysiological mechanisms of both disorders and the mechanisms of action of the agents used in treatment will be holistically evaluated in cases where ADHD and SUD coexist. The priorities in treatment and rational treatment strategies will also be discussed.

### **P.13.2. ADHD and Depression**

#### **Sibelnur Avcil**

Attention Deficit Hyperactivity Disorder (ADHD) is a neurodevelopmental disorder comorbid with short attention span/attention deficit, chaotic activity and impulsivity that has symptoms significantly lasting for a lifetime (APA 2013). Several previous studies reported that prevalence of ADHD in children and adolescents was between 3-13%. Epidemiological studies have revealed that ADHD was more prevalent in men. ADHD is a neurobiological disorder. Genetic, neuroanatomic, neurophysiological, neurochemical, and environmental factors were indicated to have a role in its etiopathogenesis.

In comorbidity studies, high depression, anxiety disorder, disruptive behavior disorders, substance abuse, smoking, and alcohol abuse were reported in children, adolescents, and adults with ADHD. At least one comorbid condition has been reported in 60%-80% of patients with ADHD in all age ranges.

Prevalence of major depressive disorder was found to be 7% in studies conducted in USA. Diagnosis of depression should come to mind when there is low mood and decreased attention. Despite the fact that depression is known to be a psychological disorder which is frequently seen in adolescence and adulthood, it is considerably common in preadolescence period. Its symptoms are similar to symptoms of ADHD in these age ranges and differential diagnosis is required. There are concentration problem, irritability, motor agitation, and sleeping problems in both disorders. However, these problems are chronic in ADHD. The most frequent age of onset for depression in patients with ADHD is adolescence.

Prevalence of depression was reported to be 12-50% in children and adolescents diagnosed with ADHD. Generally the risk for these individuals to develop depression in adolescence is 5.5 times higher than those without ADHD. 20% of individuals diagnosed with depressive disorder had ADHD. In a study, the risk for women with ADHD to develop depression was stated to be 2.5 times higher than general population. It was reported that depression in these individuals lasted longer, started earlier and was comorbid with more dysfunction and suicidal ideation.

Severity of problems and symptoms of individuals applying due to ADHD is different. Therefore, treatment is started after examining existence of comorbid conditions following detailed psychiatric examination. If depressive symptoms are at the forefront, appetite and sleeping problems are severe, and there is a suicide plan and attempt, treatment of depression is considered as primary. Once primary treatment of depression and ADHD is chosen; symptoms of a disorder starts to regress and then severity of symptoms belonging to other disorders is assessed. For example, severity of ADHD symptoms and their effect on daily life are assessed after starting to receive response from depression treatment in an individual with depression at the forefront. Accordingly, the second drug is chosen as psychostimulant or atomoxetine. If symptoms of depression are too mild, treatment starts with ADHD therapy, this may frequently lead recovery of depressive symptoms but SSRI can be added into treatment if there is no sufficient improvement. Bupropion might be an appropriate choice if simultaneous treatment of both conditions is targeted in adolescents and adults, but data regarding its efficiency in children are limited. It was reported

in a previous study that the use of Lamotrigine (25-250mg) with routine ADHD treatment in group with recurrent depression and Bipolar Disorder Type 2 was effective and safe.

### **P.13.3. ADHD and Anxiety Disorders**

#### **Fatma Hülya ÇAKMAK**

Attention Deficit Hyperactivity Disorder (ADHD) is a neuropsychiatric disorder affecting between 8-12 % of the childhood population. The comorbidity with anxiety disorders has been found to affect 28–50% of children and adolescents with ADHD.

Over the past years, a large number of paradigms have been developed that describe ADHD phenomenology. These paradigms can be roughly grouped into theories implicating cognitive processing deficits, dysregulated attentional systems, impaired executive inhibition, impaired executive regulation, poorly coordinated reward systems, and energetic states. These models give varying amounts of attention to comorbid anxiety.

The comorbidity of anxiety may partially inhibit the impulsivity and response inhibition deficits seen in ADHD. It may also, however, make working memory and other cognitive deficits worse. Additionally, the anxiety that ADHD patients experience may be more related to inability to function in daily life because of social and cognitive insufficiency than typical phobic/ fearful behavior. The fears of poor cognitive performance seen in ADHD may actually end up further hindering the cognitive performance that was originally the source of anxiety.

In this presentation, we will discuss the pathophysiology of ADHD with anxiety disorder comorbidity and how it affects the treatment.

### **P.13.4. ADHD and Tic Disorders**

#### **Zehra Babadağı**

Attention Deficit Hyperactivity Disorder (ADHD) is a developmental neuropsychiatric disorder characterized by attention deficit hyperactivity, impulsivity, and early onset in early childhood. ADHD, which affects 8-12% of children worldwide, is one of the most common psychiatric disorders in childhood. Approximately 20% of those with ADHD are accompanied by tic disorders; Approximately half of children and adolescents with tic disorder also have comorbid ADHD. The etiology of tic disorder is reported to be a dopaminergic system disorder in the basal ganglia, especially in the cortical-striatal-thalamic-cortical regions. In addition, it is believed that the tics and stereotypic movements are again the result of the disruption of the balance between direct and indirect pathways in CSTC. While the direct pathway neurons are GABAergic and inhibitory, the indirect pathway neurons are glutamatergic and excitatory. Judging from the etiology of ADHD, dopamine (DA) and dopamine-synthesized noradrenaline (NA) appear to be a disorder in the NAergic system. Cortical-striatal-thalamic-cortical regions are regions where the dopamine concentration is high. DA-level impairments are known to cause hyperactivity, attention problems, dyskinesia, tics and self-harm behavior. The agent's effect mechanism which is used in the

treatment of ADHD appear to have an effect by increasing the NA and DA. Increasing dopamine in CSTC has been shown to worsen tics in those with Tic comorbidity, but in recent years it has been seen that new tics have emerged in children who are more prone to it. In addition, continued use of methylphenidate in children with ticia suggests that the tics return to baseline and that methylphenidate, even in children with Tourette Syndrome, reduces ADHD symptoms without affecting tics.

In this presentation, we will talk about the pathophysiology of ADHD with tick comorbidity, how it affects the treatment and how to make the treatment plan.

### **P.13.5. ADHD and Bipolar Disorder**

#### **Hesna Gül**

Attention-deficit/hyperactivity disorder (ADHD) and bipolar disorder (BD) are neurodevelopmental disorders with onset in childhood and early adolescence, and common persistence in adulthood and are also co-occurring and highly heritable mental health conditions. Both disorders are often undiagnosed, misdiagnosed, and sometimes over diagnosed, leading to high rates of morbidity and disability. The differentiation of these conditions is based on their clinical features, comorbidity, psychiatric family history course of illness, and response to treatment.

In this panel we want to review recent relevant findings about epidemiological, clinical, family history, course, and treatment-response differences that can aid the differential diagnosis of these conditions in child and adolescent psychiatry clinics. We will address the clinical differentiation between ADHD and BD relied on specific symptoms including hyperactivity, aggressive and Hypersexual Behavior, Mood, Suicidality, and Psychosis, Disturbances of Sleep and Circadian Rhythms and academic functioning. According to family history subtitle, we will adress the most significant risk factors for developing BD in a positive family history. And finally we wil adress using mood-stabilizing agents, atypical antipsychotics and stimulants in comorbid ADHD and BD.As known mood-stabilizing agents and atypical antipsychotic may be beneficial for children with early onset BD but are unlikely to enhance attention in children with ADHD and can be associated with serious side effects. In addition, stimulants have been shown to be ineffective in the treatment of BD,also can cause disruption of sleep and circadian rhythms, and negatively affect subjects with BD.



**P.14. Evaluation and Management of Sleep Problems in Children with Psychiatric Disorders(Panel 14)**

**P.14.1. Evaluation and Management of Sleep Problems in Children with Emotional Disorders**

**Ayhan Bilgiç**

Sleep disturbances may cause the development of psychiatric disorders or they may impact their courses. Previous studies showed the relationships between sleep disturbances and psychiatric status such as irritability, aggression, emotion regulation and attention problems. Emotional disorders are not uncommon in childhood and many studies have investigated the associations between depression, bipolar disorders and disordered sleep. Disrupted mood dysregulation disorder (DMDD) is a newly described psychiatric disorder in DSM-5 psychiatric diagnosis system which begin in childhood and associated with chronic irritability and inability to regulate emotion. Although it has been known that several characteristics symptoms of DMDD such as irritability and emotion regulation problems are related to sleep disturbances, little data is available regarding the sleep patterns of individuals with DMDD. Studies using subjective measures (i.e., sleep questionnaires completed by parents) found that children with emotional disorders had more sleep disturbances, compared with their peers without emotional disorders, but those using objective measures (e.g., polysomnography [PSG] and actigraphy) have not consistently shown such differences. In this presentation, data regarding the association between emotional disorders and sleep problems and the management of these problems will be discussed.

**P.14.2. Evaluation and Management of Sleep Problems in Children with Anxiety Disorders**

**Ömer Faruk Akça**

There is a distinctive classification on sleep disorders in DSM 5. However, sleep problems accompany to various psychiatric disorders -like anxiety disorders- which may cause functional losses in children and adolescents. It is not clearly known which one causes other: sleep problems or anxiety disorders. Sleep problems mostly seen in anxiety disorders as a reason of anxiety and sympathetic system activation. However, sleep deprivation or tiredness related to continuous sleep problems may trigger the anxiety symptoms as well. The literature on sleep problems in anxiety disorders indicate that two conditions can be treated separately or intervention on anxiety disorders may be accommodated according to sleep problems. Sleep problems accompanying to anxiety disorders in children and adolescents, and the behavioral and medical interventions in this situations will be discussed in this session.

**P.14.3. Evaluation and Management of Sleep Problems in Children with Attention Deficit****Hyperactivity Disorder****Nagihan Saday Duman**

A significant number of children with ADHD may have sleep problems. Children with ADHD significantly differed from controls on parental and actigraphic measures of sleep, with parental reports indicating more severe sleep disturbances, and actigraphic recordings of longer sleep onset latency, lower sleep efficiency, and lower total sleep time. Sleep problems among children with ADHD may stem from a primary sleep disorder that imitates symptoms of ADHD, side effects of drugs or coexisting sleep disorders that worsen ADHD symptoms. Parenting styles and practices may also have a significant effect on children's sleep problems. In this presentation, sleep problems accompanying to ADHD in children and the management of these problems will be discussed.

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**P.14.4. Evaluation and Management of Sleep Problems in Children with Autism Spectrum Disorder****Esra Hoşoğlu**

Sleep problems are more common in children with autism spectrum disorder (ASD) than in children with typical development and the prevalence of parent-reported sleep problems in autism is about 50-80%. Studies show that sleep problems are associated with increased severity of the core symptoms of autism and increase in challenging behaviors such as self-harm, anger attacks and aggression in individuals with ASD. Various neurobiological (several abnormal neurotransmitter release) and genetic (especially circadian rhythm related genes) abnormalities, comorbid medical and psychiatric problems, drug use and various ASD-related behaviors in individuals with ASD make these individuals susceptible to sleep problems. In the assessment of sleep problems, It is important to evaluate the medical conditions and medications that may cause sleeping problems, to examine the psychiatric problems in detail, and to question the behavior related to ASD. In the treatment, firstly, it is recommended to treat the underlying problems that may cause sleep problems, to establish regular sleep habits, and to start medication when necessary considering comorbid pathologies. The solution of sleep problems is associated with an increase in the quality of life of both the child and his/her family. In this presentation, sleep problems in autism spectrum disorder, and etiology, evaluation and treatment approaches of these sleep problems will be explained.

**P.15. From suspicion to treatment substance abuse disorders 1 (Panel 15)****P.15.1. Concepts and Neurobiology in Substance Abuse Disorders****Associate Professor Cüneyt Evren**

Well-supported scientific evidence shows that addiction to alcohol or drugs is a chronic brain disease that has potential for recurrence and recovery. Four behaviors that are central to the addiction cycle: impulsivity, positive reinforcement, negative reinforcement, and compulsivity. As individuals continue to misuse alcohol or other substances, progressive changes, called neuroadaptations, occur in the structure and function of the brain. These neuroadaptations compromise brain function and also drive the transition from controlled, occasional substance use to chronic misuse, which can be difficult to control. Moreover, these brain changes endure long after an individual stops using substances. They may produce continued, periodic craving for the substance that can lead to relapse. The addiction process involves a three-stage cycle: binge/intoxication, withdrawal/negative affect, and preoccupation/anticipation. This cycle becomes more severe as a person continues substance use and as it produces dramatic changes in brain function that reduce a person's ability to control his or her substance use. Disruptions in three areas of the brain are particularly important in the onset, development, and maintenance of substance use disorders: the basal ganglia, the extended amygdala, and the prefrontal cortex. These disruptions: (1) enable substance-associated cues to trigger substance seeking (i.e., they increase incentive salience); (2) reduce sensitivity of brain systems involved in the experience of pleasure or reward, and heighten activation of brain stress systems; and (3) reduce functioning of brain executive control systems, which are involved in the ability to make decisions and regulate one's actions, emotions, and impulses. These changes in the brain persist long after substance use stops. It is not yet known how much these changes may be reversed or how long that process may take. Adolescence is a critical "at-risk period" for substance use and addiction.

**P.15.2. Action mechanisms of substances, abstinence and intoxication: What should we do in emergency service?****Özhan Yalçın, Associate Professor, Lecturer, Child and Adolescent Psychiatry, M.D.****Bakırköy Research and Trainee Hospital for Psychiatry, Neurology and Neurosurgery**

Substance use is increasing and it became a major public health problem in recent years. Adolescent also tend to use polysubstances. As a result emergency room visitings due to substance use intoxication and abstinence increased over the years among adolescents. Emergency room evaluations are not restricted to psychiatric applications and also multidisciplinary medical evaluations must be organised as these substances have serious medical complications even which may cause serious morbidity and mortality. Synthetic cannabinoid use increased among adolescents and as these substances are extremely toxic for nervous and cardiac system and other peripheral organs, as a result in the recent years mortality rates increased significantly. Also except inhalant-solvents, extacy-MDMA also metamphetamine and crack use increased recently in Turkey and these substances can also induce serious psychiatric, neurological, cardiological and medical complications. Opioid use reached to pandemic levels so emergency room visits due to intoxication which may lead to mortality. Psychiatric emergency psychiatric drug choice for

serious psychiatric manifestations of substance use must be organised for the substance which had been used recently. If inappropriate drugs are chosen for psychiatric emergency findings serious morbidity and even mortality may occur. In these presentation action mechanisms of substances, intoxication and abstinence findings in the emergency room and handling strategies for these findings will be reviewed. After the emergency room visit maintenance and follow up procedures will be mentioned briefly.

## **P.16. Evaluation and Management of relatively rare clinical conditions (Panel 16)**

### **Approach to Rare Clinical Conditions**

#### **P.16.1. Selective Mutism Clinical Approach**

##### **Ümit Işık**

Selective Mutism (SM) is a childhood behavioral disorder characterized by persistent failure to speak in specific social situations despite speaking in other situations. According to the Diagnostic and Statistical Manual of Mental Disorders, lack of speech must cause interference, last at least one month, and not be due to a lack of knowledge of the relevant language. SM is relatively rare, with a prevalence of about 0.7–0.8 % in childhood, somewhat more frequent in girls and bilinguals. It is considered to be hard to treat, and both medication and psychosocial treatments have been tried. In this presentation, we will discuss current epidemiological data, additional diagnoses, etiology and treatment of SM.

#### **P.16.2. Pervasive Refusal Syndrome Clinical Approach**

##### **Semih Erden**

Pervasive refusal syndrome (PRS), is a rare but serious and able to be life threatening child psychiatric disorder that was first described by Bryan Lask and colleagues in 1991. It's characterized by refusal to eat, drink, talk, walk or self-care, and to be reluctant to do anything for themselves. It seems three times more in girls than boys and the average age of onset is early second decade.

The treatment needs long term approach and the mean recovery period continues 13 months. About

67% of cases show complete recovery. Premorbid personality is the most effective etiologic risk factor. The children who are high achievers and high conscientious and feel they cannot handle the stressful event, are under risk. Stressful events, including history of other child psychiatric disorders, early separation from the mother, parental psychiatric problems and sexual abuse, are accepted as other etiologic factors. PRS is a rare clinical condition and is not included in the standard psychiatric classification system. There is a limited knowledge about the treatment and approach of PRS.

### **P.16.3. Psychiatric Comorbidities in Children with Special Sense Disturbances**

**Necati Uzun**

Psychiatric problems in children with visual and hearing impairment make it difficult for children to be well-recognized due to their present condition, which increases both the risk of misdiagnosis and treatment and the deterioration of their daily functioning due to unrecognized psychopathologies. The clinical appearance of psychopathologies, especially ADHD, Specific Learning Strength, may vary.

### **P.16.4. Functional Abdominal Pain in Childhood**

**Fatih Hilmi Çetin**

John Apley coined the term ‘recurrent abdominal pain’ in 1985 and his definition ‘at least three attacks of abdominal pain occurring over a period of 3 months that were severe enough to affect the activities of the child’ is still valid. However, currently functional abdominal pain related to gastrointestinal diseases is classified into 4 headings according to ROMA-III criteria: functional dyspepsia, irritable intestinal syndrome, abdominal migraine, and functional abdominal pain (FAP). Among these, the most frequent one is FAP, according to ROMA-III criteria, it is defined as episodic abdominal pain that does not have organic signs-symptoms and is not explained with other diseases. In a study on school children in Sri Lanka, the frequency of FAP was found as 9,7%, irritable intestinal syndrome as 4,9%, dyspepsia as 0,6% and abdominal migraine as 1,9%. It is more common in girls and adolescents. Etiological spectrum is wide in FAP that is one of the clinical entities, in which biopsychosocial view is most significant. The important concept is visceral hypersensitivity and every factor that leads to this situation play a role in the etiology. In addition to physiological factors including mast cell dysfunction, inappropriate distribution of microbiota, insufficient gastric motility, the events that effect immunity in the early childhood such as cow milk allergy; separation anxiety, abuse-negligence, hospitalization for a long period of time are among the important psychological factors. Treatment recommendations start with feeding and other life style changes. While main pharmacological treatments include antidepressants, anti-reflux agents, antispasmodic agents, cognitive behavioral therapy and prebiotics constitute non-pharmacological treatments. There are randomized controlled trials only for amitriptyline and citalopram among antidepressants. The efficiency of cognitive behavioral therapy in the treatment of FAP has not been proved. In this presentation, it is aimed to evaluate the algorithm of the diagnosis and treatment of FAP, which is among the most frequently consulted patient groups to child psychiatric polyclinics, and to discuss possible solutions.

### **P.16.5. Functional Constipation Clinical Approach**

**Burak Açıkel**

Constipation is defined as a stiff and infrequent defecation state due to the inadequacy of the normal defecation phenomenon. Constipation is defined as a defecation of less than 3 times per week, a stiff mass of stools, and optional stool retention. Behavior problems are common, more

than 1/3, the ratio between boys and girls is close to each other. 50% are familial, 90% etiology is functional. Laxatives, dietary recommendations and behavioral methods are used in treatment. In this presentation, it is aimed to summarize the behavioral methods in the treatment of functional insufficiency.

### **P.17. From Suspicion to Treatment Substance Abuse Disorders-2 (Panel 17)**

#### **P.17.1. Toxicological Approach and Laboratory Testing on Drug Abuse: Are the Results True?**

**Prof. Serap Annette Akgür, MD, PhD**

The widespread of individual and social problems related to drug use/abuse provoked the new approaches for drug testing systems in the world. Drug testing is a complex issue which has scientific, social and economic dimensions. Alcohol and Drug-related situations are associated by legal and healthcare systems in Turkey. The main regulations on alcohol drug abuse exist in the Turkish Penal Code, Turkish Labour Law, Workplace Physicians Regulations, Transport Systems, and Medical Examination Instructions in Highway Transportation. Urine testing to monitor illicit drug use is a common practice in both the criminal justice and drug treatment settings. Within the criminal justice system, the drug testing process, coupled with immediate program responses, is believed to force offenders to confront their substance abuse problems and also serves as a deterrent to drug use.

Unfortunately there is no full application on drug testing in Turkey; there are some initial attempts to develop homogenous/ reliable regulations and applications. In general, the main stages of drug testing are application of the legal issues, specimen collection, laboratory testing and interpretation of the results. Drug testing should cover pre analytical, analytical and post analytical parts whole together. For analytical part, different methods will have different cutoff levels, which implicate the quantity of drug-positive results yielded within a particular jurisdiction. But unfortunately drug abuse, it is not stated any specific cut-off levels in for patients or for drivers and probationers in Turkey. These processes should carried out by educated and experienced persons may be inhibit the incorrectly and incompletely interpreted that; whether or not the child has used the substance at his/her request or whether or not it has been exposed to the substance.

Forensic toxicological analyzes for the purpose of diagnosis and monitoring has great importance as a concrete data for reducing access and exposure the children to addictive substances as well as the use of these substances.

As the need to screen patient on an international basis grows, so does the need to improve and identify eligible opportunities for this complicated process. The issue will also be discussed interactively to get contributions and recommendations.

**P.17.2. Forensic applications in substance use disorders of children and adolescents: Which features should we attend to?**

**Ali Evren TUFAN, Abant İzzet Baysal University Medical Faculty, Department of Child and Adolescent Psychiatry**

Substance use disorders in children and adolescents are recently gaining importance both in daily clinical practices and in research output (Mutlu et al. 2016). However, substance use disorders in youth also involve forensic processes and evaluations (i.e. Yüncü et al. 2016, Bilici et al. 2014). Those processes and evaluations may involve determining competency for criminal offenses conducted under influence of psychoactive substances, determining presence of abuse/ dependence in forensic referrals, applying treatment and evaluations in youth referred via probationary officers as well as communicating with courts about cases requiring treatment and supports under the Child Protection Act: No: 5395 (2005) among others. Forensic and clinical roles of physicians in those processes should be clearly delineated and may be confused through those processes.

This presentation will focus on forensic features, applications and processes in substance use disorders of children and adolescents experienced within the Turkish forensic system and will try to underline potentially important legal pitfalls.

Key words: substance use disorders, youth, forensic psychiatry

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**P.17.3. Are Child and Adolescent alcohol and substance abuse treatment centers close to ideal? Are we competent enough to establish them? Bakırköy and İzmir**

**Özhan Yalçın, Associate Professor, Lecturer, Child and Adolescent Psychiatry, M.D.**

**Bakırköy Research and Trainee Hospital for Psychiatry, Neurology and Neurosurgery**

Substance use is increasing and it became a major public health problem in recent years. Adolescent also tend to use polysubstances. Although there has been a little increase in the number of Child and Adolescent alcohol and substance abuse treatment centers recently in Turkey, still there has been an insufficient number of treatment centers and inpatient beds (especially for girls)

for children and adolescents with substance use disorders. In this presentation functions, treatment methods, the characteristics and sufficiency, competency of inpatient-outpatient treatment facilities for substance use treatment centers in Turkey will be reviewed and treatment processes of these centers will be mentioned. Recent problem areas, insufficient and inappropriate situations, difficult problems experienced by patients, families and mental health workers, problematic forensic and probation processes will also be described. Some suggestions for faulty areas will be discussed.

### **Enis Sargın**

Child and Adolescent Alcohol and Substance Use Disorder Treatment Centre was begun to accept patients in May, 2015 in Izmir. This is the fourth centre in Turkey. 183 adolescents were treated in inpatient care unit while 503 adolescents applied to outpatient unit of the centre up to today.

Duration of treatment is 8 weeks. Group psychotherapy, psychodrama, dance and movement therapy activities, occupational activities, creative drama, cognitive and behavioral therapy, Cigarette Alcohol Substance Addiction Treatment Programme (SAMBA) are used in addition to medical treatment in inpatient care unit. Outpatient unit is active three days in a week and adolescents may also apply to outpatient clinic without dating.

## **P.18. Border Violations Commission Action (Panel 18)**

### **P.18.1. Committee Of Border Violence In Childhood Mental Health**

#### **Handan Özek Erturan**

As child and adolescent psychiatrists, we have been working as a team for years as advocates of children, for their better functioning and psychosocial well-being throughout their life-span. As part of our profession, we believe that development of novel techniques as well as

improving utilities are of great importance. Hence, we need to determine good and evidence-based clinical practice and work in favor of these applications while assessing non-scientific methods, interventions and treatment, in turn, taking help from available regulations and legislations whenever required. As young specialists from all over the country, sadly we frequently face some non-scientific and groundless interventions and treatment procedures that cause serious harm to both children

and their families, from all aspects. We have decided to form a commission under our formal Professional Association and through this panel discussion, we have aimed to introduce our commission to you in more detail, have feedback and through your suggestions and critic, form a much more solid and strong front within this field.



### **P.18.2. The Most Common Practice On Border Violations: Neurofeedback**

**Merve Çıkılı Uytun**

Within this part of our panel discussion, we shall focus on Neurofeedback and its non-scientific and non-evidence based use within our field of child and adolescent psychiatry. Neurofeedback was defined as a superordinate term to encompass any form of biofeedback utilized to enhance brain function including EEG biofeedback and hemoencephalography training. In October 2012 the American Academy of Pediatrics report on Evidence-based Child and Adolescent Psychosocial Interventions concluded that for the Attention and Hyperactivity behavioural problems, Biofeedback was a “Level 1 Best Support” intervention. NICE ADHD Treatment Guideline includes biofeedback in other nonpharmacological approaches but is not recommended in the treatment scheme. As observed through the review of many guidelines, neurofeedback is mainly defined as a supportive therapy; while some unprofessional practitioners of this method suggest it as the “only available and conclusive treatment option”. In this part of our panel discussion, we shall try to present you some of these case samples

### **P.18.3. Using Of Neurofeedback On Child Psychiatry : Review Of Scientific Literature**

**Ferhat Yaylacı**

Within this part of our panel discussion, staying with in the framework of the previous presentation, though limited by number and time, we shall try to present to you latest available literature on neurofeedback and its use and efficacy in certain psychiatric disorders of childhood and adolescence.

Attention Deficit Hyperactivity Disorder (ADHD); To sum up, research shows that NF may be seen as a potentially promising treatment option. Besides having much lower ES than conventional stimulant treatments, some factors also limit the application of NF, that shall be elaborately reviewed along with relevant studies within the presentation.

Autistic Spectrum Disorders (ASD); With many studies conducted so far, discrepancies exist. While mostly non-beneficial on core symptoms, some studies suggest a relief in behavioral disturbances and improvement in social interaction and attention span, many others indicate otherwise. As shall be summarized within this part of the discussion, much studies have been conducted with small sample sizes as characteristics of samples vary immensely.

Intellectual Disability (ID); One study and a case report have reported beneficial results with NF. Stuttering; Based on the hypothesis of a possible low frontal wave in stutterers, two studies that assessed the efficiency of NF in stuttering shall be presented.

Elimination disorders; No study was found assessing the effect of NF on encopresis, while no significant improvement with use of NF was established in enuresis, as a review of 3 studies in literature.

**P.18.4. Legal Regulations Regarding Professional Violations, What Can We Do Legally?****Alperen Bıkmazer**

Sample cases regarding professional violations within the field of child and adolescent psychiatry has been increasing lately. As psychiatric disorders are mainly of chronic nature, treatment of these disorders has long been a major concern for families and in turn, leave the mand those demanding treatment prone to non-scientific and ungrounded practice as well as manipulation of alls orts. Pharmacologic treatment of psychiatric disorders is specifically an issue raising social prejudice and non-grounded beliefs of severe and unproven side-effects, in turn, causing families to search for alternative treatment options that might be leading to harmful and insufficient theories that are not evidence-based. Lately, application of some of thesetheoriesandmodalitieshavebeen on the rise and overall, might prolong the effective and efficient treatment process of psychiatric disorders, creating un favorable morbidities through the course. Professional violations and breaches have not been effectively limited and prohibited effectively by clear legislations and legal regulations. In daily pratice, we frequently observe the breach of informative content within the 15th item of Patient Rights Ordinance as well as violation of 4G and 5L items of Turkish Medical Association Disciplinary Legislation. Within this part of the panel discussion, we would like to look further into legal regulations and to the question what we can do legally.

**P.20. Child and Adolescent Psychiatry Services in Neighbourhood Countries and Brother Nations and The Role of Our Country in the Development of These Services****(Panel 20)****P.20.1. Child and adolescent psychiatry in Bosnia and Herzegovina****Dr.Sabina Kućukalić****Clinical Centre University of Sarajevo Department of Psychiatry**

According to data from the World Health organization from 2014. in Bosnia and Herzegovina on 100.000 citizens they were 4 psychiatrist. If we compare it with one of our neighbouring countries, for example Croatia, who has 10,25 psychiatrist on 100.000 citizens we can observe a big deficiency in this profession. This number was not counted for child and adolescent psychiatrist but regarding to current situation in our country this number would be devastating. Some scientists are talking about a „collapse of child and adolescent psychiatrist“ because not only in our country we can observe a lack of professionals, in other countries this has been reported as well.

Child and adolescent psychiatry in Bosnia and Herzegovina exists for more then fifty years. Our little patients with psyhiatric symptoms in Bosnia and Herzegovina are usually treated on clinics, because on primary levels of health care we still didnt establish treatment options. Until now two deparments for child and adolescent psychiatry exist in Bosnia and Herzegovina. Patients are treated through ambulants, a day hospital and stacionary. Specialists, doctors that work in this departments are primary general psychiatrists and are additionally educated to become child and adolescent psychiatrist. No official residency to become a child and adolescent psychiatrist exists.

The first center is Sarajevo. This department has a capacity for treatment of 20 children with different psychiatric issues. We lack in professionals since only 2 psychiatrist and one psychologist are employed in this department, which is definitely not enough to fulfill adequately all needs that our little patients have. We function as a part of the Department of Psychiatry at the Clinical Centre University of Sarajevo, which is focused on treatment and prevention of adults with psychiatric disorders. Regarding to data from our study patients have reported that they would rather be treated in a unique environment for children and adolescents. In this study actually we saw that this does extend the time to treatment initiation.

In Banja Luka another department exists. It as well is a part of the Department of Psychiatry at the Clinical Centre Banja Luka. This ward treats children and adolescents with psychiatric disorders, but invests a lot of time in primary and secondary prevention through hospital and outpatient activities. They work as a team and the department is organized as a therapeutic community.

In Tuzla two of our colleagues are working with children and adolescents but mostly through ambulant care. They are now in the phase of searching for investors to get financial support for renovations, so we are hoping that we are going to have one more department.

We can conclude that child and adolescent psychiatry exists for a long period in our country. The primary place of treatment are still highly sophisticated clinics that treat children and adults together. This fact often presents a barrier for treatment seeking. Professionals for child and adolescent psychiatry are deficitary in Bosnia and Herzegovina. It is time for concrete steps how to solve this issue which can become a big problem in healthcare if we not react on time. It is very important for us to be included in research and projects from which we can draw new findings and investment options.

### **P.20.2. Child And Adolescent Psychiatry in Albania**

**Valbona Alikaj, MD., Assoc. Prof. Child and Adolescent Psychiatrist, Faculty of Medicine, University of Medicine University Hospital Center "Mother Teresa", Tirana, Albania**

The field of child and adolescent psychiatry has undergone significant developments over the last decades, but this progress has not been uniform in all areas of the globe (Rahman A. & Kieling Ch., 2015). The study of mental health of children and adolescents is relatively a new field and despite the widespread recognition of the importance of mental health promotion and prevention in children and adolescents, there is an enormous gap between needs and resources' availability (Belfer 2008). This is the case of Albania, where there is a clear evidence of the scarcity of child and adolescent psychiatrists, lack of services provided and the need of child and adolescent psychiatrists is greater than it is in mental health in general.

In Albania there is only one inpatient service for children/adolescents with mental health problems. The University Child and Adolescent Psychiatry Service in Tirana, offers many state of the art services in place, including assessment and evaluation, diagnostics, treatment and academic training. The first generation on Child and Adolescent Psychiatry training started on 2003, when it was developed the curricula of the residency program based on standards from European Union of

Medical Specialists (UEMS). Actually there are about fifteen graduated child and adolescent psychiatrists, but not all of them work on the field.

It is imperative for us that those already existing small international collaborations to be extended through new scientific connections. In the light of urgency we have to improve our local capacities, we have to seek for new opportunities and also benefit from the collaboration with our counterparts in our region, given the fact that we all have similar problems and similar resources. Research plays a crucial role in defining the local needs, assessing the required cultural adaptation strategies, evaluating already implemented actions, identifying potential barriers and monitoring results (Thornicroft & al., 2012). Evidence-based data is almost missing in our country; therefore dissemination of scientific research plays a very important role in the development and implementation of evidence based health policies and practices such as those proposed by the World Health Organization – mhGAP (Mental Health Gap Action Programme) guidelines.

In conclusion, I hope that in collaboration with our counterparts, the field of child mental health in Albania will take a turn for the development and implementation of immediate and long term strategies.

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#### **P.20.3. Child and Adolescent Mental Health in Kosova.**

##### **Prof. Mimoza Shahini University Clinical Center of Kosova Mitrovica University “ Isa Boletini”**

Kosovo lacked adequate public health data on the child and adolescent mental health needs prior to the conflict. After air strikes rural health houses, which are clinics providing a combination of primary health care and regular specialist outpatient clinics, reported seeing two to three children with serious psychological difficulties each day. Many of these children had had psychological difficulties of some kind prior to the period of conflict. Approximately 55 % of the total population in Kosovo is under 19 years of age (Albanian health survey report., 1999).

Mental health services that only address traumatic stress may fail to meet the needs of war-affected children. A comprehensive, culturally appropriate child and adolescent mental health service is needed to address a wide range of problems including learning disability. It should be developed through local actors, and build on already established local infrastructure. Services can also play an educational role in depathologising normative responses.

Research data from a variety of conflict areas suggests that the majority of children exposed to traumatic events do not develop lasting traumatic reactions, (Perrin, Smith & Yule, 2000), and that many recover spontaneously (Thabet & Vostanis, 2000). General mental health problems and disabling psychiatric conditions may not receive the attention they deserve, if the focus is on the identification of acute stress reactions (Jones, 2000; Silove, Ekblad & Mollica, 2000).

Immediate aftermath of NATO air strikes, a locally led child and adolescent psychiatric service was established in Kosova. The project grew out of an emergency mental health program established for children during the conflict in 1998 by a non-governmental organization (NGO), Child Advocacy International (CAI). The collaboration with international organizations has been a key of success in Kosova to establish a Child and Adolescent Services and the Training Program in Child and Adolescent Psychiatry.

As a conclusion of the work done in Kosova after the war ended we think the development of a sustainable, community based child and adolescent mental health service that attempts to address the full range of mental health problems, may be a more appropriate humanitarian intervention than a psycho-trauma service that focuses on a single diagnosis.

## **P.21. Resident Training in CAP What is the actually envisioned training?(Panel 21)**

### **P.21.1. What Is The Actually Envisioned Training? How Can Problems Be Solved?**

**Helin Yılmaz, Ege University Medicine Faculty, Department of Child and Adolescent Psychiatry**

**Esen Yıldırım Demirdöğen, Atatürk University Medicine Faculty, Department of Child and Adolescent Psychiatry**

The specialty of child and adolescent psychiatry has interdisciplinary nature which requires to integrate with knowledge that include mental, physical and social issues. When we look at the scientific content of the field of specialization of Child and Adolescent Psychiatry, it is biological science in terms of examining developmental characteristics of genetic, physiological, biochemical, neuroendocrine build. It is a "human knowledge" that examines inter-human relationships and forms of interaction and a "society knowledge" examines attitudes towards raising children, familial and environmental factors. In addition, it is a 'preventive medicine knowledge' in which the psychological problems are addressed and corrected in childhood without becoming chronic, and the necessary measures are taken to raise healthy individuals.

The resident training includes diagnosis, follow-up and treatment of psychiatric conditions defined in current international psychiatric classification systems. It requires working with children, adolescents, families and institutions related children.

The aim of resident training is to acquire the necessary and sufficient knowledge and skills to trainees to diagnose, treatment and prevent mental disorders in children and adolescents. The targets are:

- a. To standardize and raise the resident education
- b. To provide quality control in ongoing training

c. To encourage participation in continuing medical education and promoting lifelong learning by supervising.

However, there are some problems in the resident training process that prevent these goals from being achieved. In this presentation, we are going to mention and discuss protocols about educational standardisation of Child and Adolescence Psychiatry in Turkey. In addition to evaluate common problems in resident training in our country, we prepared a questionnaire that will be filled in by the residents. We are going to present these problems and possible solution suggestions.

## **P.22. Integrated Approach to OCD (Panel 22)**

### **P.22.1. Phenomenology of Obsessive Compulsive Disorder (OCD)**

**Zeynep Vatansever Pinar**

Obsessive Compulsive Disorder (OCD) is one of the psychiatric disorders which is the symptom of recurrent obsessions or compulsions sufficiently severe to cause marked distress to the patients. The obsessions or compulsions are time consuming and interfere significantly with patient's normal routine, occupational functioning usual social activities or relationships. Even after combined treatment strategies including pharmacotherapy and cognitive behavioral therapy (CBT), a significant percentage of patients with obsessive-compulsive disorder (OCD) fail to experience a satisfactory response. Because of highly heterogeneous nature of in terms of phenomenological properties, the relationship between phenomenological heterogeneity and response to treatment has increasingly aroused interest of OCD's epidemiology and fenomonology is important to understood.

### **P.22.2. Cognitive-Behavioral Therapy in Obsessive Compulsive Disorder**

**Associate Professor Nursu Çakın Memik**

Obsessive-compulsive disorder (OCD) is a heterogeneous disorder characterized by the presence of obsessions and/or compulsions that consume time or significantly interfere the patients'; daily routines, work, family or social life and causing marked distress. The effectiveness of cognitive-behavioral therapy in obsessive-compulsive disorder is well known. In this presentation I would like to give knowledge about using cognitive-behavioral therapy in the

treatment of obsessive-compulsive disorder and also I would like to discuss the strategies of cognitive-behavioral therapy in the treatment of obsessive-compulsive disorder just like exposure and response prevention exercises.

### **P.22.3. Cognitive Behavioral Therapy Approach on an Adolescent Patient with Obsessive Compulsive Disorder**

**Hatice Ünver**

Obsessive compulsive disorder (OCD) is a neurobehavioral condition that can be treated effectively. Cognitive behavioral therapy is an empirically supported treatment for pediatric OCD. This presentation includes cognitive behavioral therapy applied to an adolescent patient with obsessive-compulsive disorder. The patient was 15 year-old girl. She followed up psychiatric inpatient for and out patient services approximately two years. First she started to wash her hands for many times and after she started to avoid eating because of thought of dirtiness. She lost weight because of her compulsions. A cognitive behavioral therapy was applied to her regularly. Psychoeducation, exposure and response prevention, cognitive restructuring techniques were used.

### **P.22.4. Psychopharmacologic Treatment Approach in OCD and OCD with Poor Insight in Child and Adolescents**

**İrem Damla Çimen**

Obsessive-compulsive disorder's (OCD) prevalence in child and adolescents is 0.5-3%. This disorder leads to substantial impairment in daily functioning of patients and causes intense distress. In OCD's pharmacological treatment fluoxetine, sertraline and fluvoxamine as selective serotonin reuptake inhibitor (SSRI) and clomipramine as non-selective serotonin reuptake inhibitor have approval of United States Food and Drug Administration for child and adolescents. Although clomipramine is the gold standard pharmacological treatment in OCD, it is not preferred as the first line treatment because of side effects and need to follow up with electrocardiography. It is recommended for the first line treatment in mild to moderate OCD is Cognitive Behavioral Therapy (CBT), but in severe OCD cases, it is recommended to support CBT with SSRI. If child and adolescents do not respond to these treatments, an augmentation therapy is recommended. In this augmentation therapy, mostly atypical antipsychotics like risperidone, olanzapine, aripiprazole, benzodiazepine or another type of SSRI should be used besides SSRIs. In this panel presentation, pharmacologic treatment approaches to OCD and OCD with poor insight in child and adolescents will be reviewed in the light of recent literature knowledge.

### **P.23. New & Popular Internet Related Addictions in Adolescence (Panel 23)**

**M.D., Professor. Birim Günay Kılıç (Moderator)**

In the last decade, using internet sites has grown and become an integral part of daily routine also for adolescents. Internet addiction has been defined as a failure to regulate usage, which leads to negative personal outcomes including neglect of personal life, mental preoccupation, escapism, mood modifying experiences, tolerance and concealing addictive behavior. While it is true that all internet sites serve a similar purpose – information and sharing .- the specific features of each one are varied so that SNS addict may differ from the game or WA addiction.

In this part of the panel, we will address the definitions of internet related behavioral addictions.

### **P.23.1. General internet addiction**

#### **Mehmet Sertçelik**

Internet addiction (IA), also described as problematic or pathological Internet use, is characterized by loss of control regarding Internet use, and shares many aspects of substance addiction such as preoccupation, mood modification, tolerance, withdrawal, distress and functional impairments. With the increasing number of Internet users, IA is becoming an important mental health issue worldwide. To date the patho-physiological and cognitive mechanisms responsible for IA have been addressed by many researchers.

In this panel we will address the topics about IA in adolescence according to:

1. Profiles of altered sociability in adolescents with IA
2. Neurobiological and psychosocial features of IA in adolescence

### **P.23.2. Internet gaming disorder**

#### **Fatma Hulya Çakmak**

Over the past decade, an increasing amount of research has been published regarding Internet Gaming Disorder, and related psychopathologies (IGD) and Internet Gaming Disorder (IGD) was included in section III of the Diagnostic and Statistical Manual of Mental Disorders (5th Ed.,DSM-5). The clinical diagnosis of IGD comprises a cognitive and behavioral pattern encompassing the persistent and recurrent use of Internet games, leading to significant impairment or distress over a period of 12 months as indicated by endorsing five or more out of nine criteria. The nine criteria for IGD include: 1) preoccupation; 2) withdrawal symptoms; 3) tolerance; 4) unsuccessful attempts to control; 5) loss of interest in previous hobbies and entertainment; 6) continued excessive use of Internet games despite knowledge of problems; 7) deceiving family members, therapists, or others regarding the amount of time spent participating in Internet gaming; 8) use of Internet games to escape or relieve negative moods; and 9) jeopardizing or losing a significant relationship, job, or education or career opportunity because of participation in Internet games. There are a few studies about comorbidity and prevalence of this new type addiction in adolescents.

In this panel, we want to review recent relevant findings of epidemiological, clinical, family history, course, and treatment-response differences that can aid the differential diagnosis of IGD and comorbidity in child and adolescent psychiatry clinics.



**P.23.3. Social Network Sites, Smartphone, and Whatsapp Addictions****Hesna Gül**

The use of social networking sites (SNSs) like Facebook, Twitter, and Instagram has quickly become ubiquitous in recent years, in particular among adolescents and young adults. Excess engagement in SNS use has been linked to a variety of impairments in psychosocial functioning, including an increase in internalizing problems, depressive symptoms, and difficulties with relationships, and reduced physical activity, real life community participation, and academic achievement. Comparison of uses and gratifications research reveals that the most popular motives for SNS use are relationship maintenance, passing time, entertainment, and companionship. These motivations may be related to addiction through use that is habitual, excessive or motivated by a desire for mood alteration. In the first part of the panel we want to review recent relevant findings of uses and abuses of SNSs, and related psychopathologies in adolescents.

In the second part of the panel, we will address another type of addiction behavior related with smartphone usage: Whatsapp As known, among the various mobile applications, WA is the most popular, with over 600 million active users. Any mobile phone number can be used to register as a WA user, and after successful registration, the WA user can send or receive messages to and from other WA users. WA differs from traditional applications available for mobile phones in a variety of ways. First, it utilizes Internet connectivity to send and receive text messages, audio, videos, and photos, while traditional IMs utilize the mobile phone network to process content. Second, WA operations are based purely on Internet connectivity; therefore, WA users do not pay any usage fee, except for the normal cost of Internet data usage. WhatsApp (WA) is most popular among 16-18-year-old adolescent users, and an increasing number of adolescents are already shifting from Facebook to WA. We want to review recent relevant findings of uses and abuses of WA, and related psychopathologies including sleep problems, sexting, impulsivity etc.in the light of researches.

**P.24. Infant and Toddler mental health-Discussions on recent data (Panel 24)****P.24.1. Toddler psychiatry: 11-year follow-up****Koray Karabekiroglu**

Early childhood is the most critical period in lifetime in terms of social, emotional, and behavioral development. The stress factors, biosocial problems and the psychiatric morbidity in early years may predict psychiatric morbidity in longterm e.g, adolescence and adulthood. In this presentation we aimed to present our findings based on a study that we aimed to determine the predictive factors for psychiatric problem severity and/or clinical approval 11 years after first assessment between ages 1-4 years. In addition, we aimed to compare mothers and fathers in terms of 11-year follow-up predictive value of their psychiatric complaints of their young children. The children that were assessed with the Child Behavior Checklist (CBCL) (mothers) and the Brief Infant and Toddler Social Emotional Assessment (BITSEA) (mothers and fathers) in their 1-4 years of age were included. Among the caregivers that we could get into touch (n:139), 83.5% of them accepted (n:116) to participate. The CBCL-Internalizing scores in toddlerhood were found to be

significantly inversely correlated with social ( $r: -.31$ ) and behavioral ( $r: .28$ ) functioning level and self-esteem ( $r: -.30$ ) scores ( $p < 0.01$ ). The paternal and maternal BITSEA-Competence scores were found to be positively correlated with social ( $r: .42, .36$ ) and academic ( $r: .28, .26$ ) functioning 11 years later ( $p < 0.01$ ). The children that were diagnosed with any psychiatric disorder in last 10 years ( $n: 35$ ) had worse scores on Maternal BITSEA-Competence ( $p: .002$ ), Paternal BITSEA-Problem ( $p: .02$ ), Paternal BITSEA-Competence ( $p: .01$ ), CBCL-social withdrawal ( $p: .007$ ), CBCL-sleep problems ( $p: .05$ ), and CBCL-Internalizing ( $p: .03$ ) in toddlerhood compared to the children without any diagnosis ( $n: 81$ ). We conclude that the widespread use of this assessment measures in toddlers and the referral of the group under risk to the psychiatry units for further investigations could be useful preventive interventions.

### **P.24.2. Child psychiatry clinic referrals in early childhood**

#### **Berkan Şahin**

The first 2-3 years of life in all areas of functioning (e.g. emotional, language, cognitive and sensory) are essential for healthy development. It is envisaged that the early identification, and treatment of symptoms of mental disorders will affect the mental health of the individual in the long term positively. Early childhood (12 to 18 months - 36 to 48 months) has been expressed as a "critical period" in every psychiatric theory. Most of the behavioral problems in child tend to increase from infancy to childhood. Longitudinal studies show that 50-60% of children at 3-4 years of age with disruptive behavior disorders continue to have these problems during school ages. Inadequate family care in early childhood may predict childhood and adolescent behavior problems and antisocial behavior. Studies showing that these inadequate care may make morphological changes in brain structure at 20 years of age suggest that especially boys are more fragile. Often in the young age group, just evaluating the child can be an intervention in the treatment. It is important to identify risk factors for early childhood mental health due to high behavioral problems. It appears to be important factors about this issue such as, low level of socioeconomic level, low education level of mother, inadequate sensitivity towards child, biological characteristics of child (micturition, intelligence, sociability, regulation), widespread use of strict and punitive disciplinary methods, depressive symptoms in parents. In this context, data of a total of 669 children consisting of 207 children who applied to our clinic and 462 community samples prepared for comparison will be presented. This information will be highlighted in the revised and published Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood (DC: 0-5) classification in 2016, the reasons for these changes and the importance for clinicians.

### **P.24.3. The Importance of Father in Infant Mental Health**

#### **Zehra Babadagi**

Ever since Lamb, fathers have been regarded as people with a forgotten contribution to child development. Phares and Compas reported that only mothers were considered in more than half of the literature, and that the remaining half contained material concerning the father but felt no need

to state how different the effects involved were. However, all children are born from two biological parents, and In another study, paternal support was reported to be associated with introversion problems and the severity there of and paternal support was observed to be more effective in reducing extraversion problems in the child than paternal control behavior. Kochanska et al reported that fathers' Agreeableness, Openness, and Extraversion related to the relationship with the infants temperament (joy, fear, anger, and attention). Hanington et al reported that father to child effects were significant only in male children. The purpose of this presentation is to focus on the fathers direct and indirect effects on the infants. In summary, the involvement of the fathers personality, temperament, psychopathology, attitudes affect infant development and mental health. In this presentation, the effects of the direct and indirect of the father on the mental health of the infant will be discussed in the light of the literature.

#### **P.24.4. Social factors related to social/emotional problems in early childhood stage**

##### **Neriman Kesim**

Early childhood stage is considered as a critical period for psychiatric morbidity development. Besides biological and genetic reasons, social risk factors can also have a significant effect on psychiatric morbidity. Social factors may have different impact on morbidity, depending on the culture or geography. In this panel, a study of 2775 case participants represents the whole Turkey sample, which were evaluated in terms of mental health, socioeconomic status, home environment, geographical region etc. will be presented. Relations between social emotional problems and social emotional problems and comparative results of these findings with those of other populations will be discussed.

#### **P.25. Peer Bullying (Panel 25)**

##### **P.25.1. Nature, Common Forms and Characteristics of Peer Bullying**

##### **Ibrahim Adak**

Bullying is defined as aggressive behavior that is repetitive and intentional in which a power differential exists between the victim and bully. During the school years, bullying is one of the most common expressions of violence. In this presentation, we will talk about the nature of the problem, epidemiology, common forms, characteristics of children who bully and are bullied.

##### **P.25.2. Clinical Evaluation and Effects of Peer Bullying**

##### **Ilyas Kaya**

Bullying is defined as aggressive behavior that is repetitive and intentional in which a power differential exists between the victim and bully. During the school years, bullying is one of the most common expressions of violence. It has concurrent and long-term negative effects on victims'

psychological, psychosomatic, social and academic functioning. In this presentation, we will talk about the clinical evaluation of bullying and its effects on victims' functioning.

### **P.25.3. Relation of Peer Bullying and Autism Spectrum Disorder**

**Yagmur Gunduz**

Bullying is defined as aggressive behavior that is repetitive and intentional in which a power differential exists between the victim and bully. During the school years, bullying is one of the most common expressions of violence. Youth with psychiatric disorders such as autism, anxiety disorders, depression are at increased risk for being bullied. In this presentation, we will talk about the rates of being bully or being victim of peer bullying among children and adolescents diagnosed with autism spectrum disorder (ASD), its relations with sociodemographic characteristics and comorbid psychiatric disorders.

### **P.26. Anxiety, Obsessive Compulsive and Posttraumatic Stress Disorders in Preschool Age: Difficulties in Preschool Age, Difficulties in Diagnosis & New Treatments (Panel 26)**

#### **P.26.1. Preschool Anxiety Disorders: Difficulties In Diagnosis&New Treatments**

**Mahmut Cem Tarakçıoğlu**

Anxiety disorders had been described well in children, adolescents and adults but in preschool age diagnosis and validity of anxiety disorders have been questionable. The main problem in this area is; children in preschool age have not adequate expressive language skills and diagnostic criterias have designed for older children. Despite of all difficulties, early detection of anxiety and intervention is critical for preventive community health policy. Cognitive behavioral therapy (CBT) is the most common and studied psychotherapy but because of inadequate number of CBT-certificated-therapist and high cost of CBT most of patients have not reached to CBT. In recent years computer based CBT programmes and parent books written by according to CBT principals "bibliotherapy" have grown rapidly for easier way to reach CBT.

In this presentation, difficulties in diagnosis and new treatments of preschool anxiety disorders will be reviewed through the perspective of new studies in this field.

#### **P.26.2. Preschool Obsessive Compulsive Disorders: Difficulties In Diagnosis&New Treatments**

**M. Tayyib Kadak**

The prevalence of OCD in children and adolescents ranges from 1 to 3%. Childhood OCD can become intolerable and causes many problems in social, academic and family functioning. OCD is frequently seen in the pre-school period. Especially early onset OCD has a high familial risk and is reported to correlate with familial heritage and age. In addition to genetic factors, family factors

such as family dynamics and family functioning are important in the development of OCD. In this presentation, the difficulties in diagnosing OCD seen in pre-school children, the validity of diagnostic criteria, the importance of differentiating between obsessive and compulsive disorders seen in differential diagnosis and the innovations in therapy will be discussed.

### **P.26.3. Preschool Posttraumatic Stress Disorder: Difficulties In Diagnosis&New Treatments**

**Alperen Bıkmazer**

The prevalence of Posttraumatic Stress Disorder in preschool children was 0,1 according to DSM-III criteria and this is below the rate of adults and rate of adolescents. Speculations from these data include that young children may be exposed to trauma less often, they may be more resilient to trauma, or the criteria for PTSD may be inadequate for young children. Because of abstract thought and verbal expression capacities limitation, research has shown that the criteria need to be more behaviorally and developmentally sensitive to detect PTSD in preschool children and alternative criteria were proposed. With alternative criteria the rate of Posttraumatic Stress Disorder increased in traumatized children.

In the light of these developments, the DSM-5 includes a new developmental subtype of PTSD called "Posttraumatic Stress Disorder in preschool children" and a separate set of diagnostic criteria was established. Young children may have difficulty expressing the acute effects of trauma, and acute reactions may not be known if there is not a parent with the child during the trauma. The most obvious changes are seen in avoidance symptoms in preschool children. It is often difficult to detect avoidance symptoms that are internalizing symptoms and it may be necessary to focus on behaviors than cognitions and emotions. In hyperarousal symptom cluster, a number of changes have been made, such as "temper tantrums".

Cognitive behavioral therapies and game therapies may be used in the treatment of PTSD in preschool children. In addition, Eye Movement Desensitization and Reprocessing (EMDR) may also be effective with developmentally appropriate methods.

### **P.27. Genetic Aspects of ASD(Panel 27)**

#### **P.27.1. Autism Spectrum Disorder in the Genetic Clinic**

**Hande Kaymakçalan Çelebiler**

Autism is one of the most heritable neurodevelopmental disorders known, has a strong genetic basis with a complex inheritance pattern. Today it is possible to find a genetic cause in 30-40% of cases. (Ref 1) New emerging genomic technologies are beginning to increase the yield to over 50%. Among these technologies researches in whole exome sequencing take the lead. One such research is being done at Yale University neurogenetics department on patients with consanguineous parents coming from all over the world.

Literally hundreds of autism genes have been identified and these discoveries are critical as the autism therapies move forward and with gene therapy on the horizon. Using targeted therapies for specific identified causes of autism will improve outcomes and reduce adverse side effects. (Ref 2)

With these developments in mind every child with ASD diagnosis deserves a clinical genetic evaluation regardless of looking dysmorphic or not.( Ref3) Finding the etiology can be helpful in many ways. Some examples are ; giving recurrence risk information, anticipation of a later associated co-morbid condition, prevention of secondary disorders ( example:PTEN mutations,1q21.1 ), prenatal diagnosis, access to syndrome specific support groups, the reassurance of knowing 'why' in relieving the stress of the unknown and the possibility of a specific treatment strategy, should one be available or developed in the future.( Ref 4)

As a conclusion, pediatric and adolescent psychiatrists, pediatric geneticists and molecular geneticists should work together since the identification of a genetic cause in ASD is the first step in 'personalized medicine' for these patients.

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## **P.27.2. Speed Up Genetic Research To Understand Autism**

### **Adife Gülhan Ercan Şençiçek**

Autism spectrum disorder (ASD) is a highly complex neurodevelopmental syndrome caused by both genetic and environmental factors. It has been recognized as highly heritable, estimated as 56% to 95% [1] and the prevalence in the US is as high as 1 in 68 children [2]. The whole exome sequencing studies confirmed the extensive locus heterogeneity, involving approximately 500 to 1000 risk genes which were strongly represented in synaptic function, chromatin modification, targets of fragile X mental retardation proteins, and early embryonic development [3,4,5]. These and other studies have highlighted the importance of rare mutations, including copy number variants [6,7], de novo point mutations [4,5,8,9] and recessive and compound heterozygote variants [10,11]. While the majority of these efforts have focused on large cohorts of outbred populations, several groups, including our own, have simultaneously focused on homozygosity mapping in inbred pedigrees [12,13,14]. These efforts have successfully identified highly penetrant rare recessive forms of ASD, illuminated unexpected biological mechanisms and, in some cases, pointed to novel treatment approaches [14]. Development of novel biological interventions will depend upon the successful translation of basic biology into effective and safe

treatments and tools. However, drug treatments are often used to targeting only behavioral problems such as aggression, anxiety and depression. Although most genetic findings would not effectively target the core social or language pathologies present in every child with ASD, they might nonetheless have potential benefits for the patients and their family. Genetic testing could be offered to families for autism diagnosis, care or even family planning.

In conclusion, a new generation of more effective treatments will require a far deeper understanding of the pathobiology of ASD. Therefore, successful gene discovery efforts will advance the understanding of molecular mechanisms underpinning ASD cases and will lay the foundation for the development of novel, rational, and more efficacious treatments.

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### **P.27.3. Genetic counselling in autism spectrum disorder**

#### **Muhammed Mehtar**

Autism spectrum disorders (ASD) and other psychiatric disorders are increasingly recognised for their multifactorial aetiology. lately, researches have been widely performed on genetics and hereditary aspects of ASD with almost 50% to 95% of cases (1) being recognised to be hereditary with an increasing prevalence of 1 in 68 children (2) ASD in a neurodevelopmental disorder with persistent deficits in social communication and interaction across contexts with restricted, repetitive patterns of behavior, interests or activities (DSM V reference). High comorbid psychiatric disorder rate has been identified with ASD. ADHD and Bipolar disorders are both known to have high genetic and hereditary aspects as well. At our outpatient clinic, two brothers of 15 and 16 years of age were diagnosed with ASD while the youngest having comorbid ADHD and anxiety disorder and the eldest with comorbid ADHA and bipolar II disorder according to DSM V criteria. their family history revealed their mother and grand father (mother's father) to have a diagnosis of bipolar disorder and ADHD. their parents were also first degree cousins. treatment modalities were quite challenging due to the impairment level induced by comorbid conditions.

The high risk of hereditary revealed by their family history indicated the need of genetic counselling to assess their phenotypical variation and genetic analysis to more understand the biological mechanism behind the wide clusters of symptoms. Treatment modalities of ASD have multiple challenges already; the understanding of the molecular and genetical aspects of these disorders would lead to better acknowledgement of the phenotypes in familial ASD and exertion of more target specific treatment intervention modalities.

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## **P.28. Psychotherapeutic Technics in Eating Disorders: A practical view (Panel 28)**

### **P.28.1. Cognitive and Behavioral Approaches in Childhood Obesity Treatment**

**Yusuf Öztürk**

Pediatric or childhood obesity is a growing global epidemic that requires attention due to the burden placed on the health-care system. Obesity in childhood has severe somatic and psychosocial consequences in the short and long term. The importance of effective development strategies on childhood obesity treatment has been emphasized in the various expert reports and evidence-based guidelines published in the international arena in recent years. When we look at psychosocial and behavioral treatment of obesity, all of the evidence-based clinical guidelines have concluded that treatment programs should be multi-component, targeting changes in diet, physical activity and sedentary behavior (in particular TV viewing and other forms of screen-based media use). The use of behavioral change strategies is recommended consistently in evidence-based guidance on treatment and these should be family-based, age appropriate, and tailored to individual needs.

### **P.28.1. Endocrine and Non-Endocrine Causes of Childhood Obesity with Frequent Psychiatric Problem**

**Prof.Dr.Ayhan Abacı**

Dokuz Eylül University, Faculty of Medicine, Department of Pediatric Endocrinology, İzmir/Turkey

Obesity in childhood and adolescence is an important public health problem with an increasing incidence and prevalence worldwide. Its prevalence has increased significantly in recent years. More than 1.1 billion adults and 10% children are reported as overweight or obese. Childhood obesity is now being rightly referred to as a global epidemic and World Health Organization (WHO) estimates that by 2015, approximately 2.3 billion adults will be overweight and more than 700 million children and adolescents will be obese. The prevalence of obesity is highest among specific ethnic groups. According to the data from American National Health and Nutrition Examination Survey (NHANES), prevalences of overweight and obesity are significantly increased between 1999-2000 and 2011-2012 (13.9% and 28.5% & %16,9 and %31,8). In European countries, 30% of all children and 25% of children aged 7-11 years are reported to be overweight and obese. In Turkey, according to the results of prevalence studies including different regions of the country, the prevalence of overweight is 8.4-22.2% and prevalence of obesity is 1.6-12.5%.

### **Defining of childhood Obesity**

When defining and evaluating obesity in children and adolescents, a number of different indexes and measurements including body mass index (BMI), relative weight, waist circumference and skin fold thickness are being used. Reference values for these indexes and measurements vary according to age, sex, race and ethnicity. These ethnic differences result in different definitions, cut-off values and prevalence ratios for childhood obesity among different countries. BMI is the

mostly used indirect index to determine of overweight and obesity status of childhood. The Center for Disease Control and Prevention (CDC) defined overweight as at or above the 95<sup>th</sup> percentile of BMI for age and “at risk for overweight” as between 85<sup>th</sup> to 95<sup>th</sup> percentile of BMI for age. European researchers classified overweight as at or above 85<sup>th</sup> percentile and obesity as at or above 95<sup>th</sup> percentile of BMI.

### **Causes of Childhood Obesity**

The etiological factors for childhood are extremely complex. Many factors, including genetics (monogenic and syndromic), metabolism, lifestyle, psychosocial and emotional distress, perinatal factors, catch-up growth, birth size, breast-feeding status, antibiotic use, environmental chemicals, microbiota and eating habits are believed to play a role in the development of obesity. Eating behaviors in children and risk of childhood obesity have been shown to be associated with parental feeding styles, stress, and depression. However, more than 90% of cases are idiopathic (exogenous); less than 10% are associated with hormonal or genetic (syndromic and monogenic) causes. It is widely accepted that increase in obesity results from an imbalance between energy intake and expenditure, with an increase in positive energy balance being closely associated with the lifestyle adopted and the dietary intake preferences. Childhood obesity may be seen in a number of endocrine conditions and mental retardation. The causes of childhood obesity were defined below.

#### **I. Idiopathic (exogenous) (%90)**

#### **II. Endocrine** [Cushing syndrome (endogen or exogenous), hypothyroidism, growth hormone deficiency, etc)

#### **III. Syndromic obesity**

There are about 30 Mendelian disorders in which obesity is a clinical feature, often associated with mental retardation, dysmorphic features, and organ-specific developmental abnormalities.

- Prader willi syndrome
- Alstrom Syndrome
- Cohen Syndrome
- Bardet-Biedl Syndrome
- Borjeson-Forssman-Lehmann Syndrome
  - Fragile X Syndrome
- Albright Hereditary Osteodystrophy

#### **IV. Monogenic obesity (<%1)**

- Congenital Leptin Deficiency
- Leptin Receptor Deficiency

- POMC Deficiency
- Melanocortin 4 Receptor Deficiency
- Prohormone Convertase 1 Deficiency

**V. Psychological**

- Depression
- Eating disorders (binge eating disorder and night eating disorder)

**VI. Drug induced**

- Tricyclic antidepressants
- Glucocorticoids
- Antipsychotic drugs
- Antiepileptic drugs
- Sulfonylureas
- Hypothalamic causes

**VII. Tumor**

- After brain surgery/radiation (craniopharyngioma)
- ROHHAD/ROHHADNET syndrome

**VIII. Neurologic**

- Brain injury
- Brain tumor
- After cranial irradiation
- Hypothalamic obesity

**Comorbidities of Childhood Obesity**

**Medical consequences**

Childhood obesity has been linked to numerous medical conditions. These conditions include;

- High blood pressure and dyslipidemia, which are risk factors for cardiovascular disease.
- Increased risk of impaired glucose tolerance, insulin resistance, and type 2 diabetes.
- Breathing problems, such as asthma and obstructive sleep apnea.

- Orthopedic problems (joint problems and musculoskeletal discomfort).
- Non-alcoholic fatty liver disease, gallstones, and gastro-esophageal reflux
- Skin conditions,
- Menstrual abnormalities

### **Psychological problems**

Psychosocial consequences of childhood obesity are common and include poor self-esteem, anxiety, depression, and decreased health-related quality of life. Children with obesity are more likely to become victims of bullying and discrimination.

### **Depression and anxiety**

Children with obesity suffer from depression and anxiety. Prevalence of major depressive disorder has been estimated to be 2% of children and 4-8% of adolescents. However, this relationship is not unidirectional; depression may be both a cause and a consequence of obesity. Depression may also manifest in the form of agitation, anger, conduct problems, insomnia or hypersomnia, bullying and oppositional defiant symptom. Depression in these children is associated with guilt regarding weight gain and food consumption. Low self-esteem and poor self-worth may be another factor. As a results, depression and anxiety serve as both a cause and a consequence of pediatric obesity.

### **Socio-emotional consequences**

Numerous medical concerns, childhood obesity affects children's and adolescent's social and emotional health. Overweight and obese children are often teased and/or bullied for their weight. Obese children are often excluded from activities, particularly competitive activities that require physical activity. It is often difficult for overweight children to participate in physical activities as they tend to be slower than their peers and contend with shortness of breath. These negative social problems contribute to low self esteem, low self confidence, and a negative body image in children and can also affect academic performance.

### **Self-esteem consequences**

Research findings comparing overweight/obese children with normal-weight children in regards to self-esteem have been mixed. Some studies have found that obese children have lower self-esteem while others do not.

### **Academic consequences**

Childhood obesity has also been found to negatively affect school performance. An investigation concluded that overweight and obese children were four times more likely to report having problems at school than their normal weight peers. They are also more likely to miss school more often, especially those with chronic health conditions such as diabetes and asthma, which can also affect academic performance

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### **P.28.3. Psychotherapeutic Treatment of Anorexia Nervosa and Bulimia Nervosa**

#### **Gonca Özyurt**

Eating disorders are common and serious disorders in adolescents. They are characterized with treatment resistance, high mortality and decreasing of life quality. Eating disorders among adolescents are related a lot of neurobiologic and emotional areas so multiple treatment models which contains family and which is appropriate to biopsychosocial development of adolescents are more beneficial than unique treatment models. The importance of family based treatments in adolescents diagnosed with anorexia nervosa is increasing while there are studies about cognitive behavior therapies in adolescents diagnosed with bulimia nervosa

### **P.28.4. Psychotherapeutic Treatment of Other Eating Disorders**

#### **Merve Onat**

Binge eating disorder is comparatively newly recognized, and currently does not exist as a condition in either the DSM-IV-TR or ICD-10 classification systems; although the DSM-IV-TR does define this condition as a research category. As a first line treatment the individual should be encouraged to follow an evidence based self-help program. This may be effective alone as an intervention for a number of individuals, however the majority of patients will also require cognitive behavioral therapy. There are forms of this therapy available which have been specifically adapted for treatment of binge eating disorders. Interpersonal psychotherapy has also been shown to be equally as effective as CBT. Consideration should also be given to providing psychotherapy interventions focusing on obesity management where appropriate.

Pica is the most dangerous form of self-injurious behavior exhibited by people with developmental disabilities. Researchers have showed that a variety of behavioral intervention strategies have been used to reduce pica. These interventions included strategies based on positive reinforcement and

punishment (e.g., overcorrection, contingent aversive presentations such as water mist or a visual screen).

Rumination disorder refers to regular regurgitation of food several times per week for a minimum of one month. Inappropriate psychosocial environment is thought to be the main reason for the development of rumination disorder. The treatment strategy involves multiple aspects of traditional habit reversal protocols. Patients are trained to become more aware of the behavior. The treatment protocol also focuses on increasing the aversiveness of the rumination.

### **P.29. Supplements in Child Psychiatry(Panel 29)**

#### **P.29.1. Where is vitamin D in the mental health of the child and adolescent?**

**Kemal Utku Yazıcı**

Preclinical and clinical studies have shown that vitamin D deficiency causes dysfunctional changes in the brain and may be associated with various neuropsychiatric and cognitive disorders such as major depressive disorder, autism, schizophrenia and attention deficit hyperactivity disorder. When studies in the literature about psychiatric disease and vitamin D were examined, it was observed that the majority of the studies were conducted in adult age groups and with various psychiatric disorders such as depressive disorder, schizophrenia. Studies which were done in child and adolescent have focused on autism spectrum disorder and attention disorder hyperactivity disorder.

The presence of vitamin D receptors in the brain suggested that vitamin D had functions in this organ. The compelling data of vitro, vivo, and animal experiments showed that vitamin D is involved in brain proliferation, differentiation, neurotropism, neuroprotection, neurotransmission, myelination, and neuroplasticity. Vitamin D also stimulates glutathione and can affect the gene expression of a multitude of target genes. Furthermore, Vitamin D is associated with immune response as well.

In this panel, these will be discussed that whether there is a relationship between vitamin D and child and adolescent psychiatry, if there is, which mechanisms are associated with, and effects of vitamin D on brain functions with current data. In addition, the results of our prospective case-control study which evaluated vitamin D levels in child and adolescent diagnosed with OCD will be shared. To the best of our knowledge this study is the first study about this issue in the literature.

#### **P.29.2. Melatonin and its use in children and adolescents**

**Mine Elagöz Yüksel**

A synthetic form of a hormone Melatonin which is secreted by the pineal gland is increasingly being used in children and adolescents with insomnia, sleep difficulties secondary to behaviour disorders such as attention deficit-hyperactivity disorder, pervasive developmental disorders and

other neurodevelopmental disorders. Melatonin was found to be clinically effective. Melatonin use in children and adolescents including its efficacy, dosing, side effects etc. will be discussed in detail.

### **P.29.3. Omega-3 and Omega-6 long-chain polyunsaturated fatty acids supplementation in childhood psychiatric disorders**

**Yrd. Doç. Dr Hatice Altun**

**Department of Child and Adolescent Psychiatry, Faculty of Medicine, Kahramanmaraş Sutcu Imam University, Kahramanmaraş**

Omega-3 and omega-6 long-chain polyunsaturated fatty acids (LC-PUFAs), essential fatty acids, have a substantial impact on human brain development and function and cannot be synthesized by the human body. Thus, they must be taken in through the diet. There is increasing evidence that omega-3 fatty acids may also be important to mental health. The two main omega-3 fatty acids in fish oil, eicosapentaenoic acid (EPA) and docosahexaenoic acid (DHA) have important biological functions in the central nervous system including neurotransmission, membrane fluidity, ion channel and enzyme regulation and gene expression. DHA is a major structural component of neuronal membranes, and changing the fatty acid composition of neuronal membranes leads to functional changes in the activity of receptors and other proteins embedded in the membrane phospholipid. EPA has important physiological functions that can affect neuronal activity. A detailed understanding of the mechanisms involved in the role of omega-3 PUFAs to health in the central nervous system is still to be elucidated. Epidemiological evidence suggests that dietary consumption of the long chain omega-3 fatty acids eicosapentaenoic acid (EPA) and docosahexaenoic acid (DHA), commonly found in fish or fish oil, may modify the risk for certain neuropsychiatric disorders. Increasing evidence, indicates that LC-PUFA deficiencies or imbalances are associated with childhood developmental and psychiatric disorders including ADHD, dyslexia, dyspraxia, autism spectrum disorders, aggression, mental retardation. Supplementation studies, using individual or combination omega-3 fatty acids, suggest the possibility for decreased symptoms associated with some of these conditions. The reasons for blood fatty acid alterations in these disorders are not known, nor are the potential mechanisms by which omega-3 fatty acids may function in normal neuronal activity and neuropsychiatric disease prevention and/or treatment. Childhood developmental and psychiatric disorders clearly reflect multifactorial influences, but the study of LC-PUFA and their metabolism could offer important new approaches to their early identification and management. In this panel, omega-3 and omega-6 fatty acid supplementation in childhood neuropsychiatric disorders will discuss.

### **P.29.4. Use of N-acetylcysteine in child psychiatry practice**

**Assistant Professor Nilfer Şahin, Department of Child and Adolescent Psychiatry Mugla Sıtkı Koçman University, School of Medicine**

N-acetylcysteine (NAC) is the N-acetyl derivative of L-cysteine used in treatment of acetaminophen overdose, as a mucolytic in chronic obstructive pulmonary disease, and as a renal

protectant in contrast-induced nephropathy. There is increasing interest in the use of NAC in the treatment of various psychiatric disorders. The reason for the use of NAC in psychiatric disorders is based on its role as a precursor to the antioxidant glutathione, and its action as a modulating agent of glutamatergic, dopaminergic, neurotropic and inflammatory pathways. NAC is rapidly absorbed by oral dosing, but the total oral bioavailability of NAC is very low. Although NAC crosses the blood-brain barrier (BBB), efficiency may depend on dose, administration and formulation. In the brain, NAC is oxidized from L-cysteine to cystine which is ultimately involved in regulation of extracellular glutamate levels. NAC is cell membrane permeable and is reduced to cysteine intracellularly, which is a key component of the antioxidant glutathione (GSH). NAC also reduces oxidative stress by affecting dopamine release from presynaptic terminals and reversing mitochondrial dysfunction. Clinical reports have documented the outcome of treatment with NAC for a multitude of psychiatric disorders including schizophrenia, autism, bipolar disorder, depression, addiction (cocaine, heroin, cigarettes and marijuana), obsessive compulsive disorder, trichotillomania, nail biting, and skin picking. Placebo-controlled studies of NAC in autism have focused on treatment of autism-associated irritability marked by physical aggression, self-injurious behavior, and severe tantrums.

In this presentation, the use of NAC in child psychiatry practice will be discussed.

#### **P.29.5. Use of zinc in child psychiatry**

##### **Hatice Doğan**

Zinc is an essential cofactor of more than 100 enzymes, including metalloenzymes and metalloenzyme complexes, which are necessary in the metabolism of carbohydrates, fatty acids, proteins and nucleic acids. It is an important factor in the metabolism of neurotransmitters, prostaglandins, and for maintaining brain structure and function.

Dopamine is one of the most important factors in the pathophysiology of hyperactivity disorder, and the hormone melatonin has an important role in the regulation of dopamine. Because zinc is necessary in the metabolism of melatonin, it can be assumed that zinc is a very important factor in the treatment of attention deficit and hyperactivity disorder.

Low intracellular zinc has been found to be associated with DNA damage, oxidative stress, antioxidant defenses, and DNA repair, and zinc may serve as an important antioxidant. Zinc has been found to be associated with GABA and glutamate regulation, particularly through anxiolytic activity, modulating GABAergic inhibition and seizure susceptibility. Zinc deficiency has also been found to be associated with GABAergic impairment. Thus it is important for autism and depression.

In some studies, the administration of zinc preparation beside the pharmacological agent in Obsessive Compulsive Disorder treatment provided more faint findings than the control group.

There are studies showing that zinc is also effective in oppositional defiant disorder, learning disabilities and mental retardation at the same time.

In this panel we will talk about zinc and its usefulness in child psychiatry.



**P.30. How Should Be an Article Written and Published?(Panel 30)**

**P.30.1. Present scientific indexes and inclusion processes for journals to those indexes.**

**Ali Evren TUFAN Abant Izzet Baysal University Medical Faculty, Department of Child and Adolescent Psychiatry**

Scientific and scholarly publishing is undergoing a global and rapid transition with the rise of the open- access model and emergence/ divergence of various scientific indexes (Cross 2005, McDonald et al. 1999, Ware and Mabe 2015). Among those indexes DOAJ, SCOPUS, EMBASE, PSYCLIT, MEDLINE, SCI, SCI-E, ESCI, ULAKBIM may be listed among many others. Scholarly publications in psychiatry and child psychiatry are not exempt from those changes and there is a lively discussion among both producers and consumers of this literature on the relative merits of open-access vs. pay-per-view publishing, data sharing vs. privacy and inclusion in those indexes.

This presentation will focus on the most widely used indexes for psychiatry/ child psychiatry journals and try to delineate inclusion processes in those indexes.

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**P.30.2. Editor's Eyes: Historical Development of the Turkish Journal of Child and Adolescent Mental Health, Future Prospects**

**Ebru Çengel Kültür**

**MD., Hacettepe University Faculty of Medicine, Department of Child and Adolescent Psychiatry, Ankara, Türkiye.**

Turkish Journal of Child and Adolescent Mental Health has been publishing as the first and only magazine in the field of child and adolescent psychiatry since 1994. The journal has been published its first issue at a time when the Ministry of Health, Universities and Higher Education Boards do not have a common framework for four-year child psychiatry expertise and two-year child psychiatry specialization.

The Turkish Journal of Child and Adolescent Mental Health has provided an environment not only to contribute to the academic development of our field of study but also to provide opinions on national child and adolescent mental health policies that are important for the health and development of children and young people in our country in biopsychosocial integrity. In a period filled with this "hope for children" that the Convention on the Rights of the Child was ratified by

the Grand National Assembly of Turkey, our journal has assumed the leading role in the field. Our journal has played an important role in the development of expertise in the field of child and adolescent psychiatry, the development of common approaches and views in the areas of research and professional practice, and the delivery to all doctors in our field of specialization. The vision of the Turkish Journal of Child and Adolescent Mental Health is to promote publishing in the field of children and adolescent psychiatry and to move forward the leading position internationally.

The Turkish Journal of Child and Adolescent Mental Health is currently included in the TUBİTAK ULAKBİM Social Sciences and Humanities Database and PsycINFO index. Our magazine meets many quantitative and qualitative features indexed at this moment. For our journal, one of the most important issues in terms of indexes is the issue of publication quality and continuity. In this session, we will discuss the editorial needs of our journal.

### **P.31. Developmental Transitions in High School and College (Panel 31)**

#### **P.31.1. Transition to Adulthood or Transformation of Difficulties?**

##### **Ceyda Dedeoğlu**

Surviving the affective turmoil created by the revivals of first separation-individuation phase and attaining a stable identity at the end is the main developmental task of late adolescence. Erikson (1959) proposes that adolescents who successfully overcome this stage called “identity vs. identity diffusion” come out with a consolidated self-identity, profound values for life and a better capacity to form more intimate relationships which would make them ready for the later stages of life. In this part of the symposium, it is aimed to review the affective experiences of college students who were diagnosed with ADHD. The experiences of individuals with ADHD profile who are at the stage of transition to adulthood will be examined in the light of the Erikson’s Theory of Psychosocial Development (1959).

Identity formation can be even more challenging when the adolescent tries to adapt to a new environment, mostly in another city, physically away from family and other sources of support. Graduation from high school and acceptance to a university is associated with more freedom which means less monitoring and support. In this period -transition to adulthood- the support systems diminish while the expectations and responsibilities of life increase. With the given difficulties of executive functions in ADHD, students may fail in functioning in different levels of life. When they feel that they are no longer appraised or fail to meet expectations, their affective experiences may be colored with fear of humiliation and shame. These can transfer into more internalizing symptoms and qualitative differences in the problem areas, with the help of the already accumulated negative self-images during childhood. Diminished sense of self-efficacy, lack of motivation or withdrawal from the social scene could become the new presenting profile of a former hyperactive kid.

This transformation in the portrait of difficulties in the ADHD youth’s life should be read carefully within a developmental framework. Providing the well-suited psychotherapeutic assistance to these students could be beneficial in increasing the relationship capacity and developing better coping strategies.

**P.31.2. Psycho-social and Academic Achievement of University Students with ADHD****Aylin İlden Koçkar**

In the past 35 years there has been an increase in the recognition of ADHD in adulthood. Although it had been previously noted as a childhood disorder, it is now shown that around 2-4 % of the adult population is reported as having ADHD. Currently, with the increase of students with ADHD pursuing higher education, attention has been shifted to the needs along with psycho-social and academic difficulties of these students. Findings suggest that university students with ADHD are at greater risk for psycho-social and academic difficulties.

Students are usually faced with the responsibilities of adult life in their first year of university. Students with ADHD are faced with multiple tasks, most of which fall under the domain of executive functioning. Parents in a country with a collectivistic nature, tend to avoid assigning responsibilities

to their children, leading to a decreased sense of task accomplishment. Executive functioning issues of ADHD adolescents become problematically evident at college, when families can no longer compensate for deficiencies. Students diagnosed with ADHD may have difficulty in academic as well as psychosocial demands of an adult life at the university. Common psychosocial problems may include decreased self esteem, a sense of inadequacy leading to depression and anxiety symptoms. Students with untreated ADHD suffer from problems with interaction with peers, issues regarding limit-setting to social events or gaming.

University students who were followed over the course of a 4 year time frame were investigated with respect to their psycho-social and academic functioning. The students were investigated in their final year to observe the differences regarding their psycho-social and academic adjustment. The findings suggest that university students with ADHD are at greater risk for academic and psycho-social difficulties. The results are discussed in the light of current studies regarding ADHD in the university setting and related protective factors focusing on possible future outcomes for these young adults.

**P.31.3. ADHD in a Turkish University Population****Esengül Kayan**

According to the American Psychiatric Association, 3% to 7% of the school-age population has ADHD and symptoms continues into adulthood with more than half of the children. As well-known ADHD is a neurodevelopmental disorder goes with executive dysfunctions which disrupt skills like planning, organizing, maintaining daily tasks and academic duties. Leaving home for the university and starting to take all responsibilities for their self-care could be very challenging for university students with ADHD. It's reasonable to think youth with ADHD will have more struggle both with their academic work and social adjustment. Although studies with Turkish university population is very scarce having more knowledge about problem presentations and effective interventions related to ADHD with university students is very important. Speaker will discuss substantial data on ADHD and university population in the light of previous research.

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#### **P.31.4. Evaluation of the Comorbidity at College Students with ADHD**

**Özlem Çakıcı**

Attention Deficit Hyperactivity Disorder (ADHD) is estimated to affect 3-7% of the school age population and 2-5% of the adult population (American Psychiatric Association, 2000). Increasing numbers of adolescents with ADHD are graduating from high school and many of them continuing with college education. Adolescents with ADHD, experience significant academic and social impairment and are eight times likely to drop out of school relative to the classmates. ADHD is often associated with other psychological difficulties and psychiatric comorbidities in adolescence. The significant ones are substance abuse, depression, suicidal behaviour, emotional dysregulation difficulties, early sexual behaviour, dental cavities and motor vehicle accidents . Not only the ADHD symptoms but also the comorbid situations negatively influence optimum academic performance and well-being at college life. So when a student presents to a college health system with one of the comorbid situations, underlying possible ADHD diagnosis should also be explored. Likewise, when ADHD symptoms are identified in a student, the potential associated problems should be screened for preventive purposes. The protocol for identifying and managing ADHD and associated problems in high school and college students will be presented and the diagnostic and therapeutic options will be discussed using case examples from this developmental stage.

#### **P.32. Emotion Regulation in Childhood Psychiatric Disorder(Panel 32)**

##### **P.32.1. Emotion regulation in ADHD**

**Yusuf Öztürk**

Considering the areas of impairment commonly associated with Attention-Deficit/Hyperactivity Disorder (ADHD), impairments in the social domain are among the most pervasive and persistent. Compared to youth without ADHD, those with the disorder have more difficulties in their interpersonal relationships. Among the factors that contribute to social problems among youth with ADHD, emotion dysregulation (ED) has been a recent target of theoretical and empirical attention. ED, when associated with ADHD, involves two deficits. First, an inhibitory deficit that manifests in socially inappropriate behavioral responses associated with a strong emotional reaction to a stimulus; and second, a self-regulatory deficit that manifests in an inability to (1) self-soothe physiologic arousal induced by strong emotion, (2) refocus attention, and (3) organize the self for coordinated action in the service of a goal.

### **P.32.2. Emotion regulation in Anxiety Disorder**

**Gonca Özyurt**

Anxiety disorders are common, and cause reduced quality of life and loss of productivity. Many investigations have sought to understand how pathological anxiety is maintained. Conceptual models have highlighted the role of anxious arousal and negative affectivity as predisposing factors, and avoidance as a key maintaining factor. In addition, the role of emotion regulation is increasingly receiving attention. Individuals with anxiety disorders are thought to have poorer emotion regulation skills, including reappraisal, however the evidence supporting this hypothesis is mixed. The neural substrates of reappraisal have been studied in both healthy adults and individuals with anxiety disorders. Studies of healthy adults have consistently found activation in dorsomedial, dorsolateral, and ventrolateral prefrontal cortex (PFC) during reappraisal.

### **P.32.3. Emotion regulation in Mood Disorder**

**Ali Evren Tufan**

Mood disorder (MD) is the number one cause of disability and ranks fourth among all medical and psychiatric disorders in disease burden. In an attempt to improve upon existing interventions, deficits in emotion regulation skills have recently been discussed as a promising target in treatment for mood disorders. It can also be argued that effective emotion regulation skills help prevent, reduce or shorten the intensity or duration of dysphoric states and thus contribute to the (re-) occurrence of mood disorder. Deficits in emotion regulation are commonly considered an important risk and maintaining factor for mood disorder.

## **P.33. Draft Law on psychological health: Towards an action plan for child and adolescent mental health(Panel 33)**

### **P.33.1. Child And Adolescent Mental Health In Mental Health Draft Law**

**Assoc. Prof. Dr. Esra Güney Gazi University Medical Faculty, Child And Adolescent Psychiatry Department**

The main objective of the Mental Health Law is to define the basic principles for the maintenance of the mental health of the community and of the individual (baby, child, adolescent, adult and elderly) and ensuring healthy development in the mental direction. It is also the observance of human rights, the identification of persons with mental illnesses or difficulties, and the identification of their rights, arrangement, and control of other services which are protective, supportive, providing independent living skills, preventive, therapeutical and healing. The period in which the most rapid acceleration of mental development, a dynamic process that enables an individual to show healthy functioning in all stages of life from infancy to old age is childhood and adolescence. In the context of Child and Adolescent Psychiatry, it is planned in this law to include the definition of the duty of the Child and Adolescent Mental Health and Disease Specialist, and

the concept of "mental illness" which may affect all age groups, as well as the concept of "developmental disorder" which appeared in early developmental periods.

Within the scope of "Protective, Preventive and Improving Mental Health Services" which is especially important in terms of Child and Adolescent Psychiatry; it is aimed to make many field-specific plans for ensuring and maintaining healthy mental development of children and adolescents including planning awareness trainings to prevent neglect and abuse of caregivers to prevent childhood mental problems and conducting studies for the identification of neglected and abused children and adolescents, taking necessary measures in relation to the risks associated with the mother and the father which may lead to the development of mental illnesses in the next generation and providing psychosocial support for high-risk families, the prevention of mental problems that may occur in the child by protecting the mental health of the mother from the beginning of her pregnancy, protection of children and young people from addiction, and taking measures to prevent peer violence behavior between children and adolescents.

Under the scope of the draft law; the sections on "Identification of Fundamental Rights and State Obligations", "Determination of Principles for the Treatment, Support, Maintenance, Improvement and Other Services" and "Regulation of Mental Health Services and Their Rights" is planned to include adult individuals with mental problems as well as child and adolescent arrangements. Thus, through the draft law, it is aimed to protect the fundamental rights of children and adolescents in the mental health field, as well as to contribute to determine the basic principles related to practices and approaches to mental health services and to implement the necessary regulations as Child and Adolescent Psychiatrists.

# **ORAL PRESENTATIONS**

### **OP1/ Cortisol, Dehydroepiandrosterone, And Oxytocin Levels In Children With Attention-Deficit/Hyperactivity Disorder With And Without Comorbid Conduct Disorder**

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**Objectives:** Some evidence suggests that neuroendocrine hormones might be related to the etiopathogenesis of both attention-deficit/hyperactivity disorder (ADHD) and conduct disorder (CD). The present study aimed to investigate serum cortisol, dehydroepiandrosterone (DHEA), and oxytocin (OT) levels of children with ADHD combined presentation and those diagnosed with ADHD combined presentation and coexisting CD (ADHD + CD).

**Methods:** A total of 74 drug-naive children with ADHD alone, 32 children with ADHD + CD, and 42 healthy controls were included. The severity of ADHD and CD symptoms was assessed via parent rated and teacher rated questionnaires. Reactive–proactive aggression and severity of anxiety and depression symptoms of the children were assessed by the self-report inventories. The stage of pubertal development of children was evaluated according to the Tanner stages. The Wechsler Intelligence Scale for Children Revised was applied to all participants. Serum levels of neuroendocrine hormones were measured using commercial enzyme-linked immunosorbent assay kits.

**Results:** The multivariate analysis of covariance (MANCOVA) revealed a significant main effect of groups for the levels of serum neuroendocrine hormones, an effect that was independent of the age, sex, pubertal stage or the severities of depression and anxiety. The analysis of covariance (ANCOVA) indicated that serum OT levels of the ADHD + CD group were significantly lower than both those of the ADHD alone group and the control group. There was also a trend for ADHD + CD group to show lower serum DHEA levels than those of the ADHD alone group. Serum cortisol levels did not show a significant alteration among the groups.

**Conclusion:** These findings suggest that OT and DHEA may play a role in the pathophysiology of CD, at least in the presence of ADHD.

### **OP2/ Investigation Of The Oxidative Stress Level And Role Of Playing Factors In The Psychopathology At Sexual Abused Adolescents**

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**Objectives:** Sexual abuse is one of the biggest and most challenging life events that a child or a teenager can encounter. There is an increased oxidative stress process in psychiatric disorders that



may result due to a chronic stress exposure which is high in intensity. In addition to lipid peroxidation, chronic inflammation also increases oxidative stress according to the model of inflammation observed in psychiatric diseases. Oxidative stress can also damage central nervous system by glutamate-mediated excitotoxicity and hyperstimulation of NMDA receptors. Direct studies examining the relationship between sexual abuse and oxidative stress are limited in the literature. In this study, it was aimed to investigate the oxidative stress parameters, psychopathologies and related sociodemographic factors in adolescents exposed to sexual abuse.

**Methods:** Adolescents between 10 and 17 years of age who has reported sexual abuse, were referred to our clinic as forensic cases were included in the study in addition to age and sex matched control cases. The socio-demographic information of the participants were obtained with a detailed form which was made by the researchers. Assessment of psychopathology and clinical functioning was carried out with the Turkish version of the Affective Disorders and Schizophrenia Interview for Children- Version of Life and Now (K-SADS). Adolescents were also evaluated with "Beck Depression Inventory", "Beck Anxiety Scale", "Post Traumatic Response Scale", "Ways of Coping Inventory", "Strengths and Difficulties Scale", and "List of Negative Life Events".

**Results:** Our sample consisted of 50 cases of sexual abuse (42 girls and 8 boys) and 40 controls (32 girls and 8 boys). The mean age of the cases was found to be  $14,88 \pm 2,16$  in the abuse group and  $14,90 \pm 2,18$  years of age in the control group. School continuity in the sexual abuse group is significantly lower. Sexual abuse cases were coming from distressed families with relatively much lower monthly income. In cases of sexual abuse, penetration was 60% and physical violence was 46% reported during abuse. Suicide attempt was described 34% in abuse group. Prior to abuse, psychiatric referrals were present in 46% of the cases. The most frequent diagnoses after abuse were 78.2% Post Traumatic Stress Disorder (PTSD), depression and 60.8% specific phobia. WISC-R scores in the abuse group were lower than controls. Functionality scores were lower than controls whereas Beck Depression Inventory, Beck Anxiety Scale, Post Traumatic Response Scale and scores of Negative Life Events Scales were higher in the study group.

The level of oxidative stress assessed by total oxidant status (TOS), total antioxidant status (TAS) and oxidative stress index (OSI) showed a significant higher oxidative stress and diminished antioxidant process profile in sexual abuse group. TOS and OSI values were significantly higher while TAS values were significantly lower than controls.

**Conclusion:** The fact that the oxidative stress mechanism which accelerates the cell cycle, leads to premature cell death that may result in many neuropsychiatric illnesses has been described in this study of abused adolescents. A more detailed study of oxidative stress mechanisms in adolescents in terms of an increase in the risk of physical disease, as well as possible adverse effects on life span and deterioration in quality of life as well as increased risk of acquiring a chronic illness would be meaningful in seeking answers to epigenetic questions.

**OP3/ Validity of proposed DSM-5 ADHD impulsivity symptoms in children**

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**Objectives:** The American Psychiatric Association (APA) working group on Attention-Deficit/Hyperactivity Disorder (ADHD) proposed the inclusion of four new impulsivity symptoms. However, they were not included in DSM-5 due to the lack of sufficient evidence. The aim of this study is to investigate the performance of the proposed four ADHD impulsivity symptoms with respect to: (a) ADHD factor structure; (b) performance in predicting clinical impairment; (c) specificity for ADHD diagnosis. The four additional items were: 1) Acts without thinking; 2) Impatient; 3) Uncomfortable doing things slowly; 4) Difficulty to resist temptations.

**Methods:** The sample comprised 416 children (31 ADHD subjects according to both DSM-IV and proposed DSM-5, 20 ADHD subjects according to just one diagnostic system and 365 controls) from 12 schools. Diagnoses were derived using semi-structure interviews and ADHD rating scales. Parents and teachers fulfilled Attention-Deficit/Hyperactivity Disorder Rating Scale- IV (ADHD-RS-IV) and also data on the four additional impulsivity items, as proposed by the DSM-5 on ADHD. The Ege University Ethical Committee approved the study protocol.

**Results:** For both parents and teachers, according to both DSM-IV and DSM-5 solutions, the bifactor model with a general factor and 3 specific factors had the best fit to the data. Table 1 presents data on confirmatory factor analysis using the best model with 22 symptoms. An inspection of the item category thresholds also revealed that the new items are slightly better at discriminating subjects at the severe end of the ADHD latent trait, particularly the item ‘Difficulty to resist temptations’ (Table 1). Table 2 presents results for the regression analyses of the 22 proposed DSM-5 symptoms in predicting clinical impairment, DSM-5 ADHD diagnosis and comorbidities according to parents. Most recurrent items in predicting impairment include one of the four proposed impulsivity symptoms “impatient” according to both information sources. For DSM-5 ADHD diagnosis and comorbidities, none of the four new impulsivity items was specifically associated with ADHD diagnosis according to both parents and teachers.

**Conclusion:** Our findings suggest that, the inclusion of the proposed four impulsivity symptoms seems to add some value in terms of capturing specific impairment and perform somewhat better than current items with respect to the factor structure. Nevertheless, in the iterative model in which

DSM-5 was constructed that requires sufficient evidence to change, this little incremental value seems insufficient to overcome challenges of changing diagnostic criteria.

#### **OP4/Cyberbullying/Cyber Victimization and Relationship with Adolescents' Family Features**

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**Objectives:** Cyberbullying is defined as the use of communication technologies by an individual or group of people maliciously and repeatedly in order to harm others. The aim of this study is to examine the bullying and victimization's frequency and relationship with family characteristics in early adolescence.

**Methods:** The adolescents, who were in 6th-8th grades in Sakarya participated in our study. The calculations revealed that the sample size should be at least 380. We enrolled 393 students into our study. All students were assessed using Cyber Bully/Victim Scale, Family Evaluation Scale (FES) and The Internet Parenting Style Instrument (IPSI).

**Results:** The prevalence of cyber victimization among young participants of this study was found 40% (153). 66%(101) of cyber victims stated that they were exposed to sexual bullying, 54%(83) were exposed to blocking-damaging, 47%(72) were exposed to a rumor in the virtual platform. The prevalence of cyberbullying among participants was found 22%(83). Among cyber bullies, 42%(35) stated that they applied sexual bullying, 59%(49) applied blocking-damaging, 53%(44) applied rumor in the virtual platform. There was an inverse correlation between sexual bullying and sexual victimization ( $r=-0,323$ ,  $p<0,05$ ). Yet a positive correlation between sexual bullying and victimization of blocking-damaging ( $r=0,319$ ,  $p<0,05$ ) and rumor ( $r=0,320$ ,  $p<0,05$ ) was found. There was a positive correlation between bullying as blocking-damaging and sexual ( $r=0,360$ ,  $p<0,05$ ), blocking-damaging ( $r=0,355$ ,  $p<0,05$ ), rumor victimization ( $r=0,356$ ,  $p<0,05$ ). There was a positive correlation between bullying as rumor and sexual ( $r=0,310$ ,  $p<0,05$ ) and blocking-damaging ( $r=0,315$ ,  $p<0,05$ ) victimization. However, an inverse correlation between rumor victimization ( $r=-0,321$ ,  $p<0,05$ ) was observed. There was a significant correlation between all of the FES lower subscore points and exposing all types of bullying ( $p<0,05$ ). There was a significant correlation between subscales of IPSI as reduced family closeness and exposing blocking-damaging ( $r=-0,115$ ,  $p<0,05$ ) in the virtual platform, reduced family control and exposing all types of bullying as sexual ( $r=-0,167$ ,  $p<0,05$ ), blocking-damaging ( $r=-0,207$ ,  $p<0,05$ ), rumor ( $r=-0,125$ ,  $p<0,05$ ).

**Conclusion:** It is clear that a large part of students falls into cyberbullying as bullies and/or victims. This adversity could cause serious psychiatric problems. Family features like the relationship between family members and family attitudes on internet usage of adolescents are important to prevent this problem. Therefore, parents must be careful about and be aware of adolescents' internet usage.

## **OP5/ Assesment Of Cognitive Functions And Brain Imaging In Patients With Substance Use Disorders And Attention Deficit Hyperactivity Disorder**

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**Objectives:** Heavy cannabis use has been associated with mental health problems and abnormal development of social cognition and brain function. During adolescence, ongoing neurodevelopmental maturation and life experiences shape the neural circuitry underlying complex cognitive functions such as memory and executive functions. Prefrontal and temporal regions are critically involved in these functions. Deficient executive functions play an important role in the development of addiction, also chronic cannabis use may impair executive functions. On the other hand attentiondeficithyperactivitydisorder (ADHD) is associated with deficits in executive functioning (EF), memory and social coganition. Resting-state functional connectivity is a noninvasive, neuroimaging method for assessing neural network function. Altered functional connectivity among regions of the default-mode network have been associated with both ADHD and cannabis use. On the other hand diffusion tensor imaging (DTI) is a method of examining white matter microstructure. This study aims to identify the characteristics of resting state functional magnetic resonance imaging scans, DTG scans, executive functions, social cognition and impulsivity of adolescents between 14-19 years old that have cannabis addiction cannabis addiction and ADHD, ADHD without cannabis usage and healty controls.

**Methods:** The cases who applied to Ege Üniversitesi Faculty of Medicine, Child and adolescent psychiatry polyclinic and adolescent addiction polyclinic to quit the substance abuse and detected cannabis use disorders and/or synthetic cannabinoids use disorders with (CA+ADHD) (n=22) and wihthout (CA) (n=22) ADHD, ADHD (n=20), and healthy controls (HC) (n=21) who are matched in terms of age, sex, educational level, hand dominance and smoking are taken to the study.

First of all, K-SADS-PL was applied to all cases in order to determine comorbid diseases in accordance with DSM-V criteria. Those who were determined to have accompanying psychiatric diseases such as psychotic disorders, mood disorders, anxiety disorders and specific learning disorder were not included in the study. Afterwards, sociodemographic data form was applied to all cases includedin the study in order to query information related to age, sex, school and family. In addition, in all cases, Beck Depression Inventory (BDI) and globalassessment scale were used to assess subthreshold symptoms.

This four groups are compared with each other according to executive functions, social cognition and impulsivity by applying sociodemografic data form, wisconsin card sorting test, stroop, the Facial Emotion Identification Test, Reading the mind in the eyes test, Hinting test, The Unexpected Outcomes Test, Faux PAS Test, Comprehension Test, Immediate Memory Tasks (IMT), The Single Key Impulsivity Paradigm (SKIP).

We used posterior cingulate cortex (PCC) seed-based resting-state functional connectivity analyses to examine default mode network (DMN) connectivity strength differences between four groups and this four groups are compared in terms of white matter integrity by diffusion tensor

imaging. The analyses of the images obtained after DTI made by Tract-Based Spatial Statistics (TBSS).

**Results:** In all tests assessing social cognitive skills showed significant disturbance both ADHD and CA groups. CA group participants displayed lower performance on all of the performance-based executive functions measures. There was no difference in ADHD group participants. As a result of analyses, statistically significant difference is determined between fractional anisotropy (FA) values of four groups. It was seen that higher FA values are concentrated in two clusters between ADHD and CA+ADHD groups. Cluster 1: Right forceps minor and right uncinatus fasciculus, right inferior fronto-occipital fasciculus, corpus callosum genu, Cluster 2: Left corona radiata superior. Also it was seen higher FA values are concentrated in one cluster between ADHD and HC groups. Cluster 1: Corpus callosum genu and left corona radiata. As a result of analyses, no statistically significant difference is determined between DMN connectivity of four groups.

**Conclusion:** ADHD and CA are two important psychopathology are disturbed social cognition. In our study ADHD group is chronically medicated patients and there was no difference performance on all of the performance-based executive functions measures. Medication is seem to repaired the disturbed executive function in ADHD. In addition DTG results of higher FA values in ADHD patients may to reflect higher degree of myelination and lower degree of neural branching or FA values are effected the medication. Our study is a cross-sectional study. This results must be confirmed longitudinal studies.

### **OP6/ Investigating The Relationships Between The Metacognition Characteristics, Psychological And Behavioral Problems And Alexithymia Levels In A Group Of Adolescents**

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**Objectives:** Alexithymia is a personality construct that consists of difficulty in identifying and describing emotions and a limited capacity of imagination. The aim of this study is to investigate the relationships between alexithymia levels, metacognition characteristics and psychological and behavioral characteristics in a group of adolescents.

**Methods:** This study was conducted at an Anatolian High School and a Vocational High School in Istanbul. 331 female and 239 male students aged between 14-17 years were included in the study. Toronto Alexithymia Scale-20 (TAS-20), Metacognition Questionnaire for Children and Adolescents (MCQ-C), self-report version of Strength and Difficulties Questionnaire (SDQ) were used. According to TAS-20 results, participants who scored > 60 were considered as alexithymia group (n=109). Participants who scored less than 60 were considered as non alexithymia group (n=461). The data were analyzed by using SPSS 22 Programme for Windows. Chi square test, independent sample t test, and Pearson correlation test were used for analysis. The statistical significance level was set at  $p < 0.05$  for all analysis. All of the participants gave written informed consent.

**Results:** The rate of alexithymia was found as %19 for both females (n=63) and males (n=46). MCQ-C total scores, superstitious, punishment and responsibility beliefs subscale scores were significantly higher in the alexithymia group compared to the non-alexithymia group ( $p < 0.05$ ). Additionally, SDQ total, attention deficit hyperactivity, conduct problems, peer problems, and emotional problems subscale scores were significantly higher in the alexithymia group compared to the non-alexithymia group ( $p < 0.05$ ). Prosocial subscale scores of SDQ were significantly lower in the alexithymia group compared to the non-alexithymia group ( $p < 0.05$ ). Pearson correlation analysis revealed a moderate significant positive correlation between alexithymia scores and MCQ-C scores ( $r: 0.34, p < 0.05$ ) and SDQ total scores ( $r: 0.52; p < 0.05$ ).

**Conclusion:** Negative metacognitions, behavioral and mental problems are seen more often in the adolescents with alexithymia than healthy peers. These findings point out the importance of evaluating the metacognition characteristics and comorbid psychiatric conditions in the adolescents with alexithymia.

### **OP7/ The Effectiveness Of Equine Assisted Activities For Children Diagnosed With Autism Spectrum Disorder**

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**Objectives:** Equine assisted activities (EAA) have emerged as a new method of treatment for children diagnosed with Autism Spectrum Disorder (ASD). In recent years this study aimed to evaluate the effectiveness of EAA in the areas of social functioning, autistic behaviors, family functioning, and clinical severity for children diagnosed with ASD.

**Methods:** The participants were twenty four children (4-12 years old) diagnosed with ASD and their mothers. Subjects were randomized into two groups and the program consisted of 8 sessions of EAA. Autistic symptoms were evaluated with social communication questionnaire. The Children's Global Assessment Scale was used to evaluate children's global functioning; family assessment device was used to evaluate family functioning while Beck Depression Scale was used for maternal depression rating.

**Results:** The results suggested that the severity of ASD decreased and improvements in maternal mental health and family functioning were observed in the experimental group while no significant results were observed in the control group.

**Conclusion:** The current study, to our knowledge, was the first study which investigated the effects of EAA on family functioning and maternal depression. This study provided preliminary

evidence that an 8-week EAA with children diagnosed with autism spectrum disorder displayed significant improvements in terms of both family and child functioning.

### **OP8/ The Effectiveness Of Hippotherapy For Children Diagnosed With Cerebral Palsy**

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**Objectives:** Hippotherapy is a physical, occupational, and speech therapy that utilizes the natural gait and movement of a horse to provide motor, and sensory input. It is based on improvement of neurologic functions, and sensory processes. Hippotherapy has been used to treat patients with neurological or other disabilities, such as autism, cerebral palsy, arthritis, multiple sclerosis, head injury, stroke, spinal cord injury, behavioral disorders and psychiatric disorders. In this study it is aimed to evaluate the effectiveness of hippotherapy on life quality, behaviors, emotional regulation of children diagnosed with cerebral palsy.

**Methods:** The participants were twenty children (7-10 years old) diagnosed with cerebral palsy and their mothers. Subjects were randomized into two groups and the program consisted of 8 sessions of hippotherapy. Emotional and behavioral problems were evaluated with child behavior checklist, emotional regulation was assessed with emotional regulation checklist. Pediatric Quality of Life Inventory (PedsQL) was used to examine life quality. Two measurements were performed: before and after hippotherapy.

**Results:** The results suggested that emotional, behavioral problems of children decreased and improvements in emotional regulation and quality of life were observed in the experimental group while no significant results were observed in the control group.

**Conclusion:** The current study, to our knowledge, was the first study which investigated the effects of hippotherapy on behavioral and emotional problems, emotional regulation and quality of life. This study provided preliminary evidence that an 8-week hippotherapy with children diagnosed with cerebral palsy displayed significant improvements in terms of both emotional and behavioral problems.

### **OP9/ Augmentative and Alternative Communication (AAC) in Toddlers with Autism Spectrum Disorders: Awareness & Developmental Language Interventions :A Randomized Controlled Study**

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**Objectives:** Individuals who cannot effectively use conventional speech to communicate may use augmentative and alternative communication (AAC) systems using a computer-based voice output communication aid (VOCA) device with a touch-sensitive screen-input system to compensate for a lack of speech or to replace, or augment, unintelligible speech. Voice output communication aids (VOCAs) are a key form of aided communication within the field of augmentative and alternative communication (AAC). In recent years, rapid developments in technology have resulted in an explosion of devices available commercially. Difficulty or delay in language development is a core characteristic associated with autism spectrum disorders (ASD). In this study it is aimed to evaluate effectiveness of AAC using a computer-based voice output communication aid (VOCA) device with a touch-sensitive screen-input system in autistic symptoms, language features and emotion regulation of children diagnosed with ASD.

**Methods:** 42 children who were diagnosed with ASD were included to study and all children were in the age of 36-72 month. Subjects were randomized into two groups and the first group attended to AAC using a computer-based voice output communication aid (VOCA) device with a touch-sensitive screen-input system while the second group only joined to routine treatment. We have examined the impact of current users of medium- or high-technology VOCAs on the organization of communicative activities. We analyzed five communicative behaviours before and during a VOCA intervention with children with autism: engagement in activity, role in turn taking, communicative form, function, and effectiveness. Test of Early Language Development (TELD) was used to evaluate language profiles, autistic symptoms were evaluated with autism behavior checklist and children's emotion regulation skills were evaluated with Emotion Regulation Checklist. The evaluation consisted in applying the Denver Developmental Screening Test II, a test that assesses areas such as personal-social, fine motor-adaptive, linguistic and gross motor development.

**Results:** The socio-demographic features of groups were similar. Children, who were involved to AAC gained improvements in receptive and expressive language. Due to our study, we state that these systems, independent of the level of technology, are positive for the linguistic, cognitive, and social development of children with complex communication needs. Emotion regulation skills were better in children who involved to AAC using a computer-based voice output communication aid (VOCA) device with a touch-sensitive screen-input system than children who had only routine treatment. Autistic symptoms were also decreased in children who involved AAC.

**Conclusion:** In present study, it is indicated that AAC can be useful for children diagnosed with ASD for decreasing autistic symptoms and developing languages. This study provided preliminary evidence that AAC using VOCA that are perceived to offer a high speed of communication and that are reliable, simple and portable has also positive outcomes in emotion regulation for children diagnosed with ASD.



### **OP10/ Attention-Deficit/Hyperactivity Disorder Symptoms in Children with Malocclusion**

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**Objectives.** Children with Attention-Deficit/Hyperactivity Disorder (ADHD) are known to have several oral health problems; most particularly traumatic dental injuries, decayed or filled teeth and poor oral hygiene. In this study we aimed to evaluate ADHD symptoms in a group of malocclusion patients.

**Methods:** Eighty-eight subjects with a diagnosis of malocclusion between 8 to 17 years of age have been included to the study. The socio-demographic characteristics, breastfeeding history, oral habits and dental trauma history of the subjects were acquired by a detailed questionnaire. Subjects and their parents and teachers answered questionnaires addressing ADHD and other psychiatric problems, along with dental health impact on quality of life. During orthodontic examination of the subjects Index of Complexity, Outcome and Need (ICON) was applied to confirm the diagnosis of malocclusion, and Angle Classification to classify malocclusion categories.

**Results:** Increased rates of ADHD prevalence ranging between 14-17% have been found in subjects with malocclusion. These rates are higher than the normal population estimations of ADHD prevalence. There was association between social/emotional problems and malocclusion.

**Conclusion:** There is a need for more extensive and rigorous studies to better understand the relationship between ADHD and malocclusions. It is expected that they will lead to developments and changes in clinical practice.

### **OP11/The Study Of Broad Autism Phenotype And Alexithymia Properties In Adolescents With Substance Use Disorder And Their Parents**

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**Objectives:** The main purpose of this study was to examine the broad autistic spectrum, characteristics of alexithymia and level of difficulties in emotion regulation in adolescents between the age of 12 and 18, who were diagnosed with Substance-use Disorder and their parents.

**Methods:** This research's sample was composed of randomly chosen 50 adolescents between the age of 12 and 18 who had been admitted to Ege University Medical Faculty-Adolescent and Drug Addiction Clinic and their parents. The control group was composed of healthy adolescents and their parents who were matched with the sample group by means of age and gender. Personal Information Form, Autism Spectrum Questionnaire, Toronto Alexithymia Scale and Difficulty in Emotion Regulation Scale were applied to the participants and the data were analyzed by using SPSS (Statistical Package for Social Sciences) for Windows 21.0 program.

**Results:** It was found that adolescents who had been diagnosed with Substance-use Disorder, whose ages differed between 12 to 18 and their parents had difficulties in recognizing emotions. All of the participants' scores in the Toronto alexithymia scale, levels of tendency to autistic spectrum and rates of difficulties in emotion regulation (awareness, openness, strategies, impulse, purposes) were found to be statistically significantly higher than the control group. Individuals with higher rates of difficulties in emotion regulation reported higher scores on the alexithymia scale. Additionally those who had higher scores on the alexithymia scale, reported higher tendencies of autistic behavior.

**Conclusion:** People who have emotion regulation problems due to lack of insight and empathy, are more prone to substance abuse in order to maintain social adaptation and handle social management. Substance use helps to reduce their social anxiety and makes them feel more comfortable in social interactions. People who lack insight are usually alexithymic. Alexithymic people may have a tendency of substance abuse in order to regulate their emotions.

As a result, this report suggests that people with alcohol and substance use disorder and who have difficulties in emotion regulation and higher alexithymia levels as well, may establish an increase in the tendency for autism which is a disorder known with the incapability by means of communication and social interactions.

### **OP12/Examination Of The Relationship Between Aggression Levels And Parental Attitudes On 2-6 Year Old Private School Pupils**

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**Objectives:** This study's aim was to reveal the relationship between aggression levels and parental attitudes on 2-6 year old private school pupils. Besides, the effects of variables such as parents' sexes, ages, education levels on aggression and parental attitudes were examined. Also, the effects of variables such as children's sexes, ages, duration of kindergarten attendance on aggression and parental attitudes were examined.

**Methods:** 125 parents whose children were going to a private kindergarten in Ortaköy providence of Istanbul participated to the research. Socio- Demographic Form, Children Aggression Scale-Parent Version (CAS-P) and Parental Attitude Scale (PAS) were used for collecting the data. In order to identify socio-demographic characteristics of parents and children, personal information form was made by researcher. The data were analyzed using SPSS (Statistical Package for Social Sciences) for Windows 21.0 programme. Kolmogorov-Smirnov test, Mann-Whitney U test and Spearman correlation tests were used as the main statistical methods.

**Results:** When the data were analyzed, it was revealed that girls had perceived democratic and permissive attitude levels higher than boys, boys had perceived authoritative attitude levels higher than girls and boys had higher levels of verbal aggression, unprovoked physical aggression and aggression than girls. Also, while children's ages increased, their verbal aggression and aggression

levels increased as well. In addition, there were no significant results for socio-demographic features that had taken part in the research, such as parents' ages, education levels or income levels. Finally, it was concluded that as parents' democratic and permissive attitudes increased, children's aggression levels decreased, and as parents' authoritative attitudes increased, children's aggression levels increased as well.

**Conclusion:** In the discussion section, formulations for researchers, psychological counselors working on this field, governmental policy producers and families were proposed according to the research findings.

### **OP13/ Increased serum zonulin levels as an intestinal permeability marker in autistic subjects**

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**Objectives:** To evaluate serum zonulin levels, which regulate tight junctions between enterocytes and is a physiologic modulator to control intestinal permeability, in Autism spectrum disorder (ASD) patients.

**Methods:** Serum zonulin levels were tested in 32 ASD patients and 33 healthy controls using ELISA. Severity of ASD symptoms was assessed with the childhood autism rating scale.

**Results:** Serum zonulin levels were found to be statistically significantly high in the ASD patient group (122.3±98.46 ng/ml [mean±SD]) compared to the healthy control group (41.89±45.83 ng/ml [mean±SD]). There was a positive correlation identified between zonulin levels and childhood autism rating scale score when all subjects are assessed (r:0.523; p<0.001).

**Conclusion:** This study suggests that zonulin, which regulates intestinal permeability, may play a role in the development of ASD symptoms.

### **OP14/ Clinical and Sociodemographic Characteristics of the Children Dragged to Crime: A Pilot Study**

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**Objectives:** Sociodemographic and clinical characteristics of children dragged to crime, characteristics taken into consideration when deciding on criminal responsibility and characteristics of children who commit crimes respectively were evaluated.

**Methods:** 73 cases who were referred in a 8 month process for the evaluation of their ability to perceive the legal meaning and outcome of crime and to guide their behaviors were evaluated retrospectively. Descriptive statistics were expressed as mean+-standard deviation, frequency and percentage. In the comparison of groups, Independent Samples t-test and for categorical variables, Pearson Chi-square or Fisher's exact test were used.

**Results:** 63(%86.3) cases were male while 10(%13.7) cases were female. 25(%34.2) did not attend school and 24(%32.9) had no any academic achievement certificate, 55(%76.4) of mothers and 41(%57.7) of fathers received education at primary school level. 24(%32.9) cases had smoking/alcohol/substance abuse and 27(%37.0) had psychiatric disorder. Attention deficit hyperactivity disorder was the most common disorder with 22(%81.5) cases. Ability to perceive the legal meaning and outcome of the crime was used to be termed as mental competence. For ease of expression, traditional term was used in summarizing data. It was established that 39 (%53.4) cases were mentally competent while, 34 were (%46.6) mentally incompetent. The most common crime was that committed against the inviolability of the body with 41(%53.9) cases. It was followed by crimes committed against property with 25(%32.9), sexual crimes 7(%9.2), and crimes associated with substance abuse and terror 2(%3.9) cases. In those who are mentally competent the rate of consanguinity between parents( $p=0.023$ ), history of crime in first degree relatives( $p=0.012$ ), lack of education in parents ( $p=0.047$ ), smoking/alcohol/substance use( $p=0.010$ ) and at least one psychiatric disorder( $p=0.007$ ) were established to be higher than those who are not mentally competent. In those who are mentally competent, crimes against property( $p=0.015$ ) and history of repetitive crime( $p<0.001$ ) were seen at a higher rate. In those with recurrent crime history, it was established that familial crime history was at a high rate in first degree relatives( $p=0.016$ ), and especially substance abuse( $p=0.046$ ) and psychological disorders ( $p<0.001$ ) were more common.

**Conclusion:** In juvenile delinquency, which exerts a large material and spiritual burden on the community, protective measures should be increased, taking into consideration modifiable risk factors such as illiteracy of parents, family history of crime, smoking/ alcohol/ substance abuse, and psychological disorders.

### **OP15/ The Effect Of Celiac Disease In Children On The Quality Of Life And Depression Levels Of Mothers**

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**Objectives:** The compulsory obligation to gluten free diet of the children with celiac disease

brings a psychosocial burden both to the child and his family and it has negative affects to the quality of life and psychosocial status of the mother who is primarily responsible for the child's care. In this study it's aimed to compare the quality of life and depression levels of the mothers of children with celiac disease and controls.

**Methods:** The study was performed at the Gastroenterology polyclinic of Erciyes University Pediatric Department between 1 July and 31 December 2015. Mothers of 93 children with celiac disease and mothers of 93 healthy children (a total of 186 mother) were included in the study group. Verbal affirmation was taken from all mothers and sociodemographic questionnaire, quality of life scale (SF-36) and Beck Depression Inventory (BDI) were performed by face to face interview. The SPSS package program was used for evaluating the data. In the statistical analysis  $p < 0.05$  values was accepted as significant.

**Results:** The quality of life scores of mothers of children with celiac were lower than the control group (general health (32 vs 44), physical functioning (50 vs 80), physical role limitations (50 vs 100), mental health (48 vs 72), energy (35 vs 60), emotional health (33,33 vs 100), bodily pain (30 vs 70) and social functioning (50 vs 62,50) respectively). Especially in mothers of children with celiac, who had low educational status or economic situation, having 4 or more children and who were unemployed, quality of life scores were lower than others. According to evaluations made by BDI, depression symptom rates were higher in mothers of children with celiac (69,9%) than mothers in control group (14,0%). With advanced analysis it was shown that in mothers older than 41 years, having 4 or more children, being in a lower economic status and those living in a village or small town depression symptom rates were higher.

**Conclusion:** It's identified that their life quality and body-mental health is affected negatively while mothers struggle with their children's chronic disease. When a child with celiac disease is identified, it will be useful to follow up and support his mother to maintain her quality of life or prevent mental distress.

#### **OP16/ Evaluation Of Nonverbal Communication Skills, Empathy Levels And Their Relationships With Peripheral Markers In Age And Gender Matched Healthy Siblings Of Children In Attention Deficit Hyperactivity Disorder, Learning Disability And Autism Spectrum Disorder: A Controlled Study**

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**Objectives:** Empathy, non- verbal communication and emotion recognition skills in attention deficit hyperactivity disorder (ADHD), Learning disability (LD) and Autism Spectrum Disorder (ASD) may be impaired in variable degrees. Electrodermal activity (EDA) is widely used as an indicator of the sympathetic nervous system and emotional processes. EDA responses to emotional stimuli may correlate with empathy and non-verbal communication skills. We aimed to measure

non-verbal communication skills and empathy levels in age and gender-matched healthy siblings of children with ADHD, LD and ASD via questionnaires and EDA.

**Methods:** Records of children diagnosed with ADHD, LD, ASD at the study center were retrospectively scanned. 8-12 years old healthy siblings of index patients attending 3<sup>rd</sup> to 5<sup>th</sup> grade were included. Overall 73 children ( 20 ADHD- sibs, 23 LD- sibs, 6 ASD- sibs and 24 controls) with a mean age of 10.0 years (S.D.= 1.8) were enrolled. Siblings were evaluated with K-SADS, ‘Sensing Skills Test of Nonverbal Clues (SOIAB, with concomitant EDA recordings), ‘Reading the mind in the eyes Test- Children’s Version’, Children’s Anxiety Sensitivity Index and KA-SI empathic tendency scale for children. Parents evaluated their healthy children with the Social Responsiveness Scale (SRS). Groups were compared with Mann-Whitney U, Chi square and Kruskal-Wallis tests while correlations were evaluated with Spearman’s tests. P was set at 0.05.

**Results:** Groups did not differ in age or gender ratios (p= 0.40). In the cognitive empathy subscale of the KA-SI Empathic Tendency Scale ADHD and LD groups had significantly lower scores. SRS scores were in order of magnitude:ADHD>LD>Control>ASD. ‘Reading the mind in the eyes’ Test – children version scores were highest in controls and worse in all three sib groups. In the SOIAB test, ADHD and LD- sibs displayed worse performance than controls. Mean values of latencies (in seconds) in response to the picture, video, voice and story stimuli did not differ between groups.

**Conclusion:** Cognitive empathy as well as non-verbal communication skills were impaired in both ADHD and LD groups. However, response latencies and EDA changes did not differ between groups. Limited number of ASD- sibs as well as the single-center design of this study may have had a negative impact on the results.

### **OP17/ Cerebellar Cell Antibodies In Children With Autism Spectrum Disorder Or Attention Deficit Hyperactivity Disorder**

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**Objectives:** Cerebellar region of the brain has some clue pointing its probable role in ASD and ADHD etiologies. It is aimed to investigate the association between cerebellar degeneration and etiologies of autism spectrum disorder (ASD) and attention deficit hyperactivity disorder (ADHD). The paraneoplastic parameters and anti-GAD levels of all participants were analysed.

**Methods:** Fifty children diagnosed by either ASD or ADHD in line with DSM-5 criteria and 50 healthy children were included. Anti-GAD and Anti-PCA levels which increase in cerebellar damage were analyzed. The Conner’s parents and teacher scales were applied to children with ADHD. Autism behavior control checklist (ABCL), Aberrant behavior control list (ABC) and childhood autism rating scale (CARS) were fulfilled for children with ASD. Venous sample of 10cc were obtained from participants to determine GAD and PCA levels.

**Results:** There was not a significant difference between groups in terms of sociodemographical features. There was a positive correlation between children's age and GAD levels. Also there was a negative correlation between children's age and ABCL scores. The difference of PCA levels between children with ADHD and healthy subjects was significant ( $p=0.002$ ).

**Conclusion:** This study points to an association between cerebellar antibodies and ADHD. Further studies with larger samples and following up periods are warranted on subjects with neuropsychiatric disorders to investigate possible etiological factors.

### **OP18/ Online Sexual Solicitation And Post Traumatic Stress Disorder**

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**Objectives:** In accordance with definition of sexual abuse (SA) by the WHO and definition of non-contact SA by Faller, "online sexual abuse (OSA)" can be defined as any sexually explicit conversation with child by using online platforms or mobile messaging programs, molestation verbally or by act, exposure of private parts by abuser, watching when child is naked or doing activities satisfying the abuser, viewing the child pornographically, and other sexually abusing behaviors. The aim of this study is to determine frequency of OSA and risk factors in adolescents aged between 12 and 16 years who consulted our child and adolescent psychiatry outpatient clinics and to make evaluations in terms of various mental and behavioral problems, particularly post-traumatic stress disorder (PTSD) in individuals exposed to OSA.

**Methods:** This study was conducted at İnönü University Child and Adolescent Psychiatry Clinic. 189 adolescents in age range of 12-16 years participated in the study. Psychiatric evaluation of the participants was performed by carrying out DSM-5-based interview, using strengths and difficulties questionnaire, and child post-traumatic stress reaction index.

**Results:**As a result of obtained data, it was determined that frequency of OSA was 21.1% and prevalence of PTSD in those exposed to OSA was 57.8%. In addition, it was found that numerous socio-demographic characteristics did not change risk of OSA but various properties and habits of internet use posed a risk.

**Conclusion:** When the results were evaluated, it was understood that the individuals, aged between 12 and 16 years, who consulted child and adolescent psychiatry outpatient clinics, were frequently exposed to OSA, and high PTSD, but they did not spontaneously share these traumas they experienced. Therefore, we think that it would have beneficial outcomes for child and adolescent psychiatrists to question OSA and to pay attention in terms of PTSD in clinical practice.

## **OP19/ Behavioural Sleep Problems in Previously Untreated Children with Attention Deficit Hyperactivity Disorder**

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**Objectives:** Attention deficit hyperactivity disorder (ADHD) is one of the most common childhood mental diseases and the worldwide prevalence is suggested as 5% in the school age group. Between 57-87 % of children and adolescents with ADHD may have at least one comorbidity, and about 20% have 3 or more comorbid conditions such as Tourette syndrome, bipolar disorder, posttraumatic stress disorder, and obsessive-compulsive disorder. In addition, children with ADHD have more sleep problems compared with their peers. Researchers have become interested in the association between sleep and ADHD in recent years, and investigated the association between ADHD and sleep disorders. The aim of the study was to evaluate sleep problems of children with ADHD who had never received any psychiatric treatment and investigate the effects of these problems in functionality.

**Methods:** The present study included 83 children who were diagnosed as having ADHD and had never received any psychiatric treatment. The control group consisted of 106 healthy children. Psychiatric diagnostic interviews were applied to all children. The parents completed the Conner's Parent Rating Scale-48 (CPRS-48) to evaluate the intensity of ADHD in the children, the Children's Sleep Habits Questionnaire (CSHQ) to evaluate sleep problems, and the Weiss Functional Impairment Rating Scale (WFIRS) to evaluate the functionality of the children.

**Results:** The mean age was  $8.8 \pm 1.4$  years in the study group and  $8.6 \pm 0.8$  years in the control group. The study group consisted of 22.9 % girls ( $n=19$ ) and 77.1% boys ( $n=64$ ); the control group comprised 55.7% girls ( $n=59$ ) and 44.3% boys ( $n=47$ ). The total score of CPRS was detected as  $51 \pm 13$  in the study group. The total scores of subscale and scales of CSHQ were significantly higher in the study group. ADHD children slept one hour later and sleep quantity was 1.5 hours less than the control group. There was a significant correlation between sleep problems, ADHD severity and functionality of these children.

**Conclusion:** The results demonstrated that children with ADHD experienced more sleep problems and slept less than children in the healthy control group, and functional impairments increased due to these problems. Maintaining sleep hygiene or interventions against sleep problems may increase sleep quality and may improve self and family functionality. Therefore, the standardized sleep evaluation must be performed in cooperation with parents in all children with ADHD.

## **OP20/ Evolution Of Internet Addiction And Predictive Factors Who Have Referred To An University Hospital Child And Adolescent Psychiatry Outpatient Clinic At 12-18 Age Adolescent**

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**Objectives:** Internet addiction can be defined as excessive use of internet, inability to avoid the desire of internet use, the loss of importance of the time spent disconnected to the internet, excessive nervousness and aggression when deprived of the internet and the deterioration of person's work, social and family life. In the literature, there was no evaluation of the parental temperament in the studies about internet addiction. The aims of this study are to determine the existence of negative automatic thoughts on internet addiction and to evaluate the effect of parents psychopathology and temperament character features on adolescent's internet addiction in aged 12-18 years who apply to the child and adolescent psychiatry outpatient clinic.

**Methods:** 154 adolescents ( 79 males and 75 females) and parents between the ages of 12 and 18 were included in the study. The Internet Addiction Scale for internet addiction, Children's Automatic Thought's Scale for negative cognitions, Strengths and Difficulties Questionnaire for affective and behavioral problems, Internet Usage Evaluation Survey created by the researcher filled by adolescent and Temperament and Character Inventory (TCI) and Symptoms Checklist (SCL) were applied to the parents.

**Results:** The mean age was  $14.5 \pm 1.6$  years. There was no significant difference in the median values of internet addiction scale between sexes. Internet Addiction Scale was divided into three subvariables; 0.6% of adolescents were pathological internet users, 16.2% had limited symptoms and 83.1% had no symptoms. The pathological internet user was out of work because he was only one person. Group with limited symptoms and asymptomatic group were compared in the statistical evaluations. Compared to the strengths and difficulties questionnaire scores attention deficit-hyperactivity and emotional problems subscales and total difficulty score were significantly higher in group with limited symptoms. When the children's automatic thought's scale scores were compared 'personal failure, hostility, physical threat and automatic thinking total scores' were found significantly higher in group with limited symptoms. When the levels of parental psychopathology were compared it was found that there was a significant difference between somatization, obsessive compulsive disorder, depression, anxiety, anger-hostility, phobic anxiety, paranoid ideation, psychoticism, additional symptoms and general subscale scores. Median values of those in group with limited symptoms were found to be higher than asymptomatic group. When the results of temperament and character inventory were compared a statistical difference was found between novelty seeking, perseverance, emotionality, helpfulness and spiritual acceptance subscales. The median values of the subscales mentioned above were found to be lower in the parents of group with limited symptoms. A number of factors in our study were directly logistic regression applied to assess the impact of problematic internet use. The model contained seven arguments ( socioeconomic level, SCL phobic anxiety and anxiety subscale, TCI novelty seeking, persistence and sensibility subscale, automatic thinking total score). When the model is controlled by other factors, participants with high socioeconomic level show that they will report about 6 times more problematic internet use than those in the lower-middle level. As the total score of TCI-novelty seeking decreased in the regression model, problematic internet usage would increase. TCI-Persistence, TCI-Sensibility, SCL-Phobic Anxiety score increased, problematic internet usage was expected to increase. In summary, the phobic anxiety scores of parents whose socioeconomic level is high in our model but who are not seeking novelty seem to increase the risk of using problematic internet.

**Discussion:** The frequency of problematic internet usage is around 10%. Studies conducted up to now, even with different measures, indicate that the prevalence of problematic internet usage varies between 0.3% and 38%. In our study, 16.8% problematic internet usage was reported and the results were consistent with the literature. Some researchers have argued that some negative cognition plays a role in internet addiction, just as in depression, and that internet addiction emerges as a behavioral pattern to compensate for the areas that fail in life. When the children's self-esteem scale scores were evaluated in our study, personal failure, hostility, physical threat, and automatic thought total scores' were significantly higher in those with limited symptoms. Caplan has developed a theory he calls "inadequate social skills." Individuals with depression or loneliness have negative thoughts about their social competence. People with low self-esteem prefer to establish social relationships over the Internet instead of face-to-face. Computer-mediated communication provides more flexibility to people than face-to-face communication, so information that appears to be negative or harmful can be easily stored. Epidemiological research has revealed that 50% of Internet addicts have another psychiatric disorder. ADHD was the most common disorder in a group of 60 patients with internet addiction, and 83% of the cases reported ADHD. In our study, attention deficit hyperactivity and emotional problems were further reported in the limited symptom group. It is known that the nature of familial care in childhood is later responsible for the separation and control of emotions. Mental illness in the parent is one of the risk factors for substance use in adolescence. Psychopathology was reported at a higher rate in parents of adolescents with limited symptoms in our study. No studies have been conducted on the parental trait in the literature on internet addiction. It has been found that parents of adolescents with problematic internet use in our study reported lower scores in the search for novelty seeking, persistence, emotionality, helpfulness and spiritual acceptance subscales. In addition, as the result of the regression analysis, the phobic anxiety level of the parents with high socio-economic level but not seeking novelty increased the risk of the problematic internet use of the children. Assessing psychopathology and temperament in the parents of adolescents with problematic internet use is important for the identification of risk factors for both clinical and community health.

### **OP21/ Is Gynecomastia An Endocrinological Disorder Or A Psychoendocrinological Disorder?**

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**Objectives:** It was aimed in the current study to investigate the psychopathology level and diversity, potential problems in body perception and self-esteem and the relationship of these variables with sex steroid levels in subjects with pubertal gynecomastia.

**Methods:** The study enrolled 50 normal weight subjects with gynecomastia but without any chronic organic pathology, and 50 pubertal male subjects matched for age. The subjects underwent psychopathology assessment using Information for researchers and clinicians about the Development and Well-Being Assessment; body perception was evaluated with Body Image Scale and self-esteem with Rosenberg Self Esteem Scale, and the relationship between these parameters and sex steroid levels were explored.

**Results:** The results of the study revealed that the gynecomastia group had impairments in body perception and self-esteem and a significantly greater psychopathology level; these disorders were correlated to gynecomastia duration and stage. The cortisol level was significantly higher in the subjects with internalization disorder compared to those without, while cortisol levels increased in parallel with the increase in gynecomastia duration was observed.

**Conclusion:** The authors suggest that gynecomastia is a disorder impairing body perception, self-esteem, and psychosocial functionality; the underlying biological hormonal alterations form the basis for psychopathology development; and a multidisciplinary approach should be pursued in every subject presenting to hospital with breast enlargement. A psychological support and follow-up provided by a child and adolescent psychiatrist is of utmost importance for reducing both psychopathology rates and the additional burden of psychopathologies.

## OP22/ Factors Affecting Hospitalization in Child Psychiatry Inpatients

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**Objectives:** Many psychiatric disorders begin in childhood or adolescence. Some of the psychiatric diseases that start in this age group require treatment by being hospitalized. The number of inpatient clinics serving children and adolescent psychiatry is low, with the numbers increasing in our country. Especially adolescent group, a significant number of patients requiring hospitalization are admitted to adult psychiatric services. Children and adolescents are individuals who are in development. The social environment plays an important role in this development process. It is a controversial subject to be treated in adult services of children and adolescents because of the need for family, friends groups and schools in the developmental process. Depending on sociocultural factors such as hospitalization, gender, race, family, living city, economic level, the length of hospital stay can vary. Almost half of the adolescents admitted to psychiatric services in the United States constitute substance use disorders, while mood disorders, psychotic disorders, and impaired behavior are the leading causes of admission in our country. There are limited data in this age group in the literature due to the low number of children and adolescent psychiatric clinics in our country.

**Methods:** Hospital records of 194 children and adolescents aged between 11-18 years who were admitted to the Psychiatric Service of the Ondokuz Mayıs University Psychiatry Service from Samsun province or other ill between January 2013 and December 2015 were retrospectively

reviewed. The gender of the patients, the dates of their admission, the age at which they were admitted to the hospital, the cities they lived in, the socioeconomic levels, whether or not they came with dormitory applications, hospitalizations and length of stay and multiple admissions were recorded. SPSS v21.0 program was used for statistical analysis. Chi-Square, T-tests and Pearson correlation analysis was performed. The ANOVA test was used to assess the length of hospital stay according to the diagnosis. P value was taken 0.05.

**Results:** 138 of the patients were female and 56 were male. When the patients were grouped by gender, there was no significant difference between age, socioeconomic level, place of residence and length of stay. The mean duration of hospitalization was  $10.1 \pm 8.3$  days for girls and  $12.1 \pm 12.3$  days for boys ( $p > 0.05$ ). The number of patients and the number of multiple hospitalizations were significantly higher in females compared to males ( $p: 0.01$  and  $p: 0.02$ ). According to the DSM-4 diagnostic criteria, the most frequent inpatient diagnosis was major depressive disorder, mean hospital stay was 8.43 days. The group with the longest average hospitalization time was the group psychotic disorder. Female gender was found to be a significant risk factor for multiple admission (OR: 2.02,  $p: 0.045$ ). It was observed that the diagnosis of MDD increased multiple risk of hospitalization (OR: 1.51,  $p: 0.092$ ). There was a positive correlation between the number of hospitalizations and the duration of one-time hospitalization (Pearson  $r: 0.202$ ,  $p > 0.05$ ).

**Conclusion:** The number of children and adolescent psychiatric inpatients in our country is very low. Many children with indications for admission to the hospital and adolescent psychiatric patients are admitted to adult psychiatric services. Factors such as the relatively high number of patients hospitalized within the specified period of time, the presence of patients from Samsun province or from peripheral regions, the distribution of patient diagnoses and the presence of children under state protection for hospitalized patients increase the power of this study. Due to OMU Psychiatry Service being a semi-open service, patients with complaints such as severe maladjustment or aggression may have been hospitalized in closed services of other mental health hospitals in the region, leading to the majority of patients being female. Also, because of the relatively more frequent prevalence of MDD in girls, the diagnostic distribution may be favored for MDD. The group of patients with psychotic disorders was relatively more common in male adolescents. Thus, factors such as the weight of the psychopathology and the greater susceptibility to suicidal behavior may prolong the length of stay in the psychotic group of patients. The fact that MDD is a debilitating, chronic illness, a recurrence and a relapsing disease may have caused multiple admissions. Limitations are the fact that factors such as drug treatment, psychotherapy practices, family support and other social support factors applied to inpatient illnesses do not participate in the study. There may be a number of reasons why the length of hospitalization for these patients is shorter than for other studies. Adult services and the service is not suitable for the needs of children and adolescents, and the number of hospital beds is limited. We believe that our country of work contributes to the field of inpatient treatment of children with insufficient data in the field of pediatric psychiatry.

### **OP23/Cytokine And Chemokine Levels In Pediatric Patients With Obsessive Compulsive Disorder**

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**Objectives:** Immun dysregulation has been hypothesized to be important in the development and pathophysiology of obsessive compulsive disorder (OCD). In this study, it was aimed to explore the serum levels of IL-17, IL-12, TGF-beta, TNF-alfa, sTNFR1, sTNFR2, IL-1 beta, CCL3, CCL24, CXCL8 and BDNF in children with OCD.

**Methods:** A total of 44 drug-naive children and adolescent with OCD and 40 healthy controls were included in this study. The severity of the OCD symptoms were assessed the Child's Yale Brown Obsessive-Compulsive Scale and Maudsley Obsessive Compulsive Questionnaire. In order to determine child's depression and anxiety levels patients filled out self-report scales. Cytokine, chemokine and BDNF levels were determined from serum samples that were collected on the day of the interview were measured using commercial enzyme-linked immunosorbent assay kits.

**Results:** The multivariate analysis of covariance (MANCOVA) revealed a significant main effect of groups for the levels of serum cytokine, chemokine and BDNF, an effect that was independent of severities of depression and anxiety [Pillai's trace  $V = 0.371$ ,  $F(11, 70) = 3.756$ ,  $p < 0.001$ ,  $\eta^2 = 0.187$ ]. The analysis of covariance (ANCOVA) indicated that serum TNF-alfa levels were significantly higher in OCD group as compared to control groups [ $F(1, 80) = 18.410$ ,  $p < 0.001$ ,  $\eta^2 = 0.187$ ]. In contrast, serum IL-12 levels were significantly lower in OCD group than control groups [ $F(1, 80) = 6.381$ ,  $p = 0.014$ ,  $\eta^2 = 0.074$ ]. The other cytokine and chemokine and BDNF levels were not different among the groups. No associations were found for serum immune markers and questionnaire scores.

**Conclusion:** These findings suggest that TNF-alfa and IL-12 may play a role in the pathophysiology of OCD in children. The causal relationship between these proinflammatory cytokines and pediatric OCD requires further investigation.

### **OP24/ Relationship Between Duration Of Substance Use And Respiratory Muscle Strength, Balance And Lower Extremity Muscle Strength In Substance Use Disorder Adolescents**

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**Objectives:** Although patients with substance use disorder (SUD) are documented to have an inactive lifestyle, which is associated with cardiovascular disease and other lifestyle-related diseases, evidence regarding their substance use duration and its impacts on respiratory muscle strength, balance and lower extremity muscle strength is limited. Therefore, aim of this study was to investigate the relationship between duration of substance use and respiratory muscle strength, balance and lower extremity muscle strength in a group of SUD patients.

**Methods:** Sixty male adolescents with SUDs in Alcohol and Substance Treatment Center at Bakirkoy Research and Training Hospital for Psychiatry, Neurology and Neurosurgery, were evaluated. Participants balance and lower extremity muscle strength were evaluated by Single Limb Stance Test (SLST) and 30-Second Sit To Stand Test(30-CST), respectively. Respiratory muscle strengths (maximal inspiratory pressure (MIP); maximal expiratory pressure (MEP)) of the volunteers were evaluated by Carefusion Micro RPM device.

**Results:** Mean ages of adolescents with substance use disorder was  $16.61 \pm 0.85$  years. The average age of onset and duration of substance use were  $13.92 \pm 1.11$  years and  $44.60 \pm 17.56$  months, respectively. There were a statistically significant correlation between substance use duration and MIP ( $r=0.30; p=0.02$ ), MEP ( $r=0.29; p=0.02$ ), SLST-right ( $r=-0.80; p=0.00$ ) and SLST-left ( $r=0.69; p=0.03$ ) scores. On the other hand, there was no significant relationship between substance use duration and 30-CST ( $r=-0.05; p=0.87$ )

**Conclusion:** This study indicated that increase in the duration of substance use affects respiratory muscle strength and balance in substance use disorder adolescents. Effective physical exercise should be advocated as an essential part of the clinical practice of SUD treatment to improve the patients health and consequently reduce the costs because of the high use of emergency departments, hospital, and medical care.

## **OP25/ The Relationship Between Attention Deficit Hyperactivity Disorder Severity And Foot**

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**Objectives:** Attention deficit hyperactivity disorder (ADHD) is one of the most common disorders in childhood. Recent studies have shown that many children with ADHD sustain deficiencies in sensory processing in addition to its classic symptoms. The aim of this study was to investigate whether there is any relationship between ADHD severity and foot structure in patients with ADHD.

**Methods:** Our prospective clinical study group included from 8-14 years-old with ADHD who were admitted to Child and Adolescent Psychiatry Department, and consisted of 47 subjects were not using any medication for ADHD. Footprint was used to measure foot structure. Assessments were performed by using the digital images. Clarke's Angle(CA), Staheli-Arch Index(SAI) and Chippaux-Smirak Index (CSI) were calculated by using a scientific image-analysis program, ImageJ. The Turgay DSM-IV Disruptive Behaviour Disorders Scale was used to determine ADHD severity.

**Results:** Mean ages of children with ADHD was  $10.35 \pm 1.66$  years. The average right and left side of CA, SAI and CSI were  $39.80 \pm 11.91$  and  $41.30 \pm 9.35$  for CA;  $55.66 \pm 27.05$  and  $51.79 \pm 22.31$  for SAI;  $31.19 \pm 15.99$  and  $28.25 \pm 11.87$  for CSI, respectively. There were only statistically significant correlation between ADHD-hyperactivity score and left side of SAI ( $r=0.371$ ;  $p=0.01$ ) and left side of CSI ( $r=0.373$ ;  $p=0.01$ ). On the other hand, there was no significant relationship between ADHD-hyperactivity score and right side of SAI and CSI ( $r=0.08$ ;  $p=0.58$  and  $r=0.11$ ;  $p=0.45$ ).

**Conclusion:** The results of this study may have reflected the positive relationship between hyperactivity and pes planus in children with ADHD. Although this important area awaits further research in large samples, we may state that it is worthy to investigate the role of foot structure and function in pathogenesis of ADHD.

#### **OP26/ Possible Association between Attention Deficit and Hyperactivity Disorder and Suicidality in Adolescents**

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**Objectives:** Adolescent suicide and attention deficit hyperactivity disorder (ADHD) are disturbingly common, thus, an important public health problem. Overlap of some of the sociodemographic characteristics for both adolescent with ADHD and suicidal behavior led us to question the underlying etiology and possible association. The aims of the study to evaluate the possible association between ADHD and suicidality in adolescents.

**Methods:** We investigated a total of 374 suicide cases admitted to the emergency department of Cukurova University hospital between January 2010 and September 2015. However, 22 cases were excluded from the analysis because of missing of information and 2 of them were exitus. Data was collected from the files records of Child and Adolescent Psychiatry Department using hospital's information system. The data were entered and analyzed using SPSS for Windows, version 15. Cross tabs and chi-square tests were used to identify the categorical variables.

**Results:** Of the 350 participants (mean age was  $15.2 \pm 1.5$  years) who completed the study, 192 (54.9%) were diagnosed with ADHD, 62 (17.7%) with mood disorders, 17 (4.8%) with MR, 8 (2.2%) with OCD; 25 (7.1%) with PTSD, 8 (2.2%) with another anxiety disorder, 57 (16.2%) with another psychiatric disorder, and 62 (17.7%) of them did not have any psychiatric diagnosis.

Adolescents with ADHD were more likely to have experienced domestic violence (28.3%, versus 17.7%;  $p < 0.026$ ). In comparison with non-ADHD patients, adolescent with ADHD were more likely to use drugs in suicide attempts (non-ADHD group;  $n=136$ , 93.2%; ADHD group  $n=188$ , 97.9%,  $p < 0.029$ ), confess the attempt (non-ADHD group;  $n=136$ , 93.2%; ADHD group  $n=155$ , 81.2%,  $p < 0.010$ ), and have a precipitating cause (non-ADHD group;  $n=131$ , 89.7%; ADHD group;  $n=190$ , 99.0%;  $p=0.0001$ ). According to the analyses, the rates of secondary gain, regret after the attempt and the risk of possible reattempt are statistically indifferent.

**Conclusion:** A history of increased precipitating cause can be related to impulsive actions often result in undesirable consequences and impairing the decision-making process. The most fatal effect of these cognitive tendency may be choosing suicide as an immediate escape from a stressful situation. These results support previous findings suggesting considerable association between ADHD and suicidal behavior in adolescents. Raising the awareness of the problem of suicide risk in ADHD patients, especially psychiatrists and general practitioners, who often provide first-line support to these patients are extremely important. Early detection and treatment of ADHD along of its comorbidities may reduce the suicide attempts and improve the prognosis significantly. Our findings highlight the importance of adequately detecting and treating ADHD as well as its comorbidities.

## **OP27/ Neutrophil / Lymphocyte and Platelet / Lymphocyte Rates in Children with**

### **Early-Onset Bipolar Disorder**

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**Objectives:** Early Onset Bipolar Disorder (EOBD) is a chronic disorder with episodes that effects general functionality significantly in children and adolescents. Immunological and inflammatory mechanisms in Bipolar Disorder are thought to play a key role in the pathophysiology of the disease. Neutrophil/ Lymphocyte (N/L) and Platelet/Lymphocyte (T/L) ratios are associated with inflammation; neuropsychiatric disorders such as Alzheimer's disease, schizophrenia, show the presence of systemic inflammation. Studies in adult patients reported that N/L and T/L ratios were higher in patients with Bipolar Disorder. In literature, there is lack of studies about EOBD. In this study, we compared these serum N/L ratio and T/L ratios of patients with EOBD who were admitted to pediatric psychiatric service and healthy controls.

**Methods:** 42 patients diagnosed with EOBD between 01.01.2013 and 01.01.2016 in Ondokuz Mayıs University Medical Faculty Child Psychiatry Department retrospectively have been examined. Serum N/L ratios and T/L ratios obtained by examining the results of blood samples routinely taken during the hospitalization. Serum N/L and T/L ratios obtained from the results of blood samples taken from 30 age-matched healthy children of the patient group were compared.

**Results:** The mean age of the patients was  $14.8 \pm 1.6$  and the mean age of the control group was  $14.8 \pm 1.8$ . The patient group was 76.2% female, 23.8% male, the control group was 53.3% female, 46.7% male. The difference between the N/L ratios of the patient group and the control group was



significant ( $p = 0.02$ ). There was no significant difference between the T/L ratios of the patient group and the control group ( $p = 0.38$ ).

**Conclusion:** Recent evidence in literature shown that proinflammatory cytokines increased and in bipolar disorder. N/L and T/L ratios which are indicative of systemic inflammatory process were found to be statistically higher in studies performed in patients with adult bipolar disorder than in healthy control group. Our study also revealed a significant increase in N/L ratios in EOBD patients. There is a need for new studies to confirm that relationship between EOBD and inflammation with the parameters obtained through hemogram, which is as implemented in expensive method to be applied in outpatient clinics.

### **OP28/ Comparison of the Efficacy and Adverse Event Profile of Two Different Modified Release Methylphenidate Preparations for Children and Adolescents with Attention-Deficit/Hyperactivity Disorder: Comparison of Medikinet Retard and Concerta**

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**Objectives:** Methylphenidate (MPH) is the most frequently used and best studied substance, and the robust effects of immediate release (IR) preparations and modified release preparations (MR) of MPH have been documented in meta-analyses. Medikinet ®retard and Concerta ® are two MPH preparations with different release profiles and proved efficacy on ADHD symptoms as well as co-morbid conditions. Medikinet retard contains equal proportions of IR and slow release MPH. This oncedaily extended-release formulation had a duration of action of about 8 hours in an analog classroom setting, with efficacy corresponding to twice-daily administration of IR MPH. The tablet coating of Concerta dissolves within 1 to 2 hours and releases 22% of the total dose of MPH. The remaining 78% of the dose is osmotically controlled (osmotic-release oral system [OROS] technology) and released over 10 hours through a laser-drilled hole. The maximum effect occurs 6 - 8 hours after dosing. We aimed the comparison of the effects and adverse effects of two different modified release methylphenidate preparations (Medikinet retard®and Concerta®).

**Methods:** Patients aged between 6 and 18 years who presented to the Child and Adolescent Mental Health Polyclinic of Kayseri Research and Training Hospital between April 2016 and March 2017, were diagnosed with ADHD according to the DSM-IV criteria, and planned to receive OROS- methylphenidate (Concerta®) or extended release MPH (Medikinet retard®), were included in the study. All participants completed a socio-demographic data form, the Schedule for Affective Disorders and Schizophrenia for School-Age Children-Present and Lifetime Version-Turkish version (K-SADS-PL-TR). In addition, the parent's of ADHD group completed the Weiss Functional Impairment Rating Scale-Parent Report (WFIRS-P), both at baseline and after the reaching target dosage of treatment period and the Barkley Stimulant 's Side Effects Rating Scale (BSSERS) only in the first control after treatment. Approval of the Ethics Committee (from Erciyes University), and consents of the study participants and their relatives were obtained for the study. Patients who had received methylphenidate treatment before or used any psychotropic drug

other than methylphenidate, used any drug within the last one month, or had any systemic or metabolic disease or mood disorder, extensive developmental disorder, psychotic disorder, substance abuse, progressive neurological disease, visual and/or auditory disability, or mental retardation (IQ < 70) were excluded from the study. We used Shapiro-Wilk test to analyze homogeneity of variables. Among-group differences on non-homogenous variables were analyzed using Mann-Whitney-U test. Independent samples t-test was used for homogenous variables. Data analysis was performed using SPSS 21.0 and p-values <0.05 were considered statistically significant.

**Results:** Of the 32 patients, 16 patients were using OROS-MPH, 16 patients were using extended-release MPH. In the both of groups, 2 patients were females (12,5%), 14 patients were males (% 87,5). Mean age of the patients in the OROS-MPH group was  $9,18 \pm 2,45$  years, in the extended-release group was  $6,81 \pm 1,04$ . At endpoint, the mean daily dose of OROS-MPH was  $30.93 \pm 10.37$  mg ( $0.99 \pm 0.23$  mg/kg; range 18-54 mg), the mean daily dose of extended release MPH was  $22.5 \pm 5.77$  mg ( $0.97 \pm 0.18$  mg/kg; range 10-40 mg). In the WFIRS-P, six subdomains were assessed. This subdomains includes family domain, learning and school domain, life skills domain, child's self-concept domain, social activities domain, risky activities domain. In both of groups, there were improvement with drug treatment at all of subdomains. In the extended-release group, improvement was higher than OROS-MPH group for all of domains but significantly statistical difference was found for only social activities domain (family domain  $p=0.83$ , learning and school domain  $p=0.35$ , life skills domain  $p=0.19$ , child's self-concept domain  $p=0.09$ , social activities domain  $p=0.002^*$ , risky activities domain  $p=0,12$ ). Weight loss as an adverse event was more frequently in OROS-MPH group (%43.8) compared to extended release group (%25). The most common adverse events (either a new one or an increase in the severity of the existing one) occurring in the ADHD patients of the OROS-methylphenidate treatment included loss of appetite (75%), difficulty in falling asleep (62.5%), moodiness (50%), misery/sadness (43.7%), restlessness (37.5%), ecstasy (37.5%), sudden crying (31.2%), quietness (31.2%), nightmares (25%), being in own world (25%), daydreaming/absence (18.7%), headache (18.7%), nail biting (18.7%), drowsiness (18.7%), dizziness (12.5%), abdominal pain (6.2%), tics (6.2%). The most common adverse events (either a new one or an increase in the severity of the existing one) occurring in the ADHD patients of the extended-release MPH treatment included loss of appetite (87.5%), sudden crying (43.7%), difficulty in falling asleep (37.5%), moodiness (37.5%), quietness (31.2%), headache (31.2%), misery/sadness (25%), daydreaming/absence (25%), restlessness (18.7%), nightmares (18.7%), being in own world (18.7%), abdominal pain (18.7%), nail biting (12.5%), drowsiness (12.5%), dizziness (6.2%), ecstasy (0%), tics (0%).

**Conclusion:** It is over 70 years since the observation that stimulant drugs can improve hyperactive behaviour in children. Methylphenidate and amphetamine were most commonly used in stimulant group drugs. Methylphenidate has been the first line pharmacological treatment in children and adolescents with ADHD and results in significant improvement in 70 to 80% of affected subjects. The OROS- methylphenidate have been available in the Turkey for a long time although the extended release MPH (Medikinet retard®), were available in Turkey from 2013. There is no data about effectiveness and adverse event profile of extended release MPH (Medikinet retard®) in our country. Our findings suggest that that Medikinet retard with a higher effectiveness component than Concerta and adverse events are more less than Concerta. These findings are results of preliminary study and this study is going on.

## **OP29/ Sociodemographic And Clinical Features Of 338 "Conditional Refugee" Children And Adolescents Guided To A Special Mental Health Clinic In Ankara**

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**Objectives:** In this study, we examined sociodemographic and clinical features of 338 refugee children and adolescents guided to a special center for child mental health in Ankara, Turkey.

**Methods:** Psychiatric assessment of the 338 children, who are in the status of "Conditional Refugees" are conducted by an expert of child and adolescent psychiatry, accompanied by a translator due to language barriers. The diagnoses, acquired as a result of diagnosis based clinical interviews and anamneses, were examined by means of a retrospective file scanning method. SPSS (The Statistical Package for Social Sciences) 21.0 software was used for the analysis of the acquired data, and diagnoses were obtained through average, frequency and x-square analyses.

**Results:** 61.8% (n=209) of the patients are male and 38.2% (n=129) are female. Age average of the patients is found as 11.6±4.25. Most of the children who applied for the assessment were those who were 13-19 years old (47.0%), which are followed by those being 7-12 years old (39.1%) and 0-6 years old patients (13.9%). Among the most common complaints of the children are sleep disorders (57.1%), worry/anxiety, (47.6%), autism (42%) and nervousness (37.6%). 11.8% (n=40) of the children had suicidal ideation and/or attempt history. When considering psychopathology rates of children with suicidal behaviour, it has been determined that they were mostly diagnosed with depression (N=25, 62%). In clinical evaluations; anxiety disorders (24.3%), depressive disorders (15.4%) and post-traumatic stress disorders (PTSD) (12.7%) are the most frequent psychiatric diagnosis. There is quite a big difference in the diagnosis range in respect to gender comparison (p>0.05). When evaluating of traumas of children, seeking asylum, it has been determined that the rate of witnessing violence in their home country and a domestic violence (n=103) is considerably high. This rate is followed by exposure of assault (n=59) and loss one or more of his/her relatives (n=52). The number of children who exposed to sexual assault has been determined as 35. Moreover; it has been determined that PTSD is occurred especially on the children who were exposed to sexual assault, kidnapped/held as hostage or assaulted physically. PTSD diagnosis rates of traumatic children are indicated in the table 3.

**Conclusion:** The most common complaints of children in our study are sleep disorders, worry/anxiety, autism and nervousness. The most common application symptoms of children to the clinic are indicated in the literature as sleep disorders, worry/anxiety, recurrence events regarding trauma, depressive mood, autism and nervousness. It is also indicated that PTSD, depression and anxiety disorders are frequently observed in the psychiatric morbidity study conducted on groups who displaced by force; and the risk of developing mental illnesses of refugees and asylum seekers are much higher compared to normal population. In our study, in parallel with the article, it has been observed that anxiety disorders, depressive disorders and PTSD are most common clinical diagnoses. Also, it has been determined that PTSD diagnosis is observed more frequently especially on children who were exposed to sexual assault, kidnapped and/or held as hostage or exposed to a direct assault like physical violence.

### **OP30/ Use Of Antipsychotic Drugs In An Outpatient Unit Of A Child And Adolescent Clinic: A Retrospective Chart Review Of 212 Patients**

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**Objectives:** Use of antipsychotic drugs has been increasing in child and adolescent psychiatry in recent years. The findings also prove that atypical antipsychotic drug use is not only common in the treatment of psychotic disorders, but also in the treatment of attention deficit hyperactivity disorder (ADHD), conduct disorder and mood disorders. However, there are few data on the clinical characteristics of child and adolescent patients who receive antipsychotic treatment. In this study, it was aimed to examine sociodemographic and clinical characteristics of children and adolescents admitted to an outpatient unit of a university hospital and applied antipsychotic treatment.

**Methods:** In the study, the retrospective examination of sociodemographic and clinical characteristics of 212 patients from their files who applied to the Hospital of Düzce University between January 2016 and January 2017 and given antipsychotic treatment as a result of clinical interviews based on diagnosis was carried out. In the data analysis, SPSS 21 was used and findings were obtained by descriptive statistics and chi square analysis.

**Results:** 50% of the patients (n=106) were female and 50% of the patients (n=106) were male. The age average of the patient group was 13.04. Among those who were diagnosed and started to receive antipsychotic drug treatment; 26,2% of them (n=106) had attention deficit hyperactivity disorder (ADHD), 17,5% of them (n=71) had depressive disorder, 8,9% of them had mental retardation, 3,7% of them (n=15) had autism spectrum disorders, 3.2% of them (n=13) anxiety disorders, 2,7% of them (n=11) had tic disorders, 2.0% of them (n=8) had trauma and stressor related disorders, and 1,7% of them (n=7) had bipolar spectrum disorder.

**Conclusion:** In the study conducted, it was observed that the number of female and male patients applied to the clinic was equal. Half of the patients who were on the antipsychotic drug treatment were diagnosed with ADHD. Among the reasons for which the ADHD patients received antipsychotic drug treatment were impulsivity, nervousness, anger management problem, destructive behaviors. Patients diagnosed with depression were received antipsychotic drug treatment because of self-destructive and suicidal behavior and most of this patient group consisted of adolescent patients. It was observed that for those at the age of preschool, the antipsychotic drug treatment was applied in ADHD and autism patient groups. For autistic patients; it was stated that, mostly risperidone was prescribed due to hyperactivity and repetitive behaviors with low doses of 0,25-0,50 mg per day. Especially in patients diagnosed with mental retardation and psychotic disorder, doses of antipsychotic drug were higher compared to other patient groups.

### **OP31/ Investigation Of Suicide Trend Factors In Adolescents Who Had Suicide Attempts And Admitted To Department Of Pediatrics Duzce University Hospital**

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**Objectives:** Suicide is an important public health issue in adolescents. One of the most important strategies to prevent suicides is identifying the factors that led to commit suicide. In our study, it is aimed to identify the effects of sociodemographic characteristics, psychological factors, impulsivity in suicidal behaviour of adolescents and investigate preventive approaches.

**Methods:** In this study adolescents who were 10-18 years-old had attempted to suicide in last week and hospitalized in the Department of Pediatrics Düzce University Medical School Hospital between June 2015- June 2016 were evaluated. Adolescents who had mental problems and were under the influence of drugs and alcohol, had problems in language and education weren't evaluated. The adolescents were evaluated by sociodemographic data form, Barratt Impulsiveness Scale and suicidal intent scale.

**Results:** 52 adolescents accepted to participate in this study and filled the forms accurately. All of the adolescents who had attempted to suicide were students and 63.5% of these adolescents had failure at school performances. The failure at school performances increased the risk of suicide. It has been also observed that 94.1 % of suicide attempted adolescents have choosen to take high dose pills and 65.4 % of them were regretful about their attempt. Psychological illnesses, especially depression, increase the risk of suicide. In this study 28.8 % of adolescents had psychological illnesses histories. In the impulsivity part of the study, 25% of adolescents who were more likely to attempt suicide had more impulsive behaviours, lost their attention easily and they were quick tempered. Impulsivity was an important factor of suicide.

**Conclusion:** In our study depression, impulsivity, failure at school performances, death of relatives, conflict in family members were important risk factors of suicide. Analyzing the adolescents in the light of these factors will be effective to prevent the attempts of suicide.

### **OP32/ Comparison of Empathy and Aggression Between the Cases Who Are Diagnosed with Attention Deficit and Hyperactivity Disorder or Anxiety Disorder and Healthy Controls**

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**Objectives:** Attention deficit and hyperactivity disorder (ADHD) and anxiety disorder (AD) are prevalent psychiatric disorders in childhood. Empathy, in relation to a given situation of a person, is understanding the feelings and thoughts of the other person as true, feeling what he felt, and also it is the

process of forwarding them to other person. One of most important roles of empathy is preventing aggression. In this study it is aimed to evaluate empathy and aggression between the cases who are diagnosed with ADHD or AD and healthy controls.

**Methods:** The study group consisted of 61 children (8-12 years old) diagnosed with ADHD; 42 children diagnosed with childhood Anxiety Disorder (AD) who were matched for gender and age to the ADHD patients. The control group (87 children) comprised patients of other clinics at hospital and was matched for gender and age to the ADHD patients. The Kiddie Schedule for Affective Disorders and Schizophrenia for School Aged Children-Present and Life time Version (K-SADS-PL) was used to diagnose ADHD or AD and allowed comorbidities. Buss Perry Aggression Scale was used to evaluate aggression of children; empathy level of children were evaluated with Bryant Self Report for Children and Adolescents and Griffith Empathy Scale Parent Form.

**Results:** Statistical significant difference was found in empathy and aggression when comparing three groups with Bryant Self Report Empathy Scale and Griffith Empathy Scale parent form and aggression scale (respectively,  $p < 0.001$ ,  $p < 0.001$ ,  $p < 0.001$ ). Children diagnosed with ADHD had low scores of empathy and high scores of aggression when comparing with both children diagnosed with AD and healthy controls (respectively,  $p < 0.001$ ,  $p < 0.001$ ,  $p < 0.001$ ). Statistical significant difference was found in empathy and aggression when comparing children diagnosed with AD and healthy controls with Bryant Self Report Empathy Scale and Griffith Empathy Scale Parent Form and aggression scale (respectively,  $p < 0.001$ ,  $p < 0.001$ ,  $p < 0.001$ ).

**Conclusion:** It is the first study which evaluated empathy and aggression, both influence social interaction, between the children who are diagnosed with ADHD or AD and healthy controls. Children's empathy skills and aggressive behavior can be part of the treatment for increasing social skills and this may contribute to treatment in children who are diagnosed with ADHD or AD.

### **OP33/ Comparison of Sleeping Habits Between the Cases Who are Diagnosed with Attention Deficit and Hyperactivity Disorder or Anxiety Disorder and Healthy Controls**

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**Objectives:** Attention Deficit and Hyperactivity Disorder (ADHD) and anxiety disorders (AD) children has been shown to affect the quality of sleep. In this study it is aimed to evaluate sleep habits and sleep problems between the cases who are diagnosed with ADHD or AD and healthy controls.

**Methods:** The study group consisted of 61 children (8-12 years old) with ADHD; 42 children diagnosed with AD, the control group (87 children) comprised patients of other clinics at hospital.

The Kiddie Schedule for Affective Disorders and Schizophrenia for School Aged Children-Present and Lifetime Version (K-SADS-PL) and DuPaul ADHD Rating Scale were used. The Screen for Child Anxiety Related Emotional Disorders (SCARED) child and their parents forms are given in the anxiety disorders group. Children's sleep habits and sleep problems were assessed with the Children's Sleep Habits Questionnaire.

**Results:** The average age of the children in the ADHD was  $9.66 \pm 1.20$  years, and the average age of the children in the AD was  $10.00 \pm 1.38$  years the average age of the children in the healthy controls  $10.12 \pm 1.36$  years. There were no significant difference between three groups in sociodemographic data. Statistical significant difference was found in bedtime resistance, the sleep onset delay, the sleep duration, the sleep anxiety, the night wakings, the parasomnias and the daytime sleepiness when comparing three groups. The AD and ADHD group compared to healthy controls; in both groups were obtained significantly higher scores in terms of sleep habits except for the sleep disordered breathing.

**Conclusion:** In our study, problems in the sleep habits evaluated by parents both ADHD and AD groups are more than compared with healthy controls likewise literature. However, further studies with larger sample size and objective measures such as actigraphy and polysomnography may allow us to have more knowledge in this area.

#### **OP34/ Comparison of Family Functioning Between the Anxiety Disorder and Healthy Controls**

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**Objectives:** Children with anxiety disorder (AD) have been shown to affect the quality of life and family functioning. In this study it is aimed to evaluate family functioning between AD and healthy controls.

**Methods:** The study group consisted of 42 children (8-12 years old) with AD; the control group (57 children) comprised patients of other clinics at hospital. The Kiddie Schedule for Affective Disorders and Schizophrenia for School Aged Children-Present and Lifetime Version (K-SADS-PL) was used. Family functioning was assessed with the Parenteral Attitude Research Instrument (PARI), Family Assessment Device (FAD) that filled out by parents.

**Results:** The average age of the children in the AD was  $10.00 \pm 1.38$  years, and the average age of the children in the healthy controls  $10.01 \pm 1.51$  years. There were no significant difference between AD and healthy groups in sociodemographic data. When we compared AD and control groups; there was a statistically significant increase over parenting attitude, hostility and rejecting attitude, authoritarian attitude, marital conflict subscale scores in the AD group (respectively  $p < 0.001$ ,  $p: 0.014$ ,  $p: 0.002$ ,  $p: 0.003$ ) and no statistically significant difference in democratic attitude subscale

score of PARI (p:787). All subscores of the FAD were over 2 in the AD group. There was a statistically significant increase in communication, roles in family, affective sensitivity, affective attachment, behavior controlling, and general functioning subscale scores in FAD in the AD group (respectively  $p<0.001$ ,  $p<0.001$ ,  $p<0.001$ ,  $p<0.001$ ,  $p<0.001$ ,  $p<0.001$ ,  $p<0.001$ ,  $p<0.001$ ) but no statistically significant difference in problem solving subscale in FAD ( $p=0.150$ ).

**Conclusion:** In our study, problems in the children's family functioning and parental attitude in AD are more than compared with healthy controls likewise literature. When planning the treatment of AD, family-based interventions should be considered. However, further studies with larger sample size may allow us to have more knowledge in this area.

Key words: Anxiety disorder, family functioning

### **OP35/ Examination Of The Quality Of Life Parameters In Children With Mental Disorders And Their Parents In A Turkish Clinical Sample**

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**Objectives:** Although the concept of quality of life (QoL) is not taken into consideration when the impairment criteria is employed, it is suggested to be chosen over the psychopathology or impairment as the main healthcare outcome. Most of the existing studies in children focused on the relationship between physical disorders and QoL, therefore the relationship of QoL with mental and behavioral disorders has not received the same degree of scientific attention. Existing literature report lower QoL in the parents of children with ASD compared to the parents of children with various mental and medical disorders healthy controls. In the present study, we aimed to establish whether QoL in children with the most prevalent psychiatric disorders differed amongst the diagnostic categories, whether the QoL of children had any relationship with that of their parents, and finally whether QoL parameters were related to various sociodemographic variables.

**Methods:** A total of 785 consecutive referrals of children and adolescents, aged 6-18 years, were assessed using a semi structured diagnostic interview (KSADS-PL) and a DSM-5 based clinical interview was conducted to detect the diagnoses fallen outside the scope of the KSADS-PL (e.g. autism spectrum disorders- ASDs, intellectual disability, speech and language disorders). In addition to a sociodemographic information tool, Pediatric Quality of Life Inventory (PedQL) and World Health Organization Quality of Life-Brief Form (WHOQOL BREF), filled out by parents, were used to gather QoL data.

**Results:** The mean age for the total sample was 9.44 years ( $SD= 3.18$ ; range 6-18 years), majority of them (64.6%,  $n= 507$ ) were boys and the main parental informant was the mother (87.2%). Physical and psychological functioning of the parents were significantly lower in those who reported psychological problems in their families ( $p< .001$ ), and lived in low income households ( $p= .006$ ). Results showed that depressive disorder in the child had most significant association with QoL parameters both in the child and parent. Depressed children had significantly lower scores in their total QoL score, and the psychosocial, physical, emotional domains as compared



anxious children ( $p < .05$ ). Besides, diagnosis of depression was independently associated with the child's low total QoL ( $\beta = -8.01$ ; 95%CI= -14.46 to -1.56;  $p = .015$ ) and all subcategories of the parental QoL ( $p < .001$ ). Diagnoses of ASD and ADHD-DBD showed independent and significant associations with the child's total QoL ( $\beta = -11.05$ ; 95%CI= -17.85 to -4.26;  $p = .001$ ); ( $\beta = -7.17$ ; 95%CI= -10.68 to -3.76;  $p < .001$ ), respectively) and its social ( $p < .001$  for both), school- related ( $p = .030$ ,  $p < .001$ , respectively) and psychosocial ( $p < .001$  for both) domains.

**Conclusion:** To the best of our knowledge, the present article is the first study of a Turkish clinical sample reporting the quality of life in parents and their children with the most prevalent psychiatric diagnoses. Different from the existing literature, where lower QoL have mostly been associated with ASDs and ADHD-DBD; results of the present study presents possibly more deleterious effect of depressive disorders on the QoL parameters in children and their parents. We tentatively explain this finding with the abrupt and powerful disruption that depression brings upon the daily routine of the child (mostly an adolescent with with more cognitive and social awareness) and their parents. On the other hand, due to the chronicity of neurodevelopmental disorders, the child and parents are more likely to get used to the problem they have long been living with. Longitudinal studies are needed to demonstrate the cause-effect relationship between the childhood psychiatric disorders and QoL.

### **OP36/ Evaluation Of Experiences And Awareness Related To Children's Mental Health Diseases Of Physicians Working In The Primary Health Care**

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**Objectives:** The aim of this study is to determinate the level of knowledge, awareness and attitudes of family physicians working in the primary health care system, which constitute the first medical contact within the health system, and whether their knowledge level differ according to demographic variables while taking their role of prevention and prevention of childhood mental health diseases into consideration. It is also within our aims to increase the sensitivity of family physicians in this regard and to make a contribution for providing the training needs.

**Methods:** It is planned that this study will be done in a descriptive manner with the aim of determining the knowledge, awareness and attitudes on CAMH of the family physicians working in Kocaeli city center. In gathering the data; a scale form developed by the researcher and responsible teacher in the direction of literature information is used. In the questionnaire, it is evaluated whether the physicians see themselves as competent on the CAMH approach (diagnosis, treatment) and their attitudes, qualifications and proposals for pre-service and family medicine education. It is planned that the work will be conducted via a questionnaire form designed by the internet. The study was planned on basis of voluntary participation by sending a survey link to all registered users in Kocaeli Family Physicians Association. It was targeted that all members of the association with a total number of 546 would be included in the study.

**Results:** Of the physicians participating in the study, 153 (59, 1%) were found not to have received any CAMH training before graduation. Most of the physicians who took an under graduation CAMH internship reported that they received their education within the scope of psychiatry internship and that only 29 (26, 9%) took their training as a separate internship. It was found that 56, 6% of the participants did not participate in any CAMH training after graduation. Statistically, there were no significant differences between pre-service medical students who took a CAMH internship and those who did not in terms of diagnosis, treatment orientation and planning skills. Among the physicians who received the CAMH internship as a separate internship and those who received it within the scope of psychiatry internship the scale scores of the group who took the internship as a separate internship were found to be statistically significantly higher in terms of diagnosis adequacy, in certain childhood age groups.

**Conclusion:** It was observed that there was a significant difference among the participants according to the duration of their CAMH training. Only 5, 8% of the respondents think that the training period is enough when they evaluate the CAMH education in undergraduate medical education. In the study, physicians working in primary health care institutions found themselves inadequate in the areas of diagnosis, treatment planning, and operation in CAMH diseases. It is believed that the results of the study will help raise awareness in these areas and help to develop new approaches to the development of the approach to the CAMH diseases in primary care.

### **OP37/ A Retrospective Chart Review Of Psychotropic Drug Use In Preschool Children**

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**Objectives:** The prescription rate of psychotropic drugs, especially atypical antipsychotics(AA) in preschool children have been enormously increased, but still there is little known in efficacy and side effects. Here we aim to assess the trends, benefits and tolerability of psychotropic drug use in preschool aged children.

**Methods:** Medical files of children under 6 years old (n=628; 409 boys, 219 girls) who had been admitted to child psychiatry clinic from January 2015 to January 2016 were reviewed, and children (n=50)(8%) who were prescribed any drug were included. Clinical and sociodemographic characteristics, drugs (dosage, efficacy and safety profiles) were assessed. Baseline and end-point symptom severity was assessed and compared using the Clinical Global Impressions-Severity(CGI-S) scale.

**Results:** Mean age of the study sample (39 boys, 11 girls) was 57.2 (min 30-max 70) months old. Diagnoses were; irritability in autism spectrum disorders (n=19), attention deficit hyperactivity disorder(n=16), behavioral problems in mental retardation (n=7), and severe tic disorder (n=1), anxiety disorders (n=5), obsessive compulsive disorder (n=1) and delirium(n=1). Initially prescribed drugs were risperidone (n=23) aripiprazole(n=14) fluoxetine(n=6), methyphenidate (n=2), hidroxizin(n=2), and piracetam (n=1). The range of daily doses for aripiprazole, fluoxetine, and risperidone were 1-6mg, 5-20 mg, and 0.25-2.5mg, respectively. There were some adverse events

which reported by parents of twentyone (%42) children including sleep disturbances (n=4), stomachache/abdominal pain(n=4), weight gain (n=3) and irritability (n=2), but no serious adverse event occurred. CGI-S baseline and end-point scores were between 3-7 and, 2-7 respectively, but the difference was significant ( $p<0.05$ ).

**Conclusion:** Consistent with the literature, AAs are the most preferred drugs in very young children especially for controlling aggression when psychosocial interventions are unsuccessful. Preschool psychopathology is important for future psychiatric problems and cognitive/emotional development. Therefore appropriate treatment strategies must be implemented. Here we found that symptom reduction may be achieved by pharmacotherapy in fact younger children mostly experienced side effects. Therefore clinicians must be careful about the tolerability and safety issues in very young ages.

### **OP38/An Evaluation Of Adolescent Dependency Centre During Fourteen Years: Socio-Demographic And Substance Use Pattern Changes**

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**Objectives:** The aim of the study was to investigate the changes in socio-demographic characteristics and substance use patterns of individuals who applied to the Adolescent Addiction Center through the years.

**Methods:** The cases were divided into 5 groups based on the application dates; 2003–2007(I), 2008 -2010 (II), 2011 –2012 (III), 2013 -2014 (IV), 2015 –2017 March (V). These groups were analyzed in terms of socio-demographical and substance use characteristics such as age, starting age of using substance, gender, substances they used frequently, education. The Statistical Package for the Social Sciences (SPSS) 21.0 software was used for the statistical analysis.

**Results:** 4500 cases have applied to the center during fourteen years. 88.2% of these cases (n:3933) have history of substance use, additionally 1.2% (n: 53) cases have internet addiction. It is found that 17.7% of the cases are females and 82.3% are males. The number of female cases and all cases applied with internet use problem has increased through years. The starting average age of using substances vary between  $13.8\pm 2.1$  and  $14.6\pm 1.8$  among phases. The month between trying a substance for the first time and applying to the treatment center decreased after first time phase until 2012, and then it has increased. The starting age has risen in years. Marijuana is the most commonly used substance in every phase. Cases reported using synthetic cannabinoids and ecstasy more at last time phases.

**Conclusion:** Through years, substance use patterns and socio-demographic features of adolescent who using substance have been changing. The use of ecstasy and synthetic cannabinoids is increasing. Additionally, trying substance rate is on the rise among girl adolescents. This is a need to revise prevention programs about substance use special to adolescents through years.

### **OP39/Elevated Serum Hepcidin Levels In Patients With Attention Deficit Hyperactivity Disorder**

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**Objectives:** In this study, it was aimed to compare attention deficit hyperactivity disorder (ADHD) patients and control subjects with regard to serum hepcidin levels, and to investigate whether there is a relationship between serum hepcidin level and ADHD symptom severity.

**Methods:** 70 ADHD subjects aged between 7-15 years and 69 healthy controls were included in the study. A semi-structured interview, "Schedule for affective disorders and schizophrenia for school-age children-present and lifetime version (K-SADS-PL)" was applied for diagnosis. Intelligence quotient was evaluated using Wechsler Intelligence Scale for Children-Revised (WISC-R). Child behavior checklist/4-18, Teachers report form, Turgay DSM-IV-based child and adolescent behavior disorders screening and rating scale (parent and teacher), Conners parent/teacher rating scale-revised: Long form were used for clinical assessment. The patients whose WISC-R score was below 80, who had comorbid psychiatric disorders according to K-SADS-PL, history of previous psychotropic drug use, acute or chronic systemic diseases, who had an infection within the recent one month, who used iron preparation within the recent one year and whose Hb < 12 mg/dl were excluded from the study.

**Results:** No significant difference was detected between groups with regard to socio-demographic characteristics. Serum hepcidin level was found significantly higher in ADHD cases compared to healthy controls. A positive correlation was detected between hyperactivity-impulsivity symptom severity and serum hepcidin levels.

**Conclusion:** Hpcidin regulates cellular iron release through interacting with ferroportin and it is accepted as the main regulatory hormone of systemic iron balance. In our study, hepcidin levels were found significantly higher in ADHD cases compared to controls. Hpcidin is known to reduce body iron amount through inhibiting iron absorption from duodenum, iron release from macrophages, iron mobilization from hepatic stores. Elevated hepcidin levels observed in ADHD cases are not known to be a reason or a result. Further studies are required about this issue.

### **OP40/ Predictors of Posttraumatic Stress Disorder Severity in Sexually Abused Adolescents**

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**Objectives:** Posttraumatic stress disorder (PTSD) has been reported as the most frequent psychiatric disorder in sexually abused children and adolescents. In this study we aimed to investigate prevalence, predictors and associated factors of PTSD and its severity in sexually abused adolescents.

**Methods:** 164 sexually abused adolescents (149 females and 15 males) aged between 12 to 18 who were referred for forensic evaluation included in the study. All subjects were clinically interviewed by a child and adolescent psychiatrist. Sociodemographic characteristics, psychiatric diagnoses, and abuser-related variables were recorded for the study. Thereafter all participating subjects were asked to fill Child Posttraumatic Stress Disorder Reaction Index (CPTS-RI). Statistical assessment was conducted using Windows SPSS 22.0 software program.

**Results:** 43.9 percent of the subjects (n=72) received diagnosis of PTSD according to the DSM-IV-TR criteria. Depending on the CPTS-RI score 7.9 percent (n=13) were mild, 17.1 percent (n=28) were moderate, 42.1 percent (n=69) were severe and 26.8 percent (n=44) were very severe PTSD. CPTS-RI scores were higher in females compared to males (p=0.001), and in cigarette (p=0.010) and alcohol (p=0.004) users compared to nonusers. In addition contact (p=0.044) and penetrating (p<0.001) abuses had higher CPTS-RI scores compared to non-contact and non-penetrating abuses respectively. Similarly victims who exposed physical force and violence had higher CPTS-RI scores (p<0.001). Presence of another victim was associated with lower CPTS-RI score (p=0.002). Socioeconomic status (p=0.463), educational attendance (p=0.477), living together with parents (p=0.826), substance use (p=0.196), number of sexual abuse (p=0.131), duration between sexual abuse and psychiatric referral (p=0.578), number of abusers (p=0.088), domestic (p=0.385) and familiar abusers (p=0.545) were not found as determinants of PTSD severity (p<0.005).

**Conclusion:** Sexual abuse causes long term emotional and behavioral problems in children and adolescents. However some types of sexual abuse would cause more severe problems. In our study being female, alcohol and cigarette usage, type of sexual abuse, presence of physical force and violence during abuse, and presence of other victims were related with PTSD severity. Clinicians who work with sexually abused youth should keep in mind these factors that predict the severity of PTSD.

#### **OP41/ Sociodemographic Characteristics And Sleeping Habits In Childhood Masturbation: Preliminary Report**

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**Objectives:** Childhood masturbation (CM) is a condition characterized by palpitation, sweating, flushing, irregular breathing as a result of rhythmic stimulation of her/his genitalia in a prepubertal child. Etiology of CM is not known exactly. In our clinical practice, we encounter CM frequently in Van province. The aim of our study is to explore sociodemographic characteristics and sleeping habits in children with CM.

**Methods:** In this study, 46 children with CM and 24 normally developed children with no complaint between the ages of 0 and 6 year-old were included. Patients were diagnosed as CM according to clinical interview and by watching video recording. Developmental period of the children was assessed by using Denver-II test. Mental retardation, autism spectrum disorders, neurological disorders and simple play with genitals without physical symptoms were excluded. Data were collected by sociodemographic information form prepared by the researchers and Children's Sleep Habits Questionnaire (CSHQ).

**Results:** There was no significant difference between the groups in the terms of sleeping habits and oral period routines such as finger sucking, bottle and pacifier use and also no significant relation between initiation month of CM and sleep scores. CM group had significantly more siblings than control group. Sleeping in the same room with the parents was significantly more frequent in CM group than controls.

**Conclusion:** In Van province, children sleep in the same room with their parents due to economic, climatic and cultural reasons. They may witness intercourse of their parents. And mothers also have many children and excess work load, so they do not have enough time to play with their children. These factors may increase the frequency of CM.

#### **OP42/ Association between Irritability and Parenting Styles in Adolescents with Attention**

##### **Deficit Hyperactivity Disorder: Preliminary Report**

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**Objectives:** Attention Deficit and Hyperactivity Disorder (ADHD) affects the functioning of the family, decreasing interactions and loyalty between ADHD patients and their families and increasing conflict between them. Irritable mood and difficulties in emotional dysregulation are very common in children with ADHD. In this study, our objective is to assess the level of irritability in adolescents with ADHD, using a self and parent report scale and evaluate the relationship between the irritability levels and parental attitudes in ADHD adolescents.

**Methods:** 41 adolescent with ADHD and 33 healthy adolescent were included in this study. The adolescents were evaluated using the Affective Disorders and Schizophrenia Schedule for school age Children Present and Lifetime (K-SADS) for psychopathology by child and adolescent psychiatrists. Irritability was assessed using Affective Reactivity Index (ARI) and parenting styles was assessed by the Parental Attitude Research Instrument (PARI).

**Results:** The PARI scores of the ADHD group had significantly higher in the subscale of denial of housewife roles and subscale of marital conflict than control group. Additionally ADHD group had significantly lower scores in the subscale of equalitarian/democratic attitude. We observed that the parent and child-reported irritability was higher in the ADHD group. Higher levels of parent-

reported irritability were associated with decreased equalitarian/democratic attitude in the ADHD group.

**Conclusion:** Irritability was significantly higher in ADHD group than control group both in self-report and parent report scales, thus suggests that irritability should be considered as a separate symptom of adolescents with ADHD. Our findings consistent with the some literature as there is no relationship between symptoms of ADHD and parental attitudes, we only found an association between one subscale of parental attitudes and irritability. Our findings are inconsistent with studies that showed association between ADHD symptoms and parental attitudes. This may be explained with irritability differs from other headstrong behaviors (e.g., argumentativeness, noncompliance, and rulebreaking) by virtue of its multivariate structure, longitudinal course, external predictions, and genetic associations.

#### **OP43/ Characteristics of Mothers of Children With Masturbatory Behaviour: Early Traumatic Experiences, Personality Traits, And Psychiatric Symptoms - A Controlled Study**

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**Objectives:** Childhood masturbation is defined as self-stimulation of the genitalia by a prepubescent child, frequently accompanied by symptoms such as stereotyped posture and movement, sweating, flushing and irregular breathing. Studies about predisposing factors and environmental influences on CM mention that CM is associated with genito-urinary disorders or a stressful life event such as weaning, the birth of a sibling, or separation from the parents. It has also been shown that hereditary factors should be considered together with environmental factors such as sexual abuse. Apart from psychiatric conditions and sexual abuse, other environmental factors such as the effect of family climate should be considered. There are a few studies on family factors and CM. Although it is not a rare condition, few studies have been published on early childhood masturbation behaviour. There is still a limited number of studies on CM. Family climate affects the attitudes of the parents, and also it is clear that parental psychopathology affects children. Early childhood traumatic experiences in women have been reported to be predictors of the development of psychopathology over the course of a lifetime, as well as of attachment problems and impaired relationships with their children. The above are all considered to be risk factors for CM and in this study we have examined the psychopathology in mothers of children diagnosed with CM compared with mothers of children without masturbatory behaviour in terms of personality characteristics, early traumatic experiences, and psychiatric symptoms.

**Methods:** The population of this controlled study consisted 32 mothers of children diagnosed with CM (between years old) and 42 mothers of children without CM (between 5-12 years old).. Research data were collected by Eysenck Personality Questionnaire-Revised Abbreviated (EPQR-A), the Symptom Checklist-90 (SCL-90-R), and the Childhood Trauma Questionnaire (CTQ), in addition to a sociodemographic form including 9 structured “yes/no” questions created

by authors that evaluated intrafamilial relationships, as well as mothers' perceptions of CM. All surveys were administered in a private room alone with individual on the initial visit.

**Results:** In this study, we investigated the characteristics of mothers of children who engage in masturbation, such as early traumatic experiences, personality traits, and psychiatric symptoms. According to our findings, mothers of children with CM had significantly more psychiatric symptoms and a greater number of childhood traumatic experiences than the control group. However, if the working status of mothers is taken as a covariate, we could not find a significant difference in terms of childhood traumas. When we examined the personality traits of the mothers, we found that neuroticism and psychoticism scores were significantly higher in the mothers of children who engage in CM.

**Conclusion:** CM is generally defined as a normative sexual behaviour which can be observed at any age in childhood. Although it is considered normal behaviour, it may cause shame and guilt in caregivers, resulting in children being rebuked or punished by the caregivers. Despite the fact that environmental and genetic factors have been reported in cases of problematic CM, family interactions and the psychopathology of caregivers cannot be ignored in the development of this disorder. The mean age of children in our study was  $4.6 \pm 2.5$ , and the peak age of 5 years as reported in the literature was observed in our study. We found a significantly higher number of female children with CM than male children. Studies conducted in our country and other countries support this finding. This is explained by social and cultural factors and anatomical differences. The results of our study showed that nearly one in three children exhibiting CM behaviour had begun before three years of age. Although it is rare before 2 years of age according to the literature, studies from Turkey have indicated that interest in the genital area begins earlier. Because mothers of the control group had similar demographic characteristics as mothers of the CM group, we cannot comment on the effects that the socioeconomic or educational status of mothers or parental unity may have on this phenomenon. However, there was, incidentally, a significant difference in terms of the employment status of mothers. The children of unemployed mothers have shown higher rates of CM behaviour. By taking maternal employment status as a covariate, psychiatric symptoms were observed to be more common in the CM group, however without taking this covariate, the difference was more significant. This may indicate that CM is more common in children whose mothers have psychiatric problems, and may be exacerbated if these mothers are also unemployed. The attitudes of the mothers toward their children were evaluated with the help of a structured questionnaire, and it was observed that children with CM behaviour had higher scores on questions pertaining to physical and emotional abuse. This is in accordance with findings in the literature regarding poor emotional/behavioural functioning of CM parents. When environmental factors of CM were investigated, parental attitudes were shown to have a significant effect. Family stress may result in negative attitudes of parents towards their children and less affectionate contact with their children, which, in turn, may foster more self-stimulation in the child. Additionally, lack of satisfaction on the part of the child concerning the mother-child relationship has shown to be a factor in excessive CM. As mentioned above, CM is developmentally related behaviour. However, children who have some challenges in their families develop interest towards their genital region earlier than expected. In addition, the psychopathology of parents and family climate are important factors in the psychological development of children, which should be evaluated in CM. Thus, we found that psychological symptoms such as somatization, anxiety, depression, interpersonal sensitivity, paranoid ideation, hostility, and phobia



symptoms were significantly higher in mothers of children engaged in CM, as shown by the SCL-90-R scores, a psychiatric symptom checklist. Childhood traumatic events were a risk factor for mental disorders in individuals. Parents with early traumatic experiences lack the ability to empathise and display hostile/intrusive parenting behaviours. Therefore, we evaluated the childhood traumas of mothers and found a statistically significant difference between the mothers of children with CM behaviour and those without. In CTQ scores, emotional abuse, sexual abuse, and total scores were higher in the CM group. However, when working status was taken into account, the difference disappeared. This may be an indication that childhood traumas may negatively affect the well-being of mothers and decrease their functionality in society. This in turn may negatively affect the family environment which may then lead to an increase in CM behaviour.

Another aspect that is a possible predictor of parenting is personality. When we examined the personality traits of mothers, neuroticism and psychoticism scores were significantly higher in the CM mothers. Neuroticism reflects negative emotions and emotional instability. This subscale is most closely related to anxiety and depression. In the literature, higher level of neuroticism have been shown to be associated with lower levels of warmth, involvement, responsiveness, and sensitivity and higher level of intrusiveness, irritability, criticism, negative discipline, and hostility. The P scale, which generally assesses impulsivity and tough-mindedness, and obsessive-compulsive personality characteristics were also higher in the CM group. Higher P scores may reflect increased psychopathology and negative emotions in parents. In consequence, personality has both theoretical and practical significance for understanding, predicting, and changing parenting cognitions and practices. However, apart from these findings, the lying (L) subscale—which evaluated subjects' attempts to control their scores—was significantly higher in mothers of children with CM. For this reason, findings regarding personality are not accepted as very reliable. One of the limitations of our study was not evaluating the children's psychopathology or trauma using objective scales, but only with clinical interviews. Also, the low number of cases is considered another limitation. The developmental histories of the children were assessed with the help of an interview with parents and examination by clinicians. Standard assessment was not used for this study. Despite these limitations, this is the first controlled study investigating the characteristics of mothers of children with masturbatory behavior, early traumatic experiences, personality traits, and psychiatric symptoms. Although this study is not sufficient to explain all conditions pertaining to the exhibition and persistence of CM in families, our findings enhance our understanding of CM behavior. The present study recommends a comprehensive approach beginning at early ages and including all family members in the treatment of CM. In addition, social factors such as maternal employment should be taken into consideration when examining factors affecting CM and the family environment. Studies focusing on CM may help psychiatrists to distinguish between pathological or normative behavior in CM, and facilitate treatment of pathological CM.

#### **OP44/ More Intrusive, More Irritable Parents: More Anxious Students**

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**Objectives:** Tests play an important role in educational systems worldwide to measure students' academic performance. Expressed Emotion (EE) is a measure of the environmental stress in the home which is characterized by communication styles including the amount of criticism made by family members about the patients, presence or absence of hostile attitudes, the level of intrusiveness, and emotional over-involvement. Irritability, lack of emotional support, and intrusiveness, which can be measured by EE, may also be related to text anxiety in adolescents. To the best of our knowledge, no study to date concerning this subject has been carried out in Turkey. In this study, the relationship between perceived EE, text anxiety, and academic performance in adolescents will be investigated. We aim to emphasize the role of family climate in coping with text anxiety.

**Methods:** The population of this cross-sectional field study consisted of 487 high-school students studying in Kocaeli during the 2014-2015 school years. Research data were collected by using an information collection form (ICF) developed by the researchers including socio-demographic characteristics and academic performance, the Shortened Level of Expressed Emotion Scale (S-LEES) and Test Anxiety Inventory.

**Results:** The median age of the 487 adolescents included was 16 (range 15-17). Girls reported significantly higher perceived EE than boys. Increased perceived EE in adolescents was associated with increased text anxiety. Our results have shown a significant correlation between text anxiety and perceived intrusiveness, and irritability. However, there was not a significant correlation between text anxiety and academic performance. When we investigated the relationship between perceived EE and academic performance, a significant correlation was found between perception of irritability and academic performance.

**Conclusion:** School systems operate differently around the world and in different countries, and as tests have become more pervasive; their potential for adverse effects on the mental health of adolescents has increased. The maladaptive behaviours used by parents towards their children need to be examined to decrease psychological problems and benefit academic performance.

#### **OP45/ Association Of Prenatal Attachment And Infant Outcomes At Around Two Years Of Age**

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**Objectives:** Mother–infant attachment refers to the strong and lasting affective bonds between an infant and his/her mother, wherein an infant selectively seeks his/her mother in times of stress as a means of achieving comfort and feelings of safety. It is suggested that attachment relationship between mother and her child develops before the birth and the development of an association between the mother and her fetus has been conceptualized and assessed as prenatal attachment. Many studies have reported associations between postnatal attachment and developmental, behavioral and emotional outcomes but the effects of prenatal attachment on development and emotional well being at infancy and early childhood are not as widely studied. This cohort study assess the effects of prenatal attachment on the duration of breastfeeding, development, social-emotional well being during early childhood along with effects on parental attitudes.

**Methods:** Participants are 142 mothers and their infants aged between 21-31 months (mean±SD=25.6±2.32 months). Along with sociodemographic data form, Parental Attitude Research Instrument (PARI) were applied to mothers, whose prenatal attachment at 28-40 week gestation have been assessed using Prenatal Attachment Inventory (PAI). Brief Infant and Toddler Social Emotional Assessment (BITSEA) and Ankara Development Screening Inventory (AGTE) were applied to the participating children.

**Results:** Infants of the mothers who had higher levels of prenatal attachment had higher total development levels measured by AGTE and higher competence levels measured by BITSEA at the age of 21-31 months ( $p=0.004$  and  $p=0.025$ , respectively). Infants with developmental delay had significantly lower prenatal attachment scores ( $p=0.004$ ). Multiple regression analysis revealed prenatal attachment quality significantly predicted better developmental levels, emotional and social competency in infants at the age of 21-31 months ( $\beta=0.289$ ,  $p=0.002$  and  $\beta=0.081$ ,  $p=0.014$ , respectively). Duration of breastfeeding was not significantly associated with prenatal attachment scores.

**Conclusion:** Infants of mothers, who have been highly attached to their fetus during the prenatal period, had increased emotional, behavioral competence and better developmental outcome around 2 years of age. Enhancement of prenatal attachment may be promising for better developmental outcomes and emotional competency for the infants.

#### **OP46/ Prenatal Depression And Anxiety: Do They Last? If So What Are The Consequences For Infants After Two Years From Birth?**

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**Objectives:** Prenatal depression and anxiety are receiving growing interest following vast number of research on postpartum maternal mood and anxiety. Although recent studies indicate postpartum psychiatric morbidities poses adversities for the infants, effects of prenatal depression and prenatal anxiety on development and emotional wellbeing at infancy and early childhood are less known. This cohort study assesses the course of prenatal depression and anxiety, their effect on parental attitudes, development and social-emotional well being during infancy and early childhood.

**Methods:** Participants are 142 mothers and their infants aged between 21-31 months (mean±SD=25.6±2.32 months). Along with sociodemographic data form, the Beck Depression Inventory, Beck Anxiety Inventory, and Parental Attitude Research Instrument (PARI) were applied to mothers whose prenatal depression and anxiety at 28-40 week gestation have been assessed. Brief Infant and Toddler Social Emotional Assessment (BITSEA) and Ankara Development Screening Inventory (AGTE) were applied to the participating children.

**Results:** Mothers had significantly higher depression scores (mean±SD=10.97±5.87) compared to prenatal depression scores (mean±SD=8.85±4.49) (p=0.003). Prenatal and current depression scores were significantly positively correlated (p=0.005, r=0.303). Infants of mothers with worsening depression scores had lower total developmental scores measured by AGTE (p=0.031). Mothers who had higher depression scores had also scored higher hostility, parental rejection and marital discordance in the subscales of PARI (p=0.017, r=0.262; p=0.015, r=0.265 respectively). Despite a rise in depression scores, a significant decline is observed in the anxiety scores (mean±SD=11.13±8.49) compared to prenatal period (mean±SD=13.97±7.21) (p=0.007). There was also a significant positive correlation between anxiety scores of the two periods (p=0.248, r=0.242).

**Conclusion:** Prenatal depression seemed to continue even after 2 years from birth and the infants' development and parental attitudes are adversely affected where as anxiety did not seem to follow the same course. Identification and follow up of prenatal psychiatric morbidity might decrease the risk of psychopathology both in mothers and their infants.

#### **OP47/ Child and Adolescent Consultation and Liaison Psychiatry of Yesterday and Today - A Comparative Study**

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**Objectives:** We aim to examine the referral pathways to Ankara University School of Medicine

Child and Adolescent Psychiatry Department for consultation liaison and to identify the demographic characteristics of children, the complaints presented, diagnoses and the treatments. Similar and altered trends, attitudes and rationales for child and adolescent psychiatry consultation will be revealed by comparing these results with our previous study results.

**Methods:** The consultation demands from inpatient and outpatient clinics between November 2013 and October 2016 were screened retrospectively. Results of this study were compared with the results of our clinic's previous study, which was held between 1992 and 1993.

**Results:** Psychiatric consultations were demanded for 610 child and adolescent patients within a four-year period. The children consulted were primarily females (n=334, 55%) and consultations were requested mostly for adolescents (n=378, 62%). Mood and anxiety related complaints (n=135, 22%), suicide attempts (n=132, 21%) aggression/self harm (n=52, 8%) were the most common complaints presented. Major depressive disorder and adjustment disorder were the most common diagnoses. Among the cases, 306 (50%) were referred for follow-up sessions and for further evaluations like psychological testing. No diagnoses were given for this group. Children were referred mostly from the pediatric services. Demands were mostly for suicidal adolescent females from pediatric emergency service (n=225, 37%). The pediatrics oncology, intensive care, hematology, nephrology, endocrinology and gastroenterology departments were also frequent referral sources. Psychotropic medications and/or psychotherapeutic interventions were recommended for 196 (32%) children and adolescents among these diagnosed cases. Psychotherapeutic interventions were conducted in approximately half of the children. When we compare the study results with our previous study results in 1992 and 1993, we realize that there are both similar and altered attitudes and trends for child and adolescent consultation and liaison psychiatry. While the percentages of; adolescents, number of sessions to make diagnoses, conducted psychotherapeutic interventions, ratio of demands from pediatric surgery and pediatrics were nearly the same, the percentages of; the female-male ratio, referral causes, referral sources, number of consultation demands per year were different.

**Conclusion:** There is a need for reconstruction of child and adolescent consultation and liaison psychiatry due to these altered and challenging situations. Increased morbidity of children and prolonged hospital stays, increased psychiatric comorbidity of physically ill children, significant barriers as, lack of available child psychiatry consultants and stigma associated with psychiatry are some of the main problems in this field. Further collaborations with pediatric clinics to better identify existing child and adolescent needs and the current functioning and incompetence of consultation services are needed.

#### **OP48/ Autistic Traits and Executive Functions in Children and Adolescents with Gender**

##### **Dysphoria**

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**Objectives:** “Gender Dysphoria (GD)” is usually described as a conflict between a person’s assigned gender and the gender with which he/she identifies. Several, including biological, familial, and environmental, factors thought to play role during the development of gender identity. In recent years, there is an increasing interest on co-occurrence of gender dysphoria (GD) and autism spectrum disorder (ASD). The previous studies reported that 6.4% of children, 7.8% of adolescents, and 5.5% of adults with ASD had complaint of GD. In this present study, we aimed to examine the autistic traits and executive functions in children and adolescents who had been followed up with the complaint of GD and compare them with those of a control group.

**Methods:** The study sample consisted of 25 cases with GD, and 50 controls (5-17 years of age). The instruments included were Sociodemographic form, Social Responsiveness Scale (SRS) and Behavior Rating Inventory of Executive Function (BRIEF), and Schedule for Affective Disorders and Schizophrenia for School Aged Children Present-Lifetime Version (K-SADS-PL).

**Results:** GD (11.56±4.15 yrs) and control (11.42±3.91 yrs) groups were similar with respect to mean age and sex, around 50% of GD group (n=13) and control group being male (n=26). The BRIEF metacognitive index (t=7.023, p<0.001), behavioral regulation index (t=6.340, p<0.001) and global executive composite (t=7.268, p<0.001) scores were significantly higher in the GD group when compared to controls. Similarly mean SRS scores were significantly higher in the GD group (t=4.978, p<0.001). Even when the global score of BRIEF was evaluated after controlling for the SRS-ADHD scores, GD group had higher scores than those of the control group, which was statistically significant (p<0.001).

**Conclusion:** As measured by BRIEF, the youth with GD had relatively more troublesome executive function behaviors, when compared to control counterparts. They also had higher scores on SRS, which could be regarded as social impairment associated with autistic traits. Although preliminary, our results may indicate a possible neurodevelopmental background for individuals with GD.

#### **OP49/Advanced Glycation End Products, Endogenous Secretory Receptor for Advanced Glycation End Products and S100A9 Levels of Attention Deficit Hyperactivity Disorder Diagnosed Patients and Their Role in the Etiopathogenesis**

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**Objectives:** The etiology of Attention Deficiency Hyperactivity Disorder (ADHD) is incompletely known and neurobiological, genetic and environmental factors are thought to be involved in the etiology together. Carbonyl stress is a specific abnormal metabolic state with the increase of levels of reactive carbonyl compounds by oxidation. AGEs are the end products of amino groups and lipids of proteins, which are non-enzymatic reactions with monosaccharides. Endogenous

secretory receptor for AGEs (esRAGE) is one of the circulating receptor forms. esRAGE has a protective role for many diseases associated with RAGE. Another RAGE ligand outside AGEs, S100A9 (Calgranulin B), is a proinflammatory molecule that directs oxidative stress. Researches show various chronic disease such as cardiovascular diseases, diabetes mellitus, chronic renal insufficiency, neurodegenerative diseases, schizophrenia and autism may occur because of the changes of AGEs metabolism. In the present study, it is aimed to assess the role of advanced glycation end products of which level increased with carbonyl stress and accumulation causes pathological processes, endogenous secretory receptor for advanced glycation end products which detoxifying this products and S100A9 which secretion increases in carbonyl stress in the etiopathogenesis of ADHD.

**Methods:** We include 30 patients diagnosed ADHD between 6 and 16 years-old who admitted to Department of Child and Adolescent Pamukkale University Hospital. The exclusion criterions were determined as to have another psychiatric and physical diseases and using any psychotropic pharmacotherapy for last six months. And 30 healthy volunteer controls were included in the study. All the applicants evaluated with Schedule for Affective Disorders and Schizophrenia for School Aged Children – Kiddie-SADS-Present and Lifetime Version, their symptom levels were assessed by using the DSM-IV Based Screening and Assessment Scale for Disruptive Behavior Disorders in Children and Adolescents. Serum samples stored at  $-20^{\circ}\text{C}$  till assessment. AGEs, esRAGE and S100A9 levels were assessed with Enzyme-Linked Immunosorbent Assay (ELISA) method and biochemical parameters were assessed with routine methodology. Body weight, height, and body mass indexes of the participants were calculated, and their age-related z scores were calculated according to the Neyzi 2008 standards. Statistical evaluations were performed in the package program "SPSS (Statistical Package for Social Sciences) for Windows version 22.0". The significance level of 95% confidence interval was accepted as  $p < 0.05$  in the analyzes.

**Results:** 23.3% ( $n = 7$ ) of the study group were female, 76.7% ( $n = 23$ ) were male, 46.7% ( $n = 14$ ) of the control group were female and 53.3% were male ( $n=16$ ). The mean age of the case group was  $10,53 \pm 3,01$  (6-16) years and the mean age of the control group was  $11,23 \pm 3,29$  (6-16) years. There was no statistically significant difference between the case group and the control group in terms of gender, age or education duration ( $p > 0,05$ ). A statistically significant difference was found between the case and control groups in terms of course success ( $p < 0.001$ ). In the case group, the proportion of children who were determined to be "very good" was lower than the control group ( $\chi^2 = 20,069$ ,  $SD = 1$ ,  $p < 0.001$ ). No statistically significant difference was found between the case group and control group in terms of body mass index and BMI according to age ( $p > 0,05$ ). 40.0% ( $n = 12$ ) of the case group had the appearance of inattention dominancy, 10.0% ( $n = 3$ ) showed a dominance of hyperactivity / impulsivity and 50.0% ( $n = 15$ ) showed combined appearance. AST level was higher in the case group ( $24,46 \pm 6,02$  IU / L) than in the control group ( $20,80 \pm 6,03$  IU / L) ( $p = 0,022$ ) and no significant difference was found between the two groups in terms of other parameters. The mean AGEs values of the children in the case group were  $2,57 \pm 1,22$  (0,98-5,79) ng / ml, the participants in the control group were  $1,54 \pm 0,74$  (0,98-3,96) ng / ml. There was statistically significant difference between AGEs values and case and control groups ( $p < 0.001$ ). The effect size was calculated as 0.45 for AGEs. The mean esRAGE level of the case group was  $48,33 \pm 13,84$  (33,33-105,27) pg / ml while the control group was  $35,47 \pm 4,09$  (26,71-42,61) pg / ml. In terms of esRAGE values, there was a statistically significant difference between case and control groups ( $p < 0.001$ ). The effect size was calculated as 0.53 for esRAGE. All

participants were found to be  $0,80 \pm 0,17$  (0,38-0,97) ng / ml on the basis of the serum S100A9 parameter. Mean S100A9 level of the case group was  $0,89 \pm 0,09$  (0,63-0,97) ng / ml and the control group was  $0,72 \pm 0,18$  (0,38-0,97) ng / ml . Serum S100A9 values were statistically significant when compared to the two groups ( $p < 0.001$ ). The effect size was calculated as 0.49 for S100A9. AGEs, esRAGE and S100A9 levels were significantly higher in the case group than in the control group. While there is no significant relationship between these parameters and any anthropometric measurements, AGEs level correlates with AST and BUN and esRAGE level correlates with AST, ALT and BUN. There was no significant relationship between ages of children participating in the study and serum AGEs, esRAGE and S100A9 levels. There was no statistically significant difference between the values of all three parameters between treated and non-treated groups ( $p > 0,05$ ). There was a positive weak correlation between AGEs levels and attention deficit and hyperactivity scores. Positive moderate severity correlations were found between esRAGE levels and inattention, hyperactivity and oppositional defiant disorder scores, and there was a positive weak correlation with conduct disorder scores. There was a positive weak correlation between S100A9 level and inattention, hyperactivity and oppositional defiant disorder scores

**Conclusion:** Attention Deficit Hyperactivity Disorder is one of the most common psychiatric disorders starting in childhood. Worldwide studies reported different rates ranging from 2.2% to 17.8% . Although many studies have been done to elucidate the etiology of ADHD, it is still unclear . It has been reported in recent years that advanced glycation products, receptors and S100 proteins may play a role in mental disorders. In this study serum AGEs, esRAGE and S100A9 levels were compared with healthy controls in children and adolescents with ADHD and it was found that each of the three cases was higher in the case group. There are very few studies evaluating the relationship between carbonyl stress and end products related to this metabolic process, or receptors involved in this pathway, with psychiatric disorders. The diseases studied in this area are mostly schizophrenia, autism, mood disorders and Alzheimer's disease. No studies have been found in the literature evaluating the relationship between ADHD and carbonyl stress parameters. Serum levels of AGEs, esRAGE and S100A9, which we evaluated in our study, were found to be statistically different between case and control groups and all three parameters were higher in case group. Only the effect size (Cohen's  $d = 0.53$ ) determined for esRAGE is at the level of clinical significance (median effect size). The effect size levels for AGEs (Cohen's  $d = 0.45$ ) and S100A9 (Cohen's  $d = 0.49$ ) are close to clinical significance levels. This suggests that our sample size is not sufficient. It can be argued that the neurotoxic effects of AGEs and the elevated levels of the S100A9 protein detected in the case group may be contributing to the etiology of ADHD as it is a proinflammatory factor associated with oxidative stress. Higher levels of esRAGE, a protective effect of RAGE-mediated cytotoxicity, may reflect an increase in the compensator. There was a positive weak correlation between AGEs levels and AST and BUN levels. There was a positive correlation between serum esRAGE levels and AST, ALT and BUN levels, but no correlation with S100A9. It is expected that these parameters belonging to the carbonyl stress pathway are related to the functions of these organs because of the metabolism and clearance of the liver and kidney. Our study is the first study to evaluate serum AGEs, esRAGE and S100A9 levels in patients with ADHD. Taking into account the limitations of this study, it is necessary to confirm our findings with future studies in the larger sample. Assessment of the high levels of AGEs, esRAGE and S100A9 in healthy relatives of ADHD cases, and elucidation of



genetic bases, if any, will reveal whether these parameters can be described as endophenotypes. Finally, the role of carbonyl stress and oxidative stress in ADHD will be better understood by considering the bi-directional relationship between carbonyl stress and oxidative stress.

### **OP50/ The Comparison Of Clinical Findings And Aggression Levels Of Inpatient Adolescents With The Diagnosis Of First Episode Psychosis Regarding The Presence Or Absence Of Substance Use Disorder**

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**Objectives:** Although there has been quite a number of studies on adults with psychotic disorders, there has been inadequate number of studies on adolescents with psychotic disorders with the comorbidity of substance use disorder (SUD) and aggression. In this present study it was aimed to compare two groups of children and adolescents hospitalised with prediagnosis of first episode psychosis (FEP) with and without SUD comorbidity regarding the sociodemographic, clinical findings and aggression levels.

**Methods:** For this study 30 patients with FEP and 26 patients with FEP with the comorbidity of SUD were recruited sequentially, hospitalised in child adolescent psychiatry inpatient unit between february and november 2016. Anamnesis was gained regarding the sociodemographic, clinical findings and substance use patterns from the patient and also from their families. With applying the specific modules of structured interview (K-SADS-PL) except the psychotic disorders and bipolar affective disorder, diagnoses of disruptive behavior disorders were examined which are possibly related with aggression. Psychopathology related PANSS, BPRS, Young Mania, CGI scales were filled by the clinician in the entry and discharge. ROAS was used for aggression levels in the entry.

**Results:** Regarding the number of patients, males were predominant and was determined as in more disadvantaged position with the aspect of psychosocial factors in the group with the SUD comorbidity. The most common used preference substances were determined as respectively synthetic cannabinoids (46,2%), cannabis (23,1%), inhalants/solvents (%15,4), extacy (%11,5). The most common used life long substances were determined as cannabis (92,3%), extacy (92,3%), synthetic cannabinoids (84,6%), heroine (34,6%), cocaine (26,9%), benzodiazepines (19,2%), metamphetamine (11,5%), other substances (LSD, Salvia divinorum) (11,5%). Cocaine use duration was negatively correlated with PANSS negative subscale scores and with improvement in psychotic symptoms, also cocaine use was determined with more aggressive behaviors. In the respect of ROAS scores measuring history of violence and aggression the group with SUD displayed more pathology.

**Conclusion:** As we know this study has been one of the first few studies linking development of psychosis with synthetic cannabinoids. There is a need for more number of future studies for the aspect of the effects of cocaine and synthetic cannabinoids on to the development of psychotic disorders and bipolar affective disorder.

## **OP51/ Digital Game Addiction And Game Preferences Of Adolescents Who Apply To A Child Psychiatry Outpatient Clinic: A Preliminary Study**

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**Objectives:** Digital game addiction (DGA) means over use of computer or video games, eventhough it causes social and/or emotional problems. The aim of this study is to identify the frequency of DGA among adolescents who apply to a child psychiatry clinic, their game preferences and the factors related to it. To the best of our knowledge, this is the very first research from Turkey in terms of its topic.

**Methods:** 81 adolescents were included in the study by using simple random sampling. The Digital Game Addiction Scale (DGAS), Youth Self Report and an information form evaluating the internet usage and sociodemographic characteristics of adolescent were given to them. In this study, according to the polithetic format, adolescents who sometimes or more often experience at least four of the 7 criteria in the DGAS are considered as addicted. Also, adolescents marked their preferred games in digital game genres, which composed of 13 sub-types, created by Lucas. The obtained data were entered into the SPSS13.0 package program and the required statistics were applied.

**Results:** 57.5% (n = 46) of the participants were males and the mean age was  $15.3 \pm 1.5$ . The frequency of DGA was 32.5% (n = 26). There was no significant relationship between the DGA and gender ( $p=0.141$ ;  $X^2=2.169$ ). Although it is found that male significantly more often prefers action/adventure, first person shooter, sports and fantasy/role playing games than female while female significantly more often prefers activity/education games. The externalization behaviors of adolescents with DGA were significantly higher when compared with their non-addicted peers ( $p = 0.020$ ;  $t = -2.377$ ), whereas there was no significant difference in terms of internalization behaviors of these adolescents.

**Conclusion:** Despite the well-known psychiatric and social outcomes of DGA, adolescents evaluated in child psychiatry clinics is often not questioned about it. The rate of DGA (32.5%) found in this study can not be underestimated. Considering the child and adolescent population in our country, it is thought that the clinical attention should be paid to prevention measures in order to protect the mental and physical health of this population born into digital technology. From this respect, it is thought that to evaluate potential DGA and to manage the problem behaviors of adolescent who applied to the child psychiatry outpatient clinic is very important.

**OP52/ An Examination of Cortical Traces of Motor Overflow in School Age ADHD by Using ERD/ERS: Preliminary Results**

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**Objectives:** Attention-deficit hyperactivity disorder (ADHD) is the most common neurodevelopmental disorder in school-age children. Recent studies indicate that a disturbance of motor function in the primary sensorimotor cortex might contribute to ADHD pathophysiology. Amplitude changes of specific cortical rhythms are called as ERD/ERS (event-related desynchronization/synchronization), which is shown to be closely related to the neural processes involved in motor movement. The aim of this study was to compare children with ADHD and age matched healthy controls in terms of amplitude changes in active cortical regions during a voluntary hand movement task.

**Methods:** Participants were 11 boys and 4 girls with ADHD and 15 healthy controls matched for gender, age and parental education level. The Kiddie-Schedule for Affective Disorders and Schizophrenia-Present and Lifetime Version was also used to confirm the diagnosis and rule out other comorbid psychiatric conditions. Conners' Parent Rating Scale-Revised/Short Form was used to evaluate symptom severity and Wechsler Intelligence Scales for Children-IV was used to evaluate intelligence level. Electroencephalography was recorded during a voluntary hand movement task from all children.

**Results:** Family features, perinatal complications, developmental milestones and total IQ scores were not significantly different between the two groups. During initiation and maintenance of voluntary movement, left hand movement caused more activation in motor cortex in both groups. Activation in primary motor cortex during voluntary movement was also accompanied by frontal regions. When the ADHD and the control groups were compared, the ADHD group exhibited a lower activation in motor cortex in both hand motions.

**Conclusion:** It can be considered that the interhemispheric inhibition has an asymmetrical development in both groups; the primary motor cortex is less involved in the ADHD group, which may be the result of a neurodevelopmental delay related to ADHD. In order to determine whether the findings are specific to ADHD, it is necessary to investigate other neurodevelopmental disorders and the effects of variables such as age, gender, ADHD subtype and drug use in larger samples in order to investigate.

### **OP53/Excessive Whatsapp Uses In Turkish Adolescents: What Are The Mental Health Risk Factors And Which Of Them Determine Differences In Severity?**

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**Objectives:** In the last decade, smartphone usage has grown in particular among adolescents and young adults. Among the various smartphone applications, Whatsapp (WA) is the most popular among 13-18- year-old adolescent users and an increasing number of adolescents are already shifting from other message sending applications to WA. WA differs from traditional applications available for mobile phones in a variety of ways. First, it utilizes İnternet connectivity to send and receive text messages, audio, videos, and photos, while traditional ones utilize the mobile phone network to process content. Second, WA operations are based purely on internet connectivity; therefore, WA users do not pay any usage fee, except for the normal cost of internet data usage. Also, recent literature on internet addiction suggests that adolescents actually become addicted to specific internet activities rather than to the internet itself; and for the reasons mentioned above, WA overuse and addiction is a new problem for adolescents mental health. In this study, we investigated the differences between overuse and normal use of WA among adolescents in a clinical sample. These differences were explored in terms of personal characteristics, mental health problems, socioeconomic factors, and manner of smartphone use.

**Methods:** The research protocol for this study was approved by the Research Ethics Board of Ankara University School of Medicine. Participants were recruited from adolescents those who were applied to the child and adolescent psychiatry policlinics between April 2016- February 2017, have an active WA application and agree to participate in the study after the aim and the procedure of the study was explained and written informed consent was obtained. Adolescents with a diagnosis of a neurological/physical disorder or mental retardation, who did not want to participate and who did not have an active WA account were excluded. We used Demographic İnformation and İnternet Use and Motivations Form, Brief Symptom İnventory, Difficulties in Emotion Regulation Scale and Bergen Whatsapp Addiction Scale (BWAS).

**Results:** One hundred thirty-two adolescents were recruited to the study. According to BWAS scores, 88 adolescents were grouped as WA normal use group, and 44 of them were included in WA overuse group. We could not find any differences between groups according to demographic variables (including age, gender, maternal/paternal age, maternal/paternal education, monthly income) and personal differences ( including academic achievement, time of internet use in a day etc.). Adolescents with WA overuse behavior had significantly higher somatization, obsession-compulsion, interpersonal sensitivity, depression, anxiety, hostility, phobic anxiety, paranoid ideation and psychoticism and difficulties in emotion regulation scores when compared with the normal use group ( $p<0.001$  for all mentioned subscale scores). Correlation analysis revealed that there was a strong (positive) linear relationship between paranoid ideation and WA addiction

scores ( $r=0.64$ ,  $p<0.001$ ), and also there were moderate linear relationships between WA addiction and other mental health and difficulties in emotion regulation scores ( $r=0.46$  to  $0.57$ ,  $p<0.001$ ).

**Conclusion:** Approximately, one in three adolescents who were applied to clinics seems to have WA overuse. Adolescents with WA overuse were more prone to general mental health symptoms and had more paranoid ideation regardless of their other personal or environmental characteristics. Further prospective studies should be performed to reveal the relationship between paranoid ideation and WA overuse symptoms whether there is an etiological relationship between them or not.

#### **OP54/ “A different perspective in Attention Deficit Hyperactivity Disorder: Cerebellar Neuroinflammation”**

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**Objectives:** Attention Deficit Hyperactivity Disorder (ADHD) is a neurobehavioral disorder that begins in early childhood, and many factors play role in its etiology. Many studies have been conducted to identify the causes of ADH, but the exact factors are still unknown. Although cerebellar dysfunction in the etiology of ADHD was shown in different studies, the possible causes of dysfunction and the role of neuroinflammation among these causes has not been clarified yet. The potential roles of neuroinflammation or autoimmunity were adressed and assessed in many psychiatric diseases. There is only one pilot study in the literature that evaluated the anti-purkinje antibodies (Anti-Hu, Anti-Yo, and Anti-Ri) and cerebellar neuroinflammation. Anti-Yo is an antibody against the antigens in the cytoplasm of purkinje cells and indicates cerebellar degeneration, and Anti-Hu and Anti-Ri are antibodies against cellular nuclear antigens and they become positive in paraneoplastic conditions and neuropathies. This study aimed to evaluate the role of neuroinflammation that is a potential cause of cerebellar dysfunction in a large sample, which is thought to be an important factor in the development of ADHD. The hypothesis of the study is that “anti-purkinje antibody positivity is higher in patients with ADHD when compared with control group, and cerebellar neuroinflammation is an important factor in the etiology of ADHD”.

**Methods:** This is a cross-sectional and descriptive study that aimed to evaluate the potential association between ADHD and cerebellar neuroinflammation by comparing the serum anti-purkinje cell antibody measurements between case and control groups. The cases were recruited at the Gazi University Child Psychiatry Department, and laboratory analyses were performed at the Ankara Numune Research and Training Hospital Medical Microbiology Department. Sixty children and adolescents with ADHD, and 60 healthy controls were planned to be included in the

study. Cases that admitted with attention deficit and hyperactivity disorder symptoms were given Conners teacher and parent forms according to routine procedure; then, the cases with scores over the cut-off of Conners teacher and parent form were evaluated clinically for a diagnosis of ADHD, and after clinical evaluations they were asked to participate the study if they met the eligibility criteria. If they accept to participate the study, informed consents were given to cases and parents, and meanwhile, Turkish version of Schedule for Affective Disorders and Schizophrenia for School Age Children-Present and Lifetime Version (K-SADS-PL) was also applied to cases. A 5-ml serum was spared from the blood samples that obtained for routine test (complete blood count, thyroid function tests, liver function tests, iron parameters, folic acid, B12 vitamin) during diagnosis. Control group was planned to be formed from the blood samples of 60 healthy children that admitted to child psychiatry clinic for counselling. At the time of analyses, diluted according to the directions of manufacturers, incubated with fluorescent staining including antibodies (Anti-Hu, Anti-Yo, and Anti-Ri), and evaluated under immunofluorescent microscope by three specialists.

**Results:** Sixty healthy volunteers and 60 cases with ADHD were included in the study. Some of the samples were excluded from the study due to the damage to laboratory tubes during transport. Assessments were conducted with 52 ADHD and 52 healthy control samples. Boy/girl ratio was 41/11 in cases, and 35/17 in controls. Cases and controls were similar regarding mean ages and sex distribution. No anti-cerebellum antibody positivity was identified in case or control groups.

**Conclusion:** No evidence regarding the potential role of cerebellar neuroinflammation in the etiology of ADHD was determined in this study. But these results need replication in larger samples and different methods.

### **OP55/ Post-Traumatic Stress Disorder: A Family Case Report**

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**Objectives:** Trauma can be defined as events that affect the mental life and daily life of an individual in the negative direction. (APA2000). Studies suggest that one-fourth of the individual encounter an important traumatic event before adulthood. Post-traumatic stress disorder (PTSD) develops in 1-14% of those exposed to trauma. The most common psychopathology after trauma is post-traumatic stress disorder. In this case report, the symptoms of PTSD following traffic accidents of 4,5,9,13, and 15 year olds children from the same family will be discussed in light of literature.

**Methods ve Results:** Sociodemographic characteristics: Mother 33 years old housewife, father 35 years old unskilled worker

Case1: A. C5 years old boy. He complained to our child psychiatry outpatient clinic with complaints about seeing nightmares 1 week after the traffic accident and not wanting to travel by car. the first 3

nights after the accident, He was having trouble falling asleep, waking up to see the nightmare about sleeping from an accident and being afraid of being alone, not wanting to play with toys cars. After 2 months of follow-up interviews, sleep-wake-ups decreased. CGI-s score was determined as

4 (moderate) at the first examination of the case, while CGI-s3 was found at interviews conducted after two months follow-up.

Case 2: Ö. F. C. A 7-year-old male patient applied to polyclinic on September 2016 He complained that he could not listen to the lessons carefully. The patient was diagnosed with ADHD (Attention Deficit Hyperactivity Disorder). In the follow-up examination, learned that he had an accident 1 week ago and no evidence of acute stress was observed. In the follow-up examination 1 month later, complaints about not wanting to go to the school, difficulty falling asleep, waking up from nightmares. It was determined that the psychiatric examination performed fulfilled PTSD criteria. Fluoxetine was increased to 20mg/day by titration and psychostimulant treatment was added. The CGI-s score was determined as 4 (moderate) at the first visit of the case, while the CGI-3 was found at the interviews conducted after the monthly follow-up.

Case 3: C.C. A 13-year-old boy. The first clinical interview showed that they had fears about the incident in the content of the thought, they were afraid to ride travel by car while they were coming to

the outpatient clinic, and did not want to talk about the accident. During the examination 1 month after the accident, it was observed that remembering disturbing details was increased. It was learned that the patient went to the industry to see the car. Treatment of propranolol and fluoxetine was started with the deterioration of the functioning of the patients. CGI-s score was determined as 5 (significant patient) at the first visit of the patient, while CGI-s3 and CGI-i3 were found at the interviews conducted after two months follow-up.

Case 4: C.C. 15 years old girl. She applied to our polyclinic with his brothers. She crying at the sight of the photograph of the car accident, complaints about flashback, and nightmares about the accident. She was informed that he and his brothers, who were involved in a mourning process related to the loss of their car, looked at and cried from a photograph of the car 4-5 times a day. Treatment of propranolol and fluoxetine was started with the deterioration of the functioning of the patients. CGI-s score was determined as 5 (significant patient) at the first visit of the patient, while CGI-s 3 and CGI-i 3 were found at the interviews conducted after two months follow-up.

in the parents interviews It was observed that parents grieved for the loss of a valuable object with the cause of the accident. It was learned that all of the members of the family were constantly looking at the picture of the accident cars. It was observed that they had kept their car, which could not be used after the accident, in the garden of the house for a few weeks and it was difficult to give up. Parents perceptions about their car and accident " Our car sacrificed itself to save us in the accident and passed away, it made its last task."

**Conclusion:** It has been observed that the reinforcing attitudes of the family are concentrated on the symptoms of PTSD. Propranolol treatment has been reported to be effective in PTSD children between 6 and 12 years of age range (13). In a study of children and adolescents with PTSD between the ages of 7-17 years, fluoxetine was reported to be effective in reducing symptoms. In this case series, fluoxetine and propranolol treatment were used in

3 patients and treatment was provided.

### **OP56/ Abuse Characteristics and Psychiatric Consequences Associated with Online Sexual Abuse**

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**Objectives:** The current study examined the rate and psychiatric correlates of sexual abuse involving the use of digital technologies by the offender in a wide sample of juvenile victims.

**Methods:** Sociodemographic, abuse, and psychiatric characteristics of 662 sexually abused children and adolescents were evaluated.

**Results:** Ninety three of victims (15%) reported that digital devices were used by the offender in several ways to facilitate the sexual abuse. The offender–victim relationship was initiated through the internet in 39 victims. Involvement of digital technologies in sexual abuse was significantly associated with penetrative and recurrent form of sexual abuse committed by multiple offenders with coexisting violence. Additionally, victims of sexual abuse with a digital component were 4.21 times more likely to develop any psychopathology, 3.77 times more likely to have depression, and 2.14 times more likely to have post-traumatic stress disorder as a result of sexual abuse.

**Conclusion:** The results of this study indicated that the offender’s use of digital technology may aid the initiation and facilitation of the sexual abuse of youths and may relate to more severe psychiatric outcomes. This study revealed the importance of raising the awareness of professionals and the community about the potential risks associated with digital technologies and sexual abuse. Mental health professionals should consider this additional form of victimization, especially when dealing with sexual abuse victims.

### **OP57/ Migren Tipi Baş Ağrısı Olan Çocuk ve Ergenlerde Eşlik Eden Psikiyatrik Hastalıklar ve Aile Özelliklerinin İncelenmesi**

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**Objectives:** Psychiatric symptoms frequently accompany migraine in children and adolescents. The aim of this study is to investigate the psychiatric diagnoses that accompanied by migraine among the children and adolescents. Also, to investigate the possible factors causing migraine by comparing various variables such as; parenting style, family functioning, and mothers’ psychiatric symptoms.



**Methods:** The study group includes 50 children with migraine (age between 8-18) and their mothers. 50 age and sex matched children were employed as the control group. Subjects were taken to a semi-structured psychiatric interview by using ‘Schedule for Affective Disorders and Schizophrenia for School-Age Children-Present and Lifetime Version’ to assess the psychiatric disorders. All children and adolescents were assessed by using Children’s Depression Inventory (CDI), The screen for child anxiety related emotional disorders (SCARED), Parenting Scale, The Eating Attitudes Test. Additionally, all mothers of the children were assessed by Symptom Check List-90 and Family Assessment Device (FAD).

**Results:** Totally, %56 of the study group were diagnosed with the psychiatric disorder. Depression and anxiety disorders were significantly higher in the migraine group comparing to the control group. Eating disorder was also found meaningfully high ( $p=0.079$ ). Mothers of the children in the migraine group were found to have higher somatization symptoms. Family functioning assessment results showed that parents of the children in the migraine group live more problems with “emotional reactions”. According to the parenting styles scale assessments, it was found that parents in the migraine group give less autonomy to their children.

**Conclusion:** The frequency of psychopathology is higher than it is expected for children and adolescents with migraine. It is found that the psychiatric diagnose is one of the factors that cause migraine. Migraine patients should also be investigated for comorbid psychiatric disorder and if the results are positive, they should be treated for both situations at the same time because of two factors; etiopathogenesis of the migraine and the possibility of aggravation with the psychiatric disorder caused by chronic and recurrent ache.

### **OP58/ Associations Between Problematic Mobile Phone Use And Cyberbullying In Adolescents**

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**Objectives:** Bullying, the behavior characterized by a desire to harm someone; an imbalance of power or an abuse of power; ; has been evolved through time. With advancements of information technologies bullying behaviour, particularly among adolescents, has been manifested not just face-to-face but also through the cyber space and mobile phones are an important factor in cyberbullying between adolescents. This study aims to address possible associations between excessive or dysfunctional use of mobile phones , certain psychological variables and cyberbullying including e-victimization and e- bullying behaviors.

**Methods:** The research protocol for this study was approved by the Research Ethics Board of Ankara University School of Medicine. Participants were recruited from adolescents those who were applied to the child and adolescent psychiatry policlinics between April 2016- February

2017, have a smart phone and agree to participate in study after the aim and the procedure of the study was explained and written informed consent was obtained. Adolescents with a diagnosis of a neurological/physical disorder or mental retardation, who did not want to participate and who did not have a smart phone were excluded. We used Demographic Form, Problematic Mobile Phone Usage Scale, Brief Symptom Inventory, Difficulties in Emotion Regulation Scale (DERS) ,E-Victimisation Scale (E-VS) and the E-Bullying Scale (E-BS).

**Results:** One hundred fifty adolescents were recruited to the study. According to E-VS scale, 90 adolescents (54 girls, 36 boys) had been bullied at least one time in their life via internet based relationships and according to E-BS scale 78 of them (44 girls, 34 boys) stated that they showed at least one bullying behavior at online relationships. We could not find any differences between groups according to demographic variables (including age, gender, maternal/paternal age, maternal/paternal education) and personal differences ( including academic achievement, time of internet use in a day etc.) in E-victimized or E-bullied groups, except monthly income. (Monthly income was significantly higher in E victimized group,  $p=0.04$ ). Adolescents with E-bullying behavior had significantly higher somatization, hostility and problematic mobile phone using scores when compared with the non-bullying ones ( $p<0.005$ ). On the other hand there were any significant differences between e-victimized adolescents and non-victimized ones according to BSÍ subscales, but e-victims also had higher problematic mobile phone using scores than non-victims. Correlation analysis revealed that there were moderate linear relationships between problematic mobile phone using scores and BSÍ subscales ( $r=0.44$  to  $0.64$ ,  $p<0.001$ ); and DERS ( $r=0.54$ ,  $p<0.001$ ), but we could not find any relationship between problematic mobile phone and E-VS, E-BS.

**Conclusion:** Future research needs to clarify the causality of these findings and should also intend to develop concepts for a more meaningful use of mobile phone using and cyberbullying in adolescents.

### **OP59/ The Relationship Of Life Quality With Selective Eating And Sleep Problems In Preschool Aged Autism Spectrum Disorder**

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**Objectives:** Factors affecting quality of life are known in school aged children and adolescents with autism spectrum disorder (ASD). In literature, there are few studies that examined factors affecting quality of life in preschool aged children with ASD. However, factors such as selective eating and sleeping problems which may be related to the quality of life, have not been investigated in most of the studies. The present study aimed to investigate the relationship between quality of life with selective eating and sleeping problems of children with preschool aged with ASD at a child and adolescent psychiatric clinic in Turkey.

**Methods:** Seventy consecutive children aged 2-6 years who were followed up at the Bakirkoy Research and Training Hospital of Psychiatry, Neurology and Neurosurgery, Department of Child and Adolescent Psychiatry, who were diagnosed with autism spectrum disorder according to Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V) diagnostic criteria,

who did not have any chronic psychological disorder and did not use any psychotropic drugs, were taken to the study. As a control group, 61 healthy children between the ages of 2 and 6 who had no physical and psychiatric disturbance and whose development was normal were taken. Psychiatric evaluation was carried out by clinical interview and the Child Sleeping Habits Questionnaire and Brief Autism Mealtime Behaviors Inventory. SPSS 20.0 package software program was used for statistical analysis. The relationship between the continuous variables was evaluated by Pearson correlation test.

**Results:** In this study, there was a significant negative correlation between quality of life with sleeping time resistance and sleep anxiety score ( $p < 0.05$ ). In addition, there was no significant correlation between quality of life with selective eating ( $p > 0.05$ ).

**Conclusion:** In this study, the factors related to quality of life in preschool children with ASD diagnosed were determined. In particular, it can be argued that intervention in sleeping problems, especially from the selective eating characteristics of the child with ASD, will increase the quality of life in children with ASD. For this reason, the clinical evaluation of ASD-diagnosed cases should include assessment of the factors that may affect the quality of life.

#### **OP60/ Profile Of Syrian Refugees From Inpatient Child And Adolescent Mental Health Service**

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**Objectives:** At least 300,000 people lost their lives and millions of Syrian people had to migrate from their country as a result of civil war in Syria. The number of registered Syrian refugees in the World is 4,719,605 as of February 17, 2016 and this number has continued to increase rapidly in 2016 as well. The number of people who have been directly affected by the war in Syria is 13.5 million, of which 6 million are children (UNHCR, 2016). With the “open door policy” the Turkish government has implemented, it has been started to provide all kinds of humanitarian aid and security within the scope of temporary protection by allowing all Syrians who take refuge in Turkey to cross the border. The number of registered Syrians in Turkey is 2,715,789 as of March 3, 2016. In this study, we aimed to compile the sociodemographic and clinical data of Syrian child and adolescent patients who were admitted to inpatient child and adolescent mental health service (İCAM) of Bakirkoy Research and Training Hospital for Psychiatric and Neurological Diseases in Istanbul.

**Methods:** In our study, patients as part of “temporary protection status” who were referred to our hospital during the period from the beginning of 2011 to August, 2015 were screened in hospital records. The inpatient service follow-up files of the identified patients were taken from the archive. The information obtained from the service follow-up files was entered into the data base created in SPSS 20.0 version and the descriptive variables were analyzed. Student t-test and chi square tests were used to compare variables.

**Results:** Fourteen patients between 15 and 17 years old were included in our study. One of 14 patients was female (7.1%) and the rest was male. 78.6% of the patients lived with their families. The number of individuals living in the same household varied between 6 and 11 person. There were no patients who have never gone to school. The number of patients with ongoing education was just 3 (21.4%) and 8 patients were working (57.1%). According to our retrospective chart review, most common diagnosis was bipolar disorder (n=5, 35.7%), followed by psychotic disorder (n=4, 28.6%) and conduct disorder (n=2, 14.3%). When the association of the status of going to school in Turkey and speaking Turkish was assessed, it was found that the students who continue to school could speak Turkish better and the relationship was statistically significant ( $p<0.05$ ). Also, there was a significant association between the duration of pre-migration education status and continuing education in Turkey. ( $p<0.05$  and F: 11.47).

**Conclusion:** The number of patients who were admitted to İCAM within 5 years was fourteen. In this research, we determined that the rate of the continuity of education was very low and most of the refugee children have had been working. Projects have been initiated in our country so that Syrian children could continue their education with UNICEF Support; as in the case of Lebanon and Jordan, where Syrian refugees have been sheltered. We should consider that the special education to be provided for the diseases can decrease the loss of power that can be caused by the disease. We think that patients that require special education in these projects should be given priority, or projects should be developed especially to meet their special educational opportunities.

### **OP61/ Attention Deficit And Hyperactivity Disorder In Children With Penetrating Eye Injury**

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**Objectives:** Attention deficit hyperactivity disorder (ADHD) is significantly related to increased risk of injuries. In addition to this, the most important factor leads to non-congenital unilateral blindness in pediatric population is eye injuries. A previous study have demonstrated an association between penetrating eye injuries and inattentiveness, hyperactivity, oppositional defiant disorder and conduct disorder in boys, and conduct disorder in girls. It was aimed to investigate not only ADHD, but also other psychiatric disorders in children with penetrating eye injuries.

**Methods:** Treating due to penetrating ocular injuries, 30 children aged 4-13 years and 22 control subjects, who had accommodative refractive esotropia (ARE), were enrolled in the study. All patients underwent a complete ophthalmic examination. Pediatric penetrating ocular trauma score (POTS) was calculated for every child with a history of penetrating eye injury. <sup>5</sup> Psychiatric disorders were evaluated via Schedule for Affective Disorders and Schizophrenia for School Aged Children, Present and Lifetime Version (K-SADS-PL) by a certificated Child and Adolescence Psychiatrist. Turgay DSM-İV-Based Child and Adolescent Behavior Disorders Screening and

Rating Scale (T-DSM-IV-S) was utilized in order to assess ADHD symptoms. Mother of each child rated their level of depression and anxiety on two self-report measures: Beck Depression Scale and the State-Trait Anxiety Inventory (STAI), respectively.

**Results:** The mean age was 7.9 (SD: 2.7, range: 4-13) in the study group and 9 (SD: 2.3, range: 4-13) in the control group ( $p=0.107$ ). Prevalence of ADHD was found 43.3% to 22.7%, in the study group and in the control group, respectively. Anxiety disorder was the second leading psychiatric disorder in each group. ( $n=8$ , 26.7% and  $n=6$  %27.3 for the study and the control groups, respectively) 10% of children in the study group had specific learning disorder; however, a substantial difference between groups was not detected. Prevalence of ADHD, total and sub-scores (inattentiveness, hyperactivity and oppositional defiant disorder and conduct disorder) of T-DSM-IV-S, score of mother's Beck Depression Scale and score of mother's STAI were not significantly different between patient and control group. ( $p>0.05$ )

**Conclusion:** In conclusion, the current study showed that ADHD, anxiety disorder and specific learning disorder were common in the penetrating eye injury group. Pizarello et al. stated that 90% of all ocular injury are preventable. Identifying the causes and features of perforating eye injuries, and taking precautions by education and legislation are of utmost importance in preventing these injuries in children. ADHD and specific learning disorders are treatable psychiatric disorders, when they can be diagnosed properly. Therefore, a suitable diagnosis and treatment of ADHD and specific learning disorder may prevent vision loss because of penetrating eye injuries in children. Also, comprehensive psychiatric assessment of children who experienced perforating eye injury could hinder repetition of ocular injury.

#### **OP62/ An Imaging Discontinuation Study of Adolescents with ADHD using OROS-Methylphenidate: Assessing with [Tc-<sup>99m</sup>] TRODAT-1 SPECT**

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**Objectives:** When the literature on attention deficit hyperactivity disorder treatment is searched, studies are more focused on the effect size and side effects. There may be planned or unplanned medication treatments during treatment. However, there is insufficient information on how long treatment will last for treatment in response to treatment, or what to expect after long-term treatment without releasing the drug. For this reason, the maintenance of the treatment and recurrence are important after the drug is discontinued. The aim the present study was to examine the effect of 2 months discontinuation after 12 months treatment with an extended release

formulation of methylphenidate (OROS-MPH) by using [Tc-<sup>99m</sup>] TRODAT-1 brain SPECT in a treatment-naïve sample of adolescents with ADHD.

**Methods:** Twelve adolescents suffering from ADHD underwent a brain SPECT scan with [Tc-<sup>99m</sup>] TRODAT-1 SPECT. Two SPECT scans, one at baseline and other two months discontinuation after 12 months treatment with OROS-MPH were performed. After the baseline SPECT scan, patients received OROS-MPH, individually medicated up to 1 mg/kg/day for 12 months. Severity of illness was estimated using the Clinical Global Impression Scale (CGI-S) and DuPaul ADHD Rating Scale-Clinician version (ADHD-RS) before, end of the 12 months and 2 months after the discontinuation of OROS-MPH treatment.

**Results:** The results of this study showed no difference at DAT availability in striatum after 2 months discontinuation in adolescents diagnosed with ADHD receiving 12 months of OROS-MPH treatment.

**Conclusion:** The findings of the present study found that 12 months treatment with OROS-MPH did not change permanently DAT availability in striatum.

### **OP63/ Phenomenological Assessment Of Pervasive Developmental Characteristics In Children And Adolescents With Bipolar Disorders And Severe Mood Dysregulation**

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**Objectives:** Autism spectrum disorders (ASD) are defined by the presence of significant social deficits, lifelong significant social deficits, apparent abnormalities in communication, and repetitive stereotypic behaviors, which usually begin to appear from the first years of life. Previous studies have suggested that bipolar disorder patients also exhibit social cognitive deficits, such as those found in ASD patients. In addition, patients with pediatric bipolar disorder (BPD) have significantly higher scores on the symptom scale of ASD. The validity and reliability of IPD disorder diagnosis in children and adolescents is a problem. For the pediatric patient group with symptoms of hyperarousal symptoms as well as chronic irritability, in which a sustained angry mood and negative emotional stimulus increased response was observed as a broad phenotype of bipolar disorder, the Disruptive Mood Dysregulation Disorder (DMDD) criteria were established. It is an important question to identify which features of bipolar disorder and DMDD are common and separated by their characteristics. The aim of the study was to investigate the characteristics of the autism in DMDD and bipolar disorder patients and their differences.

**Methods:** Patients and adolescents who applied to our clinic since 2002 and who have IQ > 70 and who have not been diagnosed with OOP before, diagnosed as having 21 BPD and 8 DMDD was

compared with each other regarding to family history of psychiatric illness, temperament traits, past history of special education and social communication features. Social communication features was evaluated with Social Communication Questionnaire (SCQ). The data of the study were evaluated in the SPSS23.0 package program. In the analysis of continuous data, Student's t-test and one-way

ANOVA were applied to the normal distribution groups, and Mann-Whitney U test was applied to the groups where the distribution was not normal. Chi-square and Fisher-exact tests were applied to evaluate categorical data.  $P < 0.05$  was considered statistically significant.

**Results:** Mean age of patients in the DMDD group is 140 months, and BPD group is 201 months in patients. A statistically significant difference was observed between the two groups. Female gender was 21.4% (n: 3) in the DMDD group and 44.4% (n: 8) in the BPD group. There was no significant difference between the two groups in terms of gender. In the BPD group, the rate of speech therapy in the past was 14.3%, while the DMDD group did not have speech therapy stories. No statistically significant difference was found between the two groups ( $p: 0,534$ ). In the DMDD group, there were 18.2% (n: 2) of special education stories in the past, but no history of special education was found in the BPD group ( $p: 0,11$ ). When compared with temperament characteristics, 1 of BPD group and 9 in DMDD group, challenging temperament was detected. There was no statistically significant difference between the two groups ( $P: 1,000$ ). When assessed in terms of the psychopathology in the family, 6 of the DMDD group and 8 of the BPD group had a family history of psychiatric illness. There was no statistically significant difference between the two groups ( $P: 1,000$ ). Social communication questionnaire scores were 7,5 in the DMDD group and 6 in the BPD group when the averages were evaluated. There was no statistically significant difference between the two groups ( $p: 0,693$ )

**Conclusion:** When the first data of the current study is examined; the small number of samples constitutes a significant limitation. There are studies showing that patients with mood disorder have higher scores in autistic assessment scales. Although there is no significant difference between the two groups, it is necessary to investigate the differences between these two groups with healthy controls.

#### **OP64/ No Association Between Polymorphisms of Vitamin D and Oxytocin Receptor Genes and Autistic Spectrum Disorder in a sample of Turkish Children**

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**Objectives:** Autistic spectrum disorder (ASD) is a disorder characterized by impairment in social skills and communication, repetitive behaviors and interests. ASD is a complex neurodevelopmental disorder. Although its etiopathogenesis is still not completely known despite many studies on the issue, it is thought that it develops with the interaction of genes and environmental factors.

Vitamin D, plays a role in neural development and differentiation and 1-25 dihydroxyvitamin D, which is the active form of vitamin, contributes to the regulation of expression of around 900 genes. This effect is exerted via receptors and alterations in receptor gene termed polymorphism changes the effect of Vitamin D. It is known that the incidence of ASD increases in children with Vitamin D deficiency and in the offspring of women who have Vitamin D deficiency during pregnancy.

Oxytocin is a neuropeptide that is synthesized in hypothalamus and released from posterior pituitary gland and recently it has been established that alterations in oxytocin levels exert effect on brain development in intrauterine period and additionally have impact on behavior. With the binding of Vitamin D to region termed as vitamin D receptor element (VDRE), which is located on oxytocin receptor genes and consists of the repetition of six bases, the function of and expression of that gene is affected. Polymorphisms on oxytocin receptor influences the binding of oxytocin and in consequence the efficacy of oxytocin changes. In some studies, it has been suggested that vasopressin and oxytocin contributes to brain development in intra uterine period and then exerts some effects on behavior (socialization, anxiety management, remembering etc.) and may play part in the etiology of ASD.

In the present study, the contribution of D vitamin receptor and oxytocin receptor gene polymorphisms in the development of Autism Spectrum Disorder in Turkish community was investigated. To our knowledge, this is the first study examining these two associated genes together in the literature.

**Methods:** 85 patients diagnosed with Autistic Spectrum Disorder according to DSM-V who referred to outpatient clinics of Child and Adolescent Psychiatry of Başkent University and Mersin University and 52 healthy matched for age and sex with the patient group were included in the present study after informed consents were obtained. In both groups, DNA was extracted from peripheral blood transferred to EDTA tubes. In DNA samples obtained, Vitamin D receptor gene rs731236 (Taq1), rs2228570 (Fok1), rs1544410 (Bsm1) rs7975232 (Apa1) polymorphisms and Oxytocin receptor gene rs1042778 and rs2268493 polymorphisms were investigated using Real Time PCR method.



**Results:** 85 patients at the mean age of  $7.38 \pm 4.01$  (72 male, 84.7 % and 13 female, 15.3%) who referred to outpatient clinics of Child and Adolescent Psychiatry of Başkent University and Mersin University and 52 healthy controls with a mean age of  $7.46 \pm 3.87$  (39 male, 75% and 13 female, 25%) matched for age and sex with the patient group were included in the present study. In both groups, Vitamin D receptor gene rs731236 (Taq1), rs2228570 (Fok1), rs1544410 (Bsm1) rs7975232 (Apa1) polymorphisms and Oxytocin receptor gene rs1042778 ve rs2268493 polymorphisms were investigated using Real Time PCR method. It was established that, there was no significant difference between patients and control groups in terms of distribution of genotype and alleles in each 6 polymorphism for these gene polymorphisms.

**Conclusion:** Knowledge of genes and polymorphisms associated with the development of ASD or susceptibility to its development may be beneficial for early diagnosis and future treatment. In the present study, unlike the previous studies on the issue, no relation was found between above mentioned gene polymorphisms and disorder, which may be due to genetic heterogeneity, differences in environmental factors and variations in ethnic origin. Therefore, further studies with larger populations are required to demonstrate molecular pathways which may play part in the development of ASD.

#### **OP65/ Case Study 1 – An Evidence-Based Practice Report**

How effective is the DIR/Floortime programme in improving the social-emotional functioning of children and adolescent with developmental delays and language disorder.

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Interventions for children/adolescents with developmental delays and language disorder often involves creating those learning relationships that will help the child move ahead in their development – relationships that are tailored to their individual differences that move them up in the developmental ladder, mastering each and every functional emotional developmental capacity that they are capable. Floortime it's helping the child master their Functional Emotional Developmental Capacities – their basic social, emotional, intellectual, language, and academic abilities. The result is a reciprocal interaction that results in an overall improvement in actual brain development processing. This case offers an overview of the theoretical, conceptual, and practical approach to the assessment, diagnosis and treatment of children/adolescents with developmental delays through the developmental relationship intervention known as DIR/Floortime. Adaptation of play techniques will be examined for use with those impacted, in individual, and family therapy contexts as the primary area of focus.

#### **OP66/ Burnout Rate Comparison Among Albanian Trainees In Different Medical Specialties**

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**Objectives:** Burnout is a serious problem for health care providers that has implications for clinical practice and personal health. While burnout is known to affect residents, no studies have examined the prevalence or impact of burnout among Albanian residents.

**Methods:** Abbreviated Maslach Burnout Inventory was distributed to 477 Albanian trainees of 36 different specialities. 380 trainees are attending the third year of residency and 97 trainees are attending the second year. Statistical analysis of the data was carried out using SPSS 21. The time period during which the data was collected was from December 2016 – January 2017.

**Results:** In the literature we found data that residents, especially in the early years of training, are particularly vulnerable to burnout, with a prevalence rate ranging from 27% to 75% with higher rates of burnout among pediatric residents and internal medicine residents. 73% of the sample were female, 27 % male. 3% pediatrics, 3% intern medicine 3% psychiatry ecc. This is the first study of this nature conducted in our country with very interesting data about burnout in early career physicians.

**Conclusion:** Burnout is a well-known phenomenon that must be addressed by leadership in academic medicine. As we move toward national health care reform and attempt to reconfigure our approach to training, attention to personal well-being is critical to the successful education of the next generation of physicians.

### **OP67/ Nonsuicidal Self-Injury Behavior In A Secondary School Population In Tirana: General Trends And Gender Differences**

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**Objectives:** The International Society for the Study of Self-injury defines non-suicidal selfinjury as the deliberate, direct, and self-inflicted destruction of body tissue resulting in immediate tissue damage, for purposes not socially sanctioned and without suicidal intent according to Janis Whitlock et al. (2011). The subject of self-injury has become the focus of the scientific community

attention only recently. Most researchers think that the occurrence of such self-injuring behavior in teenagers has been increasing only in the last few decades. Nixon and Cloutier (2008) have found a prevalence of about 17% of self-injuring teenagers in the community. According to Hawton et al., (2002), approximately only one in eight teenagers who inflict self-harm (no matter what their intention) actually seek professional help in hospital. Albania is lack of research in this field and in this study we are trying to provide the first data according to NSSI among secondary school students in our country. The aim of this study is to describe basic nonsuicidal self-injury (NSSI) characteristics, trends of NSSI and to explore if there are any correlations between NSSI behavior and sociodemographic characteristics among students in a secondary school in Tirana, Albania.

**Methods:** The data was collected via survey method during December 2016 - January 2017 according to the Brief Nonsuicidal self-injury- Assessment Tool (BNSSI-AT) questionnaire (e.g., cutting, burning, scratching, hitting oneself). We randomly selected a public school in Tirana, “28 Nentori” secondary school and distributed the questionnaire BNSSI-AT to the 8<sup>th</sup>- 9<sup>th</sup> grade students. Statistical analysis of the data was carried out using SPSS 21. The time period during which the data was collected was from January – March 2017.

**Results:** Females were more likely than males to self-injure. NSSI disclosure is low among both sexes. Interesting data about the methods used for self-harm, reasons of this behavior and the correlations with sociodemographic data.

**Conclusion:** Conducting further research in the area of NSSI seems to be crucial due to chronicity and prevalence. Excessive epidemiological studies should be made in order to get data related to the prevalence, incidence, and clinical characteristics of NSSI in various sociodemographic groups of adolescents. Schools need to develop programs where they provide an assistance line and they make use of counseling and support service for teenagers in order to prevent self-injuries.

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#### **OP68/ Attention Deficit/Hyperactivity Disorder In Elementary School Children– Case Of Albania**

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**Objectives:** Attention deficit/hyperactivity disorder (ADHD) is the most common neurodevelopmental disorder that is found in approximately 5% of the school – age population worldwide (1). Systematic review and meta-regression analysis confirmed previous findings on ADHD prevalence estimates (2). It is a complex and challenging disorder children with ADHD get into trouble at school and at home (3). Very few empirical studies have evaluated school-based universal screening models for ADHD and there are missing data on ADHD in Albania. The aim of this study is to identify cases of children with ADHD at school and to gain some preliminary data about the spread of this disorder in Albania, so to later develop a model of school – based universal screening and intervention strategies at school.

**Methods:** Four elementary –middle schools of Tirana city were randomly selected and a sample of children of grades 1 – 4 (age 6 – 11) were screened using Parent/Teacher Strength and Difficulties Questionnaire and Parent/Teacher IOWA Conners rating scale. All the cases scoring above the cut-off scores were evaluated for the presence of a possible diagnosis of ADHD and other comorbid conditions. We made a descriptive analysis using SPSS 21, with  $p \leq 0.05$ .

**Results:** Our preliminary results replicate and approximate the values already existing in the international literature, confirming the view that despite variations in different studies, ADHD is a real disorder with lifelong consequences if not treated properly.

**Conclusion:** ADHD is frequently associated with clinically significant impairments in child functioning, especially in the areas of academic achievement and relationship with peers and authority figures. Given that physicians and educators should collaborate to implement assessment and treatment strategies.

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### **OP69/ Eating Disorders Risk In An Albanian Sample Of Adolescents.**

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**Objectives:**Data of epidemiological studies on eating disorders (EDs) in Albania and in other Mediterranean countries is limited.Despite their high prevalence, associated morbidity and mortality, and available treatment options,EDs continue to be under-diagnosed by pediatric professionals(1). Adolescence is a period of developmental risk for eating disorders. Many adolescents go untreated, do not recover, or reach only partial recovery. This paper presents data of a pilot studyconducted in a small seaside city in Albania. This study aimed to describe eating attitudes in adolescents, compare the differences of both genders for the individual’s body mass index (BMI) and behavioral symptoms, compare eating attitudes between two groups (city and rural area) and identification of those at risk for eating disorders.

**Methods:** Were interviewed 80 adolescents divided in two groups: 40 of them from the city and 40 individuals from a rural area. The participants completed the anthropometric measures and calculate the BMI and the Eating Attitudes Test (EAT 26) (2), which contains items for all subcategories of ED (3). Following all necessary ethical requirements for research among human samples, writtenconsents were obtained from all participants Statistical analysis was done using SPSS 21.

**Results:**This is a study still in process and we are actually in the phase of data analyzing. Age range was 13-15 years old. In a general preview of the preliminary results we have noticed that female adolescents have higher scores regarding eating attitudes and are more concerned about their diet and body proportions.

**Conclusion:** This study it is very important regarding eating attitudes in Albanian adolescents. Eating disorder can lead to earlier treatment, thereby reducing serious physical and psychological complications or even death.

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### **OP70/ Quality Of Life And Mental Health In Adolescents With Acne Vulgaris – A Study In An Albanian Sample.**

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**Objectives:** Acne vulgaris is a chronic inflammatory disease of the pilosebaceous units, which chiefly involves face and upper part of the trunk<sup>1</sup>. Its prevalence is highest in adolescence. It affects 85% of young adults aged 12–25 years<sup>2</sup>. Different researches indicate that rates of anxiety and depression among individuals with significant acne symptoms are about double those of non-acne sufferers. The impact of acne vulgaris on mental health and quality of life (QoL) has been identified in different studies, but there are no data in Albanian patients. This presentation is part of a larger study which is ongoing in Albania adolescents suffering from Acne vulgaris. The aim of this study is to assess the impact of Acne Vulgaris on quality of life, and their relationship with mental health problems in an Albanian sample of adolescents.

**Methods:** Twenty adolescents with acne vulgaris, aged 13 – 20 years without any psychiatric or medical co morbidity were recruited, from the Dermatology Outpatient unit of University Hospital, Tirana. The control group consisted of 20 adolescents, recruited in a high school, in the same age range, who had neither psychiatric disease nor acne. Severity of acne was evaluated by Global Acne Grading System (GAGS). Life quality of the patients was evaluated with Acne Quality of Life Scale (AQOL), Hospitality and Anxiety disorder (HAD) were applied to both groups.

**Results:** Life quality impairment and high social anxiety levels, as well as of depression and anxiety, were found to be associated regardless of the clinical severity of acne.

**Conclusion:** Acne Vulgaris must be considered as an illness with the potential to affect the quality of life and mental health. Effective treatment of the acne itself, in combination with the appropriate mental health support, offers the highest chance of improving the quality of life of acne sufferers. Therefore, routine psychiatric evaluation and psychological support should be part of the routine acne treatment plan.

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### OP71/ Emotional Burden of Parental Overprotection

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**Objectives:** Anxiety disorders are among most frequent psychological disorders in children/adolescents and adults. This may sound very surprising, seeing that other noticeable emotional disorders attract attention of family members, teachers or other important field actors. Different parenting styles are accompanied with several anxiety symptoms. Theoretical models on

anxiety put emphasis on parenting influence on developing and maintaining anxiety symptoms. Parental overprotection, critics, ambivalence are some of the characteristics attributed to parents of anxious children. During period of 2009-2010 in CAPS, children suffering from anxiety disorders represented 17.3% of total number of consultations and 36.4% of the new cases. During psychological evaluation, was concluded that the manner in which parents reacted and managed their own anxiety toward children, influenced on anxiety symptoms' manifestation and maintaining. Many children experience anxiety symptoms which may lead to everyday functioning impairment. The aim of this study was to identify the role of parenting styles on anxiety manifestation and maintaining in children.

**Methods:** Literature review was conducted on existing articles in databases of academic publications through electronic search in Medline, Psych-Info, Pub-Med. The search items such as: "anxiety disorders\*", adolescent\*, child\*, prevalence, were used to find existing articles. Quantitative questionnaires were applied with children and parents.

**Results and Conclusion:** different studies on anxiety etiology are based on a multi-factorial model and not to a single cause. These theories put emphasis on the early identification, prevention and intervention on factors that affect anxiety cause, development, preservation and exacerbation This study puts emphasis on the importance of raising psychologically healthy children with the sense of autonomy, self-confidence and security.

## **OP72/ Difficulties Experienced By Parents Of Children With Autism Spectrum Disorder**

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**Objectives:** Autism Spectrum Disorder (ASD) is characterized by deficits in sociability and communication, and increased repetitive and/or restrictive behaviors. Substantial empirical evidence has highlighted the psychological stress and negative well-being of parents whose children are diagnosed with ASD. Understanding the attitudes, challenges and mechanisms through which parents successfully overcome the challenges of caregiving for these children are essential for planning public services and helping families. This study aims at understanding the needs of families who has a child with ASD

**Methods:** A questionnaire was prepared, consisting of 8 titles and 83 questions, which aimed at determining the general knowledge level of parents about autism, the problems in the diagnosis process and after the diagnosis, special education and medical treatment, attitudes towards alternative treatments. This questionnaire, was applied to the parents of 50 children with ASD who were admitted to participate in the study. Analysis of the data obtained was performed using SPSS 20 programme.

**Results:** Fifty two percent % of the parents of children with ASD stated that they had never heard of Autism before their children were diagnosed with ASD. Only 22% of were receiving professional family support after being diagnosed with ASD . Moreover, 44% of families were



aware of autism related Non Governmental Organization(s) but only 26% of the parents were in contact with these organizations. The percentage of those who tried any kind of alternative approaches was 28%, and those who stated that their child benefit from these methods were only 6% of the group. Eighty Percent of the families had problems with home care of their children. These problems were mostly related to self-care issues.

**Conclusion:** As a result of these findings, it can be concluded that families did not have information on autism before actually encountering it and awareness programs for public, health professionals about autism should be developed. Professional family support programs should be facilitated. Also, the time and quality of special education should be improved. Parents should be informed about alternative treatments and harmful approaches.

### **OP73/ Prevalence of Psychiatric disorders, Global Developmental Delay and Autism**

#### **Spectrum Disorder among 18-60 months old Children**

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**Objectives:** The first three years of life is the most progressive and most complex period of development. In this period there is opportunity to observe important developmental progress and re-regulation processes. Multidimensional processes during infancy that lead to the development of mental disorders also affect subsequent developmental stages. Infancy (0-12 months) and early childhood (12-48 months) have been described as \"critical period\" in almost every psychiatric theory. \"The Center for Early Childhood Psychosocial Development\" in Erzurum is a center for evaluating the developmental retardation of children aged 18 months to 6 years, autism spectrum disorder, psychiatric disorders, childhood sleep problems, relationship problems, psychosocial and environmental risk factors. If the risk is determined in the child, he/she is directed to Atatürk University Medical Faculty Child and Adolescent Psychiatry Department for diagnosis and intervention.

**Methods:** The aim of this study was to evaluate the development of children who applied to \"Early Childhood Psychosocial Development Centre\" in Erzurum. Our purpose is to determine whether they are at high risk in terms of autism spectrum disorder, the most common psychiatric disorders in childhood, to control psychological, social and environmental stressors that may affect the healthy development of the child and to monitor and evaluate parent-child communication.

**Result:** In this context we reached 1200 children who were between 1-5 years old. 110 children were found to be screen positive. The distribution of diagnosis are presented in the poster.

**Conclusion:** The distribution of diagnosis obtained from population-based sample will contribute to the literature in the field of early childhood psychiatric screening.

### **OP74/ Relationship Between Anxiety And Depression Levels Of Mothers Who Referred To Psychiatry Outpatient Clinic And ADHD And Disruptive Behavior Disorders In Their Children**

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**Objectives:** Previous studies have shown that depression and anxiety disorders are more common in families of children with ADHD than community sample. There is limited data about ADHD prevalence in children of adult patient receiving psychiatric treatment and the relationship between parental depression and anxiety levels and the symptoms of ADHD and disruptive behavior disorders in their children. The aim of this study is to examine the relationship between anxiety and depression levels mothers and their children with ADHD and disruptive behavior disorders.

**Methods:** Mothers who were referred for with depression or anxiety disorder to Ondokuz Mayıs University Psychiatry Clinic were included in the study. The sociodemographic data form, Beck Anxiety Inventory (BAI), Beck Depression Inventory (BDI) and Turgay Attention Deficit and Disruptive Behavior Disorders Assessment Scale for all their children aged 6-18 years filled by mothers.

**Results:** 21 mothers who diagnosed with depressive disorder or anxiety disorder and their 37 children were included in the study. 27% of the children were diagnosed with ADHD. In the analysis of the correlation, mother BDI and Turgay Oppositional Defiant Disorder (ODD) subscale ( $r: 0.38$   $p: 0.02$ ) and Conduct Disorder (CD) subscale ( $r: 0.41$ ,  $p: 0.01$ ) scores were found to be moderately positive correlated.

**Conclusion:** Our study showed that children of mothers who are diagnosed with depression or anxiety disorder, were diagnosed at high rates with ADHD. The most frequent cause of admission to the psychiatry clinic were irritability, suggesting that there may be mothers underdiagnosed with ADHD. In our study, we found maternal depression scores are correlated with ODD/CD scores. Child behaviors may be affected by inheritance of depression, exposure to negative maternal affect and cognition. Also children behaviors scored by mother, depressive mothers may have negative perception on their children, it may cause higher scores in ODD/CD scales. Children of mothers with depression and anxiety disorder carry risk for disruptive behavior disorders and child's psychiatric evaluation may contribute to family functionality.

### **OP75/ Behavioral Problems Of Preterm Children And Its Psychosocial Aspects On Mothers**

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**Objectives:** To assess the psychological status and attitudes and their family functioning of mothers with long-term followed up preterm children and evaluate behavioral problems of those siblings.

**Methods:** This study involved a series of 53 mothers with preterm children and 50 healthy controls, with a minimum of 3 years of follow-up. All mothers were asked to complete Beck Depression Inventory (BDI), State-Trait Anxiety Inventory (STAI), Parental Attitude Research Instrument (PARI), Family Assessment Device (FAD), and Strengths and Difficulties Questionnaire (SDQ).

**Results:** Socio-demographic data showed no statistically significant differences between preterm children and control groups ( $p>0.05$ ). Especially between preterm children and control groups affective involvement and behaviour control problems has showed that statistically significant differences ( $p<0.001$ ). SDQ findings of 53 preterm children have higher than healthy control group ( $p<0.001$ )

**Conclusion:** All family functioning and parental attitude were affected in mothers of preterm children. Depressive and anxiety symptoms were not observed in the mothers. Mothers who have multiple pregnancies and those who have children with laser treatment and refractive error were mostly affected. These children had serious emotional and behavioral problems. The physician should be aware of the psychological issues and responses commonly occurred during the course of preterm children.

#### **OP76/ Oppositional Defiant Disorder In Children And Adolescents: A Retrospective Study**

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**Objectives:** Oppositional defiant disorder (ODD) is a frequently seen childhood psychiatric disorder. [1] Studies conducted on school age children indicate that ODD prevalence rate is between 2-16 % and ODD is more common in boys rather than girls. [2] Limited number of studies shows that comorbidity of ODD with other psychiatric disorders is extremely common. [3] It might cause many problems in child's social and family functioning. The purpose of this study is to investigate clinical features, co-morbid psychiatric disorders and treatment options of children with ODD.

**Methods:** Records of children admitted to outpatient clinics of child psychiatry at Ankara Pediatric Hematology Oncology Education and Research Hospital between November 2015 and November 2016 were retrospectively evaluated and data of children diagnosed as ODD according to the DSM V criteria were examined in detail. For data analysis, SPSS for Windows of 17.0 (Statistical Package for Social Sciences, Version 17.0, Chicago: SPSS Inc., 2008) statistical software package was used. Continuous variables were not normally distributed. Categorical variables were expressed as frequency (n) and percentage (%), continuous variables as median and

minimum-maximum values. Categorical variables were analyzed with chi-square ( $\chi^2$ ) test and continuous variables with Mann-Whitney U test.  $P < 0.05$  was accepted as statistically significant.

**Results:** Data of 148 children diagnosed with ODD were collected. Two-thirds of the cases were boys (% 66.9,  $n=99$ ). 55.4% ( $n = 82$ ) of ODD cases were in child age group, (4-11 ages) and 44.6% ( $n=66$ ) were in adolescent age group, (12-17 years). Number of boys was statistically significantly higher in child age group than in adolescent age group ( $\chi^2=8.199$ ,  $df=1$ ,  $p=0.004$ ). At least one comorbid psychiatric disorder was found in 71.6% ( $n=106$ ) of ODD cases. Frequently seen comorbid disorders were; attention and hyperactivity disorder (ADHD) (43.9%,  $n=65$ ), anxiety disorders (10.8%,  $n=16$ ), intellectual disability (7.4%,  $n=11$ ) and depressive disorder (6.8%,  $n=10$ ). It was found that median age of cases (11, min-max:4-17) with comorbid psychiatric disorders was statistically significantly higher than median age (8, min-max:4-17) of ODD children without comorbid psychiatric disorders ( $z=-3.122$ ,  $U=1494.500$ ,  $p=0.002$ ). Evaluation based on comorbid psychiatric disorders showed that depressive disorder was more common in adolescent cases compared to child age group ( $\chi^2=8.949$ ,  $df=1$ ,  $p=0.005$ ). At least one substance use (cigarette and/or other substances, cannabis, heroin, volatile substances, etc.) was found in 8.8% ( $n = 13$ ) of cases. Substance use was significantly higher in adolescent age group ( $\chi^2=17.707$ ,  $df=1$ ,  $p<0.001$ ). In terms of treatment, pharmacotherapy was recommended to 68.9% ( $n = 102$ ) of the cases. Pharmacotherapy was statistically significant more preferred in adolescent age group ( $\chi^2=7.207$ ,  $df=1$ ,  $p=0.007$ ). Risperidone (52.9%,  $n = 54$ ), methylphenidate (38.2%,  $n = 39$ ), selective serotonin reuptake inhibitors (26.5%,  $n = 27$ ), atomoxetine (11.8%,  $n=12$ ) and aripiprazole (11.8%,  $n = 12$ ) were the mostly recommended agents in drug treatment respectively. Pharmacotherapy in ODD cases with comorbidity was significantly higher than pure ODD cases ( $\chi^2=30.183$ ,  $df=1$ ,  $p<0.001$ ).

**Conclusion:** Our findings revealed that (1) ODD is more frequent in boys than girls, (2) comorbidity is higher in adolescents, (3) medication is first choice of treatment for ODD cases with comorbidity, (4) most common comorbid disorder is ADHD, (5) methylphenidate and risperidone are the most used agents to treat ODD. These findings are consistent with literature. Detailed evaluation of comorbid psychiatric disorders in children and adolescents with ODD symptoms especially in clinical settings is important for appropriate treatment choice. Generalisation of results are not quite possible because of using only clinical sample size and cross-sectional nature of our study. There is a need further studies of prospectively planned, multi-central study with larger sample size in our country to evaluate ODD and its treatment.

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## **OP77/ Depression, Anxiety Levels and Alexithymia in Children with Primary Headache: A Controlled Study**

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**Objectives:** The aim of this study was to compare the levels of depression, anxiety and alexithymia in children with primary headache to the control group. It was also aimed to compare maternal depression and anxiety levels between the two groups. We investigated whether there is a relationship between alexithymia, depression and anxiety.

**Methods:** We evaluated 30 children (7-18 years of age; mean±SD: 14.23±2.58) with primary headache and 30 controls matched for age and gender. Participants were recruited at the pediatric neurology clinic of the Ankara University. The levels of depression, anxiety and alexithymia were assessed with Children's Depression Inventory (CDI) and State-Trait Anxiety Inventory (STAI), Toronto Alexithymia Scale (TAS-20), respectively. Beck Depression Inventory (BDI) and Beck Anxiety Scale (BAS) were completed by the mothers. DSM-IV diagnoses were obtained by means of the Schedule for Affective Disorders and Schizophrenia for School-Age Children-Present and Lifetime Version (K-SADS-PL).

**Results:** Levels of depression, anxiety and alexithymia did not differ significantly between the case and control groups ( $p > 0.05$ ). Depression scores of case group's mothers were significantly higher than controls (15.13±7.79 vs. 10.56±8.16,  $p = 0.01$ ), whereas anxiety scores were not statistically significant (17.0±10.52 vs. 14.1±12.06,  $p = 0.124$ ). In the case group, alexithymia scores (TAS-1, TAS-2, TAS total) were positively correlated with depression scores ( $r = 0.765$ ,  $r = 0.80$ ,  $r = 0.824$ , respectively,  $p < 0.001$ ) but there was no correlation with the TAS-3 ( $r = 0.010$ ,  $p > 0.05$ ). In the control group, alexithymia scores (TAS-1, TAS-2, TAS total) were positively correlated with depression scores ( $r = 0.696$ ,  $r = 0.468$ ,  $r = 0.591$ , respectively,  $p < 0.001$ ). According to correlation analysis results, the correlation coefficients between alexithymia and depression scores were higher in the case group than the control group.

**Conclusion:** These findings highlight evaluating alexithymic features of the children with primary headache who have high depression scores. High depression scores of mothers whose children with primary headache may indicate the importance of psychological support and psychotherapeutic interventions.

**OP78/ Psychiatric Assesment of Girls with Precocious Puberty- A Controlled Cross Sectional Study**

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**Objectives:** Precocious puberty has become important endocrinologic disease recently. In early studies, girls with precocious puberty have more psychiatric problems especially ‘Anxiety Disorders’ and ‘Depression’. We aimed to determine psychiatric problems in girls with precocious puberty versus healthy group who are the same age. We hypothesized that psychiatricsymptoms are more common in the precococious puberty group,also their self-esteem levels are lower than the control group.

**Methods:** 21 girls with precocious puberty(PP) and 19 healthy controls(NC), ranging from 6 to 11 years of age, having similar socio-demographic characteristics were included in this study. Precocious puberty group was recruited from Ankara University School of Medicine Child Endocrinology Polyclinic. We evaluated children with Schedule for Affective Disorders Schizophrenia for School-Age Children-Present and Lifetime Version(K-SADS-PL). Depression levels were assessed with Children’s Depression Scale(CDI), self-esteem scores were evaluated with Piers-Harris Children’s Self Concept Scale(PHSCS) . And also in order to determine parents and teachers’ observations we used Child Behaviour Check List for Ages 6-18(CBCL) and Teacher Report Form.

**Results:** Signs of depressionare significantly higher in the precocious group( $p=0.002$ ).The CDI scores means and standard deviations of the PP and NC groups were  $8.1\pm 6.0$  and  $3.11\pm 2.60$ ;PHSCS scores means and the standard derivations of the PP and NC groups were  $65\pm 9$  and  $72.84\pm 3.80$ , respectively. Total self-esteem scores, especially in Physical Appearance and Attributes(PHY), Freedom From Anxiety(FRE)and Happiness and Satisfaction(HAP) subscale scores are significantly lower than the healthy girls ( $p=0.001$ ,  $p=0.000$ ,  $p=0.002$ ,  $p=0.024$ ). Analyzing subscales of Child Behaviour Check List for Ages 6-18 (parent form), we found more anxious/depressed problems, somatic complaints and social problems in the case group ( $p=0.017$ ,  $p=0.03$ ,  $p=0.031$ ). Besides we detected more affective problems in Child Behaviour Check List for Ages 6-18 (teacher form) ( $p=0.028$ ). Also we determined that spesific phobia is more common in the case group ( $p=0.000$ ).

**Discussion:** Our findings support that girls with precocious puberty have more depressionand anxiety symptoms and lower self-esteem scores. These results ara similar to previous studies. The results of this study emphasize the importance of psychiatric assesment of precocious puberty in children.In this respect, psychiatric consultation requests should be adopted as part of routine clinical practice for girls with PP.

### **Op79/ Impact Of Treatment On Internet Use In Children And Adolescents With Obsessive Compulsive Disorder**

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**Objectives:** Obsessive compulsive disorder (OCD) an incapacitating mental disorder characterized by intrusive thoughts/images and accompanying mental/physical acts (compulsions) conducted to neutralize negative emotions caused by obsessions. Problematic Internet Use (PIU) is, on the other hand, characterized by poorly controlled preoccupations or urges leading to excessive internet use and causing impairment in occupational, social or other important areas of functioning. Relationship between PIU and mood disorders, anxiety disorders, suicidal thoughts and OCD has been reported. The relationship between PIU and OCD shows evidence that treatment of OCD can positively affect PIU. In the present study, it is aimed to investigate the effect of OCD treatment on problematic internet use in children and adolescents attending outpatient clinic of Child and Adolescent Psychiatry, Mersin University between September 2012 and September 2014.

**Methods:** Subjects, who had been diagnosed with OCD according to DSM-IV-TR diagnostic criteria and treated with psychotropic medications, were assessed with Yale-Brown Obsessive Compulsive Scale for Children and Online Cognition Scale. A sociodemographic data tool developed by the study team was also used. Scores of the scales before psychotropic treatment was commenced and at the third month of the treatment were compared.

**Results and Conclusion:** Results showed that the reduction in OCD symptoms was accompanied by a significant decrease in PIU symptoms. As children and adolescents with OCD are particularly vulnerable to problematic internet use due the risk factors associated with their condition, measures are needed to be taken to protect them from the harmful effects of excessive internet use. A routine screening for the PIU in the everyday psychiatric evaluation may have a preventative effect or lead to early identification and treatment.

### **Op80/Familial Autoimmunity, Phenotype And Pandalas In Patients With Ocd Related Disorders**

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**Objectives:** In recent years, infection related autoimmunity in neuropsychiatric disorders called as PANDAS/PANS has become gradually interesting subject. Trichotillomania (TTM), body dysmorphic disorder (BDD), hoarding disorder (HD) and skin-picking disorder (SPD) have been

classified under the title of ‘‘Obsessive Compulsive Disorder and related disorders (OCD)’’ in Diagnostic and Statistical Manual of Mental Disorders V (DSM V). In this study, we aimed to research phenotypic traits, PANDAS and familial autoimmunity in pediatric patients with OCD.

**Methods:** The diagnosis of OCD was made according to DSM V criteria and the diagnosis of PANDAS was made in those who met the criteria proposed by Swedo et.al. The sample was recruited during the period between August 2016-February 2017. Patients were evaluated for PANDAS conditions, familial-individual autoimmunity, adenoidectomy/tonsillectomy and other sociodemographic characteristics. The procedures were approved by the institution’s Ethics Committee and written informed consent was obtained from all parents of subjects. SPSS v.16.0 for Windows was used for statistical analysis. Non parametric tests-Mann Whitney U tests were made to compare variables.

**Results:** The study sample included 58 children and adolescents. There were 28 female, (48,3%); 30 male, (51,7 %) patients. The mean of age was  $12,8 \pm 3,3$  years. 35 children had OCD, 6 children had TTM, 3 children had HD, 1 child had BDD, 5 children had SPD, 4 children had comorbid OKB+TTM, 2 children had comorbid SPD+OKB, 1 child had comorbid OKB+TTM+SPD, 1 child had comorbid OCD and BD. Among 58 patients, n=26 (45%) were classified as PANDAS with a mean age of  $12,1+3,8$  years. Patients with non PANDAS n=32 (55%) had a mean age of  $13,3+2,8$  years. Although not statistically significant, PANDAS patients had a slightly increased rates of an autoimmune disorder comparing to subjects with non-PANDAS (n=4,15,4%; n=2 %6,3, p=0,256). We found higher frequencies of adenoidectomy (n=4 66,7%; n=9 17,3% p=0,006), antibiotic prophylaxis ( n=2 33,3%, n=4, 7,7%, p=0,051), sensorial phenomenon (n=6 100%; n=29 58%, p=0,045) and TTM diagnosis in children who had autoimmune disorder (n=3 50%; n= 8 15,4%, p=0,041). Familial autoimmunity was more common among patients with PANDAS than non PANDAS patients (n=14 %53,8 vs n=13 %40,6 ; p=0,315 ) although statistically non significant.

**Conclusion:** In this study, we could not find an association between PANDAS and familial autoimmunity in pediatric sample with OCD. However, familial autoimmunity history was related with the phenotypic traits of subjects. Large sample sized studies are needed to demonstrate a relationship between etiologic, phenotypic traits and autoimmunity.

### **OP81/ Metabolic And Safety Results Of Second-Generation Antipsychotics In A Follow-Up And Hospitalized Group Of Children And Adolescents**

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**Objectives:** The use of second generation antipsychotics(SGAs) in children and adolescents has been increasing across the world, and up to 90% of these antipsychotics are SGAs. The increased



prescribing of SGAs has occurred without sufficient safety and efficacy data, and concerns of adverse metabolic effects have emerged. The adverse effects of SGAs differ from each other and metabolic and endocrine effects are more pronounced in this early and more sensitive age group. According to recent investigations, the risk for incident type 2 diabetes mellitus was increased among youths initiating SGAs and was highest in those concomitantly using antidepressants. (Rubin et. al. 2015). In this study, we aimed to investigate the effectiveness and cardiometabolic safety of antipsychotic drugs in a naturalistically treated pediatric inpatient population and the purpose of the study is assesment of change between baseline and endpoint of all safety parameters. First part of study was presented in 60th Annual Meeting of AACAP(Orlando), and we presented our preliminary results. After, we enlarged the sample size for more reliable results.

**Methods:** The sample consisted of hospitalized children and adolescents aged 8-18 years old. All patients who were consecutively hospitalized on the child and adolescent psychiatry unit of the Dokuz Eylul University hospital, Izmir, Turkey, between October 1, 2007 and 28 may 2016 were included in this retrospective patient file study. The study was approved by the Dokuz Eylul University Ethics Committee, and all caregivers or youth aged 18 gave written informed consent, with patients <18 years old giving assent for observations, laboratory tests and ratings of psychiatric symptoms, as well as to use psychotropic agents if needed. Treatment decisions were made independent from the research team based on clinical need. Assessments: Body weight, height, waist circumference, prolactin, T4, fasting blood glucose, triglycerides, total cholesterol, LDL-cholesterol, HDL-cholesterol, liver function tests(ALT, AST), hemoglobin, leukocytes, and platelets were collected at time of admission and discharge. Data were also collected on duration of hospitalization, Children's Global Assessment of Functioning Scale cores (CGAS), Health of the Nation Outcome Scales Child and Adolescent Mental Health(HONOSCA) and antipsychotic and concomitant treatment type, duration and dosages. Analyses were performed using SPSS 15 software. Of the total sample of 325 admitted youth, we excluded from the analyses 3 small antipsychotic treatment groups because of insufficient numbers for statistical comparisons and combined antipsychotic usage. The paired t-test was used to compare baseline to end-of- follow-up scores within each treatment group. One way ANOVA was used for determining differences between treatment groups. All tests were two-sided and alpha was set at 0.05.

**Results:** Data from 325 youth were analyzed for this study, including 279 youth who received naturalistic antipsychotic treatment and 46 children and adolescents without antipsychotic treatment. The primary diagnoses included psychotic disorders (15.7%), bipolar disorders (12%), major depressive disorder (32.6%), disruptive behavior disorders(13.2%), eating disorders (5.2%), and other disorders (21.3%). Antipsychotic treatment type, durations, and maximum dosages as well as concomitant treatments are described in the table 1. Significant baseline-to- endpoint improvements were observed regarding CGAS and HONOSCA scores in all antipsychotic treatment groups (each  $p < 0.0001$ ). There were also baseline-to- endpoint significant increase in body weight, BMI and waist circumference, with risperidone ( $p=0,000$ ,  $p=0,003$  and  $p=0,012$ , respectively) quetiapine ( $p=0,000$ ,  $p=0,001$  and  $p=0,007$ , respectively), olanzapin ( $p=0,000$ ,  $p=0,000$  and  $p=0,000$ , respectively) and and aripiprazole ( $p=0,000$ ,  $p=0,002$ ,  $p=0,000$ , respectively) There were also baseline-to- endpoint significant decreases in TSH ( $p= 0,023$ ), cholesterol ( $p=0,005$ ), hemoglobine ( $p=0,007$ ), leukocyte ( $p=0,055$ ), HDL ( $p=0,032$ ) measures in risperidone group. There were also baseline-to- endpoint significant increases in ALT ( $p=0,015$ )

and AST ( $p=0,008$ ) measures in quetiapine group. There were also baseline-to- endpoint significant decrease in PRL levels in aripiprazole group ( $p=0,010$ ). There were significant increase of endpoint ALT levels in olanzapine ( $p=0,03$ ) and quetiapine ( $p=0,019$ ) groups and endpoint AST levels in only quetiapine ( $p=0,02$ ) group, when we compared the treatment groups. There were also baseline-to- endpoint significant decrease in PRL levels in aripiprazole group ( $p=0,01$ ). Antipsychotic treatment induced BMI is affected by drug choice ( $p=0,000$ ;  $F(3,174)= 12,795$ ). There is no significant difference between olanzapine and quetiapine treatment groups ( $p= 0,215$ ). Also, risperidone treatment does not statistically differs from aripiprazole ( $p= 0,328$ ) and quetiapine ( $p=0,951$ ) treatment groups. However, when compared to aripiprazole, olanzapine treatment ( $p=0,000$ ) and quetiapine treatment ( $p=0,044$ ) seem to cause significantly increase of BMI levels. Weight change is also another parameter which is affected by antipsychotic preference ( $p=0,000$ ;  $F(3,200)=15,908$ ). Risperidone is not significantly different from aripiprazole ( $p=0,179$ ) and quetiapine ( $p=0,208$ ) treatment groups. Additionally, olanzapine and quetiapine treatment groups do not have significant difference between each other statistically ( $p=0,770$ ). Nevertheless, we find that olanzapine treatment group have more weight gain than risperidone ( $p=0,000$ ) and aripiprazole ( $p=0,000$ ) groups. Waist circumference also differs from antipsychotic treatment groups ( $p=0,000$ ;  $F(3,170)= 7,432$ ). There is no significant difference between quetiapine, olanzapine and risperidone groups. However, aripiprazole treatment causes less increase than olanzapine ( $p=0,000$ ) and quetiapine ( $p=0,026$ ) treatment groups. But, there is also no significant difference between risperidone and aripiprazole treatment groups ( $p=0,077$ ). ANOVA analysis shows difference in PRL increase levels according to treatment group ( $p=0,000$ ;  $F(3,195)= 7,977$ ). Olanzapine seems to cause more elevation in PRL levels than aripiprazole ( $p=0,000$ ) and quetiapine ( $p=0,000$ ) treatments. While, olanzapine increases PRL levels more than other antipsychotics, there is no difference between risperidone and olanzapine treatment groups ( $p=0,103$ ). Likewise, risperidone treatment does not statistically differ from quetiapine treatment ( $p=0,904$ ). Finally, when evaluating for antipsychotic drug choice, the amount of increase in TG levels is also alternate ( $p=0,033$ ;  $F(3,191)= 2,968$ ). Olanzapine gives rise to increase in TG levels significantly more than aripiprazole treatment group ( $p=0,05$ ). In addition, other treatment groups have no statistical difference between each other.

**Conclusion:** During inpatient treatment of severe mental disorders youth in all 5 treatment groups improved significantly on the CGAS and HONOSCA scales. However, all antipsychotics gained significant weight, BMI, waist circumference. There were significant increases in liver functions tests with olanzapine and quetiapine. Our results found out a warning about metabolic side effects of antipsychotics and it is compatible with scientific literature. According to recent findings, compared with risperidone, newer antipsychotics were not associated with decreased risk for diabetes mellitus type II. Since this was a naturalistic study, results are limited by non-random treatment selection, different treatment durations and dosages, and usage of concomitant psychotropic agents. Additional, well- designed studies evaluating long-term metabolic safety of different SGAs head-to- head in youth are required to guide clinical decision making. Such results warrant increased attention to the safety of the use of SGAs in pediatric populations, including the identification and adoption of best prescribing practices, as well as ways to enhance adherence to metabolic screening policies when initiating treatment with SGAs.

### **OP82/ Higher BDNF Levels In Adulthood With Bipolar Disorders: A Comparison Study Between Adolescent And Adult Ages**

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**Objectives:** Emerging evidence suggests that progressive neuropathological processes occurs in bipolar disorder (BD). Brain-derived neurotrophic factor (BDNF) is the one of the member of the neurotrophin family consists of regulatory factors that modulate synaptic transmission and plasticity. Child- and adolescent-onset BD may comprise more severe forms than adult-onset BD and the development of neuroplasticity is still evolving rapidly during this period. The clinical significance of biomarkers is increasingly evident in the case of early-onset pediatric (BD) because of the confusion of clinical findings and lack of international consensus. The aim of this study is to compare the BDNF levels in adolescent and adult onset BD and the response to BDNF levels given to mood stabilizers, whether variations of BDNF levels might be an early neuromarker for diagnosis, prognosis and/or treatment response

**Method:** We enrolled euthymic patients with adolescent-onset BD(n=39)(age:13-19), adult-onset BD (n=30) (age: 22 -59), healthy controls for adolescent (n=26)(age:14-19) and adults (n=61)(age:20-60). Diagnosis were made according to the DSM-IV, and information from the Kiddie and Young Adult Schedule for Affective Disorders and Schizophrenia Present and Lifetime Version (K-SADS-PL) for adolescents and SCID I for adults BDNF levels in serum were measured by sandwich-ELISA and one-way ANOVA was then applied to compare BDNF levels among the groups.

**Results:** BDNF levels in adult subjects were significantly higher than adolescent subjects. BDNF levels were not significantly different between adolescent-onset bipolar patient groups and controls(p=0.994), but were found significantly different among adult patients and controls (p=0,016). Adolescent bipolar patients using lithium, not VPA(valproic acid), showed significant reductions in BDNF levels (p=0,035).This significance difference was not found in adult bipolar patients. When all adult and adolescents groups were analysed, there is a strong positive correlation between BDNF levels and age(r=0,636),(p=0.0001) Conclusion The role of BDNF as a biological marker in BD, has been a topic of debate recently. Increased level of BDNF in adults may be related to developmental differences and long term drug usage. Longitudinal studies with larger sample sizes in different mood states are needed to evaluate developmental role of BDNF in early-onset disease.

### **OP83/ Clinical Check-up Attendance Rates and Effective Factors Among Cases After**

#### **Discharge From Child Psychiatric Inpatient Unit**

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**Objectives:** Continual attendance at clinical check-ups by children and adolescents after inpatient psychiatric treatment is an important problem affecting morbidity and mortality. In this study we aimed to research the check-up attendance rates after discharge and effective factors among cases treated as inpatients at our child psychiatric inpatient unit.

**Methods:** Patient records of inpatients from 2013-2016 were retrospectively investigated and 367 cases with at least 3 months of history after discharge were included in the study. Variables related to sociodemographic characteristics, mental diagnosis, applied treatment, style of admission and discharge were recorded into a database. After discharge, cases who attended the first 2 consecutive clinic appointments were accepted as attending follow-up.

**Results:** Of cases 65.7% (n=241) attended the first two consecutive appointments after discharge, while 34.3% (n=126) did not attend. Among sociodemographic characteristics lower attendance rates were found for cases with low socioeconomic level, alcohol use and cases discharged by family against doctors wishes. Higher attendance rates were identified for cases continuing in structured education and those with first degree relatives who had mental disorders. Among variables related to mental diagnosis, treatment and discharge, cases with schizophrenia and other psychotic disorder, with nutritional and eating disorder and intellectual disability, admission to hospital from the clinic, who received pharmacotherapy, using antipsychotics, beginning multiple medications, with more than one admission, longer duration of admission, and those discharged with full or partial remission had higher attendance rates. Cases attending follow-up had significantly higher test points on requested psychometric scales of STAI-1, WISC-R verbal, performance and total test points compared to non-attending cases.

**Conclusion:** In the literature there are limited studies investigating the clinical appointment attendance rates and related factors after discharge from the pediatric and adolescent psychiatric inpatient unit. Studies have reported that repeated psychiatric admissions to hospital are lower among patients who are compliant with treatment compared to those who do not comply. We believe our study will contribute to the literature on understanding the attendance rates and effective factors for clinical check-ups after discharge.

#### **OP84/ Evaluation Of Psychopathology And Neurocognitive Functions In Children With Schizophrenia Or Bipolar Affective Disease In The First And Second Degree Relatives: Preliminary Study**

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**Objectives:** In our study, it was aimed to evaluate the attention, memory and executive functions of children with bipolar affective disorder and schizophrenia in first and second degree relatives by neuropsychological tests in terms of executive functions and psychopathology.

**Methods:** 10 children with schizophrenia in their first and second degree relatives, 10 children with bipolar affective disorder in their relatives and 10 children without schizophrenia and bipolar affective disorder were included in the study. For all children, the Wechsler Intelligence Test for Children (WISC-R), Wisconsin Card Matching Test (WCST) and Stroop Picture Vocabulary Test were applied. K-SADS was administered to each child to assess their psychological status. The data were evaluated by appropriate statistical methods.

**Results:** Psychopathology was found in 70% of the children with schizophrenia in their relatives and 40% of the children with bipolar disorder in their relatives. There was a significant difference between the control group and the group with bipolar affective disorder in terms of maintaining WCST. WISC-R verbal score, WISC-R total score, WCST total wrong number and WCST conceptual response percentage results were found to be affected by the presence of disease first or second degree in the group with schizophrenia in their relatives. The WISC-R test results were found to have an effect on the WISC-R verbal score, the Stroop 5 test duration, the WCST total false count, and the WCST conceptual response percentage.

**Conclusion:** Deterioration in neurocognitive tests in children at high-risk groups may lead us to psychopathologies that exist in these children.

#### **OP85/ An Evaluation Of Sociodemographic And Psychiatric Properties Of The Children Referred To A Child And Adolescent Psychiatry Outpatient Clinic In The Scope Of Health Measure Decision Ruling With Child Protection Law**

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**Objectives:** The aim of this descriptive study was to assess the sociodemographic and psychiatric properties of children referred for health measure, and also to make contributions to increase the efficiency of the services working for the high benefit of children.

**Methods:** Patient folders of 66 children referred for health measure to a child and adolescent psychiatry outpatient clinic between January 2013 and February 2017 were retrospectively screened.

**Results:** The mean age of sample was found as 13,39±4,59 years. In terms of educational statue, 39 of the children were found as continuing their formal education while 22 children dropped out school but only two of them have returned back to school. Education measures were detected less than expected although high drop-outs of education. Academic success of two third were reported as under their class level, however mental retardation was detected on nearly one third of the children according to the psychometric evaluations. In terms of life conditions, 20 children were not living with their biological family; foster care (n=12), with relatives (n=7) and adopted (n=1). A few of their mothers had a job while salaries of families were frequently under the poverty

level. Nearly all of the children had at least one psychiatric diagnose regarding to the frequencies; ADHD, depression, conduct disorder, intellectual disability, sexual abuse, physical abuse, PTSD, suicidal attempts, self-mutilations and etc. The most frequent reason of health measure decisions was the protection requirement of child, and followed by the care and rehabilitation need of child and sexual abuse with less ratios of need of familial interventions, physical abuse and driven to crime. Most of the children and their parents have taken a positive attitude through the measure decision with the %57,6 ratio of regular psychiatric follow-up.

**Conclusion:** The child population with health measure provides a challenging base for further psychiatric studies, and description of psychopathologic risk groups in this special child population will also provide benefit for effectiveness of preventive psychiatric services.

### **OP86/ Review Of Presenting Complaints And Diagnoses In 0-5 Years Old Children Presented To A Tertiary Child Psychiatry Clinic**

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**Objectives:** In this study, it was aimed to assess presenting complaints, diagnoses and psychopharmacological therapies in patients aged 0-5 years who presented to Child & Adolescent Psychiatry outpatient clinic.

**Methods:** We retrospectively reviewed medical records of children aged 0-5 years who presented to Department of Child & Adolescent Psychiatry, Kahramanmaras Sutcu Imam University Medical School between 01.01.2015 and 01.01.2017. Data regarding age, gender, presenting complaint, medication, birth order, psychiatric diagnoses and comorbid diagnoses were assessed in all patients.

**Results:** Of 317 cases, 206 (65%) were boys whereas 111 (35%) were girls. Mean age was 38.3±10.4 months among boys whereas 35.0±10.4 months among girls. The most common concurrent complaints were speech retardation (43.5%) irritability (25.6%) and hyper-activity (21.8%). It was found that boys most commonly presented with speech retardation, hyper-activity and irritability while girls most commonly presented with speech retardation, irritability and crying. A psychotropic agent was prescribed to 20.8% of the patients. Risperidone (13.2%) was most commonly prescribed psychotropic agent; followed by hydroxyzine (3.8%) and other psychotropic drugs (3.8%). The rate of non-psychotropic agent use was 7.3%. The psychotropic agents were most commonly prescribed to the patients with autism spectrum disorder and attention deficit-hyperactivity disorder as risperidone being most frequently preferred agent. Of the patients, 13.9% was first child in the family while 20.2% was the only child and 26.8% was last child in the family. In our patients, most common diagnoses were stimulant deficiency (14.%), adjustment disorder (13.2%), ASD (8.8%), mental retardation (7.9%), attention deficit-hyperactivity disorder (35.7%), stuttering (5.7%), psychosocial deprivation (5%), problem in setting borders (4.1%),

articulation disorder (3.5%), oppositional defiant/conduct disorder (1.9%) and separation anxiety (1.3%). Mean age at diagnosis was 37±11.0 months in ASD, 44.7±10.4 months in ADHD and 35.4±10.7 months in mental retardation. The frequency of non-psychiatric comorbid disease was 18%. The most common comorbid conditions included epilepsy, Down syndrome, cerebral palsy and hypothyroidism. There was a psychiatric comorbidity in 6% of the cases as ASD and MR being most frequent diagnoses.

**Conclusion:** In our study, the findings that the most common presenting complaint was speech retardation among children aged 0-5 years who presented to child psychiatry outpatient clinic and higher proportion of boys in this age group were in agreement with literature. The fact that the most common diagnosis was stimulation deficiency may be due to intensive exposure to technological devices during this period, suggesting the importance of stimulation abundance in language development in preschool children. Knowledge about possible diagnosis and presenting complaints in preschool children will contribute to improved care provided in child psychiatry clinics.

### **OP87/ Quality Of Life In Parents' Of Children With Specific Learning Disorder And Effect Of Comorbidity**

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**Objectives:** Learning disability is a biologically based neurodevelopmental disease which determined by genetic, epigenetic and environmental influences. Clinically it is defined by discrepancy between IQ and academic performance. Specific Learning Disorder (SLD) takes place under the title of “Neurodevelopmental Disorders” in DSM-5 which has proposed the diagnosis after response to intervention. SLD carries out a lot of consequences along with and quality of life of parent and patient is disturbed in terms of physical, social, psychological and environmental aspects. We hypothesize that SLD is related with a lot of psychiatric comorbidities and also disturbs the quality of life of parents. We have explored the direction of this relation with quality of life of parents.

**Methods:** Our study designed as a prospective cross-sectional study. The patients are collected from Bakirkoy Research and Training Hospital of Psychiatry, Neurology and Neurosurgery, Department of Child and Adolescent Psychiatry between July 2016-October 2016. Ethical approval has been obtained from hospital's ethic committee. 79 SLD patient and 77 healthy subjects included in this study were 7-13 years old. The comorbidity is searched with Schedule for Affective Disorders and Schizophrenia for School-Age Children-Present and Lifetime Version (K-SADS-PL), and parents' depression and anxiety traits with Beck Depression Inventory (BDI), State and Trait Anxiety Inventory (STAI), and quality of life of parents with World Health Organization Quality of Life Assessment (WHOQOL-BREF). SPSS is used in data analysis, and factors that effect quality of life is identified with correlation analysis.

**Results:** SLD and control grup was similar in terms of sociodemographic data. The most seen comorbidities in SLD grup were ADHD, ODD, specific phobia, seperation anxitey disorder and major depression, respectively. SLD grup also has a high comorbidity ratio acoording to control grup. The parental depression and anxiety scores were higher than healthy controls. Quality of life scores between SLD and control grup parents' were not differed statistically in scope of psychological, physical and environmental subgroups but social disturbance was higher in SLD grup. The most related predictor of quality of life of parent was presence of parental depression and anxiety symtoms.

**Conclusion:** SLD is a highly common but underdiagnosed disorder which disturbates quality of life of the effected children' parents' higher than the healthy controls. Our hypothesis was supported with our findings and also it is highly recommended to treat parents' psychiatric disorders to improve child's life quality.

### **OP88/ Sluggish Cognitive Tempo Symptoms Factor Structure In Children With ADHD, Effect Of SCT On ADHD Methylphenidate Response**

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**Objectives:** The aim of this study is to examine the factor structure of SCT in children with ADHD who have clinical admission, the relationship of SCT with the problems of internalization and externalization, and the effect on social and academic competence areas. To investigate the effect of SCT on the response of ADHD methylphenidate and how SCT responds to methylphenidate treatment and the factors affecting SCT methylphenidate treatment.

**Methods:** The study grup consisted of 261 children, their parents and their teachers between the ages of 6-12 who were admitted to Ankara University Medical Faculty Child and Adolescent Mental Health and Disease outpatient clinic with new ADHD diagnosis or at least 2 days off to ADHD treatment. Psychiatric diagnoses according to DSM-IV diagnostic criteria were determined for all children by applying K-SADS-PL. Parents and teachers were given CBCL 6-18 years, SNAPIV and SCT scales. In the second evaluation, the scales were evaluated and the treatment for ADHD was arranged considering the comorbid conditions and the weight of the children. Children with long-acting methylphenidate have been included in the evaluation of treatment response. One month after the appropriate dose was set, parents and teachers were given post-treatment forms of SNAPIV and SCT scales.

**Results:** It was determined that SCT indices are different from ADHD symptoms. It was found that SCT consisted of two factors which are called \"sluggish-drowsiness\" and \"sleepy/daydream\" and consistency among evaluators except two items. While SCT did not show a significant relationship with ADHD/HI, countermeasures behavior and aggressive behavior, ADHD/I showed a significant relationship with ADHD/HI, countermeasure behavior and aggressive behavior. SCT and ADHD/I (except teacher evaluation) showed a significant relationship with anxiety / depression. The SCT and ADHD/I are similar in relation to school



success (except for father evaluation) and social problems. While SCT showed a significant relationship with withdrawal, ADHD/I showed a significantly lower level of relationship only in father evaluations. The high level of SCT independently of each other in the regression analyzes predicted that ADHD/HI would be at a low level, ADHD/I, anxiety / depression, social withdrawal and social problems would be at a high level. There was no relationship with the countermeasures behavior and aggressive behaviors (except for mother evaluations) and school achievement. The high level of ADHD/I predicts that school performance will be at a low level that ADHD/HI, SCT, countermeasure behavior will be high. ADHD/I has not been associated with social problems, anxiety/depression (except for father evaluations), social withdrawal and aggressive behavior. Only the ANCOVA analysis found that the total score of the SCT did affect the ADHD methylphenidate response in the maternal evaluations. In the ANCOVA covariance and logistic regression analyzes, it was found that the SCT was not influenced by the treatment response. ADHD methylphenidate treatment response was found to be positive for SNAPIV total score, and total score for ODD was negative. The change in total SCT scores after one month of methylphenidate treatment is significant. When the variable affecting the answer to the treatment of SCT was evaluated, it was found that age was positive in father evaluations and age was negative in teacher evaluations.

**Conclusion:** Our study has shown that SCT is a different factor in ADHD in different cultures and clinical samples. In the clinical sample, the association of SCT with comorbidities and areas of deterioration differs from ADHD/I, but there was no difference in response to treatment. There is a need for community-based, longitudinal studies to determine causal relationships and to generalize the subject. Concomitant with the literature, it was found that SCT had no effect on methylphenidate treatment response in ADHD. SCT indications improved with methylphenidate therapy, but the improvement in ADHD symptoms was not statistically controlled.

### **OP89/ Efficacy And Improvement Results Of Second-Generation Antipsychotics In A Follow-Up And Hospitalized Group Of Children And Adolescents**

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Information of Disclosure: Dr Inal-Emiroglu, Alsen and Baykara have no conflict of interest, Dr Akay is member of the board of LillyandJanssen companies..

**Objectives:** The use of second generation antipsychotics (SGAs) in children and adolescents has been increasing across the world, and up to 90% of these antipsychotics are SGAs. The increased prescribing of SGAs has occurred with out sufficient safety and efficacy data, and concerns of adverse metabolic effects have emerged. The adverse effects of SGAs differ from each other and efficacy and improvement parameters are more pronounced in this early and more sensitive age group. According to recent investigations, the risk for incident type 2 diabetes mellitus was increased among youths initiating SGAs and was highest in those concomitantly using

antidepressants. In this study, we aimed to investigate the effectiveness and cardiometabolic safety of antipsychotic drugs in a naturalistically treated pediatric inpatient population and the purpose of the study is assessment of change between baseline and end point of all safety and efficacy parameters. First part of study was presented in 60th Annual Meeting of AACAP(Orlando), and we presented our preliminary results. After, we enlarged the sample size for more reliable results.

**Methods:** The sample consisted of hospitalized children and Adolescents aged 8-18 years old. All patients who were consecutively hospitalized on the child and adolescent psychiatry unit of the Dokuz Eylul University Hospital, Izmir, Turkey, between October 1, 2007 and 28 may 2016 were included in this study. The study was approved by the Dokuz Eylul University Ethics Committee, and all caregivers or youth aged 18 gave written informed consent, with patients <18 years old giving assent for observations, laboratory tests and ratings of psychiatric symptoms, as well as to use psychotropic agents if needed. Treatment decisions were made independent from there search team based on clinical need. Data were collected on duration of hospitalization, Children's Global Assessment of Functioning Scale scores (CGAS), Health of the Nation Outcome Scales Child and Adolescent Mental Health(HONOSCA) and antipsychotic and concomitant treatment type, duration and dosages. Analyses were performed using SPSS 15 software. Of the total sample of 325 admitted youth, we excluded from the analyses 3 small antipsychotic treatments groups because of insufficient numbers for statistical comparisons and combined antipsychotic usage. The paired t-test was used to compare baseline to end-of-follow-up scores within each treatments group. One way ANOVA was used for determining differences between treatments groups. All tests were two-sided and alpha was set at 0.05.

**Results:** Data from 325 youth were analyzed for this study, including 279 youth who received naturalistic antipsychotic treatments and 46 children and Adolescents with out antipsychotic treatment. The primary diagnoses included psychotic disorders (15.7%), bipolar disorders (12 %), major depressive disorder (32.6%), disruptive behavior disorders (13.2%), eating disorders (5.2%), and Other disorders (21.3%). Significant baseline-to-end point improvements were observed regarding CGAS and HONOSCA scores in all antipsychotic treatment groups (each  $p < 0.0001$ ). During inpatient treatment of severe mental disorders youth in all 5 treatment groups improved significantly on the CGAS and HONOSCA scales.

**Conclusion:** Since this was a naturalistic study, results are limited by non-random treatments selection, different treatments durations and dosages, and usage of concomitant psychotropic agents. Additional, well-designed studies evaluating long-term metabolic safety of different SGAs head-to-head in youth are required to guide clinical decision making. Such results warrant increased attention to the safety of the use of SGAs in pediatric populations, including the identification and adoption of best prescribing practices, as well as ways to enhance adherence to metabolic screening policies when initiating treatments with SGAs.

### **OP90/ Evaluation Of Thrombocyte Parameters In Children With Autism Spectrum Disorders**

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**Objectives:** Alterations in the serotonin system play an important role in the etiology of autism spectrum disorders (ASD). Although it is known that platelets are associated with the serotonin system, their relation to ASD has not yet been elucidated. In this study, we aim to investigate platelet functions in children with ASD.

**Methods:** 40 patients with ASD according to DSM-5 and 30 healthy controls were included in the study. A complete blood count was done to measure parameters relating to platelet morphology including platelet count, mean platelet volume (MPV), platelet distribution width (PDW) and plateletcrit (PCT) parameters. Moreover prothrombin time (PT) and activated partial thromboplastin time (aPTT) parameters were evaluated through coagulation tests. Lastly, platelet functions were assessed with a platelet function analyzer (PFA-100) by measuring collagen-ADP and collagen-epinephrine closure times.

**Results:** There was no significant difference between the groups in terms of platelet count, MPV, PDW, PCT, PT and aPTT parameters for ASD patients when compared to the control group ( $p > 0.05$ ). However, in terms of platelet functions, the elongation in collagen-ADP and collagen-epinephrine closure times were significantly higher for the ASD group when compared to the control group ( $p = 0.044$ ).

**Conclusion:** In our study, no significant difference was found between ASD patients and the control group in terms of platelet count, MPV, PDW, PCT, PT and aPTT parameters. However, for the parameters evaluating platelet functions, the elongation of collagen-ADP and collagen-epinephrine closure times were significantly higher in the ASD group when compared to the control group. These results may suggest an impairment in platelet function rather than in platelet parameters for children with ASD. Serotonin, which has an important role in the etiology of ASD, is also known to be crucial for thrombocyte functions. In light of these results, further investigation of thrombocyte functions in the ASD may lead to a better understanding of the pathogenesis of ASD and to the development of our limited knowledge of this disease.

### **OP91/ Relationship Between Nomophobia And Psychiatric Symptoms In A Clinical Sample Of Turkish Adolescents**

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**Objectives:** Nomophobia is an acronym for No Mobile Phone Phobia , and it is the discomfort or anxiety caused by the non-availability of mobile phone (MP). Nomophobia is considered as a modern age phobia and as prevalence of smartphone ownership increases, prevalence and level of nomophobia increases. In this study, we aimed to examine relationship between nomophobia and psychiatric symptoms due to scarcity of research on this subject.

**Methods:** In this cross-sectional study, 40 adolescents aged 14-18 years who were referred to our child and adolescent psychiatry outpatient clinic between November 2016 and February 2017 and who had no mental retardation or pervasive developmental disorder were included. After socio-demographic information was obtained, the adolescents were asked to fill out the Nomophobia Questionnaire (NMP-Q), Revised Child Anxiety and Depression Scale (RCADS)- child version, meanwhile, the parents were asked to fill out RCADS-parent version, Conners Parent Rating Scale-48, and SNAP-IV.

**Results:** The results revealed all participants had nomophobia, and female adolescents demonstrated significantly more nomophobic behaviors than males ( $p=0,003$ ). The study also disclosed that anxiety disorder, obsessive-compulsive disorder and depression scores were significantly higher in participants with higher nomophobia level ( $p<0.05$ ), whereas there was no relationship between nomophobia level and inattention, hyperactivity, oppositional and conduct problem behavior scores ( $p>0.05$ ).

**Conclusion:** This study is among the limited number of studies in the literature from the point of searching the psychiatric symptoms comorbid with nomophobia. We believe that determining comorbidities with nomophobia would provide guidance for the prevention and treatment of nomophobia. Since our study continues, these are preliminary results.

### **OP92/ Platelet Parameters in Adolescents with Major Depressive Disorder**

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**Objectives:** Studies emphasize the increasing prevalence of Major Depressive Disorder (MDD) seen in children and adolescents in recent years. Immunologic and inflammatory mechanisms are thought to play a role in the pathophysiology of the disease. Platelets are closely related to hemostasis, inflammation, immune cell activation, tissue regeneration, and other physiological and pathological processes. Platelets have an important role in the pathogenesis of local and systemic inflammation-related disorders. Similarly, serotonin neurons may regulate platelet function as peripheral functions. The relationship between major depression and increased platelet activity has been indicated by several studies. Platelets are small fragments of 1-6 µm in diameter that have 5-9 days life span and are formed in the bone marrow. Platelet parameters consist of parameters such as mean platelet volume (MPV), platelet distribution width (PDW), and "plateletcrit" (PCT), which is the percentage of platelets present. Young platelets released from the bone marrow due to inflammation reach larger sizes; Inflammatory mediators such as chemokines, cytokines, and procoagulant molecules are secreted by activated platelets.

MPV, which reflects the rate of platelet production in the platelet size and bone marrow, is a frequently used parameter to assess platelet activation and function. PDW is another platelet function indicator that reflects changes in platelet activation and platelet function. PDW is an indicator of the difference in platelet volume and the degree of diversity in platelet size. In this study, it was planned to compare serum MPV, PDW and PCT values of adolescents diagnosed with MDD in child psychiatric service with healthy controls.

**Methods:** Blood samples routinely taken during the admission of 47 adolescents diagnosed with MDD who were followed in Ondokuz Mayıs University Medical Faculty Child Psychiatry Department between 01.01.2013 and 01.01.2016, were examined retrospectively. MPV, PDW and PCT values were included in the study. 25 healthy children which are bone marrow donors, age-matched with patient group and serum MPV, PDW and PCT values were retrospectively analyzed. The relationship between platelet parameter values and suicide ideation/attempts, duration of hospitalization and number of hospitalizations were investigated. Distribution of parameters analyzed with Kolmogorov-Smirnov test. Independent sample T test used to compare parameters. Statistical analyses were performed on SPSS version v15.0 software. Normal distribution was checked using the Kolmogorov-Smirnov test and histograms. The independent t-tests were used to compare parameters between groups. Pearson correlation analysis was used for correlation analysis. Statistical significance was set at two-tailed  $p < 0.05$ .

**Results:** Mean age of the patients was  $15.2 \pm 1.4$  and control group was  $14.4 \pm 2$ . There was no statistically significant difference mean age between groups. There was a statistically significant difference in gender between the patient group and the control group (patient group; 83.7% female, control group; 56.5% female). Mean duration of hospitalization in the patient group was  $9.8 \pm 7.5$  days. 67.3% of the patients had a suicide attempt prior to admission or suicidal ideation during admission. Platelet parameters of the study group were found respectively; MPV=  $7.49 \pm 0.78$ , PDW=  $49.91 \pm 9.06$ , PCT=  $0.20 \pm 0.00$ , mean platelet parameters of the control group were MPV=  $6.87 \pm 0.89$ , PDW=  $39.63 \pm 13.06$ , PCT=  $0.16 \pm 0.004$ . There were statistically significant difference between MPV ( $p:0.007$ ), PDW ( $p:0.002$ ) and PCT ( $p:0.003$ ). There was no significant relationship between platelet parameters and suicide attempt/ideation, duration of hospitalization. There was a medium positive correlation between the number of hospitalizations and PDW ( $r:0.320$ ,  $p:0.02$ ).

**Conclusion:** Dysregulation of serotonergic function has been associated with depression, aggression and suicidality in several studies involving children, adolescents, and adults. This study investigated the relationship between the platelet parameters and the number of hospitalizations. Our study showed that the platelet parameters of adolescents with depression were significantly different. Suicide attempt/ ideation and hospitalization duration did not affect these values, but the relationship between the number of hospitalizations and the PDW value was found. These findings reveal the importance of immunological factors in adolescents with depressive disorder. Taking the platelet parameters into account in the diagnosis and treatment of adolescents with depression may be helpful for the clinician. Further researches needed to determine importance of platelet parameters clinical significance in child and adolescents with depression.

**OP93/ The Role of Disease Severity, Emotional and Behavioral Problems on Quality of Life in Preschool Aged Children with Autism Spectrum Disorder**

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**Objectives:** Factors affecting quality of life are known in school aged children and adolescents with autism spectrum disorder (ASD). In literature, there are few studies that examined factors affecting quality of life in preschool aged children with ASD. The present study aimed to investigate the relationship between quality of life with autism severity and comorbid psychiatric problems of children with preschool aged with ASD at a child and adolescent psychiatric clinic in Turkey.

**Methods:** Seventy consecutive children aged 2-6 years who were followed up at the Bakirkoy Research and Training Hospital of Psychiatry, Neurology and Neurosurgery, Department of Child and Adolescent Psychiatry, who were diagnosed with autism spectrum disorder according to Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V) diagnostic criteria. They did not have chronic psychiatric disorder and did not use psychotropic drugs. As a control group, 61 healthy children between the ages of 2 and 6 who had no physical and psychiatric disturbance and whose development was normal were taken. Psychiatric evaluation was carried out by clinical interview and the Childhood Autism Rating Scale, and necessary information was gathered with the scales that the mothers would fill for their children. SPSS 20.0 package software program was used for statistical analysis. The relationship between the continuous variables was evaluated by Pearson correlation test.

**Results:** In children with ASD, total quality of life scale score, social functioning and school functioning were found to be lower than control group ( $p < 0.05$ ). In this study autism severity of children with ASD were not associated with quality of life ( $p > 0.05$ ). Emotional, behavioral problems have been found to be related to the quality of life ( $p < 0.05$ ).

**Conclusion:** In this study, the factors related to quality of life in preschool children with ASD diagnosed were determined. Regardless of disease severity in autism give attention to emotional and behavioral problems is more effective in increasing the quality of life. For this reason, the clinical evaluation of ASD-diagnosed cases should include assessment of the factors that may affect the quality of life.

**OP94/Inflammation Markers for Children with Early-Onset Bipolar Disorder**

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**Objectives:** Bipolar disorder (BPD) is a long-term status that highly disrupt functioning and quality of life and increase the risk of psychiatric and somatic comorbidities. Despite BDP is described as a rarely seen disease in children and adolescent, in the present time adolescents, in the present time increasing numbers of children which are having BP diagnosis contributed to the description, classification and treatment of this disease. Studies have shown that almost 28%-63% of individuals diagnosed with BPD as adults retrospectively report an onset of illness prior to 20 years of age. In the last two decades, there has been a marked upsurge in knowledge about early onset bipolar disorder (EOBD). There has been a significant rise in the understanding of the pathophysiology of BPD. There is now strong evidence of progressive neuropathological processes in BD. Immunological and inflammatory mechanisms in Bipolar Disorder are thought to play a key role in the pathophysiology of the disease. Several immune and inflammatory alterations, such as increased acute phase reactants, abnormal levels of inflammatory cytokines, and activated lymphocyte cell subsets, have been observed in different stages of patients with BPD. Neutrophil to lymphocyte ratio (NLR) and platelet to lymphocyte ratio (PLR) analysis is cost effective and also an easily obtainable circulating clinical marker of peripheral inflammation. NLR and PLR are associated with inflammation; neuropsychiatric disorders such as Alzheimer's disease, schizophrenia, show the presence of systemic inflammation. Studies in adult patients reported that NLR and PLR were higher in patients with Bipolar Disorder. In literature, there is lack of studies about EOBD. In this study, we compared the serum NLR and PLR of patients with EOBD who were admitted to pediatric psychiatric service and healthy controls.

**Methods:** 42 patients diagnosed with EOBD between 01.01.2013 and 01.01.2016 in Ondokuz Mayıs University Medical Faculty Child Psychiatry Department retrospectively have been examined. Serum NLR and PLR obtained by examining the results of blood samples routinely taken during the hospitalization. Serum NLR and PLR obtained from the results of blood samples taken from 30 age-matched healthy children of the patient group were compared.

**Results:** The mean age of the patients was  $14.8 \pm 1.6$  and the mean age of the control group was  $14.8 \pm 1.8$ . The patient group was 76.2% female, 23.8% male, the control group was 53.3% female, 46.7% male. The difference between the NLR of the patient group and the control group was significant ( $p = 0.02$ ). There was no significant difference between the PLR of the patient group and the control group ( $p = 0.38$ ).

**Conclusion:** An correlation between inflammation and psychiatric disorders, has been reported in recent years including schizophrenia and BD. Previous research investigating inflammation in manic episode have shown increased immune parameters such as cytokines, acute phase reactants, and activated T cells when compared with healthy controls. NLR and PLR ratios which are indicative of peripheral inflammation process were found to be statistically higher in studies performed in patients with adult bipolar disorder than in healthy control group. Our study also revealed a significant increase in NLR in EOBD patients. There is a need for new studies to

confirm that relationship between EOBD and inflammation with the parameters obtained through hemogram, which is a simple and inexpensive method to be applied in outpatient clinics. Limitations of this study can be detailed as the comparatively small sample size of sub-groups and lacking of the data about other inflammation markers as C-Reactive protein, inflammatory cytokines etc. because of retrospective nature of the study. Lack of the longitudinal outcomes of antipsychotics or mood stabilizers or multiple drug combinations and status on inflammatory system is another important limitation of our study.



# **POSTER PRESENTATIONS**

## **PP1/ Sertraline-Induced Serotonin Syndrome In An Adolescent: A Case Report**

Ümit Işık

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**Introduction:** Serotonin syndrome (SS) is a potentially life-threatening adverse drug reaction manifesting in mental status changes and autonomic and neuromuscular hyperactivity. SS is a clinical diagnosis in accordance with the Hunter Toxicity Criteria decision rules. To fulfill the Hunter Toxicity Criteria, the patient must have taken a serotonergic agent and must have one of the following symptoms: (1) spontaneous clonus, (2) inducible clonus plus agitation, (3) ocular clonus plus agitation or diaphoresis, (4) tremor and hyperreflexia, and (5) hypertonia and a temperature higher than 38 °C plus ocular clonus or inducible clonus. I present the case of an adolescent who developed serotonin syndrome on therapeutic sertraline.

**Case:** A 16-year-old male patient was diagnosed with major depression and social anxiety disorder and sertraline 25 treatment was initiated. However, the patient used sertraline 50 mg. He felt himself a bit better after the medication, and after 4 hours, he felt another bad feelings and used another 50 mg of sertaline. In this way, the patient used sertraline 50 mg 5 times within two days (a total of 250 mg sertraline). Two days later, he arrived at the hospital with marked agitation, anxious, restless, tremor, involuntary movements, like myoclonus, in both hands, and a strange behavior as if she was afraid of something. Routine blood chemistry, a complete blood count and urine analysis did not reveal any abnormality; thus probability of hepatic dysfunction or hepatitis was excluded. The patient denied the use of any other medications. There was no history of ethanol or substance abuse. All these findings were consistent with mild serotonin syndrome and sertraline was suspected as the possible causative agent. Sertraline was ceased and he was appropriately rehydrated with intravenous fluids. Oral lorazepam was administered for agitation, at a dose of 1 mg twice daily. Over the subsequent 2 days, all his symptoms progressively resolved.

**Discussion:** SS is still notwell recognized by physicians. Cessation of serotonergic medication and supportive care remain the mainstay of therapy. Parents must be educated to prevent children from having free access to drugs, avoiding self-medication or overdose.

## **PP2/ Intermittent Explosive Disorder Was Treated With Carbamazepine: A Case Study**

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**Introduction:** Intermittent explosive disorder (IED) is an impulsive-control disorder defined by repetitive verbal or physical aggressive episodes or destructive behavioral outbursts that are out of proportion to psychosocial stressors or provocation, and that are not better accounted for by another mental disorder, medical condition, or the direct physiologic effects of medication or other substance with psychotropic properties. Aggressive episodes have sudden onset, short-duration, physical, verbal, destructive and non-destructive attacks. These anger outbursts often leads to social, professional, legal and financial problems. Anger outbursts usually start with a small trigger event about a close friend, colleague, partner although the trigger event may not be identified in most cases. In an epidemiological study involving adults and adolescents, the IED frequency was found to be 3-5% and appears beginning at earlier age than most psychiatric disorders. IED is more common in men than in women and usually begins in late adolescence. Pharmacological treatments and cognitive-behavioral therapy (CBT) are

usually recommended for managing symptoms of IED. Surgical procedures such as stereotactic amygdalotomy, deep brain stimulation of orbitofrontal projections are recommended in the most severe cases where aggressive outbursts can not be controlled. There are not yet enough controlled studies for pharmacological treatments for IED diagnosis. Phenytoin, selective serotonin reuptake inhibitors (SSRIs), monoamine oxidase inhibitors (MAOIs), beta receptor blockers, alpha2 agonists and antipsychotics have been shown to be effective in the treatment of impulsive and aggressive behaviors. There are placebo-controlled trials that show that lithium, sodium valproate and carbamazepine are effective mood stabilizers in the treatment of intermittent explosive disorder and aggression in various disorders. Our goal in this report is to present an adolescent case with Attention Deficit and Hyperactivity Disorder (ADHD) and IED shows dramatic improvement with carbamazepine treatment despite not responding to many pharmacological agents.

**Case:** A 12-year-old boy was admitted to our pediatric and adolescent psychiatry outpatient clinic with her family 4 years ago when he was 8 years old. At the time he applied, he had difficulty paying attention to his lessons and had complaints of excessive mobility at school and home. As a result of the diagnostic interviews and the information obtained from the teachers and family, the patient was diagnosed with ADHD according to the DSM-5 diagnostic criteria. Methylphenidate 10 mg 2x1 / 2 was started for treatment. Atomoxetine 25 mg was added to the treatment of patient who had improved an amount but could not get a complete response and in the controls were up to 40 mg. The patient benefited from this treatment and was regularly followed for 3 years. The methylphenidate dose was up to 36 mg in the controls. During the follow-ups, patient and his family complained about sudden anger and applying physical and verbal violence to his friends. He said that he felt regret after the incident. Methylphenidate dose of the patient was increased to 54 mg and 1 mg of risperidone was added to treatment. When depressive mood was recognized in the psychiatric examination of the patient, sertraline was started at 25 mg, followed by 50 mg at follow-up. Sertraline and risperidone treatment were stopped after 2 months of follow-up due to no significant improvement in their complaints and aripiprazole 5 mg was started. Carbamazepine 2 x\* 100 treatment was started 1 month after the beginning of the aripiprazole because of no decrease in

IED symptoms. Because the patient benefited from carbamazepine treatment dose was up to

2x200 mg. After the addition of carbamazepine treatment, the patient did not have any anger outbursts, in his 11-months of follow-up except rare and mild anger attacks.

**Discussion:** IED is an impulse control disorder with an anger outbursts that can lead to serious problems in social and professional life. Other psychiatric disorders such as mood, anxiety disorders are also accompanied in the majority of the patients. It is important to be diagnosed and treated early due to the fact that it can start earlier a story of bipolar disorder primarily in the IED treatment process. In cases where there is no history of bipolar disorder and patients do not have severe aggression, it is suggested to begin with SSRI, otherwise the mood stabilizers should be the first choice. Among the mood stabilizers carbamazepine has been found to have a positive effect on aggressive patients, especially those with severe anger bursts due to an underlying organic disorder. One study compared carbamazepine with propranolol therapy in a group of patients with anger outbursts and concluded that both carbamazepine and propranolol were equally effective and carbamazepine was found to be more effective in patients with intermittent explosive disorder.

In our present case, our patient, who did not respond to many pharmacological treatments, showed dramatic improvement with carbamazepine treatment. The studies to be done in this regard in children and adolescents will shed light on the clinical practice of treatment.

### **PP3/ Effective Treatment of Sleep Terror and Attention Deficit/Hyperactivity Disorder with**

#### **Atomoxetine**

Ümit Işık

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**Introduction:** Sleep terror (ST) is a parasomnia seen during nonrapid eye movement (NREM) sleep, and characterized by extreme terror, motor agitation, intense vocalization, and high levels of autonomic discharge (profuse sweating, mydriasis, tachycardia, and tachypnea). The episode usually lasts no more than a few minutes; subsequently, the child usually relaxes and returns spontaneously to sleep. The etiology of sleep terror is not fully understood, and there is, to date, no clearly defined treatment for it. In this report, we present a pediatric case with ST and attention deficit hyperactivity disorder (ADHD) successfully treated with atomoxetine.

**Case:** An 8-year-old boy was referred to child psychiatry outpatient clinic because of attention deficit, forgetfulness, hyperactivity, fidgety, night-time awakenings and sleeping difficulties. According to his parents, 1–2 hours after falling asleep, he was screaming, sweating, and crying. He appeared frightened and unresponsive to his parents' attempts to communicate. In the morning he had no memory of this event. As a result of the psychiatric evaluation made using DSM IV-TR diagnostic criteria, the patient was diagnosed with ADHD and ST. Methylphenidate was started at a dose of 18 mg/day. However, due to lack of appetite, insomnia and irritability side effects, the patient withdrew methylphenidate treatment. He was begun on atomoxetine 10 mg/day (body weight 25 kg) with gradual dose increases. After 1 month, the patient was using atomoxetine 28 mg / day. There was a decrease in symptoms of ADHD and the ST symptoms did not occur for 2 weeks. During a 4-month follow-up, he had no episodes of ST.

**Discussion:** This report is the first to suggest the possible efficacy of atomoxetine in childhood ADHD and ST. The precise mechanism remains to be elucidated, but atomoxetine may be an alternative treatment option for ST, especially in the presence of ADHD.

### **PP4/ Conversion Disorder Hard to Distinguish from Acute Laryngotracheobronchitis: A Case Report**

İrem Damla Çimen

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**Introduction:** For diagnose of Conversion Disorder (CD), there must be at least one symptom of altered voluntary motor or sensory function and symptoms should not be related to another mental, neurological and medical conditions. It should cause clinically significant distress or impairment in functioning. Acute laryngotracheobronchitis (ALTB) is an inflammatory disease

and symptoms are mild fever, cough like barking, hoarse voice, inspiratory stridor at night and breathing difficulty.

**Case:** A girl, aged 9 years and 8 months. The patient applied to the emergency service with symptoms like ALTB. Despite the treatment in emergency service, symptoms didn't improve and the patient was hospitalized to the child service. After 3-day ALTB treatment, pediatrician decided that the diagnosis of patient was not ALTB and requested consultation. Patient's symptoms began 3 months ago but increased in the last month. She said her symptoms occurred after stressful life events, started to cough lightly when she felt upset and could not stop coughing. Her family took her to emergency service whenever her symptoms began. In the assessment, it was learned that they were living with grandmother and often debating, her parents had marital problems, and she had problems about social relations also. It was understood she had secondary gains from ALTB symptoms like ending family conflicts, taking interest from teachers and family members. After investigations the patient was diagnosed as "CD" and "Attention Deficit Hyperactivity Disorder". Atomoxetine treatment was started and progressively increased to 60 mg/day. Because of the depressive symptoms appeared during the patient's follow up, fluoxetine 10 mg/day was given and increased to 20 mg/day. After 8-month treatment and follow up, CD symptoms of the patient were disappeared.

**Discussion:** The patient was diagnosed as "CD" because her symptoms were related with stressful life events, she got secondary gains, and she was applied to emergency services many times but did not get enough benefit. ALTB is often observed in early childhood and is more common in boys. Although a limited number of CD case with ALTB symptoms was reported in literature, this case report shows that child and adolescents may have CD with different symptoms such as ALTB.

#### **PP5/ Determinants Of Quality Of Life In Children With Epilepsy**

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**Objectives:** Only a limited number of studies have studied the determinants of quality of life (QoL) in children and adolescent with epilepsy. This study aimed to evaluate i) levels of depression, anxiety, attention-deficit/hyperactivity disorder, disruptive behavior disorder and QOL in children and adolescent with epilepsy and anxiety and depression levels of their mothers, ii) the determinants of QoL in these sample.

**Methods:** In total, 99 outpatients with epilepsy aged 8–18 years and a control group were assessed using the Child Depression Inventory (CDI), Screen for child anxiety-related emotional disorders (SCARED), Turgay DSM-IV-Based Child and Adolescent Behavioral Disorders Screening and Rating Scale (T-DSM-IV-S) and Pediatric Quality of Life Inventory, Parent and Child versions (PedsQL-P and PedsQL-C). Mothers of the participants completed the Beck Depression Inventory (BDI) and Beck Anxiety Inventory (BAI). When normality of

the distribution of variables was acceptable, the Student t-test, or in other cases the Mann–Whitney U-test were used to analyse differences between groups. Multivariable categorical regression analysis was performed to evaluate the determinants of the QOL scores of participants.

**Results:** Inattention and oppositional-defiant scores of the T-DSM-IV-S were higher in the patient group. Children with epilepsy scored lower on the PedsQL-C psychosocial and total scores, and the PedsQL-P psychosocial, physical and total scores. According to regression analyses, the CDI, SCARED and T-DSM-IV-S inattention scores had negative, age of onset of seizure had positive relationships with PedsQL-C psychosocial scores; the SCARED scores had negative, age of onset of seizure had positive relationships with PedsQL-C total scores; the SCARED scores had negative relationships with PedsQL-P physical health scores; the T-DSM-IV-S inattention and maternal BAI scores had negative relationships with PedsQL-P psychosocial scores; and the SCARED and T-DSM-IV-S inattention scores had negative relationships with PedsQL-P total scores in the patient group.

**Conclusion:** This study shows that epilepsy relates to poor QoL in childhood. Severity of anxiety and inattention of children, severity of maternal anxiety, and age of onset of seizure are among significant factors that leads to QOL impairment.

### **PP6/ Autistic Symptoms In Preschool Children With Attention Deficit Hyperactivity Disorder: A Case Report And An Overview Of Literature**

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**Introduction:** Some children with Attention Deficit Hyperactivity Disorder (ADHD) may also have autistic disorder symptoms concomitantly. While DSM-IV criteria did not permit a comorbid diagnosis of ADHD and autistic spectrum disorder (ASD), DSM-V allows such a comorbid diagnosis. For clinicians, certain ADHD symptoms may be confused with ASD symptoms, especially at early ages. Hereby, we aimed to discuss the available literature on the overlap between ADHD and ASD and the difficulties on the differential diagnosis of these two conditions. We also present a preschool-aged child with both ADHD and ASD symptoms.

**Case:** Although social difficulties are frequently observed in cases with ADHD, it has been suggested that these difficulties are mainly related to the core symptoms of ADHD rather than the characteristic social challenges of ASD. Symptoms of overactivity and inattentiveness in ADHD may disrupt peer interactions, and in turn, children can face social isolation. Children with severe ADHD symptoms may also have difficulties in understanding reciprocal social interactions and understanding the feelings of others. On the other hand, great majority of children with ADHD have an interest in spending time with peers in contrast to those with ASD. Repetitive and stereotyped patterns of behavior, interests are among the key symptoms in the differential diagnosis. Recent studies introduced the term “autistic traits” both in children and adults, which may be defined as mild and less impairing autistic symptoms which do not fit ASD criteria.

The psychiatric evaluation of a three year-old-girl with school compliance problems was briefly discussed. The presented patient had ADHD symptoms such as difficulty maintaining attentions, being unable to listen while talking to them, not following the instructions given, not

completing the assignments given in the school, being unable to sit in the classroom, getting bored quickly and being impatient. On the other hand, she had ASD symptoms such as difficulty in conducting a dialogue, deficits in non-verbal communication behaviours, difficulty in developing and maintaining relationships, infrequent echolalia and insistence on sameness. Based on these findings, the diagnosis of ADHD with autistic traits was established.

**Discussion:** Some of the symptoms of autistic disorder and ADHD may be confused during preschool ages. Therefore, symptoms common in both disorders should be evaluated carefully in the differential diagnosis. Therapeutic interventions should include parent training both for ADHD

symptoms and ASD symptoms.

### **PP7/ Thrombocytopenia Associated With The Use Of Methylphenidate**

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**Introduction:** Methylphenidate is a drug of choice for treatment of attention deficit hyperactivity disorder (ADHD). Common side effects of methylphenidate use include insomnia, decreased appetite, weight loss, irritability, and anxiety.

**Case and Discussion:** In this case, it was reported that methylphenidate has a the possible side effect on thrombocytopenia in a patient in whom methylphenidate was initiated.

### **PP8/ Association of Palmar Plantar Hyperhidrosis and Encopresis**

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**Introduction:** Palmar Plantar Hyperhidrosis is a result of over-activity of eccrin sweat glands innervated by cholinergic fibers of the sympathetic nervous system. It can involve palms, soles, rarely face and trunk and may cause social, occupational and psychological problems. Encopresis is an elimination disorder that involves symptoms of fecal incontinence in children. It affects an estimated 1.5% to 7.5% of children ages 6 to 12 and accounts for approximately 3% to 6% of psychiatric referrals. Sympathetic nervous system produce catecholamines, predisposing patients to gastrointestinal effects such as constipation. Chronic constipation with encopresis have been reported with 79%. The goal of this presentation is to review the relationships among palmar plantar hyperhidrosis, encopresis and sympathetic nervous system.

**Case:** A 9 year-old male was admitted to our clinic with fecal incontinence. Potty training was initiated when he was 2 years old. He successfully mastered bladder control but he never successfully mastered bowel control. He continues to soil his clothes on a daily basis at home and school. He had a pediatric gastroenterological evaluation at the age of 6 years when he was having daily episodes of stool soiling. Physical examination revealed normal anal tone, normal placement of the anus, and solid stool in the rectal vault. An abdominal radiograph revealed solid stool throughout the colon. At the result of administered psychiatric examination and

psychometric assessments considering for DSM -5 diagnostic criteria, the patient was diagnosed with encopresis and was initiated cognitive behavioral therapy for the treatment. A 9 year-old male first presented at the age of 7 with a history of profuse sweating of the hands and feet since very early childhood, associated with swelling of the fingers. He found it difficult to hold a pen and, because sweat caused smearing of the ink on the page, he was often reprimanded for apparently sloppy schoolwork. He was admitted to dermatology outpatient clinic with complaints of swelling of the fingers and feet. Botulinum toxin treatment recommended by the dermatologist.

**Discussion:** Consequently, sympathetic nervous system activation is increasing in both hyperhidrosis and constipation. We know that chronic constipation with encopresis have been reported with 79%. Botulinum toxin has been safely used to selectively and reversibly weaken a variety of voluntary muscles and sphincters in both adults and children. Also injection of botulinum toxin is a temporary treatment for hyperhidrosis. This technique described in 1996 by Bushara et al., is known to be efficient and safe. Depending on the target tissue, botulinum toxin can block the cholinergic neuromuscular or cholinergic autonomic innervation of exocrine glands and smooth muscles. Every two diseases having similar etiologies and similar treatments. In the literature review for the coexistence of hyperhidrosis and encopresis, any studies or case reports have not seen and this presentation has the distinction of being the first in this field.

#### **PP9/ Very Early Onset Schizophrenia Developing After Trauma**

Hatice Doğan<sup>1</sup>

**Introduction:** Very early onset schizophrenia (VEOS), in which symptoms start before the age of 13 years, is a rarely seen neurodevelopmental disorder with a severe course and poor prognosis, which creates a significant level of cognitive, emotional and social function loss. Diagnosis of schizophrenia in children is made using the diagnostic criteria which are valid for adults. However, the diagnosis can not be made as easily as in adult cases. Early diagnosis of VEOS can not be made as there is the possibility that psychotic symptoms in childhood may change and as a result, so will the diagnosis and it is also a stigmatising disease, disapproved of in society. As symptoms of the disease seen in childhood when development has not completed can create a complex state, diagnosis and treatment are made more difficult.

**Case:** A boy of 13 years 7 months (A.Y.) was referred to our polyclinic by the school welfare teacher. Two weeks previously he had fallen down the stairs at school and broken his arm and had uttered meaningless phrases such as ‘snake, 15th July,’ etc to the friend who went to help him and had a vacant look. According to information from his mother, he had shown strange behaviour for a long time. He had obsessive thoughts. In the interview with the welfare teacher, he said he was somebody else, that he knew Russian, English and Chinese, he was a good fighter, he did not know who had taught him these things, he could not remember some things and this disturbed him greatly. He wrote codes to himself with signs and symbols but said he could not remember why he was doing it.

In the psychiatric examination, the patient was distracted and confused and stated that these changes had been on going for approximately 2 years. Although he could not remember most events, he behaved as if he did, he liked to jump from heights and felt as if he had a special power for this. Consequently, he had fractured an arm or leg 4 times. He stated that it seemed as if the people he knew were not there any more, but had gone somewhere else and that



something had happened on the 17th December, which could have been 3 years ago and he had become obsessed with dates.

The emotional state of the patient was stable, but he was anxious and depressive, so with the consideration of VEOS, medical treatment was started. Follow-up is ongoing.

**Discussion:** Schizophrenia, which is one of the rarely seen disorders in childhood, requires sensitivity in evaluation and diagnosis as the development of the child is continuing. Generally there is a long period between the observation of the first psychotic symptoms and the diagnosis of VEOS. Before the diagnosis of schizophrenia is made, various psychiatric diagnoses are made and various drugs are prescribed. Characteristics of each stage of development must be known and the findings must be differentiated with care. An increasing number of studies can make a contribution to this subject of correct evaluation and diagnosis.

### **PP10/ Sudden Onset Of Mania After 6 Years Of Depressive Attacks Impairing Functionality: A Case Report Of Bipolar Disorder**

Hatice Doğan

**Introduction:** Bipolar Disorder, also known as Manic Depressive Disorder or Manic Depression, is a serious psychiatric disease, which can damage a career and because of risky behaviours can lead to death by suicide if not treated.

Periodic mood changes are experienced in bipolar disorder. The term, 'manic' defines a period when the patient is excessively active, energetic, talkative, careless and feels powerful. The most frequently seen symptoms in this period are going for days without sleep, excessiveiveness, non-stop talking, irritability, aggressive behaviour and shopping for too many unnecessary things. As creativity increases in manic periods, some patients may refuse treatment stating that their work is going extremely well. However, when the disease progresses, the outcomes may be very dramatic and could end in disaster. Some patients may exhibit careless behaviour and may spend excessive amounts of money. Impulsive risky decisions and behaviour (inappropriate work agreements, buying/selling etc), and entering into random sexual relationships not appropriate to their personality can create financial and health risks for both the patient and their family. In the other period of the disease, the mood is the complete opposite of the previous period. In this period, defined as 'depression', sadness, crying, feelings of guilt and worthlessness, loss of energy, loss of pleasure and sleep problems may emerge. Depressive periods bear the same degree of danger and the patient may commit suicide.

**Case:** A 15-year old boy was brought to the polyclinic by his family with the complaints that 3 years previously there had been a sudden onset of not being able to think about any thing, non-stop talking or not talking at all, not going to school or if he went, behaving inappropriately. For 2.5 years, these types of complaints had occurred once or twice a year and had spontaneously recovered within 1-2 weeks, having developed when he had become fixated on something or when his anxiety levels had increased. The results of the requested neurological tests were normal, so with an initial diagnosis of anxiety disorder, treatment was started of fluoxetine 20 mg/day and aripiprazole 5 mg/day. At follow-up examinations, the patient was seen to have stabilised at a dose of 10mg aripiprazole. Repeated attacks in the spring suggested bipolar disorder and the patient was closely monitored in this respect. At the examination made after repeated attacks in June 2015, the patient was very anxious and therefore the attacks were observed to have become more frequent. Treatment of sertraline 50mg/day was started. The patient experienced attacks in August 2015, January 2016 and August 2016 and the last

attack continued for 3 weeks. In January 2017, the patient was brought to the clinic by his father and was seen to be very talkative, laughing a lot, feeling very energetic and confident and with an increased desire to do good. With the consideration of bipolar affective disorder, the sertraline was tapered to a stop and valproic acid of 750mg/day was added. The drugs are continuing with follow-up examinations of blood levels.

**Discussion:** In recent years in particular, there has been increasing awareness of and importance given to the diagnosis of bipolar disorder in childhood and adolescence. As a result of studies made, the frequency that this disorder is seen in childhood and adolescence is known to be above estimations. When patients diagnosed with bipolar disorder in childhood and adolescence are examined, it can be seen that the symptoms of most patients started in childhood. As there are many different symptoms and many of these also encompass other diseases frequently seen in childhood and adolescence, these patients are often mis-diagnosed or the diagnosis is overlooked.

Bipolar disorder seriously hinders the life of a child or adolescent. Increased attempts at suicide, low academic performance, relationships with maladjusted people, increased substance abuse, legal problems and multiple periods of hospitalisation are frequently observed in these patients. Early diagnosis and treatment will have a positive effect on the severity and frequency of the disorder in the future and on the response to treatment. There is an ongoing debate about bipolar disorder in children and adolescents and there are many questions that need answering. The most important of these relate to the main symptoms of bipolar disorder in childhood, classification, differential diagnosis and coexisting diagnoses, differences from adult bipolar disorder and specific treatment options for children.

This case presentation can be considered to contribute to the knowledge in literature on this subject.

### **PP11/ Effects Of Cyclothymia Comorbidity On Clinical Phenomenology And Therapeutic Response In An Early-Onset Obsessive-Compulsive Disorder; A Pediatric Case Report**

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**Introduction:** Mood disorders are the most frequent lifetime comorbidities in both childhood and adulthood obsessive-compulsive disorder (OCD), and a strong bidirectional relationship between bipolar affective disorder (BP) and OCD has been highlighted in recent literature. In the presence of BP comorbidity, youth with OCD more frequently experience sexual, religious, philosophical/existential and hoarding/saving obsessive and compulsive symptoms along with a clinical profile of earlier onset, an episodic course and greater severity of OCD symptoms, greater comorbidity of disruptive behaviour disorders (and also all other psychiatric comorbidities), poorer global functioning and higher rate of hospitalization. Compared with OCD without BP, their OCD symptoms have less response to antidepressants, and more additional mood stabilizer and neuroleptic drugs are required. Depending on these findings of literature on both child and adult OCD patients, it is suggested that BP comorbidity significantly affects the phenomenology and therapeutic response in OCD.

The OCD-BP comorbidity prevalence gets higher when ‘soft-bipolarity’ such as hypomania and cyclothymia is considered. In adult literature on the issue, the cyclothymia comorbidity in OCD, named ‘cyclothymic-OCD’, might be a separate resistant subtype of OCD due to its different clinical presentation, natural course and therapeutic response. And the authors emphasized on the therapeutic modalities about the addition of atypical antipsychotics to antidepressants, and also on early diagnosing in childhood because of higher risk of depression recurrence and suicidal attempts in contrast to ‘non-cyclothymic OCD’ counterparts. As we know, bipolarity could be seen as a broader phenotype in childhood and adolescence, so it gets more importance considering the clinical outcomes of soft-bipolarity in pediatric OCD. However, there is limited data on pediatric OCD-BP comorbidity.

**Case:** We aimed to present a case of 4 year-old onset of sexual and paranoid obsessions and compulsions in this study. We thought that this case could be an important sample for establishing therapeutic algorithms of OCD-mood disorders comorbidity, in which we have observed simultaneous fluctuations of symptoms of OCD, irritability and impulsivity with cyclothymic affective changes during the clinical follow-up.

**Discussion:** With this case report, we discussed future directions about investigating the cyclothymia or broad phenotype bipolar comorbidity on the base of childhood OCD with larger samples, understanding effects of these comorbidities on the phenomenology and therapeutic responses of pediatric OCD, and assessing the future bipolar diagnosis.

### **PP12/ Abdominal Epilepsy Mimicking Conversion Disorder: Case Report**

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**Introduction:** It is accepted that 2.0-10.0% of the cases evaluated in pediatrics clinics are composed of individuals with functional complaints related to the nervous system but without any organic disorder. The cases are usually evaluated at different times and at different outpatient clinics and are not directed to the Child and Adolescent Mental Health and Disorders Clinics for reasons such as stigmatization perceived by them / their family, and mental factors not being considered by themselves / physicians in etiology. Also, it has been reported that a significant part of the children and adolescents assessed with the preliminary diagnosis of "Conversion Disorder" may have an organic cause during diagnosis or that these disorders may occur during the follow-up period. According to available data, organic disorders are most often missed in pre-school children (% 48.0) due to preliminary diagnosis of Conversion Disorder, followed by those in the age of primary school (% 25.0) and adolescents (% 19.0). Good treatment response in functional neurological complaints response was reported to be related with early diagnosis, determination of predisposing, initiating and sustaining factors, , intervening in these factors and treatment of comorbidities. On the other hand, it has been also reported that late diagnosis/ treatment, lack of apparent stressors, low socioeconomic status, and secondary gains reduce treatment response. In children and adolescents, recurrent abdominal pains, especially in younger children, can develop as response to psychosocial stressors, can be considered as functional and can be one of the common reasons for clinical

referrals. A rare cause of recurrent abdominal pain is abdominal epilepsy and it may be useful to consider in cases that have functional complaints. In this article, a 16-years old adolescent girl, whose chief complaints included loss of consciousness and recurrent abdominal pains, lasting for a year is presented.

**Case:** She was diagnosed with “Conversion Disorder” and “Generalized Anxiety Disorder” at another CAP Department and received fluoxetine and followed with sertraline for varying durations and doses, although without benefit. In our clinic she was re-evaluated and features of episodes were further delineated. It was learned that episodes started with nausea and stomach pains, followed by loss of orientation and automatisms. Consciousness was regained after 30-minutes of amnesia and stupor. Generalized tonic clonic features and enuresis sometimes accompanied seizures. Anxiety and avoidance of school developed after those seizures. Personal history was negative except for an epileptic seizure experienced at 7 years old and family history was normal. Upon pediatric neurologic consultation, she is diagnosed with abdominal epilepsy and GAD, and the treatment of valproate and sertraline has been started. In the follow-ups, it has been observed that the complaints are diminished and there is no seizure for 8 months.

**Discussion:** Recurrent “functional” abdominal pains with accompanying loss of consciousness and enuresis may be caused by abdominal epilepsy. Clinicians should be aware of organic etiologies arising in patients with presumed conversion symptoms.

### **PP13/ An Example of An Extrapyramidal System Side Effect That Induced by Metoclopramide in A Case Using Fluoxetine**

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**Introduction:** Metoclopramide is used as an antiemetic and prokinetic agent in children. It can pass through the blood-brain barrier and cause some side-effects like extrapyramidal reactions as a result of postsynaptic dopamine receptor antagonism in the corpus striatum. Also, extrapyramidal side effects (EPSE ) can be seen during the usage of selective serotonin reuptake inhibitors (SSRIs). Fluoxetine is the most reported SSRI that causes EPSE. In some cases, it is unclear if it is an additive effect or there is an interaction between metoclopramide and SSRIs.

**Case:** 11-years-old boy. There was not any operation, accident or epilepsy history. He applied to child psychiatry unit with complaints of communication problems with peers and low self-esteem. The patient could not speak with his friends, teachers, neighbors and strangers. He remarked that he couldn't go to visits, market or shopping alone and talk on telephone easily. The patient was diagnosed as “Social Phobia”. Fluoxetine treatment was started and progressively increased to 20 mg/day. After 3-week fluoxetine treatment, there were complaints of nausea and vomiting due to infection. His family took him to another hospital. Metoclopramide 10 mg/day ampule was applied in morning and evening and tablet form of metoclopramide was prescribed. The patient had no history of previous EPSE. He used one tablet of metoclopramide, one day after applied to the hospital. Neck pain started one hour after using the drug, and 2 hours later involuntary neck contraction, tremor, oromandibular dystonia, ocular crisis, need to move and restlessness began. Then family took him to the same hospital again, a saline solution with 3 ampules biperiden 5mg/ml was applied to the patient and biperiden was prescribed to be used as 1 tablet (2 mg / day) twice a day for 3 days and the

patient was discharged. His complaints improved one day after the patient applied to the hospital.

**Discussion:** EPSEs are not frequent with SSRIs. The most common EPSEs of SSRIs' are akathisia, following by dystonia. EPSE's are reversible with dose reduction, discontinuation of the medication or treatment with anticholinergic agents, B-blockers or benzodiazepines. With this case report, it's aimed to emphasize that clinicians must question drug usage and consider these side effects especially before applying the medicines which could cause EPSEs like metoclopramide.

#### **PP14/ The Relationship Between Internet Addiction And Anxiety In Adolescents With Attention Deficit And Hyperactivity Disorder**

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**Objectives:** Attention Deficit and Hyperactivity Disorder (ADHD) is one of the most common neurodevelopmental disorders of childhood. Previous research has been shown that ADHD is commonly comorbid with other psychiatric disorders. Anxiety disorder occurs in adolescents with ADHD at a significantly higher rate than in adolescents without ADHD.

The internet is becoming major influences in the lives of adolescents. Internet addiction is a disorder which includes preoccupied with internet and failing in control of internet use that also it causes impairment in the global functioning of life. In addition, various studies have investigated the relation between Internet addiction and anxiety. In our study, we aimed to the determine relationship between internet addiction and anxiety in adolescents with ADHD.

**Methods:** 111 patients with ADHD whose age range 12 to 18 followed in Erciyes University Medicine Faculty Child and Adolescent Psychiatry Department were included in this study. The control group consisted of 108 adolescents who was not detected any psychiatric disorder by psychiatric assessment. Patients and control groups were asked to complete sociodemographic data form, Internet Addiction Scale (IAS) and Childhood Screening Scale for Anxiety of Children. Parents of all adolescents were asked to complete Atilla Turgay Scanning and Evaluation Scale based on DSM-IV for Behavioral Disorders in Children and Adolescents.

**Results:** ADHD group's mean age was 13.9±1.9, control group's mean age was 13.7±1.8 years. There were 29 girls, 82 boys in ADHD group and 30 girls, 78 boys in the control group. There was no significant age and sex difference. The two groups had the similar socioeconomic level. IAS include deprivation, control difficulties, functional impairment and social isolation subscales. IAS subscales ( $p=0.007, 0.000, 0.008, 0.000$ ) and total scores ( $z=-3.814, p=0.000$ ) of adolescents with ADHD were found significantly higher in comparison to the control group. IAS scores correlated significantly with domains of inattention ( $r=0.406, p<0.001$ ), hyperactivity ( $r=0.495, p<0.001$ ), impulsivity ( $r=0.434, p<0.001$ ) scores. When compared to control group, ADHD group anxiety scale scores were significantly higher ( $z=-3.259, p=0.001$ ). IAS and anxiety scale scores were not statistically different between subtypes of ADHD. IAS scores had positive correlation with anxiety scores in ADHD group ( $r=0.253, p=0.007$ ) and control group ( $r=0.254, p=0.008$ ).

**Conclusion:** In the present study, we found that internet addiction scale scores higher in ADHD group. This result supports that ADHD in a risk group for internet addiction. Similarly,

anxiety scale scores were significantly higher in ADHD group. This result confirms a relationship between ADHD and anxiety. The relationship between internet addiction scale scores and anxiety scale scores are similar in ADHD and control group. Thus, ADHD is thought to be an independent risk factor for anxiety for the internet addiction.

### **PP15/ 13q12.3q13.3 Microdeletion In A Patient With Autistic Spectrum Disorder And Developmental Delay: A Case Study And Short Review Of Literature**

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**Introduction:** The objective of this study was to discuss the genetic analysis of a case monitored with

ASD symptoms in the light of clinical findings.

**Case:** Psychiatric examination a 44-month-old female case who was brought to our polyclinic because of delay in talking showed retarded development in receptive and expressive language, retardation in social communication and interaction and stereotypic behaviors. Array CGH was worked and 6629kb deletion was found which included the areas 13q12.3q13.3 (29464395-36093117).

**Discussion:** NBEA, which is considered as one of the candidate genes for ASD, is one of the genes in this area. Since expressive language development retardation progresses slower, it has been thought that remembering NBEA gene besides routine genetic researches in phenotypic microcephaly autistic cases can make additional contributions.

### **PP16/ A Case Of An Autism That Complies With The West Syndrome**

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**Introduction:** West syndrome (WS) is an epileptic encephalopathy occurring during the first year of life usually and characterized by a severe electroencephalography (EEG ) derangement and arrest or deterioration of cognitive development. Autism, first identified and subscribed in medicine literature by Kanner (1943), is a chronic disorder characterized by symptoms as impairment in verbal, nonverbal communication, social skills, limited and repetitive behavioral patterns.

**Case and Discussion:** In this presentation, a case of WS associated with autism is aimed to

discus.

### **PP17/ Methylphenidate Induced Lip and Tongue Biting**

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**Introduction:** Attention deficit hyperactivity disorder (ADHD) is a life-long neurodevelopmental disorder. The basis of ADHD treatment depends on pharmacotherapy. Stimulant drugs are the most commonly used treatment for ADHD which are suggested as first line therapy in all treatment guidelines. Beside the most frequently observed side effects of stimulant drugs like abdominal pain, nausea, loss of appetite, nervousness and insomnia, rare side effects like perseverative/compulsive behaviours and movement disorders are also reported. In our case, we report a patient who had developed recurrent lip and tongue biting after the use of methylphenidate (MPH).

**Case:** 12 year old female patient presented to clinic with symptoms of attention deficit at home and school. She was diagnosed with predominantly inattentive subtype of ADHD, according to DSM-5, in our clinic. After visiting our clinic, she exhibited self-biting behaviour 3 times under either short or long-acting stimulant treatment.

Following these incidents of biting, the patient's family refused further medical treatment. Drug therapy was discontinued and she did not bite her tongue or lip again through two months of follow-up. For the continuing ADHD symptoms, the patient was directed to a government-funded special education program where she could receive extra one-to-one lessons.

#### **Discussion:**

Tounge and lip biting behavior of the present case can be evaluated as an uncommon presentation of MPH side effect, resembling perseverative/compulsive behaviours and movement disorders (orofacial, stereotypic movements and tics) (7) which otherwise commonly results in side effects such as abdominal pain, nausea, loss of appetite, nervousness and insomnia. On the other hand, epilepsy can cause tongue and lip biting behavior, nevertheless normal neurological examination and EEG findings helped us rule out the diagnosis of drug-induced epilepsy. In the literature, there are a limited number of publications related to the stereotyped movements associated with the use of MPH. In a study with rats and rabbits, self-chewing / biting / licking rates have shown to be increased with dose escalation (8). Clinicians should be aware that stimulant medications may cause lip and tongue biting behavior and this may significantly effect treatment compliance.

**PP18/ The Assessing of 350 Adolescents with Major Depressive Disorder and Their Clinical Features, Severity of Disorder and Treatment Options: A Retrospective Cross-Sectional Study**

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**Objectives:** Major Depressive Disorder (MDD) is a major mental health disorder that is common in adolescence, causing a high risk for suicidal behavior and impairment in functioning (1). The prevalence of MDD in childhood is 1-2% and in adolescence is 5% (2). In our country, studies on MDD in adolescence are limited (3). The aim of this study is to evaluate the severity of depression, the treatment methods used and the clinical features of adolescents with MDD admitted to the child psychiatry clinic.

**Methods:** Between January and December 2015, records of adolescents admitted by our child psychiatry outpatient clinics were retrospectively assessed. Only unipolar MDD cases were selected and their sociodemographic and clinical characteristics were evaluated. MDD severity is classified as 'mild', 'moderate', 'severe'. The treatment was grouped as psychotherapeutic interventions (short psychosocial approach, motivational interviews for cognitive structuring, supportive interviews, psychoeducation, family education), pharmacotherapy and a combination of pharmacotherapy-cognitive behavioral therapy (CBT). Statistical analyses were carried out by using SPSS 17.0. Student-t, Chi-square, and Fisher's exact test were used where appropriate.  $p < 0.05$  was accepted as significant.

**Results:** Total admission of adolescents to the outpatient clinic during the above-mentioned duration was 4,646. Those who had MDD diagnosis were at 7.5% rate ( $n=350$ ). 78% ( $n=266$ ) of the cases were first-time diagnosed with MDD for one year. Mean age of sampling was 15.9 ( $\pm 1.5$ ) years. 75.4% ( $n=264$ ) of the entire sample were girls. According to the severity of MDD, there was no statistically significant difference between the groups in terms of the mean age and in all groups girls were found to be at higher risk of MDD ( $p < 0.05$ ).

When the cases were classified in terms of severity of depression, 45.7% ( $n=160$ ) of the whole sample had 'mild MDD', 44.3% ( $n=155$ ) of all had 'moderate MDD' and 10% ( $n=35$ ) had 'severe MDD'. 73.4% ( $n=234$ ) of our sample was found to live in the elementary family and it was determined that there was no statistically significant relationship between depression severity and family status ( $p > 0.05$ ).

At least one psychiatric disorder in the first-degree relatives was found in 33.8% ( $n = 97$ ) of the sample and it has been found to be associated with severe MDD. There was no statistically significant difference between suicide attempt and treatment groups ( $p > 0.05$ ).

It was seen that 94.5% ( $n=29$ ) of the cases continued attending school and most of the cases were either the first or second child (39,1%,  $n=137$ , first child; 15.7%,  $n=55$ , second child). There was found to be no significant relationship between the severity of MDD and the ordinal of sibling.

At least one psychiatric comorbidity was detected in 54% ( $n=189$ ) of all sample and the ones found most often were anxiety disorders (20%,  $n=70$ ) followed by oppositional defiant disorder (ODD) and conduct disorder (CD) (12%,  $n=42$ ) cooccurrence and attention deficit hyperactivity disorder (ADHD) (7.1%,  $n=25$ ). When evaluated for gender, comorbidity was found in 50.4% ( $n=133$ ) of the females and 65.1% ( $n=56$ ) of the males. There was no significant relationship between the comorbidity and the severity of MDD ( $p > 0.05$ ).



Comorbidities were found to be similar in all three treatment protocols. It has been found that the presence of the somatoform disorder (dissociative and conversive disorder) is significant for the use of pharmacotherapy and psychotherapy and a similar result applies for the bereavement reactions.

Pharmacological treatment was also added in 81.7% (n=286) of the sample. 15.1% (n=53) of the cases were treated with only psychotherapies and 3.1% (n=11) with pharmacotherapy and CBT combination. Selective serotonin reuptake inhibitors (SSRIs) were preferred in 87.4% (n=306) of all cases and the most common was sertraline (66.1%, n=189). The second commonly used drug group was an atypical antipsychotic drug and SSRI combination (6%, n=21). It has been determined that fluoxetine and sertraline preferences are statistically significant ( $p<0.05$ ).

When examining the distribution of drug side effects (table 3); at least one adverse event was detected in 8.8% (n=30) of the cases without any side effects reported in 91.4% (n=320). The distribution of side effects among the sexes were similar to each other.

**Conclusion:** It was determined from our cases that females were more prone to MDD in all severity groups, and that pharmacotherapy was frequently used to treat and SSRIs were the first and most preferred group of drugs used during treatment, as is in accordance with the literature. Our data suggests that the possibility of adverse effects for antidepressant treatment are low in the adolescent age group. This study has a descriptive nature of the children with MDD admitted to the child psychiatry department. It is thought that this data will contribute to the related literature in terms of being broad sampled, helping treatment-evaluation and when assessing the severity of MDD in adolescents, although generalization is not appropriate because of the study's cross-sectional and retrospective nature.

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## PP19/ Associations Between Symptom Profile In Children With Autism Spectrum Disorder And Caregiver Burden, Anxiety And Depression

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**Objectives:** Autistic spectrum disorder (ASD) is a neurodevelopmental disorder characterized by different levels of impairment in social communication and interaction, limited repetitive behavior patterns, interests and activities starting from the early periods of life. ASD (Autism spectrum disorder) is one of the most frequent developmental disorders and parents who have children diagnosed with autism are under increased risk in terms of psychosocial problems. The purpose of this study was to examine the association between clinical features of children and adolescents diagnosed with ASD and caregiver burden.

**Methods:** The population of the study consists of 70 children and adolescents followed and treated with a diagnosis of Autistic Spectrum Disorder based on DSM-V diagnosis criteria after being assessed at Namik Kemal University, Faculty of Medicine, Child and Adolescent Psychiatry Polyclinic between the ages 2 and 18 and the primary caregivers of these individuals. Assessment forms prepared by the researcher were given to the participants and their sociodemographic and clinical informations were taken. Autism Behavior Control List (ABC) was conducted on 70 patients diagnosed with autism. Beck Depression Inventory (BDI), Beck Anxiety (BAI) and Zarit Caregiver Burden Interview (ZCBI) were filled in by caregivers

**Results:** While 89.3% of the participants lived with their families, 4% lived with their relatives and 6.7% were under the care of an institution. 56% (n=42) of the patients had at least one comorbid psychiatric diseases. 16% (n=12) were found to have obsessive compulsive disorder, 50.7% (n=38) were found to have attention deficit hyperactivity disorder and disruptive behavior problems, 5.3% (n=4) had bipolar affective disorder, 1.3% (n=1) had psychotic disorder and 2.7% (n=2) were found to have depressive disorder in terms of comorbidity. In addition, while 42.7% (n=32) of the patients had normal mental development, 50.6% (n=38) were found to have loss of intellectual ability. While the correlations between ABC subscales and ZBI total score were analyzed, the purpose of multiple regression analysis was to find out the most effective autism symptom group on caregiver burden. As a result of multiple regression analysis, it was found that only ABC communicative skills subscale score had a predictive effect on caregiver burden ( $r=0.51$ ,  $r^2=0.26$ ,  $p=0.04$ ,  $Beta=0.24$ , Durbin-Watson=2.16). Similarly, when the autism symptom group effective on caregiver depression and anxiety symptom intensity was analyzed, it was found that ABC body and object use subscale scores were common symptom groups on caregiver depression and anxiety levels ( $r=0.25$ ,  $r^2=0.06$ ,  $p=0.03$ ,  $Beta=0.25$ , Durbin-Watson=1.86 and  $r=0.28$ ,  $r^2=0.08$ ,  $p=0.01$ ,  $Beta=0.28$ , Durbin-Watson=2.46).

**Conclusion:** The results of our study showed that ASD symptom severity and caregiver's depressive symptom levels were the most important factors that influenced caregiver burden. In addition, problems on language development in children with ASD formed the basic symptom set that influenced the caregiver burden. As a conclusion, a better understanding of variables that influenced caregiver burden can increase the quality of psychosocial interventions provided for caregivers.

## **PP20/ Risperidone-Related Urinary Incontinence in a Child with Attention Deficit Hyperactivity Disorder and Oppositional Defiant Disorder**

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**Introduction:** Risperidone appears to be effective in the management of disruptive behavior disorder. Although risperidone is generally well tolerated, some side effect such as urinary incontinence or enüresis can be a problem. However, there are few reports in the literature and

scarce research on the topic of risperidone-related urinary incontinence (UI). Here, we report a pediatric case who was diagnosed with attention deficit hyperactivity disorder (ADHD) and oppositional defiant disorder (ODD) that developed UI during risperidone treatment. **Case:** A 4-year-old boy was referred to our outpatient clinic for his hyperactivity, anger bursts, temper tantrums, refuse to comply with requests and rules, aggressiveness, harm to other people and impulsivity. He was diagnosed with ADHD and ODD. Risperidone at 0.25 mg/d was initiated, gradually titrated up to 0.5 mg/day over one week. Within the eighth day of treatment, he developed new-onset UI. He had urinary bladder control at 2 years of age, and he and his family had no previous history of urinary incontinence. His medical history and workup, including, fasting glucose, and urinalysis, were unremarkable. Due to the possible risperidone-related UI, we discontinued the medication in the second week. UI ceased after the two days of risperidone discontinuation. Three weeks later, patient parents requested the initiation of risperidone due to the severity of their child's disruptive behaviors. We decided to restart risperidone but his UI reemerged.

**Discussion:** We reported a child who developed UI after starting risperidone, and had rapid remission of symptoms after the discontinuation of the drug. Development of UI after challenge, dechallenge, and rechallenge with risperidone and complete resolution after its discontinuation is suggestive of a causal effect. UI related with risperidone may be more common than generally reported. The mechanism that risperidone may cause UI remains unclear and seems to occur through a number of mechanisms.

## PP21/ A Case With Frontal Lob Epilepsy Followed By Sleep Disorder

### Diagnose

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**Introduction:** Epilepsy is a chronic brain disease with different etiologies with recurrent seizures due to excessive discharge of brain neurons (1). Whether or not the epilepsy clinic from the ancient times to the epilepsy clinic can be accompanied by psychiatric symptoms such as melancholy, psychosis, personality alterations, anxiety, sleep disorders, affected area, type of seizure, characteristics of seizure, lateralization, number of seizures. Psychosocial factors such as chronic illness process, low socioeconomic level and educational level, discrimination by the society due to illness, fear of "seizure", learned helplessness and pharmacological agents used for seizure control may be responsible for psychiatric symptoms. Sleep disturbances are a common condition in epilepsy patients and especially sleep-related seizures can lead to a delay in sleep latency, a change in sleep stages, a prolongation of stage I-II, a change in the density of sleep spindles, sleep disturbances, increased REM latency, shortened REM duration, Sleep patterns, nightmares, night terrors, sleeping clinic can be confronted with the clinic.

**Case and Discussion:** We aimed to contribute to the psychiatric aspects of epilepsy, especially the effect on sleep, the follow up of the symptoms and the treatment plan with this case report in which frontal lobe epilepsy diagnosed by the diagnosis of sleep disturbance in the external center.

**PP22/ Mental Health Status, Quality Of Life And Family Characteristics In Patients With Primary Immunodeficiency Syndrome Who Receive Intravenous Immunoglobulin Treatment**

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**Objectives:** Primary immune deficiency (PID) is one of the childhood chronic diseases which causes severe morbidity and mortality. In recent years survival rates have increased with the advancement of the treatment of this disorder. However, these patients and their families deal with difficulties of this chronic condition. The burden of such a chronic disorder may increase the prevalence of psychopathologies and deteriorate their quality of lives. Nevertheless, there is sparse of studies which investigate the quality of life and psychopathology in this population. In this study, we aimed to assess and compare children with PID, who receive intravenous immunoglobulin (IVIG) treatment, Juvenile Idiopathic Arthritis (JIA) and healthy controls with respect to their quality of life and mental health status.

**Methods:** Forty-four children with PID, 32 children with JIA and 30 healthy controls, whose ages were between 4-18 years, were included the study. The sample were randomly selected from Ege University Medicine Faculty Department of Pediatric Romatology and Immunology. Before participating in the study, subjects were required to sign assent and informed consent forms that were approved by the institutional ethics review board. The study was approved by the ethics committee. Schedule for Affective Disorders and Schizophrenia for School-Age Children- Present and Lifetime Version was administered in the psychiatric evaluation of participants. Children forms of Pediatric Quality of Life Questionnaire, Childhood Depression Inventory, and Screen for Child Anxiety and Related Disorders were filled by participants. Parent forms of Pediatric Quality of Life Questionnaire, Children Behavior Checklist (CBCL), and The Symptom Checklist-90-Revised (SCL-90-R) were completed by mothers of participants. Also, the parameters related to PID were assessed. All analyses were conducted using the SPSS statistical package. Comparison of demographic characteristics between two groups were made using t-tests (for continuous variables) and Chi-square statistics (for dichotomous variables), as appropriate. Student's t-test (for the normally distributed variables) or Mann-Whitney U test (for the not normally distributed) were conducted to compare numeric variables between two groups. One-way ANOVA test (for continuous variables) or Kruskal-Wallis test (for the not normally distributed) were used to compare parameters among the three groups.

**Results:** Differences were detected among children with PID on IVIG therapy, JIA, and healthy controls with respect to the prevalence of psychopathology. This result was due to the difference of the frequency of mood disorders among these three groups. Nevertheless, there was no difference between the groups of PID and JIA with respect to the prevalence of mood disorders and other psychopathologies. The quality of life was found reduced in the PID and JIA groups relative to the healthy controls while there was no difference between the PID and JIA groups. According to SCL-90-R, mothers stated more psychiatric symptoms in both patient groups relative to controls whereas no substantial distinction was found between the PID and JIA groups.

**Conclusion:** As a conclusion, the rate of psychopathology found similar in patients with PID and JIA and higher than the controls. In addition, quality of life scores were found similar in

patient groups and lower than the healthy controls. Frequency of hospital visits and IVIG treatment sessions, the number of undergone infection, and severity level of illness were found associated with the frequency of observed mood disorders in children with PID. Similarly, mental state features of the mothers of the PID and JIA groups were similar but differed from the healthy controls. In PID group, we found an association between the prevalence of psychopathology and mood disorder of children and stated psychiatric symptoms of their mothers.

### **PP23/ Characteristics Of Syrian Refugee Patients Presenting To Gaziantep University Faculty Of Medicine Child And Adolescent Psychiatry Clinic**

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**Objectives:** The civil in Syria has caused the death and migration of thousands of people. Turkey has been one of the countries receiving the largest number of refugees due to this war. Moreover, forced migration and a greater ratio of children among refugees has caused some additional issues. The aim of this study is to examine the sociodemographic characteristics, psychiatric diagnoses and treatments for the Syrian patients who have presented to Gaziantep University Faculty of Medicine Child and Adolescent Psychiatry (GUFM-CAAP) Clinic for the first time through a one year period retrospectively.

**Methods:** In this study, the patient files of 34 Syrian children and adolescents aged 3-17 years who applied to GUFM-CAAP Clinic for the first time were examined. Psychiatric diagnoses were defined according to DSM-V diagnostic criteria. Psychiatric evaluations had been conducted by child and adolescent psychiatrists in the presence of accredited interpreters. SPSS version 22 was used in the evaluation of the data obtained from the questionnaire forms. Statistical significance was accepted as  $p < 0.05$ .

**Results:** Out of the 34 children and adolescents who were evaluated, 34 were male (73.5%) and 9 were female (26.5%). The age range was 3-17 (mean  $9.1 \pm 4.35$ ). 55.9% (n: 19) of the patients were living in refugee camps while 44.1% (n: 15) were living outside camps. Out of these 34 patients who applied with various complaints, 31 (91.1%) had a psychiatric diagnosis according to DSM-5 diagnostic criteria. 21 (67.7%) of these 31 patients received medical therapy and 18 (58%) were directed to education programs. The most frequent diagnosis was attention deficit hyperactivity disorder (ADHD) (44.0%) for boys and autism spectrum disorder (ASD) (44.4%) for girls. 19 patients (55.8%) had comorbid diagnoses.

**Conclusion:** Receiving a psychiatric diagnosis is very important for children who have had traumatic experiences since delays in treatment constitute a more severe clinical picture, with an increased risk for physical and psychiatric disorders. Even though only about 10% of Syrian refugees live in camps within Turkey, 44.1% of our patients were arriving from refugee camps. This may point to the importance having easy access to primary healthcare services in being directed to mental health services for refugee patients. The higher percentage of ASD in girls in our study can be explained either by the small sample group or by families possibly ignoring or normalizing internalization problems in girls, which would have been expected to be more common. We observe that the most important limitation of our study was the small sample group. We also observe that the most powerful aspect of our research is our examination of cases with special attention to refugees.

## **PP24/ Recurrent Ecchymoses With Sertraline, Fluoxetine And Clomipramine In An Adolescent Boy**

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**Introduction:** Although SSRIs are considered as a first line treatment for depression and anxiety disorders in children and adolescents, they have been associated with bleeding complications. We report an adolescent boy who manifested diffuse ecchymoses with sertraline, fluoxetine and clomipramine respectively and showed recovery after the cessation of each drug.

**Case:** A 13-year-old boy was referred to our clinic with anxiety symptoms. Sertraline treatment was initiated at 25 mg/day and his symptoms were ameliorated significantly. 12 days later, the patient reported spontaneous ecchymoses on his arms, legs and body. Biochemical blood analyses including bleeding and coagulation time tests, aPTT and thrombocyte count were within normal limits. He did not have a history of trauma, bleeding disorder or any other medication. His ecchymoses were attributed to sertraline treatment and decreased in 2 weeks after sertraline discontinuation. Fluoxetine 10 mg was initiated 2 weeks after the cessation of sertraline. The ecchymoses occurred again in 15 days and healed up after cessation of it. Clomipramine 10 mg was initiated this time but the ecchymoses reoccurred in 2 weeks with it. A detailed hematologic examination was performed again, but his tests revealed no abnormality. A complete recovery was observed after the cessation of the drug.

**Discussion:** Decrease of serotonin concentration in platelets during SSRI and TCAs administration might be the cause of adverse bleeding events, but biochemical blood analyses may be within normal limits. Agents with the highest degree of serotonin reuptake inhibition (fluoxetine, paroxetine, sertraline and clomipramine) are more frequently associated with abnormal bleeding.

Ecchymoses of our patient were attributed to medications, after excluding other etiologies of bleeding. To our knowledge, there is not any report in the literature of abnormal bleeding with 3 different drugs (2 SSRIs and a TCA) in children or adolescents before. Our report also shows that hemorrhagic complications may occur with low doses of sertraline and fluoxetine and although TCAs are recommended in cases with bleeding complications of SSRIs, they do not seem so innocent. Given the increase of prescriptions, physicians should be attentive to signs of such possible side-effects of SSRIs and TCAs. Education of the patient and careful follow-up are also imperative.

## **PB25/ Thiol/Disulphide Homeostasis And Oxidative Stress Parameters In Children And Adolescents With Obsessive-Compulsive Disorder**

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**Objectives:** Obsessive-compulsive disorder (OCD) is a neuropsychiatric disease that is characterized by the presence of obsessions and/or compulsions. Annual prevalence of OCD is 1.1%-1.8%. [1] According to literature, the prevalence rates in the child and adolescent population is 2%-4%. [2] While adolescence of OCD subjects were seen in equal representation, prepubertal OCD samples showed male predominance and postpubertal OCD samples showed female predominance. [3]

The etiology of OCD is still insufficiently clear. Obsessive-compulsive symptoms in children are heritable, with genetic influences in the range of 45% to 65%. In adults, genetic influence on obsessive-compulsive symptoms changes between the range of 27% and 47%. [4] It has been hypothesized that dysregulation of fronto-corticostriato-thalamic circuits causes OCD. [5] Functional neuroimaging studies have shown that the orbitofrontal cortex, anterior cingulate, striatum, and thalamus are abnormal in adult with OCD. In children with OCD, in contrast to adult studies, caudate nucleus and orbitofrontal cortex functions are similar to healthy controls. [6] Neurochemical abnormalities in the serotonergic, glutamate, and dopaminergic systems have also been associated with the etiology and pathophysiology of OCD. The supports for this theory are the efficacy of selective serotonin reuptake inhibitors and clomipramine in OCD treatment, atypical antipsychotics have been successful in reducing OCD symptoms in treatment-resistant adults. Additionally, the other support is that the glutamate antagonists have been shown to be efficacious in reducing OCD symptoms. [7] In other hypothesis, there is an impact of infection-mediated immune response on the pathogenesis of neuropsychiatric symptoms such as OCD and tics. [7]

Recent studies pointing out oxidative stress play a role in the pathophysiology of psychiatric disorders in the way that induced neuroinflammation, impaired neurotransmission, dysfunctional neuronal integrity, impaired neuroplasticity, acceleration aging, and apoptosis. [8] Correlatively, a study have shown a correlation between clinical severity and lipid peroxidation that induce cell damage in OCD patients. [9] A study, which included 28 OCD patients and 36 healthy children, demonstrated that serum total oxidant status (TOS) and oxidative stress index (OSI) values in the OCD patients were significantly higher than control group. The same study have shown that serum total antioxidant status (TAS) and paraxonase activity were significantly lower than control group. [10] In the other study, it is founded that although oxidative DNA damage increased in adult OCD patients, oxidative stress parameters was normal in OCD patient, [11] Accordingly, studies on the oxidative stress in patients with OCD were mostly cross-sectional with small sample size.

Abnormal thiol-disulphide homeostasis has recently been an area of academic interest in terms of its potential role in etiology of many disorders including mental disorders. [12] Dynamic thiol-disulphide homeostasis status has critical roles in antioxidant protection, detoxification, signal transduction, apoptosis, regulation of enzymatic activity and transcription factors, and cellular signaling mechanisms. Thus, it is being increasingly implicated in many psychiatric disorders.[12] The study evaluating thiol-disulfide homeostasis in patients with panic disorder suggests that the disulfide/thiol ratio is significantly greater in panic disorder patients than

healthy controls. [13] Additionally, in the other study, it is found that dynamic thiol/disulfide homeostasis was impaired in children with attention deficit hyperactivity disorder. [14] There is no study in the literature showing the relationship between OCD with the thiol-disulfide homeostasis.

The aim of our study is to investigate oxidative stress and thiol-disulfide homeostasis in child and adolescent with OCD.

**Methods:** Written informed consent was obtained from all children and their parents after explaining the purpose and procedure of the study. A total of 65 medication naive children and adolescents (32 boys and 33 girls) aged 7–18 years with OCD were investigated for oxidative stress parameters and results were compared with that of 72 subjects (31 boys and 41 girls) matched for age and gender. TAS, TOS levels were measured in serum samples and the ratio of TOS to TAS is compared using the OSI. Albumin, native thiol and total thiol were detected, and then disulfide amounts, disulfide/total thiol percent ratios, disulfide/native thiol percent ratios, and native thiol/total thiol percent ratios were calculated.

Statistical analyses were performed with the IBM SPSS Statistics 21.0 (IBM Corp. Released 2012. IBM SPSS Statistics for Windows, Version 21.0. Armonk, NY: IBM Corp.) and MS-Excel 2007. The normality of distribution was tested using the Kolmogorov–Smirnov test. Comparisons were made between groups, using independent-sample t-tests for normally-distributed data and Mann-Whitney U test for the data that disputes normal distribution. Chi square test was used to assess gender distribution between groups. Using the ROC analysis, the sensitivity, specificity, AUC (Area Under the Curve) and the appropriate cut-off values were calculated for the variables of serum TOS, native thiol, total thiol and disulfide.  $p < 0.05$  was accepted as statistically significant.

**Results:** There were no statistically significant differences in age and gender distribution between the OCD group and the control group ( $p = 0.599$  and  $p = 0.469$ , respectively). (Table 1) Also family type, consanguineous marriage, mother and father working status, monthly income, family history of chronic disease, family history of psychiatric disease, prenatal/postnatal/natal difficulties was similar in both groups ( $p > 0.05$ ).

TAS and OSI showed no difference between OCD patients and control group ( $p > 0.05$ ). However, TOS score was significantly lower in control group ( $p = 0.043$ ). (Table 1)

The mean native thiol levels, total thiol levels and disulfide levels in patients with OCD were statistically significantly lower than controls ( $p < 0.05$ ), whereas albumin, native thiol/total thiol ratios, disulfide/total thiol ratios, and disulfide/native thiol ratios were found to be similar in both groups ( $p > 0.05$ ). (Table 1)

Receiver operating characteristic (ROC) curve analysis showed that serum TOS values of 10.26 or above could predict the OCD with 35% sensitivity and 85% specificity (area under curve=0.600; 95% confidence interval: 0.505–0.695,  $p = 0.043$ ). (Figure 1)

ROC curve analysis showed that serum native thiol values of 416.15 or below could predict the OCD with 86% sensitivity and 49% specificity (area under curve=0.676; 95% confidence interval: 0.585–0.767,  $p < 0.001$ ). Serum total thiol values of 446.56 or below could predict the OCD with 80% sensitivity and 61% specificity (area under curve=0.710; 95% confidence interval: 0.623–0.797,  $p < 0.001$ ) according to ROC curve analysis. (Figure 2)

Also ROC curve analysis showed that serum disulfide values of 28.02 or below could predict the OCD with 88% sensitivity and 36% specificity (area under curve=0.612; 95% confidence interval: 0.518–0.706,  $p = 0.024$ ). (Figure 3)



**Conclusion:** Total oxidant status (TOS), total antioxidant status (TAS), and oxidative stress index (OSI) were studied in patients with OCD in the literature. However, most of studies were done in adult patients with OCD and only one study evaluated these parameters in the pediatric population. The study which evaluated the oxidative stress parameter in child and adolescent OCD patients demonstrate TOS and OSI values in the OCD patients were significantly higher than those in the control group, although TAS were significantly lower. [10] Correspondingly, in our study, we found that TOS levels are higher in OCD groups. Contrary to this, in our study, we found statistically similar results for both groups in terms of TAS and OSI. Although non-statistically significant, OSI were higher in the OCD group compared to the controls. A recent study of Alici et al., they did not find any significant difference in TOS, OSI, and TAS between the adult patient and control groups. However, they found that oxidative DNA damage increased in adult OCD patients, even if oxidative stress parameters was normal. Additionally DNA damage was lower in patients who were treated compared to those without treatment in the same study. [11] In the light of these findings, it can be concluded that childhood OCD doesn't associate with oxidative stress, or oxidative DNA damage may increase, even if oxidative stress parameters was normal.

This is the first study in the literature evaluating thiol-disulfide homeostasis in patients with OCD. The present study found that levels of native thiol, total thiol, and disulfide levels are lower in the patient group, compared to the control group. Decreased thiol levels indicate a problem in anti-oxidant system in OCD patients. Under oxidative stress, disulfide level is expected to increase as thiol level decreases. However, in our study, disulfide levels were significantly lower in OCD groups. The reason for the significant decrease in native thiol, total thiol and disulfide values can be explained in decrease of albumin. Contrary to this, in our study, we found no statistically significant differences in albumin values between the OCD group and the control group. Therefore, according to this findings, we can state that thiol/disulfide homeostasis is abnormal in children and adolescent with OCD.

In our study, it was found the cut-off values of TOS, native thiol, total thiol, and disulfide. For use in clinical practice this cut-off values, methodologically more robust studies are needed because of lower sensitivity and specificity of our cut-off values. We hope that this study will encourage and facilitate further studies in this area.

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#### **PP26/ A Rare Chromosomal Etiology In The Patient With Treatment-Resistant Behavioral Problems: 48 XXYY**

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**Introduction:** The phenotype of XXYY has some physical and mental features such as impairments in cognitive, affective and social functioning, developmental delays, hormonal irregularities, and atypical physical features.

**Case:** N. was a 16-year-old male adolescent who was brought to our out-patient clinic by his parents due to bursts of anger, aggression, robbery, lying and escape from home. Earlier, because of these complaints he had applied to several clinics many times but have not benefited from the administered psychopharmacological and psychosocial interventions. In order to evaluate in detail, we hospitalized the patient to the Uludağ University Child Psychiatry Clinic. On the physical examination, it seen that the patient had a tall (210 cm; > 97 percentile), oily skin and spotty face. His psychiatric examination revealed that he has mild mental retardation and don't feel any remorse for his disruptive behavior. Since the age of 7, he has been following by medical treatment as well individual education by child and adolescent psychiatry for the diagnosis of attention deficit hyperactivity disorder and mild mental retardation. Cranial MRI revealed that he had microcephaly. It was detected that the testosterone level was lower than the normal range. During the clinical follow-up, we observed that he has poor anger control and low frustration tolerance, as well as dense impulsive behaviors, lying and frequently tend to break clinical rules. Besides, the patient attacked the clinical team several times, damaged the equipment and tried to escape from the clinic. Despite the medical treatment and psychoeducation, the patient's behavior problems persisted. The genetical investigation was performed to the patient because of his current physical characteristics, resistant behavior problems, and abnormal testosterone levels, then it revealed that he has 48 XXYY syndrome.

**Discussion:** Any patient with treatment-resistant serious behavior problems, mental retardation, and low testosterone levels should consider XXYY syndrome in the differential diagnosis.

### **PP27/ N-Acetyl Cysteine Use in Trichotillomania: Dramatic improvement in 2 cases**

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**Introduction:** Trichotillomania is in the class of "Obsessive-Compulsive Disorder (OCD) and Associated Disorders" in DSM-5 and characterized by repetitive hair pulling resulting in hair loss. N-acetylcysteine (NAC) is a precursor to the aminoacid cysteine, a modulator of the glutamatergic system and has role in oxidative stress. It has been shown that NAC is effective in various psychiatric problems especially in OCD and related disorders. Here we report two cases with trichotillomania who were treated with NAC successfully.

**Cases:** Y.Y., 11-year-old girl with symptoms of eyebrow and eyelash picking for six months. After 3 months of treatment with risperidone (2,5 mg/day) and fluoxetine (20 mg/day) due to side-effects and low compliance NAC 600 mg/day monotherapy was started. The maintenance NAC dose was 1200 mg/day. Her baseline and 2-months duration endpoint Clinical Global Impression scale disease severity (CGI-S) score was 5 (markedly ill) and 1 (Normal, not at all ill) respectively. Our second case was a 16-year-old male patient with complaints of hair pulling for 2 months. Due to experience adverse effects with fluoxetine 20 mg/day NAC (600mg/day) was started as a monotherapy. The maintenance NAC dose was 1200 mg/day. His baseline CGI-S score was 5. After 2 months of NAC treatment, final score was 2 (borderline ill). Both of the cases responded well without any adverse effect.

**Discussion:** Although a recent study in pediatric trichotillomania, NAC showed no superiority over placebo in a randomized controlled add-on- trial, symptom reductions are reported with NAC use pediatric case reports. Our cases tolerated and responded well to NAC monotherapy. This report shows that NAC may be a safe choice in treatment of pediatric trichotillomania. Pharmacologic modulation of the glutamate system may prove to be useful in the control of other obsessive compulsive and related behaviors.

### **PP28/ Suicide Attempt Associated With Montelukast In A 13-Year-Old Boy**

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**Introduction:** Although leukotriene-receptor antagonists (LTRA) are commonly used for the treatment of asthma, exercise-induced bronchoconstriction and allergic rhinitis in children; there are concerns about LTRA-induced adverse drug reactions; including agitation, anxiety, depression, sleep disturbance, hallucinations and suicidality. Here, we report a boy who presented neuropsychiatric symptoms including suicide behavior after montelukast and a complete recovery with the cessation of the drug.

**Case:** A 13-year-old boy was referred by pediatric allergy-immunology to our clinic with a history of suicide attempt. He had been on montelukast medication (5mg/day) with mild persistent asthma for 3 months. Soon after the medication started; aggression, sleep and appetite disturbances, anhedonia, social withdrawal and suicidal thoughts began. No triggering event has been reported except for the medication. One week before referral, he tried to throw himself from 4th floor and then family stopped the medication. He has been depicted as having avoidant personality characteristics, but there was no psychiatry referral nor family history of depression before. His symptoms spontaneously disappeared in a week after cessation of the drug.

**Discussion:** Montelukast sodium is a selective LTRA that is generally considered as a safe drug with the occurrence of few adverse drug reactions. Sleep disturbances, including nightmares, and hallucinations are the most reported neuropsychiatric adverse events both in adults and children. There are case reports of children and adults, who developed behavioral and mood disorders while receiving montelukast and expressed suicidal ideation. After montelukast withdrawal, all these symptoms disappeared within few days.

With these concerns, FDA issued a warning regarding potential suicidality after taking montelukast and other leukotriene antagonists in 2009, and recommended to stop medication in the presence of neuropsychiatric symptoms. Although anti-leukotrienes are safe drugs, these symptoms have to be monitored especially in children. Furthermore, it is desirable to conduct more accurate epidemiological studies on large populations in order to definitively discover risk factors favoring montelukast-associated ADRs.

### **PP29/ Sluggish Cognitive Tempo Symptoms Factor Structure In Children With Adhd, Relation To Internalization And Externalization Problems, Functional Areas**

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**Objectives:** The aim of this study is to examine the factor structure of SCT in children with ADHD who have clinical admission, the relationship of SCT with the problems of internalization and externalization, and the effect on social and academic competence areas.

**Methods:** The study group consisted of 261 children, their mothers between the ages of 6-12 who were admitted to Ankara University Medical Faculty Child and Adolescent Mental Health and Disease outpatient clinic with new ADHD diagnosis or at least 2 days off to ADHD treatment. Psychiatric diagnoses according to DSM-IV diagnostic criteria were determined for all children by applying K-SADS-PL. Parents were given CBCL 6-18 years, SNAP-IV and SCT scales. In the second evaluation, the scales were evaluated

**Results:** It was determined that SCT indices are different from ADHD symptoms. It was found that SCT consisted of two factors which are called \"sluggish-drowsiness\" and \"sleepy/daydream\". While SCT did not show a significant relationship with ADHD/HD, oppositional defiant behaviors and aggressive behaviors, ADHD/HD showed a significant relationship with ADHD/HD, oppositional defiant behaviors and aggressive behaviors. SCT and ADHD/HD showed a significant relationship with anxiety/depression. The SCT and ADHD/HD are similar in relation to school success and social problems. While SCT showed a significant relationship with withdrawal, ADHD/HD did not. The high level of SCT independently of each other in the regression analyzes predicted that ADHD/HD would be at a low level, ADHD/HD, anxiety / depression, social withdrawal, oppositional defiant behaviors, aggressive behaviors and social problems would be at a high level. There was no relationship with school achievement. The high level of ADHD/HD predicts that school performance will be at a low level that ADHD/HD, SCT, oppositional defiant behavior will be high. ADHD/HD has not been associated with social problems, anxiety/depression, social withdrawal and aggressive behavior.

**Conclusion:** Consistent with the study that Barkley conducted in a population-based sample in the USA, our study also showed that SCT is a different factor in ADHD in different cultures and clinical samples. The SCT consists of two factors characterized as sluggish and sleepy/daydreaming. Between the two studies there is only a difference in the distribution of substances between the two factors. This difference may be due to the semantic difference that occurs during the translation of the SCT scale to Turkish. It may also be related to the age range of the samples and the variation of sample types. In regression analysis, there is a positive relationship between SCT and internalization and externalization problems. ADHD/HD was not associated with problems of internalization and externalization. SCT has no effect on academic achievement, it has an impact on social problems. ADHD/HD has an impact on academic achievement and has no impact on social problems. The high level of SCT predicts that ADHD/HD will be at a low level. The high level of ADHD/HD predicts a high level of ADHD/HD. These results support that SCT and ADHD/HD are different from each other. There is a need for community-based longitudinal studies to identify and generalize causal relationships.

### **PP30/ “Children In Limbo ?”: Psychopathology And Development Of Offspring Of Mothers In Prison: Single Center Study From Turkey**

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**Objectives:** Psychopathology among populations of prisoners may be frequent and associated with types of criminal acts as well as violence. A systematic literature review showed that the prevalence of mental disorders among prisoners varies from 55% to 80% (1). Despite the

importance of studying inmate populations, especially the vulnerable ones like women and children for psychopathology from a public health perspective, studies on those are very scarce. Therefore, the aim of the study was to describe the sociodemographic and clinical features of the mothers and their 0-6 years old offspring staying with them in the prison.

**Methods:** The study was planned as a cross-sectional, single center study of mothers residing in Tarsus Closed Women's Prison of Turkish Ministry of Justice along with their 0 to 6 years old offspring. At the time of the study the prison housed 309 inmates of which 27 had 0 to 6 years old offspring with them living in the prison. One was not fluent in Turkish and two mothers refused to provide Informed Consent for participation leading to a final sample of 24 mothers and 26 children. In the study, mothers were evaluated via Structured Clinical Interview for DSM-IV Axis I Disorders(1) and a psychologist blind to maternal evaluations applied the Denver Developmental Screening Test II ( DII-DST ) (2) by interviewing mothers and children. Children and mothers were also evaluated by a child and adolescent psychiatrist via K-SADS-PL(3) to determine psychopathology. The data were analyzed by Statistical Package for Social Sciences (SPSS), Version 22.0. Descriptive analyzes were used to summarize data.

**Results:** 24 mothers with a mean age of 29.3 years were included in this study. The level of education was low with 10 being illiterate (41.7 %) and 2 of the mothers being barely literate (8.3 %). The crimes were theft (62.5 %), substance use/ dealing (20.8 %) and murder (12.5 %), in decreasing frequency and median period of incarceration was 365.0 days. Most common diagnoses in mothers were nicotine abuse (n:17,70.8%), specific phobia ( n:8, 33.3 %), alcohol abuse (n:7,29.2% ) and substance abuse(n:5, 20.8 %). 26 children (53.9 % female) were living with their mothers in the prison at the time of the study and the mean age of those was 26.3 months. Results of the D-II-DST were abnormal in 33.3 % of the children. Most common diagnoses in children were adjustment disorder (n:7, 26.9 %) separation anxiety disorder (n:3, 11.5 %) and conduct disorder (n:2, 7.7 %).

**Conclusion:** A multi-center study, preferably under the aegis of the Turkish Association of Child and Adolescent Psychiatry to evaluate mothers imprisoned with their 0 to 6 years old offspring may be necessary to reach this neglected and under-served population and address the inter-generational transmission of abuse, neglect and psychopathology.

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### **PP31/ Neurofibromatosis Type-1 in a 7-Year-Old Girl with Specific Learning Disability and Speech Articulation Problems**

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**Introduction:** Neurofibromatosis type-1(NF-1) is an autosomal dominant genetic disorder with an incidence of approximately 1 in 2600 to 3000 individuals. Children with NF-1 have neuropsychological symptoms including intellectual disability, learning disabilities, seizures and speech articulation problems. Neuroimaging abnormalities such as hyperintensities in the brain on MRI are frequently found in patients with NF-1.

**Case:** A 7-year-old girl patient with NF-1, she was brought by her family to our clinic because of her speech articulation problems and academic underachievement. She had been diagnosed with NF-1 by pediatric neurology when she had presented with delayed speech at four years old. Hyperintensities in the left amygdala, including hippocampus and bilateral hamartomatous stabilized lesions in globus pallidus and dentate nucleus had been detected on T2-weighted MRI images. She was in the first grade in elementary school and had received a speech therapy according to her individualized education programme for three years. She had speech sound errors, including deletions, omissions and substitutions. Certain sounds were not produced but omitted or deleted (e.g., “ka” for “kap”). One or more sounds were substituted, which may result in loss of phonemic contrast (e.g., "yamba" for "lamba", “c” for “j”). Weak syllables were deleted (e.g., "tefon" for "telefon", “bisar” for “bilgisayar”). In addition to these more common error patterns, she had also idiosyncratic error patterns, such as substituting many sounds with a favorite sound (e.g., “bı” and “dı”), resulting in considerable homonymy. Reading and writing skills were observed significantly inadequate for her age and education. She had normal intelligence, but performance scores were 19 points higher than verbal scores in the WISC-R test. Significant inconsistency between her IQ and academic achievement and also between verbal and performance IQ would suggest a specific learning disability. There were significant deficits in SLD battery which includes Reading and Writing Tests, ordering skills (letters of alphabet, days, months), Gessel Figures and Draw a Clock Test. Test of Word Reading Efficiency (TOWRE), Rapid Automatized Naming and Rapid Alternating Stimulus Tests and Phonological Awareness Test were applied to the child in a single session. We found impairments in single-word reading, reading comprehension, rapid naming and phonological processing. In addition to speech therapy, it was planned to receive special education support for her specific learning disability.

**Discussion:** Our case show the same neuropsychological pattern like children with isolated SLD. In the literature, hyperintensities in the brain may be associated with learning disabilities and speech problems in NF-1, but consistent relationships between hyperintensities and these problems have not been identified across investigations. Specific learning disabilities and articulation problems contribute to poor academic achievement in children with NF-1 as in our case. Consequently, neuropsychologic evaluation is very important for identifying cognitive deficits early and facilitating the use of academic support in school.

**PP32/ Relation Of Language Features With Maternal Depression, Family Functioning, Digital Technologic Device Usage In Developmental Language Delay And Comparison With Healthy Controls**

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**Objectives:** Language and communication is very important in social, emotional and cognitive development of children. Developmental language delay (DLD) is one of frequent developmental problems. In this study it is aimed to evaluate and compare language profiles between children diagnosed with DLD and healthy controls. Relation between maternal depression, family functioning, digital technologic device usage and language development is also evaluated.

**Methods:** 88 children who are diagnosed with DLD and 92 healthy controls are included to study and all children are in the age of 24-72 month. Test of Early Language Development is used to evaluate language profiles and Beck Depression Inventory is used to examine maternal depression and family assessment device is used to evaluate family functioning. Questions about digital technologic device usage are prepared by researchers.

**Results:** The sociodemographic features of group are similar. The statistical significant differences are found in all language subscales between groups. Maternal depression level in DLD group is higher than healthy control's mothers' depression level; difficulties in family functioning of DLD group is more than controls. Digital technologic device usage time and non-supervised digital technologic device usage are more than controls.

**Conclusion:** Early intervention in DLD is very important. Contribution of mothers in treatment, evaluating maternal mental health and giving information about digital technologic device usage may provide positive results for children diagnosed with DLD.

**PP33/ Cognitive Behavioural Therapy For The Treatment Of Misophonia Comorbid With Social Anxiety Disorder**

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**Introduction:** Mishophonia known as selective sound sensitivity syndrome, is chracterized by emotional and behavioral reaction to spesific sounds. These spesific sounds are produced by a human included eating sounds ,breathing sounds. Although Mishophonia is not defined in DSM V, Shröder proposed diagnostic criteria for mishophonia in 2013. The etiology of mishophonia has not yet been clearly defined. Limbic system and auditory cortex disfunction are proposed for selective sound sensitivity syndrome. Mishofonia was frequently accompanied with tic disorders and OCD, comorbidity with social anxiety disorder is not reported. We



presented a 13 year old boy who had comorbid misophonia and social anxiety disorder and we want to discuss efficacy of CBT treatment on this case.

**Case:** A 13 year old boy was referred to child psychiatry department suffering from voice sensitivity for one year. He had complaint about his mother's eating habits. He said that he felt his self-control and get angry because of the voice coming out of his mother's mouth while eating. In this instance, he shouted to his mother. In addition, he could not eat with family members because of this problem. Especially the relationship with family members has been impaired because of the increased sound sensitivity in the last two months. In addition, He was worried about meeting unfamiliar people and was forced to adapt to new social situations. He thought that the unfamiliar people could criticize him. This anxiety causes significant impairment in his relationship with his friends His mother has a history of generalized anxiety disorder. Predisposing factors in this case included a possible genetic vulnerability to anxiety and his attachment style. The problems were maintained inappropriate parental attitude, patient's avoidance to social situations and his safety seeking behaviours. There were two protective factors. First, His school performance is within normal limits and second, his teachers support the treatment process. After six month of treatment programme combination of SSRI and CBT, his social anxiety disorder and mishoponia had improved sufficiently.

**Discussion:** There are case reports in the literature about comorbidity mishoponia with OCD and tic disorders. Our patient had obsessive thoughts and compulsive complaints for 2 weeks but then complaints diminished. However there was no literature on CBT in children for SSSS comorbid with social anxiety disorder. SSRI and CBT are recommended for treatment of mishoponia. Our aim of this paper to present a case, we think that misophonia and comorbid social anxiety disorder, and to discuss their treatment with CBT.

### **PP34/ A Fetishistic Disorder (Towards Diaper) Adolescent With Borderline Intellectual Functioning, Secondary Enuresis, Secondary Encopresis And Oppositional Defiant Disorder: Case Report**

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**Introduction:** Fetishism is defined as sexual passion for inanimate objects. According to DSM-5, it is defined as Fetishism Disorder in the context of Sexual Deviance (Paraphilia) Disorders. More than 50% of paraphilic cases have started before the age of 18 and most cases present between 15-25 years old. These individuals refer to the clinic because of accompanying social problems. Almost %2 of all paraphilic cases are fetishism.

**Case:** In this case, a male 16-year-old high school 1st grade student was evaluated. At the age of 6 years, the patient had been operated on because of testicular torsion after that he began to wear diapers and achieved sexual satisfaction by using and sometimes masturbating to the diapers. While he is evaluated in the clinic, the patient was uncooperative. In the MMPI that was applied, he exhibited a profile consistent with Schizotypal personality organization (i.e. withdrawn, avoid close human relationships because they are afraid of emotional relationships, idealize extensively, spend days with fantasies, dreams and ruminations, difficulties in thinking and attention, has ideas that can be strange, extraordinary and in autistic mode, who appear astonished and disorganized, have stress, agitation and insomnia, who display symptoms of disintegration and develop psychotic symptoms when their symptoms are intensified). According to the DSM-5 criteria, it was thought that he could meet preliminary diagnoses of

Oppositional Defiant Disorder, Borderline Intellectual Functioning, Fetishism Disorder (towards diaper), Generalized Anxiety Disorder and additionally Schizoid Personality traits. For his ODD and sleep problems, risperidone 0,5 mg/day was started. Since the patient was not motivated, there was no interference with fetishism.

**Discussion:** There is no case report on diaper fetishism in adolescence in international literature. It has been considered as an important case report in terms of treating paraphilic disorders in adolescence.

### **PP35/ A Case With Frontal Lob Epilepsy Followed By Sleep Disorder Diagnose**

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**Introduction:** Epilepsy is a chronic brain disease with different etiologies with recurrent seizures due to excessive discharge of brain neurons. Whether or not the epilepsy clinic from the ancient times to the epilepsy clinic can be accompanied by psychiatric symptoms such as melancholy, psychosis, personality alterations, anxiety, sleep disorders, affected area, type of seizure, characteristics of seizure, lateralization, number of seizures, , Psychosocial factors such as chronic illness process, low socioeconomic level and educational level, discrimination by the society due to illness, fear of "seizure", learned helplessness and pharmacological agents used for seizure control may be responsible for psychiatric symptoms. Sleep disturbances are a common condition in epilepsy patients and especially sleep-related seizures can lead to a delay in sleep latency, a change in sleep stages, a prolongation of stage I-II, a change in the density of sleep spindles, sleep disturbances, increased REM latency, shortened REM duration, Sleep patterns, nightmares, night terrors, sleeping clinic can be confronted with the clinic.

**Case and Discussion:** We aimed to contribute to the psychiatric aspects of epilepsy, especially the effect on sleep, the follow up of the symptoms and the treatment plan with this case report in which frontal lobe epilepsy diagnosed by the diagnosis of sleep disturbance in the external center.

### **PP36/ The Effectiveness Of Equine Assisted Activities For Children Diagnosed With Cerebral Palsy And Their Mothers**

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**Objectives:** Equine assisted activities (EAA) have emerged as a new method of treatment for children diagnosed with Cerebral Palsy (CP). Physical, and educational therapists have used the movements of the horse for the cure of the patient, while psychologists, and mental health therapists benefit from the horses mobility so as to achieve or increase compliance of the patients. This study aimed to evaluate the effectiveness of EAA

in the areas of family functioning, empathy, aggression, maternal depression, anxiety of children diagnosed with cerebral palsy.

**Methods:** The participants were twenty children (7-10 years old) diagnosed with cerebral palsy and their mothers. Subjects were randomized into two groups and the program consisted of 8 sessions of EAA. Buss Perry Aggression Scale was used to evaluate aggression of children; empathy level of children was evaluated with Bryant Self Report for Children. Family assessment device was used to evaluate family functioning while beck depression scale was used for maternal depression rating and Spielberger Trait and State Anxiety Index was used to evaluate maternal anxiety.

**Results:** The results suggested that the severity of aggression decreased, empathy level increased and improvements in maternal mental health and family functioning were observed in the experimental group while the no significant results were observed in the control group.

**Conclusion:** The current study, to our knowledge, was the first study which investigated the effects of EAA on empathy, aggression, family functioning and maternal depression in children diagnosed with cerebral palsy. This study provided preliminary evidence that an 8-week EAA with children diagnosed with cerebral palsy displayed significant improvements in terms of both family and child functioning.

Keywords: aggression, cerebral palsy, equine assisted activities, empathy, maternal anxiety, maternal depression

### **PP37/ Augmentative and Alternative Communication (AAC) in Developmental Language Delay: Awareness & Developmental Language Interventions :A Randomized Controlled Study**

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**Objectives:** Individuals who cannot effectively use conventional speech to communicate may use augmentative and alternative communication (AAC) systems. In recent years, using a computer-based voice output communication aid (VOCA) device with a touch-sensitive screen-input system to compensate for a lack of speech or to replace, or augment, unintelligible speech, has been begun very popular Voice output communication aids (VOCAs) are a key form of aided communication within the field of augmentative and alternative communication (AAC). Developmental language delay (DLD) is one of prevalent developmental disorder in children. In this study it is aimed to evaluate effectiveness of AAC using a computer-based voice output communication aid (VOCA) device with a touch-sensitive screen-input system in behavioral and emotional problems, language features and emotion regulation of children diagnosed with DLD.

**Methods:** 48 children who were diagnosed with DLD were included to study and all children were in the age of 36-60 month. Subjects were randomized into two groups and the first group attended to AAC using a computer-based voice output communication aid (VOCA) device with a touch-sensitive screen-input system while the second group only joined to routine treatment . We have examined the impact of current users of medium- or high-technology VOCAs on the organization of communicative activities. We analyzed five communicative behaviours before and during a VOCA intervention with children with DLD: engagement in activity, role in turn taking, communicative form, function, and effectiveness. Test of Early Language Development (TELD) was used to evaluate language profiles, behavior and emotional problems were evaluated with child behavior checklist and children's emotion regulation skills were evaluated with Emotion Regulation Checklist. The evaluation consisted in applying the Denver Developmental Screening Test II, a test that assesses areas such as personal-social, fine motor-adaptive, linguistic and gross motor development.

**Results:** The sociodemographic features of groups were similar. Children, who were involved to AAC gained improvements in receptive and expressive language. Due to our study, we state that these systems, independent of the level of technology, are positive for the linguistic, cognitive, and social development of children with complex communication needs. Emotion regulation skills were better in children who involved to AAC using a computer-based voice output communication aid (VOCA) device with a touch-sensitive screen-input system than children who had only routine treatment. Behavioral and emotional problems were also decreased in children who involved AAC.

**Conclusion:** In present study, it is indicated that AAC can be useful for children diagnosed with DLD for decreasing behavioral and emotional problems and can be effective in developing languages. This study provided preliminary evidence that AAC using VOCAs that are perceived to offer a high speed of communication and that are reliable, simple and portable has also positive outcomes in emotion regulation for children diagnosed with DLD.

### **PB38/ Violence And Sexual Obsessions With Methylphenidate In A Child Patient**

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**Introduction:** Attention deficit hyperactivity disorder (ADHD) is a neurodevelopmental disorder characterized by attention problems, inordinate activity and/or impulsivity. Methylphenidate is the most frequently used pharmacological agent in the treatment of ADHD. Rare side effects of methylphenidate are hallucinations, increased libido, skin rashes, manic/psychotic reactions, and obsessive-compulsive symptoms. In this article we present a case of obsessive symptoms during treatment with methylphenidate in a patient with ADHD combined type.

**Case:** An 8-year-old male patient presented to our clinic with complaints of academic failure, increased activity and behavioral problems at school. After psychiatric evaluation ADHD was diagnosed. As reported by the patient's parents, one year previously, the patient received an extended release methylphenidate (ER-MPH) treatment and the dosage had been gradually increased to 30 mg/day. With this dose the patient had shown obsessive-compulsive symptoms

including recurring thoughts of stabbing his mother, fear of doing so and distancing himself from his mother as a result and recurring thoughts of having looked at women's genitals followed by feeling ashamed. The patient presented to our clinic because of continuing ADHD symptoms. He was reinitiated to treatment with ER-MPH 30mg/day and gradual dose increase was planned. After 2 weeks of treatment, obsessions relating to harming the mother and sexuality reappeared, therefore treatment was discontinued with a resulting decline in obsessive-compulsive symptoms. These symptoms repeated, when we initiated immediate release methylphenidate (IR-MPH). Finally, for the academic problems, the patient was entered into a government-funded educational support program and for behavioral problems, aripiprazole was started at 2 mg/day.

**Discussion:** According to our review of literature, although contamination obsessions and recurrent compulsive movements with methylphenidate have been reported, there have not been any reports of violence obsessions or sexual obsessions with methylphenidate to date. Clinicians should take into consideration possible violence related and sexual obsessive-compulsive symptoms associated with methylphenidate treatment, and that these side effects may significantly affect treatment compliance.

### **PP39/ Use Of Lorazepam In The Treatment Of Risperidone-Induced Paroxysmal Dystonia**

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**Introduction:** Paroxysmal dyskinesia is involuntary movements that can be unilateral or bilateral in the form of dystonia, atetosis, chorea and ballismus and it is reported that it may occur due to multiple sclerosis, stroke, hypoxia, head trauma, encephalitis, hyperthyroidism, hypoglycaemia, nonketotic hyperglycaemia, transient ischemic attack, neurodegenerative diseases, Basal ganglion calcification due to hypoparathyroidism of unknown familial cause, thyrotoxicosis, De Vivo syndrome, kernicterus, cytomegalovirus encephalitis, migraine and drugs.

**Case and Discussion:** In the present paper, we report a case of unilateral dystonia in the right leg, in a 9-year-old boy with a family history of muscle disease, mental retardation and behavior disorder diagnosis and risperidone 1mg/day treatment. It is aimed to contribute to the possible dyskinetic side effects of psychopharmacological agents, symptom control and treatment plan with this case report.

### **PP40/ Methylphenidate Induced Hypomania: A Case Report**

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**Introduction:** Methylphenidate is a drug that used in child and adult with attention deficit hyperactivity disorder as a central nervous system stimulant. In addition methylphenidate is preferred drug in depression, narcolepsy, traumatic brain injury, cancer pain and patient with HIV associated cognitive disorders. Commonly reported side effects during methylphenidate treatment include; difficulty in falling sleep, decreased appetite, stomach pain, headache. there are case reports that manic, hipomanic shift and psychotic symptoms arising during use of methylphenidate.

**Case:** in this case report, a-14 year old male was diagnosed with attention deficit hyperactivity disorder, inattentive type and long acting methylphenidate is started. There was no personal or family history suggestive of bipolar disorder. Only his aunt had a history of depression. In third day of methylphenidate treatment, patient applied clinic for increase activity and movements, decrease in need for sleep, feeling full of ideas, increase in the amount of speech, change of behavior complaints.

**Discussion:** in this case report, we aimed to contribute to the follow up and management of side effects through hipomania findings that may occur during the use of methylphenidate.

#### **PP41/ FRA16B: Cause Or Consequence? A Case With Tourette Syndrome And Intellectual Disability**

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**Introduction:** Gilles de la Tourette syndrome (TS) is a neurobehavioral condition which presents with multiple vocal and motor tics and shows strong comorbidity with attention deficit and hyperactivity disorder and obsessive compulsive disorder. Todate, several environmental, genetic and epigenetic etiological factors have been described and TS is considered to be a complex neurophychiatric disorder. Although environmental factors such as prenatal maternal tobacco and alcohol use, prenatal maternal depression and anxiety have been found to be associated; the etiology is highly genetic. Genetic studies have shown miscellaneous genes and loci associated with the disease, however, the genetic background of TS are still under investigation.

**Case:** 15 years old male patient followed in our department with moderate intellectual disability, attention deficit and hyperactivity disorder and Gilles de la Tourette syndrome was brought to our department at his age 4 for the first time with complaints of excessive activity, speech delay, irritability, pullover biting and aggresion. After tic of leaning and touching to the ground which had been emerged at his 5 for the first time, new tics which are throat clearing, billingsgate and yelling style unintended vocal tics have been added to his followups. The tics of the patient who has been using some psychotropic drugs got under control partially. The patient is still being followed in our department.

**Discussion:** Fragile sites are classified into groups by their frequency (common-rare) and by the causative chemical agents (folate sensitive, BrdU inducible, distamycin A inducible, aphidicolin inducible, azacytidine inducible). FRA16B is a distamycin A inducible rare fragile

site located at 16q22.1. It has been shown that the fragility of FRA16B is caused by the expansion of a 33-bp AT-rich minisatellite repeat to up to 2000 copies. Here we report a case presenting with Tourette syndrome, intellectual disability and attention deficit-hyperactivity disorder who has spontaneous 16q22 breakage.

## **PP42/ A Retrospective Analysis of Children with Autistic Developmental Features Who Later**

### **Had Developmental Improvements or Additional Diagnoses**

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**Objectives:** The early signs of autism can be hard to detect, so it is critical to diagnose autism spectrum disorders (ASD) as soon as possible since prompt treatment improves diagnosis. On the other hand, the boundaries between Pervasive Developmental Disorders (PDD) and other presentations with overlapping symptoms, like Attention Deficit Hyperactivity Disorder (ADHD), Oppositional Defiant Disorder (ODD), and communication disorders are mostly unclear in toddler period. For the children who are close to average or above the average intelligence, it is challenging to differentiate between “eccentricity”, “hypersensitive and/or difficult child”, and real social deficits.

**Methods:** We will be presenting a retrospective chart analysis of children who had their first clinical examinations between 13- 36 months of age, within four years of time. Ankara Developmental Screening Scale (ADSS) is utilized to measure the developmental levels. A standardized special education program was initiated as a treatment plan. The Psychoeducational Profile- Revised is used as a program planning and follow-up tool during special education period.

**Results:** There were 20 patients; 4 (18.2%) girls and 16 (72%) boys. Age at referral was 13-36 months (mean, SD: 26.2 months ± 6.8). The chief complaints were language delay (50%), repetitive behaviors and impaired social interactions (27.3%). PDD –Not Otherwise Specified (NOS) (72.7%) was the main diagnosis at the time of referral. In the follow-up, some children showed improvements in developmental domains although having core deficits and had additional diagnoses as ADHD, ODD, OCD, and communication disorders. The highest favorable T-score changes in AGTE belonged to children with communication and learning disorders. Average or above average IQ besides good family involvement were prominent features in children who showed developmental improvement.

**Conclusion:** In all cases of early social dysfunctions and profound language delay, it is necessary to maintain an organized education besides enriched social interaction and family counselling. As the symptoms of ADHD and language disorders have substantial overlap with

autism in early ages, discussion of the characteristics of the children who responded to interventions will be essential.

#### **PP43/ A Case Of Monozygotic Twins With Sleep Terror : A Case Report**

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**Introduction:** Sleep terrors , an early childhood parasomnia, also consist of partial arousals from slow-wave sleep “often accompanied by a cry or piercing scream, accompanied by autonomic nervous system and behavioral manifestations of intense fear. The pathophysiology of sleep terrors is unknown .

**Case and Discussion:** This case report may be a guide to clarify the underlying pathophysiology of sleep terror .

#### **PP44/ Munchausen Syndrome by Proxy: A Serious Child Abuse Form**

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**Introduction:** Munchausen syndrome (Factitious disorder imposed on another) by proxy is a special form of child abuse in which physical and mental symptoms in a child are fabricated and/or induced by a parent or caregiver. Munchausen syndrome by proxy (MSbP) was first described by Meadow in 1977. Parents or caregivers either fabricate or actually cause symptoms or disease in the child and refer to a doctor or other health care provider for “the sick” child. After all, the caregiver may falsify the child’s medical history or the actual cause of the disease or tamper with laboratory tests ultimately harming the child due to medical treatment. Adverse, long-term psychological morbidities include immaturity, separation anxiety, and irritability. As the victims’ age progress, they may regard these mythic symptoms as real even after the abuse is explored. MSbP cases are serious forms of child abuse associated with high morbidity and mortality. In this case report, a case of Munchausen Syndrome by Proxy will be discussed in the light of the literature.

**Case:** A 12-year-old female patient was admitted to our outpatient clinic because of complaints including physical and emotional abuse in the form of scratching her body with a wire, beating, insulting and yelling by her birth mother, and also enuresis, abdominal pain, nausea, vomiting, difficulty sleeping, nightmares, re-experiencing the events, restlessness, sadness and crying after her father and step-mother started living together. It was learned that the patient had been taken to different hospitals at different times and had used sertraline and quetiapine treatments. No abnormality was detected in the laboratory tests conducted based on the complaints of the patient. Her psychiatric examination showed a generally depressed mood, and also, an increase in irritability when talking about her mother. Perception, reality testing, judgment and intelligence were evaluated as normal. The content of her thought included concerns about living with her mother. No deterioration was determined in the school and peer functioning.



Based on the follow-up of the sibling whose treatment is continuing in our inpatient clinic, the symptoms of the patient are thought to be fabricated by the stepmother, since the symptoms expressed were actually absent and the patient had been exposed to many unnecessary investigations and invasive interventions thus avoiding the contact with the biological mother. Therefore, the patient and her sibling were diagnosed as Munchausen Syndrome by Proxy according to our evaluations.

Because the patient and her sibling were under psychological risks, the necessary notifications were sent to Social Services and Child Protection Agency and the family was directed to the psychiatric department for psychiatric examination.

**Discussion:** Although Munchausen Syndrome has similarities with other forms of child abuse, some characteristics of family dynamics and the ability of parents to act together with professionals are different from the family characteristics of other abuse cases. MSbP has numerous presentations, but current reports do not show the exact size of the problem. In some cases, when there is induced disease or damage, more children are injured from diagnostic tests and surgical procedures for fabricated or exaggerated symptoms. Unlike other types of child abuse, physician and health care system abuse can strengthen. Many authors have focused on the health system in general terms and the critical role of doctors in these disorders. It is important for the diagnosis to improve the symptoms with the separation of the child from the parent.

#### **PP45/ Treatment With Aripiprazol Of Tourette Syndrome Resistant To Other Antipsychotics**

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Department of Child and Adolescent Psychiatry, Faculty of Medicine, Akdeniz University, Antalya/Turkey **Introduction:** Tourette syndrome (TS) is a common neuropsychiatric disorder characterized by involuntary motor and vocal tics. Although the etiology of TS is unknown, there is evidence that the pathophysiology of TS involves an abnormality in the central dopaminergic system. In support of this notion, dopamine receptor-blocking drugs (neuroleptics) are used in the treatment of tics. Most used neuroleptics which have been reported in controlled studies or case reports are haloperidol, pimozide, sulpiride, risperidone, olanzapine and ziprazidone. Another promising candidate in the treatment of tics may be aripiprazole.

**Case:** A 12-year-old boy was applied to our outpatient clinic with motor tics mainly characterized by head jerking, shrugging and nose-twitching. His symptoms have been observed for more than one year and had a fluctuant course. He had significant symptom-related distress and functional impairment in school, because of his difficulty in writing as a result of his motor tics. He had been treated with haloperidol, risperidone and quetiapine before, but there was not a significant response to these medications. He was diagnosed as tic disorder and depression, and he was prescribed risperidone 0,5 mg and sertraline 50 mg, as risperidone was described as the most responded drug until that time. The drugs were increased to 2 mg and 100 mg respectively, but in his follow up, no recovery was observed. Besides, he developed vocal tics and diagnosed as "Tourette Syndrome". Pimozid 2 mg was prescribed instead of risperidone, but stopped after 1 month, because of no recovery in symptoms, and

oculogyric crisis due to pimozid. Finally aripiprazol 5 mg was initiated and increased to 10 mg. He has been on this treatment since then with a significant improvement of his symptoms.

**Discussion:** Aripiprazol, therefore, with a profile of side-effects characterized by lower weight gain, lower sedation, absence of prolactine levels elevation and of widening of QT space of electrocardiogram compared to other antipsychotics, becomes an interesting option for TS cases which do not respond to conventional therapies. It has, however, a high cost and needs official support to allow the poorer layers of the population to benefit from its effects. Controlled studies comparing aripiprazol to the conventional treatments for TS are needed.

#### **PP46/ Can Hyperhomocysteinemia Cause Psychiatric Symptoms In Children And Adolescents? A Case Of An Adolescent Trying To Commit Suicide By Hanging Himself.**

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**Introduction:** Vitamin B12, folic acid and homocysteine levels were shown to be associated with certain neuropsychiatric disorders and vitamin B12, folate deficiency and high levels of homocysteine were shown to have an impact on brain functions and cause non-specific psychiatric symptoms. Many studies found high levels of homocysteine, low levels of vitamin B12 and/ or folic acid in patients with schizophrenia, autism and depression.

**Case:** In this article, a case of 15-years-old male patient with occasional anxiety concentrations and frequent death and suicidal thoughts was presented. The patient attempted suicide by hanging himself. The psychometric tests revealed no elevations in depression (KOVACS) and anxiety (STAI-1 and 2) scales. No significant psychosocial stress factor was found in the psychiatric evaluation of the patient. Laboratory tests revealed a marked decrease in vitamin B12 and hyperhomocysteinemia. Fluoxetine 20 mg / day, alprazolam 0,5 mg / day, oral and intramuscular vitamin b12 treatment was started. In the following interviews, it was determined that anxiety concentrations, death and suicidal thoughts were left behind.

**Conclusion:** In conclusion, vitamin b12 and hyperhomocysteinemine are thought to cause psychiatric symptoms in children and adolescents. In addition, it is recommended to detect vitamin b12 and homocysteine levels in children and adolescents with psychiatric symptoms.

#### **PP47/ Diurnal Enuresis Developing In Association With Risperidone And Aripiprazole Use In A Child With Autism Spectrum Disorder: A Case Report**

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**Introduction:** Autism spectrum disorder (ASD) is a complex heterogeneous neurodevelopmental disorder. Risperidone and aripiprazole appears to be effective in associated behavioral problems with autism spectrum disorders, including irritability, aggressiveness, hyperactivity, self-injurious behavior, and stereotypies. In our case, new-onset diurnal enuresis was observed as a side-effect after risperidone use. New-onset diurnal enuresis improved when risperidone was stopped, but recommenced when aripiprazole was added to treatment. However, all symptoms of enuresis resolved when the aripiprazole dosage was reduced. In contrast to some reports in which aripiprazole was used in the treatment of enuresis, our case is different in that it led to diurnal enuresis.

**Case:** A 5-year-old female, was referred to our out patient clinic for her aggressiveness, severe temper tantrums, self-injurious behaviors, stereotypies, and hyperactivity. She was diagnosed with autism spectrum disorder. Because of her behavioral problems and repetitive behaviors, risperidone was initiated at 0.25 mg/day and then the dose was increased to 0.5 mg/day. Her behavioral problems improved partially, but within the second week of risperidone treatment she developed new-onset diurnal enuresis. Enuresis ceased rapidly during the first week of risperidone discontinuation . Because of her behavioral problems, aripiprazole was initiated at 2 mg/day and gradually titrated up to 4 mg/day over 2 weeks. Within the second week of treatment, she developed diurnal enuresis again. On the 4<sup>th</sup> week of treatment her parents reduced the dose of aripiprazole used from 4 mg/day to 3.5 mg/day due to persistence of enuresis. The patient's enuresis resolved with no adverse effect on the improvement in her behavioral problems within 1 week after dose reduction.

**Conclusion:** We report a female patient with ASD developing new-onset diurnal enuresis following both risperidone and aripiprazole use. In our case, risperidone was stopped because it caused enuresis, but enuresis recurred when the patient was started on aripiprazole. Two consecutive antipsychotics causing enuresis, and that enuresis improving following a slight aripiprazole dose reduction of 0.5 mg/day, and the effectiveness of treatment being maintained, suggested that the drug dosage should be reduced to the lowest level needed to maintain clinical effectiveness in order to resolve the enuresis, before adding another drug or stopping one drug and immediately switching to another. In this case, aripiprazole first caused dose-dependent enuresis, which then resolved with a mild reduction in dosage. From that perspective, this case report shows, in the light of the current literature, that two different antipsychotics are able to cause diurnal enuresis and that aripiprazole can be used in the etiology and treatment of enuresis in a dose-dependent manner. However, the use of risperidone and aripiprazole have become widely common in treating behavioral problems associated with autism spectrum disorders, thus, this case report indicate that the need to monitor the possibility of enuresis precipitated by antipsychotics is increasingly important.

#### **PP48/ Maladaptive Daydreaming In An Adolescent Patient: A Case Report**

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**Introduction:** Daydreaming (DD) is a universal experience comprising much of normal mental activity. DD is present in almost half of all human thought. Maladaptive daydreaming (MD) or excessive daydreaming is a psychological concept first described by Somer. MD represents extensive fantasy activity that replaces human interaction and/or interferes with academic, interpersonal, or vocational functioning. Bigelsen and Schupak (2011) presented a population of individuals with MD, that 80% using kinesthetic activity, but over 70% reported that they did not experience childhood trauma. Their daydreams were often accompanied by movement (e.g., tossing an object in the air or pacing) Bigelsen et al. (2015) reported that maladaptive daydreamers exhibit significantly higher levels of attention deficit, obsessive compulsive and dissociation symptoms. We discuss a case of little-known MD in an adolescent.

**Case:** A 15-year-old girl presented due to lowered academic success in the previous year and the ability over the previous two years to remain within daydream for 5-6 hours a day for a week. She was reported to daydream of rehearsing for professions of interest. For example, she pretended to be a doctor, to speak with imaginary patients and even to weep for one who died. She experienced attention problems following the onset of daydreaming and no longer studied, and her grades fell. This affected her functionality and relationships. She had no history of any other psychiatric disease.

**Conclusion:** MD has a significant effect on individuals' quality of life and can take up much of their time. MD generally starts in childhood and can be triggered by activities such as reading, listening to music and television, and the individual can spend hours daydreaming and neglecting daily activities. It may sometimes be seen together with diseases such as dissociative disorder, attention deficit and hyperactivity disorder, narcissistic personality disorder, schizophrenia and obsessive compulsive disorder. The reported high levels of DD among the general population may leave clinicians reluctant to consider MD a mental health issue. Few studies have considered MD in the pediatric age group. The purpose of this case report is to increase clinicians' awareness that this concept, which does not appear in DSM-V, can be seen in adolescence.

#### **PP49/ Hyperekplexia With Specific Learning Disorder: A Case Report**

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**Introduction:** Hyperekplexia is a rare clinical condition with pathologic startle response and neonatal hypertonia. In most cases, hyperekplexia is caused by glycine receptors inhibited by strychnine in the lower brain stem and spinal cord. We report on an 7-year-old boy has hyperekplexia with comorbid specific learning disorder

**Case:** A 7 year old boy was admitted to outpatient clinic of Cerrahpaşa Medical Faculty Child and Adolescent Psychiatry by her mother complaints with learning difficulty. Children was diagnosed hyperekplexia at 5 month old therefore he has getting special education since three years old because of neuromotoric developmental delay. His mother noted that he learned reading at first class but now he could not perform the expected reading skill, he did not read end of the words, could not write with dictation but can write by looking. However, he performed relatively better in mathematics. Children need for approval and support continuously. Although his mother noted that he had good relationship with his teachers and friends, he was discriminated by his friends because his speech was not understood. The patient had partially benefited short-acting 10 mg methylphenidate treatment for two years. Wechsler

Intelligence Scale for Children-Revised (WISC-R) at age 7 years, 4 months showed a full-scale-IQ of 68 (verbal 64, performance 78). After evaluating all the information –teacher information included- , the patient was diagnosed clinically as a specific learning disorder.

**Discussion:** Although there are varying range of mental retardation and EEG abnormalities, it was suggested that patients with a diagnosis of hyperekpleksia usually had normal intelligence, In our case, we discuss that hyperekpleksia may also be accompanied by specific learning disorders. Diagnosis of hyperekpleksia is not difficult if the clinician keeps in mind. Although hyperekpleksia is neurological disorder, comorbid psychiatric disorders should not be overlooked.

### **PP50/ Anxiety and Obsessive Compulsive Related Disorders in Adolescence, In The Context of Second Separation-Individuation**

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**Introduction:** Psychoanalysis has been concerned with teenage problems since its birth. According to Freud, libidinal impulsivity is intensified during adolescence and sexuality is replaced as an immediate defense against the incest taboo. Anna Freud identified 'the adolescent crisis' and stated that adolescents' infantile libidinal objects were loosened by major defense mechanisms. The main psychoanalytic explanations for adolescence are made by Peter Blos, who stated that adolescence is the second period of separation individuation, and that the oedipal state is being revised and taken to its final state. In this case presentation, we aimed to discuss on the axis of the second separation individuation, a teenager who was diagnosed with Separation Anxiety Disorder, Obsessive Compulsive Disorder and Generalized Anxiety Disorder at different periods of his/her life.

**Case:** A 13 year-old girl who applied to Dokuz Eylül Medical School Child and Adolescent Psychiatry Outpatient Unit with symptoms such as fear of losing her mother after watching a pornographic movie, has difficulty with separation, wanting to sleep with her mother, has difficulty in adjusting school and peer relations. In the follow-up period, the patient showed periodic acceleration and deceleration in her anxiety symptoms and was diagnosed as Generalized Anxiety Disorder and fluoxetine 20 mg/d drug treatment was prescribed. She was also diagnosed as Obsessive Compulsive Disorder in the follow-up process. Her emerging symptoms were indecision, an overwhelming need to get approval from the mother, not being able to stop thinking about her mother's death and current fluoxetine treatment was increased up to 40 mg/d, but the patient discontinued the drug treatment due to rapid recovery of her symptoms. In the follow-up period, it was thought that the complaints were related to the separation individuation symptoms and was dealt with dynamic axis and the sessions supported the family separation.

**Discussion:** Adolescence is the second separation-individuation period and it is a painful transitional period in which the child's feeling secure and under the influence of his parents is on his way to becoming an independent adult. Clinical manifestations of adolescents' who have difficulty in separating individuation may be in the spectrum of anxiety disorders, and often these concerns may be regressed by overcoming the process. Based on this case report; while evaluating adolescents with anxiety disorder, who have difficulties in adapting to the peer and school environment, it should be considered that assessing in the context of separation-individuation may have caused recovery in the clinical manifestations of the disease.

## **PP51/ Preliminary Data On Reliability Of The Nimh-Chefs Emotional Faces Data Set In Turkish Samples**

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**Objectives:** NIMH-ChEFS Picture set was developed for use in pediatric populations as emotional stimuli. It includes five emotions (i.e. fear, anger, happiness, sadness and neutral) in 533 pictures. The emotions were portrayed by child actors. Inter-rater reliability in original study was high. The objective of this study was to determine the initial reliability of the NIMH-ChEFS data set for use in Turkish samples.

**Methods:** Consent from Dr. Egger was procured for this study. In the first step; five residents and a child and adolescent psychiatrist evaluated the photos. In the second step, a subset of pictures with highest agreement were evaluated by 20 healthy adolescents (M: F= 1.0). Pictures were rated in terms of gender, emotion (fear/ anger/ happiness/ sadness/ neutral), direct/ averted, emotion intensity (0-100) and congruence of displayed emotion with prototypical displays (0-100). Inter-rater reliability was evaluated via Kappa and Intra-class correlation analyses. P was set at 0.05.

**Results:** In the first step of analyses, the raters (mean age= 28.9 years, 66.6 % female) agreed for displayed emotions in 91.2 % of pictures (n= 486). Inter-rater reliability was high and significant (ICC= 1.0, % 95 CI= 0.98- 1.0, F test= 215.5, p=0.000). For 33 pictures (6.8 %) there was complete agreement. The reliability for intensity of emotions was also high and significant (ICC= 1.0, % 95 CI=

0.98- 1.0, F test= 303.8, p=0.000). The subset of 36 pictures with complete agreement were further evaluated by healthy adolescents.

The median Tanner stages and grades of adolescents were 4.0 (IQR= 2.0) and 9.0 (IQR= 2.8); respectively. Mean age was 14.7 years (S.D.= 1.1). There was complete agreement for displayed emotion in 9 photographs (25.0 %). Those were happiness (n=7), neutral and anger (n= 1, each). There was 95.0 % agreement in 8 photographs. Those were fear (n=4), anger (n=2), happiness and sadness (n=1, each). The inter-rater reliability was also high for emotions displayed (ICC= 0.96, %

95 CI= 0.93- 0.98, F test= 25.7, p=0.000) as well as their intensity (ICC= 0.95, % 95 CI= 0.90- 0.98, F test= 18.4, p=0.000) for adolescents.

**Conclusion:** Initial data on NIMH ChEFS data set suggest that it may be reliably used as emotional stimuli. Further studies are needed on larger samples for reliability and validity.

**PP52/ Emotional And Cognitive Conflict Resolution In Adolescent Offspring Of Parents Diagnosed With Recurrent Depressive Disorder And Bipolar Disorder And Matched Healthy Controls**

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**Objectives:** Cognitive and emotional inflexibility may contribute to the onset and persistence of mood disorders as well as irritability. In this study, we aimed to evaluate the resolution of cognitive (Stroop Test- TBAG Form) and emotional (Emotional Stroop) conflicts in high-risk offspring in comparison with children of healthy controls.

**Methods:** Records of adult patients who applied to the study center in between January and June

2015 and diagnosed with Depressive and Related Disorders and Bipolar and related disorders were retrospectively reviewed. After those reviews, patients who were judged to fulfill criteria for Recurrent Major Depressive disorder and Bipolar Disorder were contacted and those who did not fulfill exclusion criteria with offspring between 12-16 years were evaluated with SCID. As a result, 90 offspring from 81 families from recurrent depressive disorder, bipolar disorder and healthy control groups were included in the study. The children were evaluated with K-SADS. TBAG form of the Stroop Test was given to evaluate cognitive conflict resolution while emotional stroop test which was developed by the investigators via word- face paradigm was employed after appropriate preliminary analyses.

**Results:** The most common diagnosis according to K-SADS evaluations was ADHD (18.9 % ) followed by Separation Anxiety Disorder (10.1 %) and Oppositional Defiant Disorder (7.9 %). Completion times for all cards in the Stroop Test- TBAG form was ranked as BP > UP > Controls. In the emotional Stroop test adolescent offspring in the BP group were found to respond significantly later than those in UP and control groups (Mann-Whitney U test, Chi Square= 6.2, p=0.05).

**Conclusion:** In this study, it was found that ADHD was the most common diagnosis in all groups via both parental and child reports, that offspring of parents with BP diagnosis displayed significantly longer response latencies in the Stroop Test- TBAG form, and that offspring of BP parents responded significantly later than the other two groups as well as committing significantly more frequent errors. This difference however ceased to exist in the last trial block.

**PP53/ The Relationship of Family Functions, Attachment Styles and Social Skill levels in Convicted Adolescents**

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**Objectives:** Juvenile delinquency is a social, clinical and legal term that involves the violation of legal and social norms and does not have certain limits. Juvenile delinquents are a heterogenous group, and researchers mention a wide range of risk factors related to juvenile delinquency. Recent studies on risk factors bring the family to the focus in explaining and preventing the criminal behaviour. In our study, we assessed the relationship between the social skills of family functions of convicted adolescents and the features of their attachment.

**Methods:** The personal information form, family assessment scale, adult attachment style scale, Matson Evaluation of Social Skills With Youngsters (MESSY) were applied to the adolescents in the 12-18 age group convicted in Ankara Sincan Child and Youth Criminal Detention House, which constituted the study group. The control group was selected from a high school in Trabzon, whose sociodemographic level was matched with convicted adolescents.

**Results:** There was a difference between the groups in terms of problem-solving, communication, roles, emotional response, general functions and attachment styles among family functions. A statistically significant relationship was determined between the fact whether the communication, roles, emotional response and general functions dimensions among family functions were healthy and the attachment styles. In the regression model assessing the attachment relationship of the family functionality, it was observed that the attachment relationship of the “general functions” sub-dimension was evident. Furthermore, a positive social skill level was found to be statistically significantly higher in the control group. A statistically significant relationship was found between positive social skill levels and healthy problem solving, communication, roles, emotional response, showing necessary interest, behaviour control and general functions among family functions and secure attachment.

**Conclusion:** It is necessary to determine the levels of functioning of low-income families in the prevention of juvenile delinquency in our country and to develop policies for the improvement of unhealthy family functions. Improving the parent-child interaction in the families at risk will protect the juvenile against the crime both directly and indirectly.

Keywords: Adolescents, crime, family functions, attachment

#### **PP54/ Theory of Mind and Emotion Regulation Difficulties in Children With ADHD**

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**Objectives:** Deficits in the social cognition domain are observed in children with ADHD; while both emotion regulation difficulties and social deficits are associated with impaired social, academic, behavioral and familial functioning. The aim of the present study is to examine that ToM deficits may increase difficulties in emotion regulation.



**Methods:** Participants were 200 children aged 11-17 years; 100 meeting the DSM-IV criteria for ADHD and 100 healthy controls. Differences in specific and overall difficulties with emotion regulation were examined in ADHD children using the multidimensional Difficulties in Emotion Regulation Scale (DERS). Social cognition deficits were quantified by Theory of Mind (ToM) tasks, and the ADHD-Rating Scale-IV form was used for determination of ADHD symptom severity (ADHD-SS).

**Results:** ADHD sample had more overall difficulties regulating their emotions ( $F(1, 198) = 35.34, p = .000, \eta^2 = .151$ ) than control sample. They also demonstrated less non-acceptance of negative emotions ( $F(1, 198) = 21.86, p = .000, \eta^2 = .099$ ), emotional clarity ( $F(1, 198) = 13.8, p = .000, \eta^2 = .065$ ), effective emotion regulation strategies ( $F(1, 198) = 6.6, p = .011, \eta^2 = .032$ ), ability to engage in goal-directed behavior ( $F(1, 198) = 25.32, p = .000, \eta^2 = .113$ ), and impulse control ( $F(1, 198) = 17.65, p = .000, \eta^2 = .082$ ). No significant differences were found between ADHD/control groups with regard to the concerning emotional awareness ( $F(1, 198) = 1.86, p = .174, \eta^2 = .009$ ). Within the ADHD group, we found a significant correlation between the DERS-Total score and ADHD-SS ( $r = .686; p < 0.01$ ); and the DERS-Total score and gender ( $r = .232; p < 0.05$ ). The linear regression showed that the predictor variables (ADHD-SS, UOT score, gender) accounted for 56% of the variation in DERS-Total scores (adjusted  $R^2$ ). UOT scores was significantly improved the total variance by adding to the equation ( $R^2$  change = 8%,  $F = 20.04, p < .001$ ).

**Conclusion:** Our findings show that social cognitive deficits may partly explain emotion dysregulation in children with ADHD.

### **PP55/ Nablus Mask-Like Facial Syndrome With Moderate Developmental Delay: A Case Report**

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**Introduction:** Nablus mask-like facial syndrome (NMLFS) is defined by distinctive craniofacial appearance including tight-appearing glistening facial skin, blepharophimosis, telecanthus, severe arched eyebrows, flat and broad nose, long philtrum, distinctive ears, upwest frontal hairline, mild developmental delay and “happy” disposition. The first clinical description of a patient reported by Teebi in 2000, lead to the identification of a new syndrome. It is very rare and there are currently about 12 cases published in the literature. NMLFS is a rare microdeletion syndrome that deletion of chromosome 8q22.1 is necessary, but not sufficient for development which provide further refinement of the critical region.

**Case:** Patient is a 7-year-old boy was born at 38 weeks gestational age. At birth, his height was 49 cm, weight was 3500 grams. While he was 7 months old he was suspected of having NMLFS due to phenotypic appearance specific to the syndrome and diagnosed with NMLFS at another centre after genetic testing. He was consulted to us with hyperactivity, irritability and self-rotation. According to his developmental story and mental examination, he had never breastfed, started to walk at 2,5 years, used his first words at 4 years old, could make short sentences recently and toilet trained for

1 year. As a result of the psychometric tests and mental examination, it was seen that language development, fine and gross motor skills were psychosocial development was were 2SD behind his peers. As a result of the examination of the patient, he was diagnosed moderate mental retardation.

**Discussion:** This syndrome, which has been diagnosed to only a few person worldwide, draws attention with its typical phenotype and microdeletion syndrome and good social Communication Skills. Literature emphasis that intellectual disability is common in this syndrome, and up until now one case with autism is described.

### **PP56/ A Child Who Feels Your Emotions Deeper Than You Do: A Case With Riley-Day Syndrome**

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**Introduction:** Familial dysautonomia (FD) or Riley-Day Syndrome is an autosomal recessive congenital neuropathy affecting autonomic, sensory and motor functions that occurs almost exclusively in Ashkenazi Jews. Mutations in the IKBKAP gene located in chromosome 9q31-q33 were first discovered in 2001 in patients with this syndrome. Psychiatric findings of this syndrome include mental retardation, irritability, learning disability and atypical attachment pattern.

**Case:** A 5-year-old girl, diagnosed with Riley-Day Syndrome at another centre, applied us because of episodic irritability, sleep disturbances, restlessness and hyperactivity. In her physical examination, it could be seen the features of Riley-Day Syndrome such as hyposensitivity, hyperacusis, atrophic glossitis accompanied with the absence of fully formed papilla in the tongue, vomiting attacks. Parents reported poor response to needle pricks during blood drawing and touching hot objects without any visible response indicating decreased sensitivity to pain. Her developmental milestones were reached on time. There was extreme sensitivity to social codes at the psychiatric assessment. For example, she was excessively joyed and laughed unstopably against just a toy or when she saw that another child whom she saw the first time in her life was sad , he began to cry sobbingly. She could only continue for a month to kindergarden because of these emotional fluctuations and did not benefit from risperidone treatment.

**Discussion:** This “emotional depth”, obtained by our examination, may be explained by some theories, we can state that each emotion maybe triggering the activation of sympathetic system through different network systems between forebrain and hypotalamus, ventrolateral medulla. It can be clearly seen that these patients with Familial dysautonomia (FD) give severe and inconvenient responses to trivial emotions or stimulus. Namely, the gene, the reason of this syndrome and over reactions to different kinds of emotions, may be a risk for having any mood disorders. In another perspective this “this genetic vulnerability” maybe protective or Related with the syndromes that are suffering from social communication like autism.

### **PP57/ Can Aripiprazole Trigger Symptoms Of Mania In Patients With ASD?**

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**Introduction:** Recent studies claim that in children who are diagnosed with autism spectrum disorders (ASD), are more likely to have comorbid bipolar disorder (BD) compared with children who do not have this diagnosis. Aripiprazole has proven to be effective in the treatment of bipolar manic episode and irritability in ASD. Despite the proven efficacy in treating mania, several cases have been reported in which aripiprazole may have contributed to recurrence of manic symptoms or induction of the first manic episode. We aimed to describe the clinical features of two patients with ASD and ADHD who experienced their first Manic Attacks while they were on aripiprazole treatment.

**Cases:** The first case is a 16-year old boy who was diagnosed with ASD + Attention Deficit Hyperactivity Disorder (ADHD). He experienced his first severe manic episode while he was on aripiprazole 15 mg/day treatment..Aripiprazole was ceased and was administered 1000 mg/day of valproic acid. Two weeks after these interventions, his euphoric mood subsided and he maintained euthymic state.

The second case is a 16-year old boy who was diagnosed with ASD+ADHD. He had experienced two mild hypomanic episodes before and at the age of 16 he experienced first severe manic episode. The patient was using aripiprazole 15 mg/day and atomoxetine 80 mg/day while he experienced hypomanic episodes for treatment of ASD+ADHD. His hypomanic episodes followed a seasonal pattern and he was euthymic between episodes. When the aripiprazole treatment was increased 15 mg to 20 mg/day he had the first manic attack. Aripiprazole was ceased and he was administered 1000 mg/day of valproic acid and 80mg/day of atomoxetine. Ten day after these interventions, her euphoric mood subsided and he maintained euthymic state.

**Discussion:** Our two cases can add to the existing literature in demonstrating the potential for aripiprazole, an agent with proven antimanic efficacy, to paradoxically precipitate a manic symptoms. However, in the second case, the manic episode after the dose increase is remarkable in the effect of the dose-dependent effect of the drug. The likelihood of this paradoxical reaction remains uncertain. Further reports would be beneficial to determine the frequency of induction of mania, particularly in patients who have never been manic in the past.

### **PP58/ Diagnosis Distribution of Cases in a Child and Adolescent Psychiatry Clinic: 9-Years Period Retrospective Screening Results**

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**Objectives:** Because of the mental health problems in children and adolescents, the number of applications is increasing not only for university and state hospitals but also increases in private clinics. The aim of this research is determining the diagnosis distributions of patients in private child and adolescent psychiatry clinic in a 9-years period.

**Methods:** The 2545 number of patients' files analyzed retrospectively from October 2008 to March 2017 in private clinic in Istanbul.

**Results:** The age range of cases is between 4 months and 23 years. The applications carried out by people who are non-married, university student or still not gaining money were accepted in adolescence. There are 925 female patients and 1620 male patients. The most common diagnose was ADHD. The distributions of diagnose, equal diagnoses and diagnoses related to gender will be detailed in the poster presentation.

**Conclusion:** Knowing the distribution and prevalence of mental problems in children is vital in terms of treatment services and taking protective precautions. If the public intuitions and private applications involve different diagnose distributions, our files will be enriched. We believe that sharing the follow-up files from our private clinic will contribute to such field publishing. In the future, comparative studies of public and private clinics can be planned.

### **PP59/ The Case Report Explains The Female Foot Fetishism In Autistic Male Child**

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**Introduction:** Paraphilia is the sexual arousal disorder and it causes the experience of intense sexual arousal to atypical objects, fetishes, situations, fantasies and behaviors. Fetishism is the repeated intense sexual arousals and it should be continued minimum six months duration with compulsive interest to specific objects so, fetishism can be called as paraphilic sexual disorder. Person in fetishism has a sexual interest about feet, shoes, gloves, socks and panty hoses. (DSM-IV, Ada and ark, 2001, Zarei ve Bidaki, 2013). This case has a contradictive psychopathology. The subcortical connections of temporal lobe dysfunction was asserted (Epstein, 1960). In general, that case observes in males (Kaplan and Sadock 2003). In available literature, there was a study clarifies patients have autism spectrum disorders and sexual identification problems together. However, there were no studies explain the autism spectrum disorder and fetishism together (Annelou, 2010).

**Case:** This child is fourteen years one month old and male. While he was thirteen-months old he started walking. His family received help from child and adolescent psychiatrist because he had behavioral problems and speech delay in two years old. The psychiatrist led him to kindergarten. However, there has been no clear progress in his speech and he could not communicate with peers. For this reason, his family received help from another psychiatrist

when he was four years old. This psychiatrist diagnosed him autism spectrum disorder and he started to special education. Currently, he is studying eight-grade inclusive class. According to WISC-R testing, his intelligence is in normal limits. He is started asking questions about penis approximately five years old. Following that situation, his sexual interest continues and he is started wearing mother's clothes and socks. Furthermore, he is begun to hug his father and kiss his male classmates from their hair in classroom. This demonstrates that he still behaves like sexual identification problems. Last two years, he showed intense interest about female feet. He wanted to touch female feet. For instance, he kissed a woman's foot when she was praying at home. In addition, he searched women foot photos and videos on the Internet. He is still getting special education. Addition to academic education, he takes lessons in terms of sexual education about female foot interest with behavioral approaches. In this process, the problematic behaviors are extremely decreased but still continuing.

**Discussion:** Besides current education for autistic children, following sexual development from early childhood and this children's education about this topic are significant. Finally, parents of autistic children should be informed on sexual identification.

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## **PP60/ Normalization of Paliperidone-Induced Hyperprolactinemia with Addition of Aripiprazole**

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**Introduction:** Antipsychotics may cause hyperprolactinemia by blocking the dopamine D2 receptors in the tuberoinfundibular pathway. (1,2) Paliperidone, the metabolite of risperidone, has a similar mechanism of action to risperidone. It is suggested that paliperidone has relatively less side effects. Here, we report a case with a good response to aripiprazole for paliperidone-induced hyperprolactinemia.

**Case:** 16-year-old girl with a diagnosis of typical autism presented to our clinic with complaints of aggressive and self-destructive behavior. She had been on risperidone 3mg/day for 4months. Due to development of rash, risperidone was switched to paliperidone. Her aggressive tendencies were diminished and she was stabilized with paliperidone 6mg/day. Around 2<sup>nd</sup> month of paliperidone treatment, complaint of galactorrhea occurred. Serum prolactin level was 230 ng/mL. Aripiprazole was introduced to the treatment regimen at a dose of 2.5 mg/day. After 4 weeks of combined treatment, prolactin level was 94 ng/mL and galactorrhea disappeared. At 9th week of the treatment with paliperidone (6mg/day) and aripiprazole (5 mg/day), prolactin level was 33 ng/mL.

**Discussion:** In contrast to the expectations that it has relatively less side effects than risperidone, paliperidone can also cause hyperprolactinemia. Like many other adverse effects, it may decrease the treatment compliance. In cases of drug induced hyperprolactinemia clinicians are advised to reduce the antipsychotic dose or to switch to another antipsychotic, or to add a partial dopamine agonist. In this case, we chose to add aripiprazole, a partial D2 agonist.(1,2,3)

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#### **PP61/ Genetic Syndromes As A Cause Of Treatment Resistance In Schizophrenia: A Case With Triple X Syndrome**

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**Introduction:** Triple X syndrome is relatively frequent cytogenetic condition occurring in one in 1000 females, with a high variety of physical and behavioral phenotypes. Most of the patients, except for the long length, have the normal phenotype. Components of the syndrome; learning disability, delay in motor and language development, speech impairment, mild dysmorphic facial appearance, cardiac and urogenital system anomalies.

**Case:** The 16-year-old patient was lived in a family with both parents and five siblings. Developmental milestones were reached on time. Her sister referred to us for the symptoms of her self-talk, persecution to her mother and uncle and also constantly cursing. In her mental examination, we detected that her cooperation and orientation was normal, looking hostile, her affect was angry, mood dysphoric, poor intellectual content, has persecution delusions against her mother and uncle, jealousic delusions against her mother, had visual and auditory hallucinations, abstraction was insufficient, insight was not available. Her sister said that these complaints are about 1 year and last 2 months increased. The patient was diagnosed with schizophrenia and mental retardation.The initial PANSS Score was 123. She had not any history of abuse or suicide attempt. Organic tests and genetic studies were examined. Genetic

test were studied because of she had long length. She was with Triple X syndrome as a result of genetic tests and risperidone treatment was prescribed and gradually increased. Risperidone dose was enhanced to 5 mg/day but stopped due to responselessness and then aripiprazole was prescribed. The patient after using adequate time (8 weeks) and dosage (30 mg/day) there was not a change in PANS points. Then, olanzapine was prescribed and now the patient is using olanzapine 20 mg/day and there is partial response on psychotic symptoms.

**Discussion:** It is remarkable that genetic syndromes may be associated with resistance to treatment. In treatment resistant cases, especially in comorbid situations, genetic analysis should be absolutely examined.

### **PP62/ Is Autism A Misdiagnosis In Children With Moebius Sequence: A Case Report**

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**Introduction:** Moebius sequence (MS), -AKA Möbius syndrome- is a non-progressive congenital condition, in which patients have congenital palsies of the sixth and seventh cranial nerves (CN). Estimated prevalence of Moebius sequence is 0.0002–0.002% of live births. Owing to the signs such as; mask-like face, strabismus, drooling saliva and speech difficulties, children with MS are at risk to be misdiagnosed as having Autism Spectrum Disorders (ASD). It is questionable, whether there is a strong association of the sequence with ASDs as suggested in some earlier case reports and studies. In the current case presentation, we report the first case of coexistence of ASD and Moebius sequence in a five-year old girl in Turkish literature.

**Case:** Herein, a case of Moebius sequence with ASD and possible intellectual disability is presented. A 5-year old girl, known to the departments of pediatric neurology and genetics at Bezmialem Vakif University with a diagnosis of Moebius sequence was referred for assessment of psychomotor retardation and speech problems. In her previous neurological examination; bilateral CN 6 palsy and unilateral mild CN 7 paralysis as well as hypotonia, pes echinovarus, hip displasia, bilateral esotropia, strabismus and coarse voice had been reported. In our examination; eye contact was inconsistent due to strabismus, but speech delay and echolalia, stereotypical behaviors, abnormal social interactions, lack of joint attention and delayed psychomotor development were evident. Her total score in Childhood Autism Rating Scale (CARS) was 35.5 showing moderate ASD. Although the child seemed to have an intellectual disability, a formal psychometric test could not be performed as the family came from a distant city and had no time for the test to be performed.

**Discussion:** Recent studies have questioned association between ASD and Moebius sequence, however existing findings are conflicting and inconsistent. ASD has been suspected to be a misdiagnosis in children with Moebius Sequence in the existing literature, which is mainly based on case reports or series, more robust and larger studies are, therefore needed for clarification.

### **PP63/ Comparison of Quality of Life and Family Functioning Between the Attention Deficit and Hyperactivity Disorder and Healthy Controls**

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**Objectives:** Children with attention deficit and hyperactivity disorder (ADHD) have been shown to affect the quality of life and family functioning. In this study it is aimed to evaluate quality of life and family functioning between ADHD and healthy controls.

**Methods:** The study group consisted of 61 children (8-12 years old) with ADHD; the control group (87 children) comprised patients of other clinics at hospital. The Kiddie Schedule for Affective Disorders and Schizophrenia for School Aged Children-Present and Lifetime Version (K-SADS-PL) and DuPaul ADHD Rating Scale were used. Children's quality of life were assessed with the Pediatric Quality of Life Inventory (PedsQL). Family functioning was assessed with the Parenteral Attitude Research Instrument (PARI), Family Assessment Device (FAD) that filled out by parents.

**Results:** The average age of the children in the ADHD was  $9.66 \pm 0.20$  years, and the average age of the children in the healthy controls  $10.12 \pm 0.16$  years. When we compared ADHD and control groups; there was a statistically significant increase in both child and parental emotional, social and school quality of life subscales in the ADHD group (respectively  $p < 0.001$ ,  $p < 0.001$ ,  $p < 0.001$ ), but physical quality of life subscale did not ( $p: 0,575$ ). There was a statistically significant increase over parenting attitude, hostility and rejecting attitude, authoritarian attitude, marital conflict subscale scores (respectively  $p < 0.001$ ,  $p: 0.016$ ,  $p: 0.002$ ,  $p: 0.010$ ) and statistically significant decrease in democratic attitude subscale score of PARI in the ADHD group ( $p < 0.001$ ). All subscores of the FAD were over 2 in the ADHD group. There was a statistically significant increase in problem solving, communication, roles in family, affective sensitivity, affective attachment, behavior controlling, and general functioning subscale scores in FAD in the ADHD group (respectively  $p: 0,024$ ,  $p < 0.001$ ,  $p < 0.001$ ,  $p < 0.001$ ,  $p < 0.001$ ,  $p < 0.001$ ,  $p < 0.001$ ,  $p < 0.001$ ,  $p < 0.001$ ,  $p < 0.001$ ).

**Conclusion:** In our study, problems in the children's quality of life, family functioning and parental attitude in ADHD are more than compared with healthy controls likewise literature. When planning the treatment of ADHD, family-based interventions should be considered. However, further studies with larger sample size may allow us to have more knowledge in this area.

### **PP64/ Effectiveness of Low Dose Aripiprazole in the Treatment of an Adolescent Patient with Trichotillomania**

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**Introduction:** Trichotillomania(TTM) is an impulse control disorder characterized by the repetitive tearing of hair and eyebrows. TTM is a disorder that affects 3.4% of women and 1.5% of men and usually starts in adolescence(1). Despite the presence of various methods in the treatment of TTM, psychopharmacological treatments are one of the most commonly used methods, but treatment interventions, especially with serotonergic agents, do not always produce good outcomes(2-4). It has been shown in several studies that antipsychotic agents such as olanzapine, quetiapine, aripiprazole(ARP), risperidone and pimozide may be useful as monotherapy or in combination with serotonergic agents in the treatment of trichotillomania(5-9). As far as we know there is limited number of data in the literature that using low dose ARP as monotherapy in the treatment of trichotillomania in adolescent patients.

**Case:** The case presented here was a 15 year-old girl consulted our clinic with complaints of plucking her hair and eyebrows in repetitive manner. She had been having this problem for about 4 years. In particular, she was plucking the frontal and occipital regions of his head. She describes a slight itch in these areas before plucking her hair. According to her mother, she was plucking her hair alone in her own bedroom on her bed. After she plucked her hair, she store them in a bag. The patient was diagnosed as trichotillomania according to the DSM 5 (American Psychiatric Association 2013). Clinical Global Index(CGI) score for trichotillomania was 7 at the beginning of treatment. Aripiprazole 2,5 mg/day was started and two weeks later trichotillomania symptoms improved slightly and CGI score was 5 at that visit. Aripiprazole dose was increased to 5 mg/day and one month after the first admission, the patient's trichotillomania symptoms disappeared and has never recurred over 4 months of follow-up.

**Discussion:** Some of studies in adults reported that ARP reduces TTM symptoms(10-11). TTM and obsessive-compulsive disorder symptoms of a 20-year-old male patient is reported to benefit from ARP treatment even in low doses (1,5-3 mg/d)(12). Likewise, a 14-year-old girl with TTM is reported to benefit from ARP in 1,5 mg/d dose (13). Similar to our case, these reports indicate that TTM symptoms may improve after administration of low dose ARP. In addition to these case reports, an open-label trial has reported that ARP may be effective in the treatment of TTM(9). Arguing the neurobiological mechanism, ARP may be effective in the treatment of TTM by stabilizing dopamine in the prefrontal cortex accordingly improving motor inhibition deficits(14). Therefore, low dose ARP may be superior to high doses ARP in treating TTM symptoms. Further studies will improve our knowledge on this topic.

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### **PP65/ Is It A Gelastic Seizure Or Symptom Of Psychosis Prodrom? A Case Report**

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**Introduction:** Gelastic seizures are a rare, short-term, non-provoking, uncontrollable laughing episode. Pathological laughing and crying may be the result of diffuse or focal impairment in the brain. Ictal laughs usually have no emotions and are artificial. Some seizures emerge with a natural appearance accompanied by sensation, while others have no motivation for seizures. In psychotic disorders, the prodromal period is the period between the period when the person first appears in behavior and experiences and the first open psychotic disorder. It may be characterized by frequent silly negative, affective and neurotic findings in the early period and more positive findings in the late period. In this article, the diagnosis and treatment difficulties of a 16-year-old girl brought to our polyclinic because of improper laughing were discussed.

**Case:** Our patient was brought to the polyclinic because of the improper laughs by the aunt. The first complaints began 1 year ago. There was no reduction in laughs after the treatment period and appropriate dose of risperidone. EEG was requested for the possibility of gelastic

seizure. Pathology was not detected in EEG, sleeping EEG and MRI were performed. Sodium valproate treatment has started step by step for laughs affecting function. There was a partial reduction in complaints of laughing at the time of check-up, but the patient was still at a level to disturb the social environment. In this process, the patient had no other complaints. Psychotic symptoms began in the patient for the first time 10 months after the first admission. With increasing dose of risperidone, galactorrhea and amenorrhea side effects occurred in the patient. Haloperidol was used as an antipsychotic. After this treatment, PANSS scores were dropped.

**Discussion:** The limbic system is a field where psychiatry and neurology intersect. Ictal laughing is not a very common finding in patients with temporal lobe epilepsy. The condition we have encountered is called as “gelastic epilepsy”. Childhood schizophrenia is a chronic, progressive and devastating mental illness. It is very important to distinguish these symptoms from true psychotic symptoms in childhood and adolescence, since they can be seen in many developmental stages in children, in relation to a medical illness, in substance use, in congenital diseases, and in temporal lobe epilepsy. Complaints with only laughter without any other symptom in our case suggested seizure first, but this diagnosis was excluded with EEG and MRI results. In the patient whose response to long-term drug therapy was limited, the diagnosis of “Early-onset schizophrenia” was confirmed with the emergence of other positive symptoms. Early diagnosis of disease symptoms and clinical intervention are very important because the period without treatment and without diagnosis is related to worse prognosis

### PP66/ Very Early-Onset Schizophrenia: A Case Report

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**Introduction:** Schizophrenia is a disorder that affects 1% of the population and leads to chronic and severe disability. It is also one of the top 10 diseases that cause disability worldwide. The disorder causes cognitive, behavioral, emotional deterioration and difficulties among the social and occupational functions. When the schizophrenia symptoms starts before the age of 18, it is called as early-onset schizophrenia and if the symptoms starts before the age of 13, then it is called as childhood-onset or very early-onset schizophrenia.

**Case:** In this paper; we are presenting a case of very early-onset schizophrenic patient who spends most of the her time with computer games since the age of 5 and she meets the diagnostic criteria for internet addiction. The negative psychotic symptoms such as social withdrawal and loss of interest, with a rapid deterioration in social relations and school achievement emerged for the first time at the age of 12. Overtime, she developed delusions, hallucinations, disorganized behaviors and the weakness of her thinking became more apparent.

**Discussion:** The patient’s clinical features, diagnosis and differential diagnosis are discussed based on the literature.

### **PP67/ Treatment Resistant Bipolar Disorder; A Case Report**

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**Introduction:** Bipolar disorder is prevalent, with high risks of disability, substance abuse and premature mortality. Treatment responses typically are incomplete, especially for depressive components, so that many cases can be considered “treatment resistant.” Numerous studies suggest clozapine to be effective in treatment-resistant manic and mixed episodes. For this indication, clozapine has been introduced into major treatment guidelines of bipolar disorder Objective: To evaluate the efficacy and safety of clozapine for a patient who has a treatment-resistant bipolar disorder

**Case:** A 17 years old girl with mild mental retardation was diagnosed with bipolar disorder mixed episode with psychotic features, firstly four years ago, and this was followed by manic episodes, often occurring in springtime. Also she attempted suicide two times impulsively by high jumping during the mixt epizods.. Therefore, she had several orthopedic operations. After the first episode, valproic acid 500 mg/day, olanzapine 20 mg/day, quetiapine 100 mg/day treatments were started, but since there were no benefit, from those medications, until she was admitted to our inpatient service. Following the diagnosis of a bipolar disorder mixt episode with psychotic features, lamotrigine 100 mg and risperidone 4 mg were added to the treatment, but there was no symptom relief. The treatment was changed as lithium 1200 mg/day, valproic acid 750 mg/day and olanzapine 30 mg/day. Because a was not considered to benefit from medical treatment any more, current treatment except valproic acid was supplemented with ECT, and 9 sessions of it were performed in which seizures ranging from 20 to 30 seconds occurred. Because a did not benefit from ECT treatment of the psychotic findings, the patient was followed up with clozapine initiation. A, was followed up with the threatment of clozapine 750 mg/day and eventually minimal treatment response was available. A case is followed up by increasing the dose of clozapine and partial benefit of clozapine is available

**Conclusion:** This case report underlines the efficacy of Clozapine as add-on medication in treatment resistant bipolar disorder. It shows that Clozapine can be effective at relatively low doses even in patients with psychotic bipolar disorder and for a significant period of time. However, patients should be closely monitored for adverse effects, particularly weight gain which was frequent in our sample.

### **PP68/ Accommodation difficulty and dermatological problem as a side effect in sertraline treatment in an anxious adolescent**

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**Introduction:** Sertraline is frequently used in child and adolescent age groups in the treatment of depression, anxiety disorders and obsessive compulsive disorder. In this case presentation, our goal is to describe the side effects that result from the use of sertraline in a patient with anxiety disorder, such as erythema on the surface of her neck and rash on her face, and accommodation difficulty.

**Case:** A 15-year-old girl was referred to our clinic with the complaint of being unable to sleep alone in the room, to sleep together with her mother, to faint after a stressful event besides nervousness. The patient had epilepsy and cerebral palsy diagnoses. Her psychiatric history included dissociative experiences and anxiety disorders. The patient was using Valproic Acid 2x500mg/day for epilepsy treatment and ketiapin 2x200mg/day for the psychiatric treatment. Anxiety disorder was diagnosed at referral and sertraline was started 1x25 mg/day. After one week, the dosage was increased to 1x50 mg/day. After four days, she was admitted to the emergency department with the complaint of blurred vision and the complaints of erythema on the neck and rash on the face. The dermatologic complaints were considered as side effect of sertraline. A few days later, the erythema and rash subsided. Eye examination revealed out no pathology. Complaints of visual difficulties after 2 weeks of cessation of sertraline were completely over.

**Discussion:** Drug-induced dermatological side effects are usually caused by type 1 hypersensitivity reaction. The fact that the sister of our patient has psoriasis suggests that sertraline increases the risk of this rare side effect. The possibility of drug interactions and increase in the risk of adverse effects should be considered. Again, it is thought that the development of accommodation defect in our case depends on anticholinergic effects, although anticholinergic side effects of sertraline in clinical practice are very rare. Clinicians need to keep in mind that dermatological and anticholinergic side effects may occur when using sertraline in the treatment of depression in adolescents. Besides the dermatological examination, further rheumatologic evaluation could be considered in drug sensitive cases when using sertraline.

#### **PP69/ A Bizarre Suicide Attempt Of A Patient With Asperger Syndrome And Psychotic Disorder Comorbidity : A Case Report**

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**Introduction:** Asperger Syndrome (AS) is a subtype of Pervasive Developmental Disorder. This syndrome is characterized by disturbances in social relations, mild communication impairment, and isolated specific interests. Unlike autism, AS is thought to be predisposed to schizophrenia and other psychiatric disorders with psychotic symptoms. It is also stated that the low self-esteem and loneliness caused by social insufficiencies in AS patients may lead to suicide as well as the incidence of inadequacy in expressing emotions and the lack of social support as depressive disorder. It is reported in the literature that suicide ideas and intrusions are frequent in individuals with Asperger's disorder. We presented a pediatric case with Asperger syndrome and atypical psychotic disorder, that had been a bizarre attempt of suicide.

**Case:** 16 years old, 11th grade of distance education, female patient living with family ; active suicidal ideations, telling him to kill his brother, refusing to wear orthopedic corsetry, asking how old to person was and how old she was, she referred with her parents to our out-patient clinic of children and adolescents psychiatry and was admitted to our clinic. The follow-up and treatment arrangements were made in different child and adolescent psychiatry clinics of the patient who were diagnosed with Asperger syndrome and psychotic disorder before. The patient did not use alcohol or psychoactive substances. According to his parents report; she did not use alcohol or psychoactive substance. When family history of psychiatric disorders was

assessed , it was learned that the father took medication as a diagnosis of psychotic disorder. There was no forensic story. In the laboratory tests revealed no pathological findings. The patient's symptoms and clinical course, medical history, laboratory results were in agreement with the accepted criteria for the diagnosis of Asperger's syndrome and atypical psychotic disorder and the patient was diagnosed with Asperger syndrome and atypical psychotic disorder.

**Discussion:** This case report shows that psychiatric comorbidities can be seen in patients with Asperger syndrome; Suicide ideations and attempts are frequent in Asperger syndrome cases. Clinicians should be careful to assessment in detail in terms of comorbid diagnoses and risks of suicide. It is also noted that patients with Asperger syndrome should not forget that the cause of suicide may be bizarre.

### **PP70/ Adjunctive Aripiprazole For Treatment Of Antipsychotic Induced Hyperprolactinemia In Adolescents; A Series Of Illustrative Case Reports**

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**Objectives:** Atypical antipsychotic agents are frequently used in pharmacological treatment of Schizophrenia and Bipolar disorders. Although hyperprolactinemia is a common side effect of many antipsychotic drugs, it has received little attention in comparison to extrapyramidal side effects, especially in younger population. Antipsychotic-induced hyperprolactinemia can cause menstrual irregularities, amenorrhea, galactorrhea, gynecomastia, sexual dysfunction and osteoporosis [1] which in turn can have a negative impact on patient compliance with treatment. Although antipsychotic dose, duration of treatment, antipsychotic potency, age, and sex contribute to the severity of hyperprolactinemia , the strongest predictor of hyperprolactinemia in patients with schizophrenia is the type of antipsychotic and higher antipsychotic doses. In contrast, the atypical antipsychotics generally are much less likely to increase prolactin levels than conventional antipsychotics, yet there is considerable variation among specific drugs. Among the atypical antipsychotics, risperidone, paliperidone and amisulpride are associated with the highest prolactin increases and rates of hyperprolactinemia. Risperidone and its major active metabolite of risperidone, 9-hydroxyrisperidone (paliperidone), have been shown to produce significantly higher prolactin levels compared to some conventional antipsychotics, such as haloperidol. Olanzapine causes transient elevations in prolactin levels and is less commonly associated with hyperprolactinemia, while clozapine and quetiapine have very weak affinity for the D2 receptors and rarely elevate prolactin levels. Recently, several studies have shown the reversal or attenuation of antipsychotic-induced hyperprolactinemia with the addition of aripiprazole to some antipsychotics, such as risperidone [2] , risperidone long-acting injection [3], paliperidone [4] and amisulpride plus ziprasidone [5]. Aripiprazole is reported to be associated with the lowest rates around 5% or less. Moreover this agent is reported to lower PRL levels induced by first and second generation antipsychotic use in adults. Among the newest of the atypical antipsychotics, iloperidone and asenapine did not significantly increase prolactin levels compared with placebo. Of particular interest is aripiprazole, which is a potent (high-affinity) partial agonist at D2 receptors, partial agonist at serotonin 5-HT1A receptors, and antagonist at 5-HT2A receptors. It acts as an antagonist at D2 receptor in the state of excessive dopaminergic neurotransmission, while it

acts as an agonist at D2 receptor in the state of low dopaminergic neurotransmission, and thus can balance dopaminergic neurotransmission. In this study we aimed to present and discuss six adolescents who had received aripiprazole treatment aiming to reduce PRL levels induced by various second generation antipsychotics.

**Methods:** Six patients were aged between 14 and 17 years. Five of them were diagnosed as early onset schizophrenia and the remaining one was diagnosed as bipolar 1 disorder. Risperidone, amisulpride, olanzapine and in some cases combinations of these agents were responsible for hyperprolactinemia as displayed by basal and fortnightly measurements of serum prolactin levels. Aripiprazole were added to current antipsychotics and serum PRL levels obtained every two weeks were recorded.

**Results:** Aripiprazole was used between 2.5-15 mg's initially and reached up to 10-30 mg per day within 3 weeks. In all six cases serum PRL levels decreased by 9,1-88,76 percent.

**Conclusion:** Aripiprazole seem to be promising in the treatment of antipsychotic induced hyperprolactinemia in adolescents. Randomized controlled studies necessiate.

### **PP71/ The Effect Of Clonidine On Adhd And Tourette Syndrome Symptoms In A Patient With Multiple Psychiatric Disorders**

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**Introduction:** It is known that ADHD, one of the most frequent causes of child and adolescent psychiatry, is associated with many psychiatric disorders. The medication plays the most basic role in the treatment because of the disorder's biologic origin. In the treatment, the first and most commonly used group of drugs are stimulants and atomoxetine. Other medication options used in the treatment of ADHD include alpha agonists. Alpha agonists are particularly recommended in the treatment of tic disorders associated with ADHD.

**Case and Discussion:** In this case report, treatment of an adolescent patient with ADHD and Tourette's disorder was discussed. It was aimed to treat clonidine therapy as an option to treat concomitant tic disorder in patients with ADHD who did not have a significant effect of first-line drug treatment or who could not be used due to side effects.

### **PP72/Autism Spectrum Disorder and HERC1 Gene Mutation**

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**Introduction:** Autism spectrum disorder (ASD) is a neurodevelopmental disorder characterized by impaired social interaction and communication, repetitive, restricted behavior and interests. In the epidemiological studies conducted it has been concluded that autism has

a multifactorial etiology. Various genetic disorders have been identified in 10-37% of OSB patients. Genetic studies done to understand autism are based on elucidating biological mechanisms that play a role in the etiology by defining risky variants in specific genes. With these genetic studies more than 1000 genetic loci have been introduced to play a role in this disorder. HERC1 is an enzyme that is encoded by the HERC1 gene in humans. The protein encoded by this gene stimulates guanine nucleotide exchange on ARF1 and Rab proteins. This protein is thought to be involved in membrane transport processes.

**Case:** A 9 years and 4 months old boy was brought to our clinic for the first time at 7 years of age with complaints of aggression, self and environmental destruction and hyperactivity. During the psychiatric interview it has been learned that while he was 6 months old he had been told to have weakness in body muscles and at the age of 2, he had been diagnosed with autism and mental-motor retardation in another center with symptoms of difficulty in walking, delayed speech, difficulty in establishing social relationship, repetitive behavior and restricted interests. Cranial MRI, electroencephalography, Brainstem Auditory Evoked Response test, urine organic acid, blood and urine amino acid, carnitine and acyl carnitine analysis were normal. The whole-exome sequencing (WES) revealed homozygous missense mutation in HERC1 gene. In the psychiatric evaluation, it is learned that communication and interaction are limited and had limited relationship with his peers. Ankara Developmental Screening Inventory (AGTE) was applied for developmental evaluation to the case who had difficulty in constructing a sentence and had a limited vocabulary and it was determined that he had a moderate mental retardation. Antecedent Behavior Consequences (ABC) form was used and he received a total of 57 points from this form and 34 points from the Childhood Autism Rating Scale (CARS). Autism Evaluation Form which is designed to screen 'Autistic Disorder' symptoms according to DSM-IV criteria was applied and he was diagnosed with 'Autistic Disorder' according to DSM-IV criteria.

**Discussion:** Genetic factors have been shown to play an important role in the etiology of ASD. Routine genetic analysis is recommended in clinical practice. In studies, it has been shown that the homozygous missense mutation in HERC1 gene is associated with non-syndromic mental deficiency, Autism Spectrum Disorder and motor disorders. Here we present the case who we follow for ASD and Intermediate Mental Retardation where whole-exome sequencing (WES) genetic analysis revealed homozygous missense mutation in HERC1 gene.

### **PP73/ Hypersexuality And Nicotin Addiction Beginning In The Preadolescent Period: A Case Report**

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**Introduction:** Hypersexuality is used to describe extreme sexual desire and activities at a level that can disturb one's daily life. Sexual and physical abuse, life stresses and inadequacy and problems in family relationships; among psychopathologies, PTSD, dissociative disorder, alcohol and substance dependence, ADHD and bipolar disorder are the most related conditions. In addition, it is important to make detailed assessments of drugs, head trauma, and other medical conditions.



**Case and Discussion:** In this case report, it is aimed to discuss the possible psychopathology and follow-up process of a 10-year-old female patient with masturbation behavior of 2 years old in the light of literature information.

### **PP74/Aripiprazole Induced Angioedema: A Case Report**

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**Introduction:** The use of aripiprazole has been approved by the FDA in monotherapy or combination therapy in patients with bipolar disorder between the ages of 10 and 17 years, with schizophrenia between the ages of 13 and 17 years and with autistic disorder accompanied by irritability between the ages of 6 and 17 years. The most frequent side effects include headache, anxiety, insomnia, nausea, vomiting and dizziness. In addition, side effects associated with the use of aripiprazole include anaphylactic reaction, angioedema, laryngospasm, urticaria and oropharyngeal spasm, albeit rare. Angioedema is defined as a sudden swelling in deep dermal, subcutaneous and/or mucosal tissues, whereas urticaria generally represents a more acute, superficial dermal swelling due to plasma leakage and vasodilatation. Drug-induced angioedema is most often associated with a wide range of drugs and vaccines including non-steroidal anti-inflammatory drugs (NSAIDs), angiotensin converting enzyme inhibitors, bupropion, angiotensin II receptor blockers, antibiotics, radio-contrast agents, proton pump inhibitors, statins, fibrinolytic agents, estrogens, diuretics, calcium channel blockers, beta blockers, and anti-depressants (serotonin reuptake inhibitors). In this case report, we discussed a case of angioedema associated with aripiprazole use.

**Case:** U.Y. is a 17 year old male patient who was followed up in our outpatient clinic due to attention deficit hyperactivity disorder, Asperger syndrome and borderline intelligence and given a treatment with methylphenidate (54 mg/day) and risperidone (2 mg/day). The patient has had intense academic anxiety for the future, homicidal behaviors, and persecutory delusions against his family based on discourses such as "you are laying a snare for me", "you want to poison me with medications", "you will hurt me", and "you are making treacherous plans about me". The combined therapy with methylphenidate and risperidone was discontinued due to the increase in prolactin levels, and aripiprazole treatment at a dose of 2.5 mg/day was initiated. A swelling was developed in the tongue and lips of the patient two days after the initiation of aripiprazole, which was interpreted as angioedema in the emergency department and regressed within a few days after medical treatment. Therefore, aripiprazole treatment was discontinued and another atypical antipsychotic treatment was planned with the recommendation to continue the outpatient clinic follow-ups.

**Discussion:** Angioedema may occur due to various causes and factors such as drugs, infections and genetic factors, and may be mediated through different mechanisms. It is known that in the case of drug-induced allergic reactions; the drug is not primary antigen, the drug should be metabolized, and it is seen approximately 24-48 hours after antigen penetration in the cellular allergic reaction. In the literature, there are of angioedema developed after the use of antipsychotics such as risperidone, droperidol, ziprasidone and chlorpromazine, whereas there was no case of angioedema associated with aripiprazole use. Although the mechanism underlying angioedema in our patient is not clearly known, it was considered to be a drug-induced allergic reaction due to the emergence shortly after using aripiprazole, immediate

regression with treatment and lack of family history of angioedema. This case showed that aripiprazole monotherapy may have allergic side effects as well as neurological, metabolic, endocrinologic and cardiac side effects. It is advisable to take into account when prescribing a medication that these allergic reactions may have a broad spectrum from simple urticaria to life-threatening anaphylactic reactions.

### **PP75/ Acute Stress Disorder After Dental Shooting: A Case Report**

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**Introduction:** Acute Stress Disorder is a clinical tablage that develops after one or more traumatic events, lasts from three days to one month and is characterized by characteristic symptoms. In the DSM-5 diagnostic system, the incidence of acute stress disorder in the general population is reported to be as high as 20% to 50% (APA 2013). There are limited studies in children investigating Acute Stress Disorder that can be seen after traumatic experiences and these studies have many limitations. (2) One of the most important reasons for this is that children do not apply for mental health evaluation or do not make appropriate assessments after a traumatic experience.(2)Peritramatic dissociative reactions such as emotional numbness, altered sensation of time, decreased awareness of the person's environment, depression and amnesia are very common. (3) In this article, we will discuss the differential diagnosis of acute stress disorder in a girl patient who is diagnosed as acute stress disorder after tooth extraction at the age of 4.5 years.

**Case:** The 4.5-year-old patient applied to our polyclinic with the complaint of not eating or speaking during the last 3 days. In our anamnesis taken from his family ; It was learned that complaints in started 3 days after the tooth extraction with local anesthesia, 3-4 people hold tightly to fix the patient during the shooting and open their mouth forcibly, the patient did not talk and not eating immediately after tooth extraction , the patient was restless from sleep and wakes up frequently, the patient showed signs of the requests and did not have any food, so the emergency service was intervened intravenous. It was learned that the patient was born in the hospital with normal spontaneous vaginal path , speech, walking and development stages were in time and there was no physical disease. On the patient's psychiatric examination ;she's affective depressive ,did not responding to our questions and it seemed he did not want to talk about his hand sign and his mimics.The patient was recommended to hospitalize with acute stress disorder with these complaints. Patient did not accept hospitalization, risperidone 0.125 ml/day was started and outpatient clinic was recommended. After a single dose of therapy, the patient began to talk when he woke up in the morning, but did not eat, during this time intravenous treatment was continued in the emergency servis. The patient who started to eat spontaneously after 2 days, continued treatment for about 1 week, and after the complaints were totally decompressed, the treatment was interrupted.

**Discussion:** This case is 4,5 year old girl who complains of not talking and not eating after tooth

extraction, developing acute stress disorder,get risperidone treatment and dramatic improvement on treatment.Treatment approaches for childhood acute stress disorder are still in the process of being developed and a large-scale treatment trial has not been found in the literature (4)Data on drug treatments are very limited and are based on adult treatment studies.

Two studies using imipramine and fluoxetine have shown that both drugs are effective. (5) A series of cases have been published reporting prevalence of risperidone in preschool children who develop acute stress disorder due to burns, and rehabilitation on arousal, and avoidance behaviors (6). Our case is very important for the detection of acute stress disorder findings after tooth extraction in very young age and for the recovery of this phenomenon dramatically after the treatment of risperidone. As in the study by Meighen et al., the reduction of symptoms in our case was rapid and occurred within the first 1-2 days after the start of risperidone. As in the adult literature, risperidone is believed to be the best drug choice for acute stress disorder treatment. (6) Risperidone provides reliably, promptly, and widely relieved symptoms of acute stress disorder.

### **PP76/ Unilateral Gynecomastia Following Low Dose Aripiprazole Use In A Child With Atypical Autism**

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**Introduction:** Gynecomastia is the abnormal growth of breast in males. Gynecomastia may be idiopathic, drug induced, or physiologic. Antipsychotic agents elevate prolactin levels by D2 receptor blockade and high prolactin levels lead to hypogonadism by reducing the release of LH and FSH from the pituitary gland and gynecomastia occurs as a result. In this paper, a 10-year-old boy with atypical autism who developed unilateral gynecomastia following the administration of aripiprazole, is reported.

**Case:** A 10-year-old boy, with the diagnoses of atypical autism and attention deficit hyperactivity disorder had been using methylphenidate 20 mg/day for 1 year. Due to aggressive behavior and school adjustment problems aripiprazole at a dose of 2 mg/day was added to his treatment. During the follow up visit, on the third week, there was a complaint of breast enlargement on the left side. Both by inspection and palpation, the left breast was found to be unilaterally enlarged. Aripiprazole treatment was not completely discontinued due to the decrease of harmful behavior and school adjustment problems, the dose was reduced to 1 mg/day. After 4 weeks of dose reduction, the physical examination revealed that the two mammary glands were of equal size and left breast returned to the initial size. The patient is still on combination treatment with methylphenidate 20mg/day and aripiprazole 1 mg/day without any additional complaints.

**Discussion:** Prepubertal gynecomastia is a rare condition. Drugs are responsible for 10-25% of the cases with gynecomastia. The safety and tolerability profile of aripiprazole is favorable and the rate of marked side effects, such as extrapyramidal adverse effects, weight gain, cardiovascular abnormalities, hyperprolactinemia, and hypercholesterolemia, is very low. Recent studies have shown that aripiprazole, a partial dopamine agonist, decreases the level of prolactin and the prolactin-related adverse effects, when used as an adjunctive treatment with oral antipsychotics. In our case, on the contrary, unilateral gynecomastia developed with a relatively low dose of aripiprazole and resolved in a dose –dependent manner.

### **PP77/ A Case Report With Autism And Mabry Syndrome**

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**Introduction:** Autism spectrum disorder (ASD) is a common neurodevelopmental disorders involving deficits in social interaction and social communication, a the presence of restricted interests and repetitive and stereotypic patterns of behavior. The estimated prevalence of ASD based on the 2014 National Health Interview Survey was 2.24%. Although etiology is not fully known, it is suggested that prenatal and postnatal factors, neurobiological factors and genetic predisposition may be effective in the development of the disease. The occurrence of genetic disorders with autism reveals the importance of genetic factors in etiology. Mabry syndrome is an autosomal recessive disease characterized by hypotonia, increased serum levels of alkaline phosphatase (ALP) ,developmental delay, mental retardation. This article discusses a case of autism diagnosed at the age of five years and eleven months with mabry syndrome in the context of the literature

**Case:** 5 years 11-month-old girl, our name is called short-term outpatient clinic look, failure to communicate with their peers and command were brought with the complaints.

A resume; mother's fourth pregnancy C/S weighs 3400 gr, with 34 weeks old born. 39-year-old housewife, mother fenotypical features suggested; 41-year-old father was a lawyer. Mother and father divorced 3 years ago and mother had taken with depression treatment. Case of neuromotor development back from age started to make sentences at the age of 4.5. Electroencephalography (EEG) revealed pathology in the frontal region. No pathological findings were found in Cranial MR imaging. special education continued for 3 years with the diagnosis of autism.

Psychiatric examination had limited eye contact, there were stereotypes of the case partially fitting the commands. Pigo gene mutation was detected in the genetic analyzes made, Serum ALP levels were higher in blood tests. In the Denver II Developmental Test, language development and personal social development were found to be at the age of 3 years and 5 months. The patient was diagnosed with mabry syndrome as a result of current clinical picture and genetic analysis, the follow-up of the case is continuing.

**Discussion:** Autism spectrum disorder is a disorder in which social communication restriction, repetitive and stereotypic behaviors and cognition are categorized in the class of neurodevelopmental disorders in DSM-5. Various studies in the literature have shown that genetic factors play an important role in autism spectrum disorder. Many genetic diseases such as Fragile X syndrome, Down syndrome, Angelman syndrome, Neurofibromatosis type 1 can be seen together with autism spectrum disorder. We have diagnosed mabry syndrome as a result of delayed speech, hypotonia, developmental delay, eeg pathology, and detection of pig gene mutation in genetic analysis. A limited number of cases of mabry syndrome have been reported in the literature and there is no case report related to the coexistence of mabry syndrome and autism. The association of autism with genetic diseases is gaining importance when considering the role of genetic factors in autism and genetic evaluation of autistic events

### **PP78/ Atypical Anorexia Nervosa and OCD After Social Stressor Factors**

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**Introduction:** Anorexia Nervosa is a disorder that occurs frequently in middle and late adolescence, with biological, psychological, familial and sociocultural risk factors playing a role in the aetiology, and deliberately overcoming weaknesses due to fear of weight gain. The onset of this disorder is often associated with a stressful life event. Obsessive-compulsive features are often present both as food-related and non-food related. In this presentation, eating disorder and OCD table triggered by social stressor factor in 9-year-old boy will be discussed.

**Case:** A 9-year-old boy was admitted to our outpatient clinic with fear of gaining weight, eating too little, frequent weighing, frequent defecation, losing 20 kilos, not consuming sugary foods, dirt and contamination obsessions, irritability and closure complaints. His symptoms started six months ago after his close relatives said to him he was fat and if he did defecation frequently he would lose weight. He drunk very little water last week. Complete blood count, serum electrolytes, liver function tests, and thyroid functions were normal. Urea was slightly elevated and creatinine was within normal limits. There was no pathology in the ECG. The patient is currently being treated with fluoxetine and risperidone treatment in our clinic, and his complaints have declined.

**Discussion:** Culturally praising of the thin body structure, the strong prejudices against obesity prepares the AN by affecting individuals with eating disorders. It has been reported that the starting age of AN has dropped to earlier ages in recent years. Comorbid OCD is seen in AN. Additional OCD can be diagnosed when AN individuals show obsessions and compulsions that are not associated with food, body shape, or weight. Identify early childhood risk factors when anorexia symptoms are less common is important for early diagnosis and treatment.

### **PP79/ Sertraline-Induced Psychogenic Polydipsia**

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**Introduction:** Psychogenic polydipsia is a table identified by drinking too much water without physiological stimuli. In this case, psychogenic polydipsia that occurs after sertraline treatment due to OCD will be discussed.

**Case:** A 12-year-old girl was admitted to our outpatient clinic with unsure, repeating, counting, control everything and irritability complaints. We learned that the obsessions and compulsions of the patient started two years ago and she didn't use any medication before. Sertraline treatment has begun because her impaired functioning. After the sertraline treatment, patient complained of drinking 10-15 liters of water a day and frequent urination. She was examined by pediatrics. No abnormality was found in the examinations except for a slight decrease in urinary density and diabetes insipidus diagnosis was excluded.

**Discussion:** In our case, polydipsia and polyuria complaints have not been reported before sertraline treatment, the symptoms appeared after the sertraline treatment. Organic

etiology was excluded in the tests performed. As a result of these findings these symptoms were associated with sertraline treatment.

### **PP80/ Noonan Syndrom Comorbid To Autism Spectrum Disorder: A Case Report**

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**Introduction:** Noonan syndrome (NS) is known as a multisystem disease with a wide spectrum of heterogeneity regarding the genetic and clinical characteristics (1). NS is a disorder presenting with short stature, webbing of the neck, congenital heart disease and a characteristic facies. Hypertelorism, epicanthus, palpebral slant, micrognathia and ear abnormalities are common (2). Mild intellectual impairment, social cognition difficulties, language impairments including reading and spelling difficulties may also be seen. The prevalence and global frequency of NS at live birth almost all over the world has been reported as one in 1000-2500 individuals. Despite the autosomal dominant traits of the majority of NS cases, autosomal recessive transmission has also been reported in a few cases. Sporadic and familial types of transmission have been reported in NS cases, but most cases follow a sporadic pattern which is suggested to be the consequence of new mutations (1).

**Case and Discussion:** In this case report, it was aimed to draw attention to the fact that children with Noonan syndrome may be accompanied by mental retardation, learning disability and autism. The clinical features of the 15 years old boy with Noonan syndrome who complained about difficulties in making friendship, unable to speak appropriately, being unsuccessful in lesson, having difficulty in completing simple tasks by himself will be discussed with literature knowledge.

### **PP81/ Traumatic Brain Injury as a Rare Cause of Akathisia in Adolescents: A Case Report and Literature Review**

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**Introduction:** Akathisia is a clinical condition with subjective complaints such as inner restlessness, mental unease, unrest or dysphoria. It is usually seen in basal ganglion diseases and as a side effect of drugs with anti-dopaminergic mechanisms. But rarely it may also occur due to traumatic brain injury (TBI). In this case report, a 17 years old patient was discussed, who developed akathisia due to TBI, with no history of psychotropic drug use or neurological disorder.

**Case:** Male adolescent patient is admitted to the child and adolescent psychiatry outpatient clinic with constant complaints of motor restlessness and hitting himself and around. Three weeks ago he had a car accident and hospitalized in neurosurgery intensive care unit for two weeks. Multiple fractures, subarachnoid and epidural hemorrhage, cerebral edema with a midline shift and compression of midbrain structures were observed in the brain CT, after the accident. Risperidone 0,5mg/day treatment started for agitation. Two days later patient showed worsening in symptoms, then risperidone was stopped and propranolol was prescribed

following the change of diagnosis to TBI induced akathisia. When patient was hospitalized for rehabilitation, we were consulted for akathisia symptoms. Lorazepam added gradually to existing treatment (max:7,5 mg/day). There was a significant improvement in akathisia symptoms at the end of a week. Akathisia treatment was stopped at the end of three weeks and the symptoms did not reoccur.

**Discussion:** TBI induced akathisia is a rare condition. Two adult cases of TBI induced akathisia reported with no psychotropic drug use or other known disease history. Akathisia is an important clinical condition that affects the treatment and the rehabilitation negatively, which also can be misdiagnosed as agitation or delirium. Thus it should come to mind in the differential diagnosis and its treatment should not be delayed

### **PP82/ A Case Of Frequent Urination And Enuresis Due To Methylphenidate Treatment**

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**Introduction:** Attention-deficit /hyperactivity disorder (ADHD) is the most prevalent psychiatric disease in children and adolescents, affecting approximately 5% of children worldwide. Methylphenidate is the first-line pharmacological treatment of ADHD. Although methylphenidate has a well-established evidence base for treating ADHD, its long-term benefits are unclear. Being observed some side effects such as headache, insomnia, loss of appetite, together with the use of Methylphenidate, We would like to emphasize in this case that frequent urination and enuresis due to the use of Methylphenidate.

**Case:** 8.5 years old, male patient came to our polyclinic with complaints of distractibility, getting bored quickly, forgetting his things at school. After clinic and psychometric assessments, treatment with short-acting Methylphenidate 10 mg 2\*1/2 was initiated for the patient with the diagnose of inattentive type of ADHD. During his early controls, the dosage of methylphenidate was increased to 10 mg 2\*1 (morning-noon) for the patient whose complaints partially decreased and in whom no side effects are observed. After 2 weeks, during the polyclinic control in which the patient is assessed, it is found out that together with the increase in dosage, the complaints of frequent urination and daytime enuresis have occurred, and the complaints decrease after 17:00, but the other day, following the first dose, they again appear.

**Conclusion:** Stimulant medications such as MPH have been used successfully for decades as firstline treatments for ADHD in children, and the efficacy and safety profiles of these agents are extensively documented in the literature. It was demonstrated that the vast majority of the side effects that could be suffered during the use of Methylphenidate , are of mild nature. In literature, there is also a case in which double incontinence develops following the use of OROS Methylphenidate 36 mg/day for 2 weeks. We would like to emphasize in this case that complaints of frequent urination and enuresis may arise together with the use of short-acting Methylphenidate.

### PP83/ Treatment of Attention Deficit Hyperactivity Disorder with Methylphenidate in boy with Alkaptonuria: A case report

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**Introduction:** Alkaptonuria is a metabolic disorder resulting from deficiency of homogentisate 1,2-dioxygenase enzyme (homogentisic acid oxidase) that converts homogentisic acid, an intermediate in tyrosine metabolism, to maleylacetoacetate. This rare disorder is inherited in autosomal recessive manner with estimated prevalence of 1: 250,000 individuals; however, its prevalence isn't known precisely in Turkey. Dark discoloration of urine, ochronosis at cartilage and connective tissues, arthritis at third or fourth decade of life, cardiac valve deficits, crystalluria and/or renal stone disease, spontaneous tendon rupture, and involvement of liver, small intestine and colon. However, it is unknown that alkaptonuria with multi-systemic organ involvement has clear effect on brain development. Also, no effect of disease was found on life expectancy. Although mental retardation and comorbid psychiatric disorders such as attention deficit hyperactivity disorder (ADHD) or impulse control disorder are observed in some metabolic disorders including Wilson's disease or phenylketonuria, no such association has been found in the literature. Here, we presented a child with alkaptonuria accompanied by comorbid ADHD, oppositional defiant/conduct disorder (ODD/CD), and border mental capacity which was successfully treated by methylphenidate.

**Case:** A 10-year old boy (grade V student) presented to outpatient clinic with hyperactivity, excessive mobility in the classroom, failure to listen his teacher, inattention, failure in writing and reading, defiance, readily getting nervous and harmful behaviors against himself and surroundings. The patient has been followed for alkaptonuria since 3 months of age in another facility. The verbal IQ score was 93 points where as performance IQ score was 107 point with a full scale IQ score of 100 in WISC-R scale. In his history, there was no neurological disorder and the milk was restricted in his diet. It was found that he regularly intakes fish oil and vitamin C. In family history, his mother and 2 siblings are carriers for alkaptonuria. In psychiatric examination, the patient was diagnosed as ADHD, ODD/CD and border mental capacity based on results obtained from parent form, teacher form, Atilla Turgay ADHDs scale. Before medical therapy, hepatic and renal functions, thyroid functions, hematological parameters, folic acid and B12 levels were normal. Cardiologic evaluation was also normal. Thus, methylphenidate (18mg/day) was prescribed to the patient. The patient was also referred to special education. As no improvement was detected during control visits, methylphenidate dose was gradually escalated to 36mg/day. In the second control visit, risperidone (0.5mg/day) was started for ODD/CD and harmful behaviors. Risperidone dose was also titrated up to 1.5mg/day. In the follow-up, it was seen that methylphenidate (36mg/day) and risperidone (1.5mg/day) markedly improved in the complaints, that excessive mobility at school and home was decreased, that the patient could be able to perform homework and listen his teacher; that there was decreased in excessive speaking, time for doing homework, defiance and harmful behavior against himself and surroundings; and that reading was accelerated.

**Discussion:** To best of our knowledge, there is no study assessing association of alkaptonuria with ADHD or indicating alkaptonuria as a risk factor for ADHD. We think that alkaptonuria and ADHD are potentially independent in our patient. In this case, it was seen that methylphenidate given for ADHD resulted in marked improvement in complaints without causing worsening in clinical symptoms of alkaptonuria, and that it was well-tolerated by patient. However, further studies assessing safety of methylphenidate in patients with alkaptonuria are needed.



### **PP84/ Executive Functions in Preschool Children With ADHD**

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**Objectives:** In our study it is aimed to evaluate executive functions of 3 to 6-year-old ADHD cases by comparing these outcomes with control cases.

**Methods:** In our study 47 ADHD and 47 healthy control cases are included. Patient group is made up of cases who refer to Ege University Faculty of Medicine Child and Adolescent Psychiatry 0-6 Age Outpatient Clinic. DSM-IV criteria used for diagnostic assesment of ADHD. Behaviour Rating Inventory of Executive Function-Preschool Version administered by parents of cases.

**Results:** In comparison of ADHD and healthy control group we have found difference in executive functions. There were different results for different age groups. Especially in inhibition, working memory, planning/organization components there was a significant difference between ADHD and healthy control groups ( $p < 0,05$ ).

**Conclusion:** As result of our study it was detected that preschool ADHD cases differ from healthy controls with regard to executive functions.

### **PP85/ Gender Dysphoric Boy With the Story Of Sexual Abuse : A Case Report**

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**Introduction:** The aim is to discuss clinical features, comorbidities, current recommendations on the assessment and management of gender dysphoria in guidelines through a case report

**Case:** 7 years old boy referred to our outpatient clinic with the symptoms of inattention, hyperactivity, behavioral problems, problems in learning, acting girly and playing with dolls. He was put in foster care for 2 months and had been institutionalized for 8 months. He had been living with his mother, grandmother and aunt until the age of 6 and institutionalized by the government because of financial inadequacies. After assessment he was diagnosed with attention deficit and hyperactivity disorder, conduct disorder and gender dysphoria. The clinical presence of sexually inappropriate behaviors raised suspicion on sexual abuse in the story. During the fifth interview the patient told that he was sexually abused several times by his biological mother. After consulting and informing the children protection institution, we were informed that his biological mother was a schizophrenia patient with sexual delusions and inappropriate sexual relationships who had partial remission and was now in nursing home. We followed up the case collaborating with protective services and foster parents for 2 years. There was improvement in his peer relationships, behavioral problems. Although his gender dysphoric symptoms decreased in time, some features of his opposite gender behaviors were persistent.

**Discussion:** The diagnostic process and treatment of gender dysphoric children are complex. Half of these children were diagnosed with other psychiatric disorders. Clinicians should be aware of the risk for co-occurring psychiatric problems and must realize externalizing comorbidities, if present, can make a child with gender dysphoria more vulnerable to social ostracism. Treatment for prepubertal gender dysphoria consists providing information, psychological support, family counseling additional to the treatment of comorbidities.

### **PP86/ Treatment Of Comorbidity Of Autism And Bipolar Affective Disorder With Valproic Acid: Case Report**

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**Introduction:** The presentation was used to inform clinicians about the occurrence of psychiatric disorders among developmentally disabled children, with an emphasis on those with pervasive developmental disorders. It also serves as an illustration of how aggression and self-injury can be symptoms of comorbid psychiatric disorders and underscores the necessity of proper diagnostic formulation in these children. In our case, he was diagnosed with comorbid bipolar disorder, appropriate treatment led to a decrease in problematic behaviors, an improvement in quality of life for the child, and a decrease in family burden.

**Case:** A 5-year-8 months- old boy presented to our clinic of follow-up with autism. His mother stated that their present problems were agitation, hyperactivity, sleeplessness and speaking new words and these problems were available during 10 days. About the history, it was learned that there were similar symptoms in last year and it lasted for 15 days.

When he was 2,5 years, he was diagnosed with autism. Our patient parents noticed that he did not speak any word when he was 2,5 years of age. His mother described her son as an infant as cool and uneasy. His sleep patterns were irregular from an early age. As a toddler, he had no fair eye contact. He had stereotypic movements. He had been prescribed risperidone for his temper tantrums.

At the initial evaluation, he had ongoing hyperactivity and agitation. We did not communicate with him. He could spoke some words although he did not speak before.

In family history, father had been diagnosed with schizophrenia.

Our patient was given the following diagnoses according to DSM-5: autism spectrum disorder and bipolar disorder (bipolar I disorder manic episode). His risperidone dose was increased, and he was given valproate. At he follow-up, it was observed that the symptoms had been decreased in the first control. In the second control of the patient, all of the symptoms were regressed.

**Discussion:** Children with developmental disabilities have a two-to-six-times greater risk of experiencing comorbid psychiatric conditions than their developmentally normal peers. The presence of comorbid affective disorders in these children may more severely impair an individual with already limited cognitive functions and social skills. However, individuals with autistic spectrum disorders (ASD) and other developmental disabilities can suffer from treatable comorbid mood disorders for years, despite frequent medical assessments and developmental and psychiatric evaluations. The reasons for this delay in diagnosis of a comorbid mood disorder are complex and multiple. The symptoms of mood disorders can be masked by other symptoms or behaviors in the population with autistic spectrum disorders; for

example, behaviors that are characteristic of or associated with autistic spectrum disorders (i.e., obsessiveness, stereotypies, hyperactivity, inattention, social intrusiveness, social withdrawal, aggression, and self-injurious behaviors) may become more pronounced, intense, or exaggerated during manic or depressive phases. The changes in these behaviors in individuals with both ASD and bipolar disorders are usually episodic and occur within the context of a mood state and are responsive to effective treatments for mood disorders.

For this reason, educating pediatricians, pediatric neurologists, child psychiatrists, and other mental health professionals about the high prevalence of comorbid psychiatric conditions in individuals with autistic spectrum disorders is crucial so that these children receive appropriate treatment. Appropriate treatment can greatly enhance a child's ability to optimize his or her developmental trajectory as shown in this case conference.

### **PP87/ How much time do children with ADHD spent on watching TV?; Preliminary results of 56 children in a clinical sample**

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**Objectives:** Children with ADHD often experience significant impairment in major areas of functioning including peer relations, family life, and school. Each of these areas of impairment may affect the media habits of children with ADHD. According to the literature, children with ADHD were reported to spend more time watching television (TV), compared to their non-referred peers. In light of above, in this study it was aimed to examine the time spent on watching TV in children with ADHD.

**Methods:** The study population consisted of 56 pre-adolescent children and their parents who were recently diagnosed with ADHD and without any neurodevelopmental disorder and any known medical comorbidities. Diagnostic and Statistics Manual 5 (DSM-5) ADHD diagnostic criteria and Turgay ADHD Parent and Teacher Scale was used to determine ADHD. Sociodemographic information was collected from parents with a questionnaire. Parents were asked to report the number of hour that their children spent watching TV. The average number of hours per day was calculated. Taking into consideration of American Academy of Pediatrics recommendations, children were separated into 3 groups: 2 hours or less constituted the low TV time group (group 1), 2 to 4 hours constituted the medium time group (group 2) and more than 4 hours constituted high time group (group 3).

**Results:** The mean age of patients in the study was 71.04 years; %83.9 of them were males (n=47) and %16.1 of them were females (n=9). Most of the study group (%67.9) had medium socioeconomic status. The overall meanSD daily time spent on watching TV was 2.81.2 hours. Distribution of groups was found as group 2 had %50 of the sample (n=28), followed by group 1 and group 3 both had %25 of the sample (n=14).

**Conclusion:** Turkish Statistical Institute Survey in 2013 was reported that %48 children aged 6 to 10 years watch TV 0-2 hours/day and %12.5 watch more than 4 hours/day. In comparison with our results we may suggest that children with ADHD spent high time on watching TV. Possible explanations of these findings corresponding to the literature will be discussed. Further studies needed to identify the relationship.

## **PP88/ Relation Between Parental Divorce And / Or Parental Death And Mental Disorders In Children And Adolescents**

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**Objectives:** This study examine the effects of parental divorce or death on children\'s mental health.

**Methods:** To examine the objective we use data from Tekirdağ State Hospital. The files of 4160 children and adolescents brought to Tekirdag State Hospital outpatient clinic of child and adolescent psychiatry between 01.01.2011 and 30.06.2012 were examined retrospectively. 15.3% (n=638) of all cases had parental divorce (%71.7, n= 457) and death stories (% 28.4, n=181).

**Results:** There was no significant difference in the distribution of psychiatric diagnoses among the parents with divorced or deceased groups. The mean age of the psychiatric diagnoses was found to be significantly lower than the non-diagnosed group (p=0.000).

It has been found that children and adolescents in custody given to the fathers have a higher psychiatric diagnosis than those given to the mothers (p=0.03).

**Conclusion:** Single-parent family, is a family with child or children living with a parent. Death of one of the spouses, prolonged or permanent absence of one of the spouses or divorce are causes of the emergence of a single parental family form. Most of the researches in this area are related to divorced parents.

Every year over 1 million children and adolescents are involved in a divorce. Parental divorce is a major risk factor for internalizing and externalizing problems in children and adolescents. Cross-sectional and longitudinal studies show that children of divorced parents report more psychological maladjustment than children of married parents. A large body of research has revealed that children of divorced parents exhibited a heightened prevalence of conduct problems, anxiety and depression symptoms, and academic difficulties. The interesting finding of our study was that the children of divorced families had the same psychiatric diagnosis rate as the children whose one of the parents had passed away. One of the reasons for this situation, children may not see one of the parents often enough. The cause of this situation must be investigated in detail and must be corrected while both parents are still alive.

In addition, children of divorced parents or children whose one of their parents have dead, must be monitored psychiatrically as soon as possible.

### **PP89/ Neurological Side Effect Due To Methylphenidate Extended Release Treatment: A Case Report**

Semiha Cömertoğlu Arslan

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**Introduction:** In this presentation, it is aimed to present a very rare neurological side effect of extended release MPH (ER-MPH) usage and management.

**Case:** A 12 year-old male presented with hyperactivity, impatience, irritability, forgetfulness, and difficulty in maintaining attention. According to DSM 5 criteria that his family and teachers reports, ADHD was diagnosed and short-acting mph (IR-MPH) was started as a treatment. After 20 days, in his control, the patient was found to have benefited from this treatment and then the treatment was switched to the ER-MPH at the request of his family for ease of use. On the first day of the use of ER-MPH, one hour after the drug administration, the patient was evaluated because he complained about mouth swelling, blurred vision, rapid and dysarthric speech. His consultation was performed at the emergency and neurology department. No additional findings were found in his neurological examination. His vital signs, detailed blood and urine levels, EKG, cranial CT and EEG results were assessed to be normal. His complaints reduced and ended towards the evening. There were no pathological signs in his cranial MR and EKO. At 1-month follow-up, there was no neurological problem. IR-MPH treatment was started again at the request of family because his functionality was impaired markedly due to ADHD symptoms. After about 6 months, no side effects were observed.

**Discussion:** While the most common side effects of psychostimulants are insomnia, loss of appetite, abdominal pain, gastrointestinal disturbances, headache, and dizziness, less common side effects can be seen as anxiety, restlessness and emotional lability. Most of side effects might be relieved by reducing or discontinuing the medication. In literature, although methylphenidate is known to cause some neurological findings such as intracerebral hemorrhage, mydriasis, tremor, agitation, confusion, movement disorders, and seizures at toxic doses, neurological side effects are not observed at normal dose of methylphenidate. In addition to that, although previous studies have reported that there has been no difference between short and long-acting mph in view of side effects, it is striking that there is a difference between long and short-acting mph at similar doses in our case.

### **PP90/ Panic Disorder Caused By Sexual Abuse: A Case Report**

Semiha Cömertoğlu Arslan

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**Introduction:** In this presentation, the effect of sexual abuse on panic disorder will be discussed by presenting the change in the treatment process with the emergence of the story of domestic sexual abuse of an adolescent who has been followed up and treated for a long time with panic disorder.

**Case:** 16 year-old girl presented with palpitation, shortness of breath, sweating, nausea, feeling of faintness, repeated panic attacks accompanied by fear of death, and fear of experiencing this situation again. It was noticed from her anamnesis that symptoms started three years ago, and then sertraline 200 mg / day for panic disorder treatment was given. After the treatment, symptoms reduced gradually but she experienced 2-3 times in a week, esp. in her mathematics

lessons. She was taken to cognitive behavioral therapy. During the therapy, the importance and the meaning of mathematics lesson were investigated. In a session, it was noticed that her first grade relative, who was a mathematics instructor, sexually abused the child repeatedly during three years. The patient stated that she did not dare to say since no body had asked before and had difficulty to keep it secret further. Her symptoms were regressed markedly after telling the story of the incident, so the treatment was gradually reduced and dose of sertraline was reduced to 50 mg/day. It was observed that there were no panic attacks in the 6-month follow-up period and her environmental compatibility increased.

**Discussion:** It has been reported that the effects of sexual abuse within the family on the child are more negative and longer in duration. It is known that sexual abuse in children may cause anxiety disorders, dissociative experiences, self-harm and suicidal behaviors, sleep disorders, mood disorders, post-traumatic stress disorder and behavioral disorders. Although it has been reported that 13 -54 % of panic disorder in adults are caused by sexual abuse, the relationship between sexual abuse and panic disorder has not been adequately investigated in children. Given the experiences about the case, the story of sexual abuse experienced in early childhood may lead to panic disorder and may make treatment more difficult. All complaints and inconvenient situations should be investigated separately, for the underlying mechanisms are very valuable for diagnosis and follow-up

### **PP91/ All Consultations Referred To A Child And Adolescent Psychiatry Clinic In One-Year Period**

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**Objectives:** Medical conditions in children and adolescents increase the risk of psychiatric problems by 2-4 times. Therefore, physicians who runs the treatment of children and adolescents need consultation in terms of diagnosis and treatment from Child and Adolescent Psychiatrists when psychiatry complaints or symptoms occur. Psychiatric consultation reduces misdiagnosis of psychological symptoms and psychiatric treatment after the diagnosis of a child may increase the efficacy of other medical treatments. For this reason, the purpose of our study is to analyzing consultations of children and adolescents receiving treatment from our clinic, and to identify the areas of future prospecting from the available data.

**Methods:** Consultation requests from the Ondokuz Mayıs University Child and Adolescent Psychiatry Department between January 1, 2016 and December 31, 2016 were included in the study. Consultations and treatment notes were evaluated retrospectively. The data on which units of consultations are requested, the demographic characteristics of the patients, the reasons for consultation requests, the determined psychiatric diagnoses, the medical treatments, and the drugs selected for treatment are examined. The results were evaluated statistically with SPSS v15.0.

**Results:** 464 patients were enrolled study. The demographic characteristics of these patients are shown in Table 1. The mean age of the patients was  $13.4 \pm 4.4$  and the female sex ratio was 58.8%. Pediatric Emergency Department (51.3%), Pediatric Hematology Service (17.2%) and Child General Service (13.4%) were the most frequently requested

consultations. The most common reason for consultation is; Suicide attempts (30.6%), depressive symptoms (12.1%) and psychosomatic symptoms (10.1%). Depressive disorder (31.1%), Compliance disorder (21.4%), Attention Deficit and Hyperactivity Disorder (9.5%) were the most frequently diagnosed patients. The most commonly prescribed drug groups were antidepressants (28.0%), antipsychotics (16.2%) and benzodiazepines (4.3%). 119 female (83.8%) and 22 (16.2%) male patients were recruited with suicide attempt 90.1% of this group was cared for by the Pediatric Emergency Service and 43% of patients were prescribed antidepressant and 19% were prescribed antipsychotic.

**Conclusion:** In our study, data shown that most consultations requested by Pediatric Emergency Service due to suicide attempts. The fact that 83.8% of these consultations are female gender is consistent with studies showing that suicidal thoughts and initiatives are higher in female gender than male gender. It may also be related to the different characteristics of mental problems and complaints of children and adolescents of different sexes. Aktepe et al. reported that the most frequent reasons for consultation were depressive symptoms with suicide attempts. In a similar study conducted by Alpaslan et al. in 2015, suicide attempts were found to be the most frequent cause of psychiatric consultations. The development of consultation-liaison treatment for suicide attempts is thought to be a useful step towards the psychiatric treatments

### **PP92/ Review Of Diagnoses In 0-6 Years Old Cases Presented To Child Psychiatry Outpatient Clinic With Speech Disorders**

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**Objectives:** In our study, it was aimed to review demographic characteristics and clinical diagnoses in patients aged 0-6 years who presented to Child & Adolescent psychiatry outpatient clinic with speech disorder.

**Methods:** We retrospectively reviewed medical records of children aged 0-6 years who presented to Department of Child & Adolescent Psychiatry, Kahramanmaraş Sutcu Imam University Medical School between 01.03.2015 and 01.03.2017. The patients with full information regarding age, gender, presenting complaint, concurrent complaints, medication, sibling order, diagnoses and comorbid diagnoses were included. Delayed speech, speech sound disorders and stuttering were classified under speech disorders.

**Results:** Of 165 cases, 114 were (69.1%) boys whereas 51 (30.9%) were girls. Mean age was 39.0±11.6 months among boys whereas 33.3±9.7 months among girls. The most common concurrent complaints were irritability (12.7%), hyper-activity (11.5%), avoiding eye contact (6.1%) and fear (4.2%). No psychiatric diagnosis was present in 21.8% of the patients. The psychiatric diagnoses made were stimulant deficiency (22.4%), physiological stuttering (12.7%), mental retardation (12.1%), autism spectrum disorders (10.3%), articulation disorder (7.3%), adjustment disorder (5.5%), psychosocial deprivation (3.6%), attention deficit-hyperactivity disorder (3%) and separation anxiety (0.6%). A psychotropic agent was prescribed to 10.3% of the patients as risperidone being most commonly prescribed agent (6.1%). The frequency of non-psychiatric comorbid disease was 17% among patients as epilepsy being most common comorbid condition. Of the patients, 6.7% was receiving a non-psychotropic medication. Antiepileptic agents were most commonly used drug group. There

was history of prematurity in 4.5% whereas hearing disorder in one patient, cleft lip in one patient and bilingualism in one patient. Of the patients, 14.9% was referred to a special education program. Twenty four patients (14.5%) were first child in the family while 23 patients were the only child and 53 patients (32.1%) were last child in the family. There was at least one individual with speech disorder among first- or second-degree relatives in 23.6% of the patients. There were depressive complaints in 7.8% of mothers.

**Conclusion:** In our study, the findings that male: female ratio was high and that mean age was higher among boys than girls in patients aged 0-6 years who presented to child psychiatry clinic with speech disorders were in agreement with literature. The fact that most common diagnosis was stimulant deficiency may due to intensive exposure to technological devices during this period. There was no comorbid psychiatric diagnosis in majority of children. It was thought that the higher rate of seeking medical attention among last children may be linked to increasing recognition of child psychiatry among parents in recent years as well as improved awareness in child development and more technological environment in which last children were born. Knowledge about possible diagnosis in children presented with speech disorder will improve care provided in child psychiatry clinics and allow early intervention in terms of need for special education.

### **PP93/ Evaluation Of Serum Neuron-Specific Enolase, S100B, Myelin Basic Protein And Glial Fibrillary Acidic Protein As Brain Specific Proteins In Children With Autism Spectrum Disorder**

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**Objectives:** Brain specific proteins are not found in other tissues and measurement non-invasively in blood may identify structurally and functionally damaged brain regions and identify the severity and prognosis of neuropsychiatric diseases. For this reason, we aimed to evaluate serum brain specific proteins values as brain damage markers in children with autistic spectrum disorders (ASD).

**Methods:** 35 children with ASD and 31 healthy subjects were included in the study. Sociodemographic form and Childhood Autism Rating Scale (CARS) were applied to each subject. Serum neuron specific enolase (NSE), S100B, Myelin basic protein (MBP) and Glial fibrillary acidic protein (GFAP) values were measured by ELISA. The difference between the patient and control groups in terms of NSE, S100B, GFAP and MBP values was determined using the Student t-test. Direct relationships between continuous variables were examined with Pearson and Spearman correlation tests.



**Results:** There was no significant difference between the two groups for NSE, MBP and S100B values ( $p$ : 0.402;  $p$ :0.666;  $p$ : 0.933 respectively) . However, GFAP values in the patient group were statistically significantly higher (mean $\pm$ SD: 0.4634 $\pm$ 0.3925 ng/ml) than in the healthy control group (mean $\pm$ SD: 0.2562 $\pm$ 0.1118 ng/ml) ( $p$ :0.006). In addition, there was a significant positive correlation between serum GFAP values and CARS score in all subjects ( $r$ : 0.355;  $p$ :0.003) .

**Conclusion:** While serum NSE, MBP and S100B values can not be considered as biomarkers for ASD, GFAP may be a biomarker and is suggested as a possible indicator of autism severity.

#### **PP94/ Relation between Callous Unemotional Traits and Emotion Dysregulation in children with ADHD**

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**Objectives:** In terms of the etiology of attention-deficit/ hyperactivity disorder (ADHD), researchers emphasize emotion dysregulation (ED) as a core feature of ADHD. Children with ADHD have also long been associated with a higher risk of conduct disorder (CD) comorbidity. Children with both ADHD and CD likely demonstrate a poorer prognosis and deficient emotion regulation abilities relative to children with ADHD only. Among children with CDs, the existence of callous-unemotional (CU) traits (lack of concern for others' feelings, lack of guilt/ remorse) involves both emotional dysfunction and overt antisocial behavior.

**Methods:** A total of 101 ADHD children (ADHD-Combined (C), N=51, mean age: 14.2 $\pm$ 1.8; ADHD-C plus CD, N= 50, mean age: 14.6 $\pm$ 2.8) and healthy control (N=100, mean age:14.9 $\pm$ 1.9) participated in our study. Differences in overall difficulties with emotion regulation were examined by using the multidimensional Difficulties in Emotion Regulation Scale (DERS). The Inventory of Callous–Unemotional (CU) Traits was administered to measure the affective features of psychopathy in children. The symptom severities of ADHD and CD were assessed by Turgay Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition–Based Child and Adolescent Behavior Disorders Screening and Rating Scale–Parent Form, Child Behavior Checklist 4–18 years.

**Results:** ADHD-C and ADHD-C plus CD groups were significantly different with both ICU-total score ( $F(2,198)= 12.03$ ,  $p=.000$ ,  $\eta^2 = .521$ ) and DERS-total score ( $F(2,198)= 14.19$ ,  $p=.000$ ,  $\eta^2 = .782$ ) than control group. No significant difference were found between ADHD-C and ADHD-C plus CD groups. Within the ADHD-C plus CD group, DERS-total score was positively correlated with the ICU total score ( $r= .556$ ;  $p<0.001$ ), and callous subscale was also significantly correlated with DERS-total score ( $r= .330$ ;  $p<0.05$ ). No significant correlation was found within the ADHD-C group and healthy controls.

**Conclusion:** The co-occurrence of high CU traits in children with ADHD may have a relationship with emotion regulation abilities.

### **PP95/ Atomoxetine Treatment in a child with Specific Learning Disability and Encopresis**

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**Introduction:** Specific learning disability (SLD) is one of the most common developmental, neurobiological disease seen at childhood where significant difficulties occur in gaining and using abilities of speech, reading, writing, listening and mathematics. The patients with SLD comprise a risk group for many comorbid conditions. Although attention deficit-hyperactivity disorders, communication disorders and bipolar disease are common comorbidities, encopresis is rare in patients with SLD. Here, we presented a child with SLD and encopresis who displayed significant improvement in the symptoms of both disorders by atomoxetine treatment.

**Case:** A 6-years old boy (grade 1 student) presented to our clinic with learning impairment, response with low voice, averseness and encopresis by his parents. From the parents, it was found out that he had difficulties in comprehending and learning numbers at nursery school; that he inversely wrote letters and couldn't achieve challenging task and that he had no marked attention problem; thus, parent thought that he would be better by time. However, parents recognized that he experienced difficulty in learning 2 months after beginning elementary school when compared to peers; that he mixed letters and wrote them in inverse manner; that he had unwillingness to do homework; that he fell behind his peers; that he interested in other things during lesson; that he began not to listen lesson and not to speak and answer his teacher; that he spoke with low volume when talks with teacher, and friends; that he increasingly had less time for playing and speaking with peers during break time; that he had averseness and hypo-activity; and that he still confuses left and right, days, seasons and cannot conceptualize yesterday and tomorrow. Parents also reported that he had toilet education at 4 years of age but he had encopresis during daytime since he defers defecation despite lack of constipation. In the interview, the patients told that he fell behind teacher during lesson and forgot examples studied at home when he went school; that he mixed letters and couldn't get reward because of writing incorrectly; that he feels embarrassed from this situation; thus, he doesn't want to homework. In psychiatric examination, it was found that he was writing letters e, a, t and number 9, 7, 3 in inverse manner. It was found that verbal IQ score was 93 points whereas performance IQ score was 107 point with a full scale IQ points of 100 in WISC-R scale. It was found that he met none of hyperactivity-impulsivity criteria while he met 3 of 9 inattention criteria in Atilla Turgay ADHD scale. It was seen that the patient often experienced difficulty in literacy and ordering ability, auditory perception, motivation and verbal expression domains in Learning Disability Checklist. The patient was diagnosed as SLD, primary encopresis and adjustment disorder. He had no ADHD, depression or anxiety disorder according to DSM-V. Atomoxetine was initiated at a dose of 10 mg, which was escalated to 25 mg 2 weeks later. Behavioral recommendations were given for encopresis. After first month of atomoxetine therapy, it was found out that he had only 2 encopresis episode; that learning and reading rates were increased; that he was able to homework; that he showed improvement in confusing letters; that he had marked improvement in communication skills; and that he had partial recovery in confusion of concepts.

**Discussion:** Educational and behavioral therapies are preferentially recommended in SLD; however, drug treatment is generally initiated in cases with comorbid diagnosis such as ADHD, depression, or encopresis. Atomoxetine is a noradrenalin reuptake inhibitor used in the treatment of ADHD. In previous studies, it was reported that there was marked improvement in

all comorbid diagnoses by atomoxetine in cases with ADHD accompanied by SLD and/or encopresis. However, it is unknown how atomoxetine improves encopresis. In our patient, there was marked improvement in learning, partial improvement in letter and number confusion with better recognition of letters, and better responsiveness to teacher with louder voice by atomoxetine which was given for SLD and encopresis despite lack of ADHD diagnosis according to DSMV. This case showed that atomoxetine treatment can be used as a therapeutic option in SLD with comorbid encopresis even in the lack of ADHD.

### **PP96/ Case Series Of School Refuse Responded To Aripiprazole Treatment**

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**Introduction:** School refusal is one of child psychiatric emergencies and is a discomfort that causes problems such as decline in school success, loss of skills achieved in relation school, weakness in social skills and social withdrawal, deterioration in family and friends relations, decrease in self-esteem as a result of absenteeism for the school-rejected children. Nowadays, Cognitive Behavior Therapy and Drug Treatment stand out as the most frequently used approaches in school rejection treatment. SSRI, TAD and when necessary benzodiazepines as drug treatment are come to the fore and antipsychotic use is not the first choice. In this article, the resolution of school rejection of a patient developing the school refusal has been explained as a result of using single atypical antipsychotics. It is tried to draw attention that antipsychotics could be used in treatment of school rejection cases.

**Case 1:** A ten year old female patient was referred to our clinic because she had lost one month of school due to absenteeism. Her problems began 6 months ago. Before one year ago, she was a successful student. In this term, her problems was began. Her mother said that, she felt fear before the school. So, she refused to go to school. The patient did not talk to anyone in the class, she entered with her mother, she sat next to her mother and reported “ palpitations, shocking, and stomach pain.” They were together on the break time because of her fear. She used sertraline 50 mg/day within risperidone 1,5 mg/day over the one month, and her treatment was ineffective. We stopped her medical treatments and began aripipirazol 1 cc/ day and up to 3 cc/ day. After one month, her school rejection was resolution.

**Case 2:** A six year old female patient was referred to our clinic because of her school refusal. Her problems began at the preschool. Therefore, she left her school after the semester. When the school were began, her fear was began again. She was crying before she went to the school. She felt terrible in her classroom and she did not leave her elder sister's hand during to the lesson and her mother was waited in the school garden. We used aripipirazol 2 cc/day to this case. After one month, she went to school alone and she didn't describe any trouble.

**Discussion:** School refusal is important because it can lead to several academic, occupational, relational, parental and behavioral problems. Psychiatric disorders are common in school refusal cases such as depression, anxiety disorders, phobia and may cause somatic problems include headache, abdominal pain and nausea. This makes it essential to use an integrated treatment including psychopharmacology, psychoeducation and cognitive behavior therapy. Medical treatments are include SSRI, TAD's and CBT. Aripipirazol is not found when the literature was reviewed on the school refuse case treatment. Aripiprazole is a partial agonist D2

and 5-HT<sub>1A</sub> receptors with high affinity; antagonist at 5-HT<sub>2A/B</sub> receptors. 5-HT<sub>1A</sub> receptor agonism can help resolve anxiety in school fear.

### **PP97/ Temporary Oromandibular-Cervical Dystonia And Oculogyric Crisis Secondary To Low Dose Sertraline Use in An Adolescent Girl.**

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**Introduction:** Selective serotonin reuptake inhibitors (SSRIs) are widely prescribed to treat a variety of psychiatric disorders. Sertraline is a relatively selective serotonin reuptake inhibitor with some dopamine reuptake inhibitor activity. The most common side effects of sertraline are headache, diarrhea, sleepiness, nervousness, increased sweating, insomnia, somnolence, dizziness, nausea, tremor, skin rash, dyspepsia, loss of appetite, abnormal ejaculation, dry mouth, and weight loss. Extrapyramidal side effects associated with sertraline have been very rarely reported.

**Case:** We here report a case of oromandibular-cervical dystonia and oculogyric crisis secondary to 25 mg/day sertraline use in a 16 years old girl. Patients receiving a diagnosis of depression were advised to take the first four days of the drug in 25 mg / day. Approximately 12 hours after taking the first dose, the patient had an opening in her jaw, hypersalivation, contraction in her neck, and upward shift in her eyes. The patient was advised to stop taking the medication and administered 2.5 mg biperiden intramuscular. After this administration, the patient's symptoms improved. But the patient misunderstood and continued to use medication. However, the side effects did not appear later.

**Discussion:** It is important to emphasize that physicians should be cautious about extrapyramidal side effects when sertraline is initiated in adolescents.

### **PP98/ Monozygotic Twins With Autism Spectrum Disorder And Identical Comorbidities: Case Report**

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**Introduction:** Autism spectrum disorder (ASD) is a neurodevelopmental disorder occurring at early childhood, which is characterized by failure in social interaction and communication and restricted, repetitive behavioral patterns. It has multi-factorial etiology including genetic and environmental factors. Many behavioral problems and comorbid psychiatric disorders are seen in ASD. The causes of underlying comorbidity has not been fully elucidated, however some of evidence indicate genetic predisposition. In monozygotic twins, similar or distinct comorbidities could be seen. Here, we present a monozygotic twin with ASD whose have common presenting complaint and comorbid diagnoses.

**Case:** Twin girls (aged 13 years; middle school students) referred to our outpatient clinic with forgetfulness and irritability. Based on the history which obtained from parents, patients previously diagnosed with ASD had common complaints including self-speaking, repetitions, frequent crying and yelling, laughing without reasons, biting, concerns about being beaten by someone, difficulty in falling asleep, forgetfulness, academic failure, inattention, and excessive

appetite and weight gain, all of which were gradually increased within prior year. There was additional hyperactivity in one sibling. In psychological examination, the patients were conscious with normal orientation and cooperation, limited speech, frequent repetitions and flight of ideas, inappropriate anger episodes and rare eye contact. Mood was euthymic and occasionally irritable with affection consistent to mood. In WISC-R test, it was found that there was mild mental retardation (50-55). The patients referred to pediatric endocrinology outpatient clinic for weight gain, where they were diagnosed as metabolic syndrome. In psychiatric examination, both patients were diagnosed as ASD, mild mental retardation, Attention Deficit Hyperactivity Disorder (ADHD), sleep and anxiety disorder and metabolic syndrome. Atomoxetine, aripiprazole and mirtazapine have been prescribed and markedly improvement observed in hyperactivity, irritability, sleep problems, anxiety and forgetfulness. However, weight gain has continued and patients proceed to control visits.

**Discussion:** There is an ongoing debate about similarity in comorbid conditions in monozygotic twins with ASD. The contribution of genetic is controversial. In ASD, the most common comorbid psychiatric diagnoses include ADHD, depressive disorder, bipolar disorder, anxiety disorders, sleep disorders, eating disorders and obsessive-compulsive disorder. Our patients were monozygotic twins who had comorbid ASD (compatible with atypical autism), ADHD, mild mental retardation, anxiety disorder, eating disorder and sleep problems. It has been reported that comorbid ADHD is present in 28-83% of patients with ASD. Inattention was prominent in both patients while hyperactivity was more prominent in one of the patients. In addition, there may be mild-to-severe mental retardation in majority of children with ASD. Mild mental retardation was also present in our patients. Self-harming behaviors are frequently observed in ASD. Self-harming behaviors such as bumping his/her head, trichotillomania and biting lips could be seen for short or prolonged periods. In our patients, there was biting herself and surrounding individuals; these behaviors were decreased gradually by time. Eating disorders are commonly encountered problems in ASD. Decline to eat solid nutrients, mastication problem, being choosy about meal and less commonly overeating are some of the behaviors seen in ASD. In both cases, there was an extreme increase in appetite and weight gain. Another problem in ASD is inappropriate fear. Children with ASD can be pertinacious in uniformity and any little change can cause outburst of anger. Especially irritability and sudden reactions were frequent in in our cases. In addition, anxiety level was also high in both patients. Sleep disorders are also common in ASD. In our cases, there was difficulty in falling asleep and stayingasleep, both of which responded to medical therapy.

In conclusion, our patients were monozygotic twins exposed to similar environmental factors and grew up in similar environment. Presence of similar comorbidities in our patients can imply importance of genetic predisposition and environmental factors in both ASD and comorbid conditions. However, further studies are needed to elucidate etiopathogenesis underlying association of ASD with comorbid disorders.

### **PP99/ Use of Aripiprazole in Children and Adolescents with Obsessive Compulsive Disorder**

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**Objectives:** The aim of this study was to provide confirmatory evidence for aripiprazole in the treatment of refractory OCD cases.

**Methods:** This study was a cross-sectional study. The sample consisted of 15 children and adolescents, 8-16 years of age ( $12.57 \pm 2.70$ ), including 9 females and 6 males. The assessment was conducted in the first psychiatric admission using the Kiddie Schedule for Affective Disorders and Schizophrenia for School-Age Children Present and Lifetime version (K-SADS-PL) to parents. The symptoms of obsessive and compulsive behaviors were defined by Childhood Yale-Brown Obsessive Compulsive Scale. Clinical Global Impressions-Improvement (CGI-I) Scale (Guy, 1976) and Severity (CGI-S) were used.

**Results:** CY-BOCS scores in both obsession and compulsion domains were significantly decreased after 3 months of aripiprazole treatment. In addition, all participants continue to be shown improvement at the 6th months follow-up. There were statistically significant differences among total CY-BOCS score according to duration of treatment ( $p < .05$ ).

**Conclusion:** Our findings indicate that aripiprazole treatment may be effective in these cases.

### **PP100/ Use of SSRIs in Children and Adolescents with Obsessive Compulsive Disorder**

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**Objectives:** The aim of this study was to investigate the efficiency of fluoxetine in the treatment of OCD cases.

**Methods:** This study was a cross-sectional study. The sample consisted of 16 children and adolescents, 8-16 years of age, including 10 females and 6 males. The assessment was conducted in the first psychiatric admission using the Kiddie Schedule for Affective Disorders and Schizophrenia for School-Age Children Present and Lifetime version (K-SADS-PL) to parents. The symptoms of obsessive and compulsive behaviors were defined by Childhood Yale-Brown Obsessive Compulsive Scale. Clinical Global Impressions-Improvement (CGI-I) Scale (Guy, 1976) and Severity (CGI-S) were used.

**Results:** In lots of cases, CY-BOCS scores in both obsession and compulsion domains were significantly decreased after 3 months of aripiprazole treatment. There were statistically significant differences among total CY-BOCS score according to duration of treatment ( $p < .05$ ).

**Conclusion:** Our findings indicate that fluoxetine treatment may be effective in some cases. Poor response to treatment in childhood OCD is important. Therefore alternative psychopharmacotherapy methods may be conceivable.

### **PP101/ Treatment of Post-Traumatic Stress Disorder with Eye Movement Desensitization and Reprocessing: Case Studies**

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**Objectives:** It is aimed to study treatment of Post Traumatic Stress Disorder (PTSD) with Eye Movement Desensitization and Reprocessing (EMDR) in three cases that were in courthouse during terrorist attack in Izmir.

**Methods:** Although cognitive behavioral therapy and pharmacotherapy are first-line treatment for panic disorders, Eye Movement Desensitization and Reprocessing is the newest and effective psychotherapy that is used in the treatment of PTSD.

**Results:** EMDR treatment focuses on the perceptual components of experience (affective, cognitive, somatic) in order to expedite the accessing and processing of disturbing events and facilitate an attendant learning process. The results of these cases suggest that EMDR may comprise an effective intervention technique for PTSD.

**Conclusion:** EMDR is an effective and provides short-term recovery in cases with PTSD.

### **PP102/ Recognition of Face In Asperger's Syndrome**

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**Objectives:** It is aimed to investigate the skills of recognition of face and facial emotion of 50 children between 7-10 years of age with asperger's syndrome.

**Methods:** The study group consisted of 50 children between 7 and 10 year-old, who referred to a child psychiatry clinic, and were diagnosed with Asperger' syndrome for the first time. 'Reading the mind in the eyes' test were used for assessment.

**Results:** Our results indicate that children with Asperger disorder had problems in recognition of facial expression. It was also shown that children with asperger disorder interpreted ambiguous expressions as negative emotion.

**Conclusion:** In children with Asperger disorder, it is supposed that investigating the skills of recognition of face and face expressions will improve the social interaction and communications skills.

### **PP103/ Wilson Disease With Psychiatric Symptoms: A Case Report**

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**Introduction:** Wilson's disease (WD) is a rare autosomal recessive disorder that causes degenerative changes in the liver and brain due to impaired copper metabolism. In this disease, copper cannot bind to ceruloplasmin and is not excreted from the liver. Increased serum copper which accumulates in liver, brain and kidney, causes the disease. [1]

Generally, there are symptoms related to liver involvement in patients but in 40-50% of cases there are neurological or psychiatric symptoms. The most common psychiatric manifestations in patients with WD include sudden and changeable mood swings, anger outbursts, personality changes, depression, anxiety and cognitive impairment. The prevalence of life-time psychiatric illness in WD is not fully known but it is estimated to be between 30% and 100%. [2] In at least 10% of patients, the first application is with psychiatric symptoms. [3]

Data on psychiatric symptoms in children and adolescents are limited. The aim of this report is to emphasize the importance of thinking WD in differential diagnosis of children and adolescents with neuropsychiatric symptoms.

**Case:** A 16-year-old girl was brought to our child psychiatry outpatient clinic by her family with complaints of insomnia, weight loss, withdrawal, reduced amount of speech, speaking with low voice. These symptoms which began after his father was taken into custody were present since last 2 months. Although she was a brilliant student till then, there also appeared a decrease in school performance and difficulty in writing. Communication with her family has diminished, and she begun to talk with short answers. She had sleep disturbance and anhedonia. She lost 6 kilograms in the last 2 months. There has been a slowing down of movement, clumsiness and a faint voice for last week.

Premorbid history revealed no use of cigarettes, alcohol, substance or drug. As learned from family history, parents were first degree relatives and her grandfather had schizophrenia and Parkinson's disease.

Psychiatric examination revealed a slowing of motor movements and tremors in her hands. She was speaking very slowly with low voice, giving very short answers pausingly. She was conscious and oriented to time, place and person. Her mood was depressed and her affect was dull. The immediate, near and far memory examinations were normal. Her judgement was complete and insight was partially present. Her intelligence was roughly normal. The speed of thought was slow, there were concerns about security of her father. She did not describe obsession, compulsion, delusion, suicidal thoughts. Her handwriting was deteriorated, micrographic writing was seen.

The patient was referred to outpatient clinic of pediatric neurology to exclude other medical causes that could lead to these symptoms. After evaluation and examinations, our patient was diagnosed with WD.

**Discussion:** Our patient had loss of neurocognitive skills such as loss of school achievement, worsening of hand writing, slowing of motor movements and loss of neurocognitive skills as well as psychiatric symptoms (insomnia, anhedonia, weight loss, withdrawal). So we thought of evaluation of our patient primarily for neurodegenerative diseases.



WD is the most well-known neurodegenerative disease among hereditary metabolic diseases that affect the central nervous system. As a result of dysfunction caused by copper in the basal ganglia, various extrapyramidal findings such as tremor, dystonia, rigidity, akinesia occur. Sometimes, before neurological manifestations, there are symptoms such as changes in behaviors, decrease in school success, fine motor, deterioration in skills that require hand-eye coordination. [1] Denning et al. (1989) conducted a study of 195 Wilson patients; It was reported that 51% of the cases had psychopathological features and 20% had been evaluated by a psychiatrist before the WD was diagnosed. Similarly, our case was admitted to our outpatient clinic with psychiatric symptoms before WD was diagnosed. [4]

It has been reported that psychiatric symptoms can be seen in a significant part of the WD population. Many psychiatric symptoms such as behavior and personality changes, mood disorders, psychotic symptoms, deterioration of mental functions are seen in WD. There are psychiatric symptoms in our patient such as depressive and anxious symptoms and loss of mental skills.

It is frequent that there is a delay in diagnosis when WD occurs with psychiatric symptoms. [5] Therefore, it is very important to consider WD for differential diagnosis in children and adolescents presenting with neuropsychiatric symptoms.

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### **PP104/ Low Dose Aripiprazole Monotherapy In The Patient With Increased Obsessive Compulsive Disorder And Hypomania Symptoms After Using Herbal Medicines: A Case Report**

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**Introduction:** Herbal medicine constitutes the main source of treatment for approximately 75-80 % of the world population, especially in the developing countries (Kamboj, 2000). This is due to the general belief that it can be found cheap and easy without any side effects of herbal medicines (Gupta and Raina, 1998). The World Health Organization (WHO) states that the use of herbal medicines in the world is two to three times higher than then use of conventional medicines (Evans, 1994). Modern medicine is based on the use of plants for the purpose of healing (Vickers and Zollman, 1999). Nevertheless, most of the herbal products currently do

not have the drug approval process required to demonstrate their safety and effectiveness. Some of these products include lead, mercury, arsenic (Kew et al., 1993) and corticosteroids (De Smet, 1997) and harmful amounts of toxic organic substances. There are reports of hepatic insufficiency and even death after the use of herbal medicines (Chattopadhyay, 1996). Psychotic symptoms, panic attacks, anxiety symptoms, mania symptoms are reported as psychiatric side effects of herbal medicines in the literature (John J et al. 1999).

In obsessive compulsive disorder (OCD), obsessions referred to as repetitive and constant thoughts, impulses and images, which are sometimes unintentional and disturbing, leading to significant anxiety. Compulsions are defined as repetitive behaviors or mental actions that one can not prevent from doing according to the rules that an obsessive reaction or strictly applied rules must apply. Various drug treatments and psychosocial treatments including cognitive and behavioral dimensions have been proposed in the treatment of OCD. Proven first-line treatment for OCD is cognitive behavioral therapy (CBT) and therapies in which serotonin reuptake inhibitors are used (Sevim Berrin İNCİ et al. 2015).

Bipolar disorder is a recurrent, serious, common and life threatening disease (V Singh et al., 2005). The characteristics that are familiar to children and adolescents include irritability, emotional lability, euphoria, delusions of paranoia and grandiosity, hyperactivity, pressure speech, and distractibility (Kemal Sayar et al., 2000). In treatment, mood stabilizers and antipsychotics are used either alone or in combination as monotherapy (V Singh et al., 2005). The use of atypical antipsychotic drugs has been increasing in recent times. Atypical antipsychotics are preferred in the treatment of chronic schizophrenia in the first place, but nowadays they have entered into treatment programs as bipolar disorder, psychotic depression and other psychiatric disorders as first or addition option in addition to acute schizophrenia cases (Servet Ebrinç et al., 2004).

In this case, we will present a case whose obsessive compulsive disorder and hypomania symptoms seen after using herbal medicine disappeared with aripiprazole treatment.

**Case:** A 9 year old girl was admitted to our clinic due to her obsessive thoughts which has been seen for about 3 months before the admission. She described worries on having important illness when she hit her head slightly or when she had pain in her joints. Also, she has worries on being pregnant when she feels pain on her stomach. In addition, she has complained about imagining of kissing cartoon characters which disturbs her. She needs frequent confirmations on these thoughts, and avoids watching the cartoon characters she imaged of kissing. In addition to obsessions and compulsions, an acceleration in the flow of thoughts, irritable mood, loosening of associations, a tendency to talk constantly, flight of ideas and restlessness were determined in her psychiatric examination which present during the last two weeks.

The patient's family reported that she had taken take herbal paste and teas during last two months, in which her obsessive and compulsive symptoms had increased. Due to the increase of obsessions and compulsions, they have stopped using herbal medicine, but these symptoms did not reduce. No previous psychiatric disorder was reported in the patient and her family. A childhood Yale Brown Obsessive CompulsiveScale (CY-BOCS) was administered which scored 31 points at the admission in order to determine the severity of the illness and to evaluate there sponse to treatment in the future. Aripiprazole 2,5 mg/day was started to the patient targetting both OCD and hipomanic symptoms. One month later, all OCD and manic symptoms disappeared, and the CY-BOCS score dropped to 2 points. Her flow of thought and affect were normal in the clinical examination.

**Discussion:** Aripiprazole is a partial agonist of dopamine D2 receptor (D2) and serotonin 1A receptor (5-HT1A) and an antagonist of serotonin 2A receptor (5-HT2A). The presence of a partial agonist on the Aripiprazole D2 receptors allows antagonistic action to D2 receptors when the dopamine level is high. It has an agonistic effect when the dopamine level is low and this effect provides cognitive function improvement. In addition, it reduces dopaminergic activity in the nigrostriatal system and allows the dopaminergic neurons to stabilize without producing extrapyramidal symptoms (Kastrup, Schlotter, Plewnia ve Bartels, 2005).

The antimanic, antidepressant and prophylactic effects of atypical antipsychotics in bipolar disorder are based on a number of double blind clinical trials (Yatham 2005). Due to advantages such as binding profiles to different receptors, low EPS side effect frequency, greater efficacy on negative symptoms, less frequent hyperprolactinemia; atypical antipsychotics may be more preferred than typical for children and adolescents (Ermish S et al., 2001). It has been shown that clinical trials involving the use of aripiprazole in acute mania or mix episodes are effective on mania symptoms and that aripiprazole does not trigger a depressive episode (Uluşahin Aylin, 2008). Aripiprazole was found to be significantly more effective than placebo in bipolar disorder patients with acute mania and mix episodes in a randomized controlled trial of bipolar disorder, aripiprazole efficacy and safety and aripiprazole has been found to be well tolerated by patients (Paul E. et al., 2003).

In recent years, studies showing that Aripiprazole has positive results when used with SSRIs in particularly resistant OCD cases is gaining importance (Ercan, Ardic, Ercan, Yuce and Durak, 2015). In the study conducted by Storch et al. (2008), 5 mg / day aripiprazole was added to the treatment of an adolescent that did not respond to combination CBT and sertraline treatment and thus they received a favorable response from this treatment. It is also believed that aripiprazole can be used alone or in combination with SSRIs in OCD patients (Connor, Payne, Gadde, Zhang and Davidson, 2005; Rocha and Correa, 2007). It has been reported that partial D2 receptor agonist, partial 5HT 1A agonist, 5HT 2C agonist and 5HT 2A antagonistic pharmacological effects are more effective on treatment resistant OCD symptoms (Storch et al., 2008).

This case supports the use of low dose monotherapy in a patient with aripiprazole, obsessive compulsive disorder and hypomania symptoms, which are used as antipsychotics. Further studies are needed to better understand the effect of aripiprazole on obsessive compulsive disorder and mania-hypomanic symptom in children and adolescents.

### **PP105/ Long Term Follow-Up Of ASD Diagnosis: Developmental Algorithms Through A 5 Year Follow-Up**

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**Objectives:** The aim of this study was to follow up 40 children, children with autism spectrum disorder

(ASD) in a course of 5-7 years. They had been clinically diagnosed with ASD at or under the age of

4 years. In the follow-up assessment, their diagnosis shifted from ASD to different diagnoses, along ADD to Developmental Coordination Disorder (DCD), Learning Disorder (LD), Social Communication Disorder (SCD), or Specific Language Impairment (SLI).

**Methods:** Initially, they were given Social Responsiveness Scale, Aberrant Behavior Checklist, M-CHAT, ABC, Conners Parent Rating Scale (parents filled out these forms). At about 8-10 years of age they were followed-up. Parents were given semistructured interviews with regards to the child's daily functioning, school situation, Social Responsiveness Scale, Aberrant Behavior Checklist, M-CHAT, ABC, Conners Parent Rating Scale and the children were given the WPPSI / WISC-R or WISC-IV.

**Results:** Most of the children had moderate-to-severe problems with attention/ activity regulation speech and language, behavior, and/or social interaction. Although some children had symptom levels corresponding to a clinical diagnosis of ASD, most children's diagnosis had shifted to AD/HD, DCD, or LD.

**Conclusion:** Children diagnosed at 2–4 years of age as suffering from ASD and who, after appropriate intervention for 2-4 years, no longer met diagnostic criteria for the disorder. Although they continued to be in need of support in terms of educational and psychosocial support, this support was mostly for other diagnostic criteria. According to parent interview and self-report questionnaire and psychiatric examination data, a minority of these children still met diagnostic criteria for ASD.

#### **PP106/ A Suicide Attempt After Levatiracetam Treatment: A case report**

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**Introduction:** Levetiracetam (LEV) is a second generation antiepileptic drug approved for the the adjunctive treatment of generalized and partial seizures. Its mechanism of action is through synaptic vesicular protein 2a. There has been some psychiatric adverse effects reported for LEV intake. Even though adverse effects of levatiracetam are not seen very often, there is a growing consensus that the patients with prior affective disorders are prone to develop psychiatric adverse effects. These adverse effects are; de novo psychosis, affective disorder, aggression, suicidal behaviour, major depression. It is considered that these effects are not dose dependant.

**Case:** Herein, we present a teenager girl committing suicide after the onset of LEV treatment. The patient is 16 years old sophomore, in the second year of study at high school. She was admitted to outpatient clinic with complaints of fainting attacks, short temper, anger management difficulties, malaise and misery. According to the history taken from family time added to her complaints: five long years had she suffered and had obtained no relief. Yet they've never had contact with a doctor, as they say, her functionality was not deterred. Her chief complaint for the last 5-6 months was fainting and that is what brought her to doctor. She has never displayed any self-mutilation or homicidal behavior and does not have any chronic illness nor have any addiction. Psychometric tests revealed a mild intellectual disability and certain verbal skills are found well below expectations. The patient was hospitalized for further examination. Routine blood tests, neurological examination, ECG, ECO, MR, EEG were studied. As a result of the investigations, levetiracetam (1000 mg/day) treatment was started due to the epilepsy pre-diagnosis. On the 7th day of treatment, self mutilative behaviors were observed in the manner of self-cutting on the arms using a razor blade. Patients' existing complaints were overturned with the start of valproic acid 1000 mg/day and aripiprazole 15 mg/day therapy

instead of levitiracetam treatment. The suicidal thoughts were over and for the next 6 months there was no self-mutilating behavior.

**Discussion:** In the published literature, suicide attempt in epileptic patients is rare but mortality is high. Some authors describe some risk factors for susceptibility to epileptic patients: younger age, male gender, temporal lobe seizures, brain lesions, early onset, history of drug resistance, personal, social and occupational difficulties. In particular, if the patient has past depressive symptoms, lack of pleasure, irritability and obsessions in the psychiatric clinic than It should not be forgotten that Lev therapy can disturb the psychiatric symptoms. Therapy of LEV in patients with affective disorder can make existing symptoms worse. Thus clinicians need to avoid LEV therapy especially in the presence of accompanying behavioral disorders and depressive findings.

### **PP107/ Correlation of Inpatient Stay With Clinical and Sociodemographic Characteristics For Cases Admitted to The Pediatric Psychiatric Inpatient Unit**

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**Objectives:** Patients applying to pediatric and adolescent mental health clinics who cannot be monitored as outpatients may be admitted to the inpatient unit. The length of stay of cases monitored and treated under inpatient conditions may vary depending on mental diagnosis, and properties of psychotherapy and psychopharmacological treatment administered, in addition to sociodemographic characteristics. This study aimed to research the correlation between length of stay and clinical and sociodemographic characteristics of inpatient cases admitted to our child psychiatric inpatient unit.

**Methods:** The study included a total of 383 cases treated as inpatients and discharged in the years

2013-2017. Variables like sociodemographic characteristics, mental diagnoses, applied treatments, inpatient form and applied psychometric test results of cases were recorded in a database. The effect on length of stay of these independent variables was assessed.

**Results:** The mean length of stay of cases was  $20.05 \pm 19.69$ . The shortest stay was 1 day while the longest was 135 days. It appears the length of stay was longer for children compared to adolescents and for those who left formal education compared to those continuing in education. When the effect of mental diagnoses and received treatment on length of stay is examined; the length of stay of cases with schizophrenia and other psychotic disorders, eating and related disorders, presence of trauma and stress-related disorders, psychotherapy and psychopharmacological treatment, and use of antidepressants, antipsychotics and anxiolytic medications were longer. The shortest length of stay was for cases with mental retardation and neurodevelopmental disorders. It was observed that of psychometric scales applied during hospital stay, the test points received for childhood depression inventory (CDI), state-trait anxiety inventory (STAI), and child posttraumatic stress reaction index (CPTS-RI) were correlated with length of stay.

**Conclusion:** Some studies related to psychiatric length of stay recommend short hospitalization, while some propose that lengthening the hospital stay leads to therapeutic compliance and better recovery of function after discharge. Increasing the number of studies

related to clinical and sociodemographic characteristics of children and adolescents treated in inpatient units and sharing experiences will significantly contribute to the literature.

Keywords: Child and adolescent, inpatient unit, length of stay

**PP108/ Association Of Maternal Obsessive-Compulsive Disorder On Childhood Psychopathology: A Comparative Study Between Children Of Mothers With Obsessive-Compulsive Disorder And Major Depressive Disorder**

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**Objectives:** Very few studies and mostly not based on standardized diagnostic instruments, have focused on the effects of maternal obsessive-compulsive disorder (OCD) on childhood psychopathology. **Aims:** This study aimed to compare the psychopathology in the children of mothers with OCD with the children of mothers with major depressive disorder (MDD), for the first time to our knowledge.

**Methods:** 92 mothers (34 with OCD, 58 with MDD) and their 128 children aged 6-16 were included in the study. Yale-Brown Obsession Compulsion Scale and Hamilton Depression Rating Scale were used for the assessment of mothers and Kiddie-Schedule for Affective Disorders and Schizophrenia for School Age Children and Child Behavior Check Lists for Children and Adolescents (CBCL) were used for the assessment of children.

**Results:** The children of mothers with OCD had significantly higher rates of OCD, subclinical OCD, generalized anxiety disorder (GAD), Tourette Syndrome, transient tic disorder and present time psychopathology than the children of mothers with MDD. Also, they had significantly higher scores on anxious/depressed, externalizing behaviors, rule-breaking behavior, aggressive behavior, thought problems and OCD items of CBCL. Children of mothers with OCD imagined their mothers as more interfering in them and reported that their mothers have been more frequently used harsh punishment strategies compared with the mothers with MDD. The high rate of OCD, GAD, tic disorders in children of the mothers with OCD were associated with the interfering trait of the mother.

**Conclusion:** Recognising and treatment of OCD of parents is crucial for the mental development of their children. Therefore the results are supporting the urge to treat OCD patients early and throughly and to take care of their family members as well.

Key words: Obsessive-Compulsive Disorder, Mother-Child Relations, Major Depressive Disorder, Child, Psychopathology

### **PP109/ Underline The Collaborative Working, In The Light Of Two Adolescent Cases**

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**Introduction:** Psychogenic disorders in neurological clinical practices have been frequently reported and vice versa. Consultation-liaison psychiatry has an important role in both the diagnosis and the management of neuropsychiatric symptoms. Here, we report two female adolescents who presented neuropsychological symptoms and aim to highlight the occurrence of diagnostic mistakes and underline the collaborative working.

**Cases:** Case 1; 14 years 5 months female adolescent who presented with lethargy, visual and auditory hallucinations, fainting, regressive talking. In daylight hours, her family reported that she sometimes suddenly falling asleep and wake up with startling and crying. She hospitalized with suspected encephalitis by child neurologist. In the following process, encephalitis diagnosis excluded and she diagnosed as a psychotic disorder. Case 2; 14 years 6 months female adolescent was referred to our clinic with the complaint of agitation, irritability and behavioural problems since two months. She became increasingly lethargic in last ten days and convulsion and syncope attacks were started. Her family admitted to another clinic with these complaints and diazepam was administered with the diagnosis of conversion disorder. After applying to us, she was consulted to child neurologist in order to excluding organic diseases. In the following process, she became unconscious after last syncope; and finally, she was made progressive encephalitis diagnosis by child neurologist.

**Discussion:** Clinicians frequently confront the problem of acute neurologic symptoms in a patient who has no convincing, objective neurologic findings. The specific nature of the presumed nonorganic problem is frequently not distinctly formulated. Neurologists and psychiatrists should work collaboratively to minimize such errors and to accurately diagnose and effectively treat patients having neuropsychiatric symptoms.

### **PP110/ Sleep Related Rhythmic Movement Disorder Showing Response to Melatonin**

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**Introduction:** The International Classification of Sleep Disorders (ICSD)-3 describes three typical subtypes of sleep related rhythmic movement disorder (SRMD). When the movements significantly interfere with normal sleep or daytime function, result in self-harm or injury, they are classified as SRMD. We report an 8-years-old girl diagnosed as SRMD and showed therapeutic response to melatonin.

**Case:** An 8-years-old girl was referred to our clinic with head banging during nocturnal sleep. She has been shown head banging during nocturnal sleep since 1,5 years old. Firstly, a pediatric neurologist evaluated her when she was 33 months. Sleep EEG showed that normal background

activity and suspicious epileptiform activity in cortical-subcortical tissues. Nocturnal seizure disorder was diagnosed and oxcarbazepine was prescribed for three years. She has examined by another pediatric neurologist when she was six-years-old and oxcarbazepine treatment has terminated. She was applied to our clinic when she was seven years-old. Physical and neurological examinations were unremarkable. She diagnosed as SRMD and melatonin 3mg/day was started then gradually up to 9 mg. Melatonin 9 mg at bed-time reduced the frequency of these episodes from every night to 2-3 times weekly. However, no complete remission has been obtained until now.

**Discussion:** As like our case, SRMD may be misdiagnosed as nocturnal epilepsy and leading unnecessary use of antiepileptic drugs. Sleep laboratories that specialize in pediatric sleep disorders must be considered in the differential diagnosis of nocturnal behaviors. Although no complete remission, melatonin treatment provided significant improvement of her symptoms. To the best of our knowledge, our patient is the first child case of SRMD responding melatonin treatment. Controlled studies should be required to determine safety and efficacy of melatonin in these cases.

### **PP111/ Phagophobia: A Case Improved With Cognitive Behavioural Treatment**

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**Introduction:** Phagophobia (choking phobia) is a condition characterised by intense fear of swallow accompanied by avoidance of swallowing solid food and drinking in the absence of anatomical or physiological abnormalities. Patients may present a significant weight loss and usually feel uncomfortable(1). Usually, panic symptoms are the leading cause of fear conditioning. This occurs due to the presence of panic symptoms, like breathing difficulties, choking sensations and muscle tension during meals. Phagophobia was positioned in the Diagnostic and Statistical Manual of Mental Disorders, 5th edition (DSM-5) and International Classification of Diseases, 11th edition (ICD-11) in the new diagnostic category of avoidant/restrictive food intake disorder (AR-FID) as a “persistent failure to meet nutritional needs due to a traumatic experience” (i.e., choking)(2). Combinations of several treatment techniques (psychoeducation, exposure therapy, hypnosis, cognitive behavioural treatment) were described in the treatment of phagophobia(3).

We present a clinical case of choking phobia in a 17-year-old male patient after an episode of choke when eating fish, implicate for treatment especially cognitive behavioural approach.

**Case:** The patient is an 18-year-old female who had fear of swallowing. This was following an incident where she ate a fish, three years ago. A piece of fish bone stuck her throat. This accident repeated

2 times. She found the incident painful. After this accident, she was totally dependent on fluids and semisolids which lead to significant weight loss. During this period, she was investigated for dysphagia, organic causes were eliminated.

After the psychiatric assessment, she was diagnosed as phagophobia and suggested both medical and cognitive behavioural treatment. Fluoxetine 20 mg/day started gradually and



weekly therapy sessions scheduled. During initial sessions, the rationale of CBT was explained. Automatic thoughts, cognitive distortions were determined. Psychoeducation is conducted about swallowing physiology. A list of foods that were avoided to eat was made. These foods were listed hierarchically. After these sessions, gradually homework was given in order to prevent avoiding food. Previous homework was evaluated during each session, thought record was made by the patient and this record was evaluated according to CBT principle. Avoidance behaviour determined and behavioural home works were given for further sessions. Eight sessions were made in this way. After eight sessions, patient could eat almost all kind of foods -except fish- and her anxiety during meals was decreased relatively. Sessions were terminated for patient's school attendance and university exam. Further sessions were planned for summer holiday.

**Discussion:** There is not sufficient evidence about the treatment of phagophobia. CBT may be effective in reducing anxiety symptoms. SSRI's could use for treating anxiety and comorbid psychiatric disorders(3). In conclusion our evidence level is low for diagnosis and treatment of phagophobia. Case series are present in the literature and combination of both therapeutic and medical treatments are used for treatment. Further studies are needed for standardization.

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#### **PP112/ A Case of Myhre Syndrome Comorbid With OCD and ADHD**

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**Introduction:** Myhre syndrome, is a rare developmental disorder which clinical characteristics are craniofacial anomalies, stiff and thickened skin, joint contractures, various skeletal abnormalities, short stature, delayed puberty, psychomotor deterioration, behavioral problems, variable intellectual disability, autosomal dominant trait and caused by a missense mutations in the SMAD4 gene.

**Case:** A 13-year-old boy was admitted to our outpatient clinic with his family who complained that he had frequent hand-washing, constantly correcting his bed and trousers for an hour every day. He had difficulty in writing because he was not sure whether writing properly, or not. Also, his family explained his additional symptoms as fear of being sick, counting trivial things, nervousness, impulsivity, swearing, urinary incontinence while sleeping and fecal incontinence while playing, problem in friend relations, concentration problems and hyperactivity. In his medical history, he had a diagnosis of Myhre Syndrome according to physical examination and genetic analysis which demonstrated missense mutation of

SMAD4. The case was diagnosed with obsessive-compulsive disorder (OCD) and attention deficiency and hyperactivity disorder (ADHD). The patient's treatment was arranged with sertraline 50 mg/day, methylphenidate 30 mg/day, risperidone 1 mg/day. His clinical symptoms, and psychometric test scores has decreased significantly after medical treatment.

**Discussion:** To the best of our knowledge this is the first case the literature demonstrating the comorbidity of Myhre syndrome, OCD and ADHD. In the previous studies, it was declared that intellectually disability, behavioral problems, aggressiveness, frustration intolerance, hyperactivity, intransigence, poor communication skills, encopresis and autistic-like condition might be a component of Myhre syndrome. Psychiatric conditions of Myhre syndrome and the other syndromic situation should be taken into account by the all physicians during the evaluation.

### PP113/ Epistaxis Possibly Related To Fluoxetine

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**Introduction:** Selective serotonin reuptake inhibitors (SSRIs) are commonly prescribed antidepressant drugs mainly used in the treatment of depression and anxiety disorders. SSRIs have a favorable side-effect profile and the most common side effects are gastrointestinal complaints (nausea, abdominal pain), headache, insomnia and dry mouth. Although SSRIs have a good safety profile, they may be associated with serious hematological side effects. These hematological side effects include epistaxis, echymosis, excessive menstrual bleeding, gastrointestinal system bleeding, and even intracranial hemorrhage. This article reports a case of suspected fluoxetine-induced epistaxis and side effects of the drug on the hematologic system.

**Case:** A 14-year-old girl was referred to our outpatient clinic with complaints of nervousness, fatigue, unhappiness, unworthy feeling, insomnia, self mutilating behaviour and suicidal thoughts. She was sexually abused one year ago and her complaints started after abused and increased in the last 3 months. She was diagnosed with Post-Traumatic Stress Disorder and Major Depression according to the criteria of the DSM-5. Firstly, Risperidone 0.5 mg / day, and four weeks later, Fluoxetine 20 mg/day was initiated. Two weeks after Fluoxetine 20 mg/day treatment was initiated, she was referred to clinic with complaints of epistaxis and excessive menstrual bleeding. She had no previous history of abnormal bleeding or any systemic illness or trauma. Her complete blood count (CBC), prothrombin time (PT), thrombin time (TT), fibrinogen level and peripheral blood smear were normal, but activated partial thromboplastin time (APTT) was prolonged (her APTT value: 47,8 seconds, though normal APTT values range from 26,5 to 40 seconds). Fluoxetine was ceased, then she did not complain of epistaxis and excessive menstrual bleeding. Within a week, her APTT levels decreased from 47,8 to 33,9.

**Discussion:** SSRIs are believed to increase the extracellular level of serotonin by limiting its reabsorption into the presynaptic cells. However, these drugs lead to a decrease in serotonin levels in thrombocytes. Because serotonin provides platelet aggregation and plays a role in the coagulation mechanism, its functions in coagulation may be blocked by SSRIs. SSRIs cause these side effects by disrupting the normal platelet aggregation process and platelet function, and increases the risk of bleeding. The otherhand, these drugs are rarely associated with a decrease in the count of platelets .

Our report showed that when abnormal bleeding is seen during SSRI treatment, platelet dysfunction, coagulation disorders and von Willebrand's disease should be investigated and especially bleeding parameters involving APPT should be evaluated. Although bleeding is a rare side effect, clinicians should be aware and the patients taking SSRIs should always be asked if, they use anticoagulants and predisposition to bleeding.

### **PP114/ Psychotic Symptoms Developing On The Basis Of SSRI Withdrawal After Suicide Attempt: Case Report**

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**Introduction:** Antidepressant discontinuation syndrome is reported to occur in approximately one-fifth of patients after abrupt cessation of medication taken for at least 6 weeks (Warner et al. 2006). Typical symptoms include flu-like symptoms, insomnia, nausea, imbalance, sensory disturbances and hyperarousal. The symptoms are usually mild, last one-two weeks and stop after anti-depressant challenge (Warner et al. 2006). The symptoms are more frequent after longer treatment and shorter half-life. SSRI withdrawal/ discontinuation syndrome is a subgroup of those involving serotonin selective reuptake inhibitor antidepressants. Psychotic symptoms especially visual and auditory hallucinations in SSRI withdrawal are rare and particularly observed after stopping paroxetine (Fava et al. 2015). Here we report a female adolescent who developed psychotic symptoms after cessation of sertraline.

**Case:** The patient was a 17-years old female who was brought to our department with complaints of

meaningless speech and bizarre behavior;. Upon questioning it was learned that she was diagnosed with Adjustment Disorder with Depressive Features at another CAP clinic two weeks ago and was started on sertraline 50 mg/ day. She impulsively attempted suicide with sertraline overdose at the fifth day of treatment (1000 mg total) after a row with her boyfriend and was treated for two days at Pediatric ER. After stabilization she was referred to the CAP outpatient department. The parents reported that they stopped sertraline at 5th day and was free of medications for the past 7 days. For the past week she described auditory and visual hallucinations, inappropriate giggling, and insomnia. Mental state examination revealed reduced grooming, slow speech, limited eye-contact, inappropriate mood, reduced attention and auditory (i.e. a male speaking gibberish) and visual (i.e. a man with an axe following her, strange shadows at her visual field) hallucinations. Orientation was intact, thought processes were circumferential and content included vague persecutory hallucinations. There was neither suicidal nor homicidal thought themes. Psychomotor activity was retarded, sleep and appetite was reduced. Physical examinations and neurological consultation revealed no abnormalities. Laboratory functions were normal. Baseline psychometric evaluations with CGI-S and PANSS revealed scores of 5 (markedly ill) and 88 (Positive= 24, Negative= 18, General= 46). The patient was hospitalized with the preliminary diagnoses of Brief Psychotic Disorder and/ or Serotonergic Syndrome according to DSM-5 and sertraline withdrawal was suspected in etiology. Supportive treatment with IV hydration and symptomatic treatment with risperidone 1 mg/ day and lorazepam 3 mg/ day were started. Serotonergic syndrome was excluded in follow-up due to lack of autonomic instability, fever and diarrhea. The symptoms were remitted at the 3rd day of hospitalization. CGI-S and PANSS scores were found to be 3 (mildly ill) and 42 (Positive=9, Negative= 9, General= 24).

Consequently and upon her parents; and her request she was discharged to be followed-up on an outpatient basis.

**Discussion:** Here we report an adolescent case who developed psychotic symptoms after a suicide attempt and SSRI withdrawal. Delirium was ruled out due to lack of fluctuation of symptom and intact orientation while serotonergic syndrome was excluded due to lack of autonomic instability, fever and diarrhea. We suggest that clinicians should keep in mind SSRI withdrawal in cases of psychotic symptoms with abrupt onset.

### **PP115/ Autosomal Dominant Partial Epilepsy with Auditory Features: A Case Report**

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**Introduction:** Epilepsy is a chronic neurological disorder characterized by seizures resulting in abnormal, excessive or hyper-synchronous neuronal activity in the brain. It affects 2% to 3% of the world's population and 75% of it starts before puberty. Epidemiologic studies showed that psychiatric disorders are more common in epileptic patients than the general population. Psychiatric disorders in epileptic patients are mood disorders, anxiety disorder, psychotic disorders, attention deficit hyperactivity disorder and autism (1).

The most important problem that forces clinicians in the presence of psychiatric symptoms during epilepsy is that there are psychiatric complaints only due to epileptic disorder. Personality changes, auditory, visual or tactile perception changes can be seen especially in the epilepsies originating from the temporal and frontal lobes and this situation can be perceived as a psychiatric disorder by clinicians. Concomittant psychiatric complaints also significantly influence choice of pharmacotherapeutic agent in the treatment of epilepsy. For these reasons, detailed differential diagnostic evaluation of the cases with psychiatric complaints accompanying epilepsy must be done.

The number of cases with psychiatric complaints associated with epilepsy in child age group are limited in the literature. In this case report, we discussed the diagnosis and treatment of a case who was followed up due to epileptic anomaly in the right frontal region at outpatient clinic of Pediatric Neurology and was consulted to outpatient clinic of Child Psychiatry because of interpretation of accompanying complaints as auditory hallucinations.

**Case:** 15 years old boy, second grade student at high school,

Complaints of referral: Tinnitus and hearing voices

History: He was admitted to emergency service three weeks before child psychiatry evaluation with complaints of contraction in his body, stiffness at chin and seizure with loss of consciousness. Epileptic anomaly was detected in the right frontal lobe of the EEG taken at rest and during sleep at emergency department. Levetiracetam at a dose of 1000 mg/day was started by pediatric neurologist. He was consulted to our clinic with complaint of hearing voice. The patient's personal history and family history did not show any significant characteristics.

Assessment and Follow-up: Psychiatric evaluation revealed that he was dressed suitable to his socioeconomic status and showed positive attitude towards the interviewer. He started talking spontaneously, gave timely and sufficient answers to questions, his consciousness was normal. Time, place and person orientation are determined to be complete. His mood was euthymic, his affect was compatible with his mood, the speed of thought and thought process was normal. There was no obsession, compulsion, delusion or suicidal thought. His attention and intelligence seems normal. Since last year he had auditory hallucinations as meaningless voices or voices like singing. He had no visual, tactile, odour or taste hallucinations. It has been learned that auditory hallucinations did not vary from place to place, appeared intermittently, were not triggered by any stressor, and did not interfere with the daily functioning of the patient. The immediate, near and distant memory examination was normal, the judgement was complete, the insight was present, and the psychomotor activity was evaluated as normal.

As a result of psychiatric history and examination, diagnosis of acute psychosis was almost excluded. Epilepsy was primary diagnosis of the patient with normal physical and neurological examination. Doing EEG and cranial magnetic resonance imaging (MRI) were planned. Cranial MRI results were considered as normal.

In the second psychiatric examination of the case, it was learned that there was an increase in the number of seizures and accompanying auditory hallucinations with levitiracetam treatment. The contents of the voices were not clearly understood, sometimes voices were singing. There was dysarthria and aphasia during epileptic seizure. At postictal period he didn't remember what happened during epileptic seizure. Epileptiform activity originating from the right frontal segment was still detected in the second EEG. Levitiracetam was stopped and carbamazepine was started, the patient was diagnosis as "Autosomal Dominant Partial Epilepsy with Auditory Features"(ADPEAF) by pediatric neurologist. The CBCL parent and teacher forms showed no attention deficit or behavioral problems. No findings were found on psychiatric evaluation other than auditory hallucinations during the seizure. Using Minnesota Multiphasic Personality Inventory (MMPI) assessment at our clinic, no active psychotic process was thought.

At the third psychiatric interview with the patient and his family, there was a significant decrease in the number of epileptic seizures and severity of auditory hallucinations with carbamazepine treatment. Follow-ups at psychiatric outpatient clinic continue to support the process of a chronic disease.

**Discussion:** ADPEAF usually includes focal seizures with elemental features and secondary generalized tonic-clonic seizures, and focal seizures are characterized by auditory aura in 64% of cases (3). Auditory aura in focal epilepsy is a rare symptom. In many studies, auditory hallucinations have been reported in 3% of patients (4). Auditory hallucinations are also defined in ADPEAF. The most common symptoms are simple sounds such as buzzing, sizzling or tinnitus while less common forms contain complex voices such as voice changes or specific songs (2). Less frequently, other ictal symptoms, including sensory symptoms (visual, olfactory, dizziness) or motor, psychic, and autonomic symptoms, can occur. Our case heard simple voices as well as singing voices. Ictal receptive aphasia consists of the inability to understand suddenly if there is no general confusion (2). We found that there were receptive aphasia in the presence of dysarthria and inability to respond to questions during the attacks.

Seizure control can be achieved with many antiepileptic monotherapy. The most commonly used antiepileptics are carbamazepine, phenytoin or Na valproate. These treatments are used for five months to two years (5). It is important to emphasize that some antiepileptic drugs (topiramate, levetiracetam, and phenobarbital) may trigger psychotic symptoms in children (1). In our case, auditory hallucinations were increased with levetiracetam, whereas seizures and auditory hallucinations decreased with carbamazepine treatment.

As a result, epilepsy can be presented with many different clinical features. In particular, differential diagnosis should be made carefully keeping in mind that the clinical appearance of temporal and frontal lobe epilepsies may suggest psychiatric disorders.

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## PP116/ Psychiatric Diagnosis Distributions of Institutional Children According to Gender and Age: A Retrospective Descriptive Study

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**Objectives:** The care of children and adolescents in need of protection is provided by the Prime Ministry Social Services and Child Protection Agency in our country. Institutional children and adolescents may experience many emotional and behavioral problems resulting from pre-institutional life events, age and length of stay. It has been reported that children and adolescents who have childhood trauma and are in need of protection have more risk in terms of mental health problems than the general population. In studies, 40-96% of children in institutional care were found to have at least one mental disorder. In this study, we aimed to investigate the distribution of psychiatric disorders of these children according to age and gender.

**Methods:** In this study, medical files of children and adolescents living in Samsun Social Services Child Protection Agency, Samsun Child Support Center Directorate, 19 Mayıs Sevgi Evleri Institution, Yaşar Doğu Institution and Samsun Süleyman Yançatoral Institution and admitted to Ondokuz Mayıs University Child Psychiatry Polyclinic were evaluated. The data on age, gender, psychiatric diagnosis and treatment of the patients were collected retrospectively. Statistical analyses were performed on SPSS version v15.0 software.

**Results:** 109 of the 287 children living in the mentioned institutions were followed and treated in our clinic (38%). Mean age of the patients was  $14.5 \pm 3.7$  (3.5-19 years age range) and female gender was 67%. The most common diagnoses in all children and adolescents were Major Depressive Disorder (MDD) (49.5%), Conduct Disorder (CD) (49.5%) and Attention Deficit Hyperactivity Disorder (ADHD) (45.8%). The most common diagnoses in males were ADHD (83.3%), CD (80.5%) and Mental Retardation (MR) (44.4%), a significant difference from females ( $p < 0.05$ ). The most common diagnoses in females were found as MDD (60.2%), CD (34.2%), ADHD (27.3%) and Post Traumatic Stress Disorder (PTSD) (27.3%). According to gender, MDD and PTSD were significantly higher in males ( $p < 0.05$ ). According

to age groups, the most frequent diagnoses were Reactive Attachment Disorder (RAD) (57.1%), MR (28.5%) and ADHD (28.5%) in the 0-6 age group; ADHD (100%), CD (70%) and MR (50%) in the 7-12 age group; MDD (54.3%), CD (51%) and ADHD (41.3%) in the 13-19 age group. RAD, ASD and Social Communication Disorder (SCD) in the 0-6 age group, ADHD and Behavioral Disorder in the 7-12 age group and Depressive Disorder in the 13-19 age group were significantly higher ( $p<0.05$ ). The most commonly prescribed drug groups were found respectively; antipsychotics (42.6%), antidepressants (28.3%) and stimulants (15.0%). The use of antidepressants and benzodiazepines was found to be higher in females, while the use of stimulants was found to be higher in males ( $p<0.05$ ). In the medical file review, 41.2% of the patients were found to have child abuse history. 29.3% of the patients had a history of sexual abuse and 13.7% had a history of physical abuse. 91.1% of the abused cases are female. 56.1% of females and 11.1% of males had a history of abuse. While child abuse and sexual abuse rate in females were significantly higher than males, child abuse rate was found to be significantly higher in 13-19 age group than other age groups ( $p<0.05$ ).

**Conclusion:** In a study, 53.2% of the children in a institution were found to have at least one mental disorder. This rate was found to be 38% in our study. The results of our study show that approximately half of the children and adolescents living in the institution and receiving psychiatric treatment have sexual and/or physical abuse and 91% of them are female. When gender distribution of psychiatric disorders is examined, it is seen that the most common diagnoses in males are Disruptive Behavior Disorders and MR and the most common diagnoses in females are MDD, Disruptive Behavior Disorders and PTSD. According to age groups, the most frequent psychiatric diagnoses were RAD in preschool age, ADHD in school age and MDD in adolescence. The results of this study suggest that children in institutional care need intensive mental health support and clinicians should consider gender and age-related differences in the diagnosis and treatment process.

### PP117/ Evaluation of Child And Adolescent Psychiatry Consultations

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**Objectives:** It has been observed that the children and adolescents with physical illness have more mental disorder than healthy people. These psychological distresses affect children's and adolescents' treatment compliance and prospective functionality. This study was conducted to evaluate consultations of patients which were stayed in different child psychiatry clinics in Celal Bayar University Faculty of Medicine.

**Methods:** The records of the patients who were consulted in between 01.07.2016 and 31.12.2016 and was made diagnosis according to DSM5 was scanned retrospectively. The sociodemographic information of the patients, the diagnosis of physical illness, the clinic requested for consultation, the reason for the consultation, the psychiatric diagnoses determined in the consultation result and the psychiatric treatment process were analyzed by using the SPSS 15.0 program.

**Results:** Psychiatric consultation was requested for 55 inpatient children (55 children constitute %1.5 of inpatients in all clinics within six-months) within a six-month period. %63.6 of consulted cases was a girl, %36.4 of them was a boy and the average age was found as  $13.2 \pm 3.6$ . A great majority of these cases (74%) were adolescents (12 years and older). When the consultations were evaluated, it was determined that the 23.6% ( $n = 13$ ) of the patients were

consulted for suicide attempt and 83.6% (n = 46) of them had at least one mental disorder. The most common diagnosis was major depression in the rate of 36.4% (n = 20) and psychotropic treatment was recommended to 38.2% of evaluated cases because of the psychiatric disorder. The most frequently recommended drug group was SSRI.

**Conclusion:** In our study, it was found that the consultation rates were low despite the rate of psychopathology (83.4%) was rather high in consulted children and adolescents. This suggests that the doctors who are working in non-psychiatric areas are having difficulty understanding and evaluating the psychiatric symptoms in children and that the cooperation among physicians should be increased so that psychiatric illnesses can be better recognized.

### **PB118/ A Puzzling Case with Cadasil Syndrome and Conversion Disorder Comorbidity**

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**Introduction:** Conversion disorder (CD) is a condition of neurological symptoms without organic cause. Although the etiology of disorder is not fully understood, it is thought that causes including psychological stress, intrafamilial conflict, childhood trauma, low socioeconomic status, and the social environment problems may play a role in the emergence of the disease.

Cerebral Autosomal Dominant Arteriopathy with Subcortical Infarcts and Leukoencephalopathy (CADASIL) is an autosomal dominant arteriopathy caused by mutations in the NOTCH3 gene. The clinical manifestations of CADASIL range from single or multiple lacunar infarcts, transient ischemic attacks, dementia, migraine with aura to psychiatric disorders.

In our current report we aimed to present a case with conversion disorders and his long and complex differential diagnosis process.

**Case:** A 15-year-old boy was admitted to child neurology clinic with the complaints of headache, difficulty in walking due to having weakness of lower limbs. His neurological examination was normal. In the brain MR an image that consistent with lacunar infarction was detected. The patient was hospitalized for differential diagnosis but no neurological pathology was found to explain the clinic. Then he was consulted to our clinic from child neurology clinic for evaluation in terms of conversion disorder. In our psychiatric evaluation, the patient was diagnosed as having conversion disorder and major depressive disorder. After our psychiatric assessment, although the clinic of the patient spontaneously recovered in a couple of days, a blood sample was sent to genetic department for excluding Cadasil Syndrome (for assessing NOTCH3 gene mutation). During the follow-up period, the family applied to many different centers for identification of organic reasons but did not continue psychiatric follow-up and the patient's complaints repeated again and again. Six months later, when they applied to our clinic again, he had same symptoms. In the genetic examination, heterozygous notch 3 gene mutation had been detected but his symptoms could not be explained by Cadasil Syndrome but by CD.



**Discussion:** In the majority of cases with CD early diagnoses can be achieved by detailed physical examination and the identification of incongruities. But this is not always so easy, especially when the organic research is not completed and the family does not believe in the psychiatric diagnosis. Whereas early recognition of the disorder will limit unnecessary tests and medications. It should be considered that even in the case of syndromes with intense organic components, the clinical picture may be due to psychological diagnosis such as conversion.

### **PP119/ A Rare Side Effect of Paliperidone: Dose Dependent Angioedema**

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**Introduction:** Paliperidone, an atypical antipsychotic agent, is the most active metabolite of risperidone which has been used frequently in treatment of many different mental illness for years with an efficiency of safe and tolerable profile. Owing to paliperidone newly marketed, its adverse (side) effects have appeared day by day. Angioedema is a life threatening condition as to swelling of the deeper cutaneous and mucosal layers that can result dysphagia, respiratory distress, and death because of laryngeal edema. Here, we report firstly a case of angioedema related to paliperidone in an adolescent with psychotic disorder.

**Case:** A 18-year-old boy was referred to our clinic from Agri State Hospital. He has been diagnosed with schizophrenia and his medical treatment has been started there. Because of the failure of the treatment, he was directed for hospitalization. His treatment history revealed that he had been treated with olanzapine (10-20 mg/day), risperidone (2 mg/day) and quetiapine (500-600 mg/day). His compliance with treatment was poor. His physical examination at the time admission to the our clinic was normal. On investigation there was no abnormality in haemogram, serum electrolytes, renal and liver function test. His EEG and brainMRG were assessed as normal. Quetiapine treatment was stopped. Considering the treatment incompatibility of the patient, it was decided that oral paliperidone treatment should be started and then passed to the injection form. Paliperidone 3 mg was started and the dose was slowly increased. When the patient's paliperidone treatment increased 9 mg to 12 mg, the patient began to complain of itching, rash, swelling of the eyes, respiratory distress. The patient was consulted dermatology department and diagnosed with angioedema by them. They suggested stopping paliperidone treatment. We stopped the treatment and passed to clozapine treatment. The patient, after passed to clozapine treatment, was recovered from angioedema. No side effects were observed with this treatment.

**Discussion:** There are many case reports of angioedema related to other atypical antipsychotic. There is only one case reported angioedema related to paliperidone in literature. We have presented a case of dose-dependent paliperidone related to angioedema in an adolescent for the first time. According to Naranjo Adverse Reaction Scale its score was 6, in other words, there is a probable association between angioedema and paliperidone. This case indicates the need for the awareness of this rare adverse effect of paliperidone among physicians as well as psychiatrists.

### **PP120/ Cyproterone Acetate Induced Tic Disorder: A Case Report**

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**Introduction:** Tic disorder (TD) is a common neuropsychiatric disorder with childhood onset, characterized by non-rhythmic, rapid, intermittent, involuntary, and repetitive muscle spasms. The neurobiological basis of this disorder is thought to be a series of interactions between genetic, environmental and gender dependent factors. It is well known that tic disorder starts in childhood and improves during adulthood. Considering that androgens cause tics to worsen in males and some drugs with an anti-testosterone effect show an anti-tic effect, androgens may be a factor that affects the severity of the tics and plays a role in the pathogenesis of the disorder both in males and females.

**Case:** Androgen receptors to be included as a target for tic treatment is a possibility; however, the patient who was 7 years old, female being followed up in the pediatric endocrinology department with a diagnosis of precocious puberty and with 50 mg/day cyproterone acetate therapy developed motor tics in the form of eye-blinking in both eyes on the sixth day of the treatment. As a result of evaluation, risperidone 0.5 mg / day treatment was initiated with a diagnosis of tic disorder induced by cyproterone acetate, which was learned to have motor ticks in the form of eye blinking, shoulder waving and facial rubbing for 1.5 months.

**Discussion:** Neurobiological occurrence mechanisms of tic disorder will be discussed with this case report which shows that tic disorder symptoms can develop as a result of antiandrogen cyproterone acetate use.

### **PP121/ Preschool Children With Attention-Deficit/Hyperactivity Disorder Symptoms: Externalizing Problems, Family Functioning And Parental Attitudes**

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**Objectives:** The current literature regarding preschool children with Attention-Deficit/Hyperactivity Disorder (ADHD) is very limited. The purpose of this study is to examine externalizing problems, family functioning and parental attitudes in children with ADHD symptoms aged between 4 and 6, relative to symptom free classmates.

**Methods:** Ninety-two children ( 39 girls; Mean age= 5.12±0.52), their parents and teachers (n=14) participated in the study. The information based on teacher and parent ratings of DSM-5 ADHD Rating Scale and parent ratings of Conners&#8217; Parent Rating Scale (CPRS), Family Assessment Device and Parenting Scale were obtained. The study and comparison groups were ascribed according to DSM-5 ADHD symptom severity. The comparisons were made between low (n=26) and high (n=24) symptom severity groups.

**Results:** The children with ADHD symptoms exhibited more social problems, anxiety, oppositional behavior, emotional instability, perfectionism and psychosomatic symptoms, compared to their ADHD symptom free classmates. Family Assessment Device ratings

revealed that family functioning of children with ADHD symptoms have dysfunction in communication, affective responsiveness, behavioral control and general function. Parents of such children also have more laxness and overreactive attitudes towards their children compared to parents of children with ADHD symptom free.

**Conclusion:** Preschool-age children with ADHD symptoms are at risk for comorbid psychopathologies, family dysfunctioning and ineffective parental attitudes.

### **PP122/ ‘Attention Deficit Hyperactivity Disorder In An Eight Years Old Male With Crouzon Syndrome’**

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**Introduction:** Crouzon syndrome is a genetic disorder characterized by inherited autosomal dominant and characterized by craniosynostosis. It is known that Crouzon syndrome occurs in approximately 16.5 per 1.000.000. In Crouzon's syndrome, because of early closing of bilateral coronal sutures and sagittal sutures are Brachycephaly, acrocephaly, pronounced exophthalmos, ptosis, hypertelorism, beaked nose, ear and palate deformities. Ocular symptoms include shallow orbital, hypertelorism, exotropia and optic atrophy. Crouzon syndrome makes up approximately %4,8 of all cases of craniosynostosis group. No known race or sex predilection exists. Decreased mental function is present in approximately %12 of the patients. In this article, a 7 year and 9 month old male patient's who was diagnosed as Crouzon syndrome by a center. Besides mental retardation there are attention deficit and hyperactivity disorder were diagnosed by center.

**Case:** 8 years male patient who is attending to primary school at first grade was brought to our clinic with his parents. His parents complaints about him are; overactive, having difficulty in doing his homework, interrupting and disturbing the lesson. In his developmental history his birth was normal. Because of his Hyperbilirubinemia he stayed for one week in incubator. He walked and started to talk when he was 2.5 years old; He has not gained toilet training skill yet. It was learned that the patient received the diagnosis of Crouzon syndrome at three years old and had two operation because of craniosynocytosis. At that time he was also evaluated as intellectual disability. He has learning problems on reading and writing. He can not stand still talking too much, is disturbing his teacher and classmates during the lesson and has attention problems during lessons and at homeworks. In his psychiatric evaluation, it was determined that his cognitive abilities were retarded when compared with his peers, there was no problem with the thought content; his affect was euthymic, and when it was evaluated according to intelligence level of the patient, he had more than expected and marked attention problems. Symptom severity of ADHD was determined using the Turgay DSM-IV-based Child and adolescent Behavior Disorders Screening and Rating Scale-Parents Form (DSM-IV) Section I. Attention Deficit 9/9, Section II. Hyperactivity-impulsivity 9/9, Section III. Issue 5/8-0/41 were to meet the criteria. According to DSM 5 criteria with history, examination and test results ADHD (Attention Deficit and Hyperactivity Disorder) and mild intellectual disability were diagnosed. Methylphenidate 10 mg/day was started and his follow up is going on in our outpatient clinic.

**Discussion:** Premature craniosynostosis, midfacial hypoplasia and exophthalmus form the triad known as crouzon syndrome. Coronal and sagittal sutures are most commonly involved, resulting in a high prominent forehead. The most common ocular abnormalities reported are shallow orbits, ocular proptosis, orbital hypertelorism, strabismus, optic atrophy, exposure keratitis. Blindness from optic atrophy secondary to intercranial hypertension can also occur. The most common dermatologic manifestation seen in crouzon syndrome is acanthosis nigricans, which is detectable after infancy. More than 50 % of patients with crouzon syndrome have FGFR2 mutation on molecular analysis. Skull radiographs are used to show synostosis, craniofacial deformities, digital markings of skull, widening of hypophyseal fossa, small paranasal sinuses, and maxillary hypoplasia with shallow orbits. Multiple stage surgeries are the general treatment for patients with crouzon syndrome as like in our patient. Skull reshaping may need to be repeated as the child grows to give the best possible result. Prognosis depends on malformation severity. Craniosynostosis can result in brain compression and mental retardation in severely affected individuals unless relieved by early craniectomy. From the literature it is known that in craniosynostosis syndromes; low frontal lobe volume is associated with frontal stenosis like in crouzon, would elevate risk for language delays, ADHD or different levels of intellectual disability. Consistently with the literature ADHD and intellectual disability were assessed in our case.

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### PP123/ Hiperactive Delirium And Its Treatment With Risperidone In A Child: Case Presentation

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**Introduction:** Delirium is a rapid-onset disorder with a fluctuating course and a wide range of underlying causes. It is commonly characterized by altered mental status, disturbance of consciousness and cognition, as well as disruptions in sleep/wake cycle. Although delirium is a relatively complicated condition due to the variability of its symptoms and findings, clinical types, clinical progress and the multitude of its causes and risk factors; it is generally reversible. Accurate identification of underlying causes and risk factors is therefore essential in early-stage diagnosis and positive treatment outcomes in delirium cases. Delirium in children can be due to various etiologies and its clinical signs can differ from those of adults. Because of the increased prevalence of missed cases of delirium in children and adolescents and the limitation of publications based on Turkish cases, this case presentation can be deemed important.

**Case:** Irritability, homicidal treatment, visual hallucinations, psychomotor agitation and maintaining attention symptoms are observed for a 16 year old Hodgkin Lymphoma

diagnosed boy's , after his chemotherapy who is an in-patient in child hematology division in a university's department of medicine.

The patient was thought to have Hyperactive Delirium due to multiple etiologies and risperidone was started at a 0.50 mg/day and titrated to 1mg/day.

**Discussion:** It can be said that clinicians should pay attention to acute mental status changes in children and adults and that risperidone can be a viable treatment alternative for patients with hyperactive delirium.

## **PP124/ Diagnosis of Autism Spectrum Disorder in Judicial Application: A Case Report**

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**Introduction:** In this case report, it is aimed to present the admission and diagnosis as a forensic case of an adolescent with autism spectrum disorder (ASD) that has not been diagnosed until 14 years of age.

**Case:** A 14-year-old male case was referred to the outpatient clinic with the purpose of organizing a forensic report. According to the case file examined and information received from his mother; it was learned that the case had obsessive behaviours against his girlfriend in the last 1 year at school, he had words and attitudes that would disturb his girlfriend by making misleading statements and 1 month ago he was sued for giving physical harm to her. During the case interview; it was observed that the eye contact was limited, social communication was not established, speech integrity was not provided, anxious attitudes were displayed and had repeated questions about whether we will hospitalize him or not. According to the anamnesis; it was learned that speaking of the case was delayed, had rotation and flapping movement until the age of five, didnot have communication effort with children, had different and restricted behaviours, teachers defined him as a 'strange' child, was very successful in geography, had special interest in maps, had difficulty in understanding and expressing emotions, he tried to communicate with his friends after starting high school but he was excluded due to his strange jokes. It was determined that according to the WISC-R test result; the case had normal mental capacity. Case had ASD and adhd diagnosis according to DSM 5 diagnostic criteria.

**Discussion:** ASD is a neurodevelopmental disorder emerged in the first years of life which is characterized with repetitive movements and behaviors along with problems in social development and communication. Diagnosis of children with good intelligence may be delayed. It is thought that these cases can continue to normal school but problems of social adaptation during adolescence period can be increased. Symptoms that most disturb the social cohesion and quality of life in the cases are considered as obsessive thoughts and behaviours. Our case was thought to be important because of being a forensic case due to delayed diagnosis until adolescence period despite of significant symptoms about his disorder.

### **PP125/ Subacute Sclerosing Panencephalitis Presenting with Psychiatric Symptoms**

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**Introduction :** Subacute sclerosing panencephalitis (SSPE) is a persistent and chronic encephalitis secondary to measles virus infection that causes widespread demyelination of the central nervous system (CNS). Presentation with pure psychiatric symptoms has been rarely reported in the literature. We here report a case of 17-year-old male who initially presented with psychiatric symptoms and then subsequently developed myoclonic jerks.

**Case :** A 17-year-old boy presented to the neurology outpatient clinic with difficulty in walking. According to his parents, the boy was apparently well about 1 month prior to his admission. But, afterwards, they noticed that he became unusually quiet and withdrawn. He also started having difficulty in memorising his schoolwork and it took him a longer time to complete his homework. The patient would laugh without any particular reason. He was afraid of going to the bathroom or to bed alone, and he wanted to sleep with his parents. He began to show a decreased focus on his hygiene and grooming. He had persecutory thoughts about his teachers. His sleep was disturbed. He began to express disorganised behaviours. Neurological examination revealed bradykinesia, dysmetria, dysdiadokinesia, impaired postural reflexes and myoclonic jerks in the upper limbs. His gait was unsteady. Mental status examination revealed decreased psychomotor activity. Eye-to-eye contact was established but not maintained. His mood was depressive and affect was inappropriate to situation. The pitch, tone and volume of his speech was observed to decrease. His thought process was blocking, tangential and not goal-directed. His thought content could not be investigated ideally due to his poor cooperation during the examination. His cognitive functions were deteriorated. After necessary tests, a diagnosis of SSPE was made and the parents were counselled about the illness and the prognosis.

**Discussion:** The characteristic initial clinical signs of SSPE are behavioral and intellectual changes and myoclonic jerks. In conclusion, we would like to emphasize that SSPE can initially present initially with psychiatric symptoms, and it should be kept in mind in the differential diagnosis of patients with progressive cognitive decline and psychiatric manifestations, especially when adolescents are concerned.

### **PP126/ The Use Of Duloxetine In Adolescents Diagnosed With Treatment-Resistant Obsessive Compulsive Disorder: A Case Report**

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**Introduction:** In this present, we report an adolescent diagnosed with treatment-resistant obsessive compulsive disorder (OCD) who were treated with duloxetine.

**Case:** A 17 year-old girl came to our clinic with contamination obsessions, hand-washing compulsions, feeling dirty all the time. She believed if she hadn't washed her hands 15 times each day, she would have been ill. Her complaints began two years ago. She was followed in another clinic last year, and underwent 13 weeks of cognitive behavioral therapy and effective doses of appropriate medications prescribed including sertraline, fluoxetine, citalopram, clomipramine and aripiprazole, single or combined. She didn't benefit from her prior treatment and stopped using medications. Her complaints worsened in the last three months and she referred to our clinic. She was diagnosed as OCD. Considering her prior treatment regimen, duloxetine 30 mg/day was prescribed and one month later its dose was increased to 60 mg/day carefully. After four weeks, there was little clinical response in her symptoms and there was no side effect. The duloxetine dose was increased to 90 mg/day. During the follow-up, she responded well to a dose of 90 mg/day. After six month of duloxetine treatment, there was significant improvement in OCD symptoms. She was tolerated duloxetine very well and there was no side effect.

**Discussion:** Duloxetine is a serotonin and norepinephrine reuptake inhibitor (SNRI). In this present, we report duloxetine markedly improved her OCD symptoms. The effect of serotonin blockade as well as noradrenergic blockade of duloxetine may be benefit on her symptoms. Several studies and case reports have shown efficacy of duloxetine in adults with OCD. To the best of our knowledge, our patient is the first report in the treatment adolescent diagnosed with OCD. Duloxetine may be an alternative drug in adolescents diagnosed with treatment-resistant OCD.

### **PP127/ The Use Of Duloxetine In An Adolescent Diagnosed With Body Dysmorphic Disorder: A Case Report**

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**Introduction:** In this paper, duloxetine treatment in an adolescent patient with body dysmorphic disorder (BDD) who did not benefit from selective serotonin reuptake inhibitor (SSRI) was discussed.

**Case:** A 17-year-old male patient was admitted to our clinic due to checking his face frequently in the mirror, thinking that his right ear is bigger than the left, continuously dealing with a scar tissue in his face, thinking that other people continuously look at this scar, unhappiness, social isolation, distractibility, irritability, harming himself and other people and suicide thoughts. He was diagnosed with BDD and major depression and medication was started at another institution. He was treated with fluoxetine, sertraline, aripiprazole, risperidone and clomipramine alone or in combination in proper doses and durations during his one year follow up. He and his family stated that medications decreased depressive feelings however a significant improvement couldn't be obtained in his beliefs about body dysmorphic disorder. He was admitted to our clinic as depressive findings increased. He was diagnosed with BDD and major depression. Considering his prior drug therapy and current status, duloxetine was started 30 mg/day and increased to 60 mg/day carefully. BDD symptoms were decreased in follow-up. Thereafter depressive symptoms were significantly improved together with normalization of body image perception. All of his complaints improved at the

end of 6 months of therapy. The drug was well tolerated and no drug-related side effects were encountered.

**Discussion:** Duloxetine is a serotonin norepinephrine reuptake inhibitor (SNRI) group antidepressant which inhibits serotonin and norepinephrine reuptake. Its use is gradually increasing in psycho-pharmacology of children and adolescents. However no reports are available in literature about duloxetine use in adolescent with BDD. Our case significantly benefited from duloxetine treatment. A SNRI drug, duloxetine may be an alternative pharmacologic agent in adolescents with SSRI-resistant BDD.

### **PP128/ Methylphenidate And Indomethacin Induced Visual Hallucination: A Case Report**

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**Introduction:** A patient diagnosed with attention deficit/hyperactivity disorder (ADHD) who experienced visual hallucinations developing in the course of concurrent methylphenidate and indomethacin use is discussed in this paper.

**Case:** A 14-year old girl was admitted to our clinic due to weird images. She stated that she saw strange creatures which had a very short stature like a dwarf but with faces different from humans, these creatures looked at her unfriendly and talked between and laughed at her. Her complaints began 48 hours ago. The patient was first admitted to our clinic four months ago. She was diagnosed with ADHD and 27 mg/day long acting methylphenidate was started and tapered to 36 mg/day thereafter. She had been using methylphenidate for three months when she was admitted with psychotic symptoms. Her menarch started 4 days ago and she had been using indomethacin for 3 days due to severe dysmenorrhea. Her mother stated that she sometimes experienced headache or abdominal pain and used indomethacin without problem. Organic examinations did not reveal any disorders. Psychotic findings were suggested to result from indomethacin use. Indomethacin was discontinued and methylphenidate continued. Visual hallucinations completely disappeared after discontinuation of indomethacin.

**Discussion:** Both molecules were reported to be able to cause psychotic symptoms when used separately. In our patient, methylphenidate use alone did not lead to psychotic symptoms. Visual hallucinations emerged when she began to use indomethacin due to dysmenorrhea suggesting that symptoms were related to indomethacin. This condition suggests that these two medications which did not cause a problem when used alone could potentialize their effects when used together. Drug-drug interactions may lead to dangerous conditions for the patients. Clinicians should kept this in mind in presence of unexpected psychiatric symptoms.

### **PP129/ Evaluation Of Monodrama In Adolescents: Two Cases**

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**Introduction:** Psychodrama is a technique of psychotherapy in which the classical applications are exacted within a group (the technique is classically classified as a group therapy). A branch of psychodrama whose applications are done individually, called “monodrama”, is a lesser utilised aspect of psychodrama, and most of the literature knowledge regarding it are case presentations. Knowledge regarding monodrama applications to adults is much scarcer when compared to the technique’s applications to adolescents. This poster presentation is aimed at evaluating the monodrama technique through use of two case studies of two girls aged 16 and 14 on whom the monodrama technique is used in addition to appropriate pharmacotherapy.

**Case 1:** This 14-year-old girl who applies to a child psychiatry clinique because of her repeated attempts at suicide is detected to have tried to commit suicide 3 times in a time span of 2 years. In addition, it is detected that she is also afflicted with a bad temper, unhappiness and difficulty in going to sleep. Her treatment starts with another psychiatry center, with a depressive disorder diagnosis and is continued with a 50 mg per day dosage of sertraline. In her personal interviews, it is detected that she has problems vocalising her struggles. Information about the treatment is then given and monodrama techniques are started to be applied in addition to her pharmacotherapy. Empty chair and imagination techniques are used frequently during applications. After five sessions, it is detected that there is a substantial decrease in her symptoms. No suicide attempts were seen during the treatment.

**Case 2:** This 16-year-old girl applies because of her exam anxiety regarding the university admission exam. It is stated that the case also suffers from difficulty concentrating and planning for the future. Although relaxation and anxiety factors were worked on with the case, no decrease in exam anxiety was in sight. It is at this point when information about the technique is given to the case and applications of monodrama technique started. The techniques of two chair, melting clock are frequently used during her treatment. It has been recorded that there has been a decrease in the subject’s anxiety and an increase in the subject’s focus and could now easily plan her future. It’s been recorded that the case could study on her goals during the sessions.

**Discussion:** It has been stated in several case presentations that the monodrama technique is not just a treatment option that has to do with lowering symptoms, but rather has benefits including spiritual growth, enrichment and emancipation of creative thought ability. Our case presentations are of a matter backing our case. When our cases are concerned, it can be stated that monodrama can be used in the treatments of teenagers who have difficulty verbalising as an alternative method of individual therapy, the techniques such as empty chair, melting clock can be used in treating adults suffering from similar conditions, and that monodrama applications can be beneficial in the treatment processes.

### **PP130/ Aripiprazole Treatment Of An Adolescent Girl With Anorexia Nervosa**

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**Introduction:** Anorexia nervosa (AN) is characterized with restriction of energy intake, associated with significantly low body weight, fears and behaviours regarding interfering with weight gain. The prevalence ranges from 0.05% to 1%. The etiology of AN is not known, however, various psychosocial and neurobiological explanations are made. The treatment of AN includes psychosocial and medical interventions and nutritional support. There is no proven medication for treatment of AN. Like adults, the evidence for the use of

pharmacotherapy in child and adolescents is insufficient, with mostly case series and open label studies. In practice, the most commonly prescribed antidepressants are followed by antipsychotics. The most common indications for using medication are depression, anxiety and delusional concerns regarding weight. The rationale for using atypical antipsychotics in AN is that the antipsychotic medication can improve irrational beliefs about body shape. This belief is based on that atypical antipsychotics are effective in the treatment of delusions which are similar to disturbed thoughts and beliefs on body shape in AN. In this case, we report an adolescent case whose AN symptoms reduced after the use of low dose aripiprazole.

**Case:** A 16 year old girl admitted to our outpatient service with complaints with severe body image disturbances, weight phobia, the need to compare her body with others and restriction of eating. She started to eat less and lose weight and from 53 kg down to 40 kg (BMI was 18.2) within 2 years before the admission. At admission, she perceived herself as having an 'ideal' weight. She was afraid of the growing of her hip. The patient did not report purging, laxative abuse or excessive exercising to compensate for calorie intake. Her menstrual cycle was regular. The patient had depressive symptoms such as anhedonia, fatigue, unhappiness. No significant past medical history, surgical history or family history, including history of eating disorders or other psychiatric conditions. After our psychiatric evaluation, according to the DSM-5 diagnostic criteria, she was diagnosed as having anorexia nervosa (restrictive type) with comorbid major depression. She admitted to a psychiatric outpatient clinic with the same complaints 20 days ago and sertraline 50 mg / day was started to the patient. Psychotherapy could not be performed because of the patient's mental capacity was not enough, thus we started Aripiprazole 2.5 mg/day. The patient was assessed after about 1.5 months and said she had not used aripiprazole for the past 1 week. When she was using medication, she said that her thoughts were diminished, she was not on a diet, and she gained 4 kg. She said that her complaints had started again in the last 1 week in which she did not take the Aripiprazole medication. According to parents; she was vomited by self-induced to compensate for calorie intake at once. We started the patient again with aripiprazole 2.5 mg / day.

**Discussion:** Significant improvements in both weight and psychological adjustment were observed with the addition of aripiprazole in our patient who used sertraline as initial therapy. Aripiprazole may reduce cognitive rigidity and body image distortion.

### **PP131/ Extrapiramidal Symptoms Emerging Immediately After Sudden Cessation Of Methylphenidate: A Case Report**

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**Introduction:** Attention Deficit Hyperactivity Disorder (ADHD) is a common psychiatric disorder in children that has a developmental course of short attention span and/or hyperactivity and impulsivity. Oppositional Defiant Disorder (ODD) is a common comorbid condition in ADHD, accompanying

60% of individuals with ADHD. Functional disorders tend to emerge within earlier period, where ADHD has ODD comorbidity as well as an incline in physical aggression. It is commonly phrased in the literature that second generation antipsychotics are effective in

disruptive behavior disorders. In treatments where atypical antipsychotics are used along with psychostimulants, there has been reports of movement disorders during the phase where any of these medications were ceased.

**Case:** A 9-year old boy was brought to the Child and Adolescent Psychiatry Unit of Celal Bayar University due to being unmotivated, inability to sustain attention, refusing to do homework, wandering around in the classroom during classtime, being defiant with the mother, angry outbursts, and an inability to get along with his friends. Upon assessment, the case was diagnosed with ADHD and ODD and started on methylphenidate 18mg/day. As the response was limited, the dosage was increased to methylphenidate 27 mg/day and 0.5 mg/day risperidone was added to the regimen, targeting behavioral problems. As the case benefited from this treatment and no side effect was reported the medication was continued. The case applied to the emergency room at the 9th month of his treatment due to inability to close his mouth and tongue protrusion. In initial assessments conducted in the emergency room, his neurological examination and tests were within normal limits. From the anamnesis obtained, it was learnt that the case did not take his methylphenidate-OROS 27 mg/day medication that day, as has been indicated. Along with that, it was also learnt that he had a similar complaint on the day that he did not take his methylphenidate medication.

**Discussion:** Children and adolescents are typically much more vulnerable to side effects caused by psychotropic medication. When contadicting effects of methylphenidate and antipsychotics over dopaminergic system are kept in mind, it might be an important thing to be cautious of possibly emerging side effects. Using antipsychotics and psychostimulants in lower doses might help increasing the tolerance as well as decreasing the frequency of side effects. When literature was reviewed, it was seen that there were scarce case reports on observation of extrapyramidal side effects occuring shortly after sudden cessation of methylphenidate in patients receiving combination therapy. Inpatients receiving methylphenidate and antipsychotics, when cessation of methylphenidate treatment is planned, it might be a better idea to slowly decrease the dosage and then stop.

### **PP132/ Coexistence Of Schizophrenia And Turner Syndrome: A Case Report**

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**Introduction:** Turner Syndrome (TS) is caused by X-monosomy, 45X0/46XX-mosaicism, or other X-chromosomal structural abnormalities. TS usually include gonadal dysgenesis, short stature and physical symptoms, cardiovascular, renal, gastrointestinal, and skeletal anomalies. In addition, intellectual and psychiatric problems as such attention and memory problems, developmental delays, visuospatial processing problems and behavioral problems can be observed. Further, it is reported that occurrence of schizophrenia is higher in females with TS than in the general female population. Evidences supporting an association between chromosomal abnormalities and comorbid schizophrenia was implicated that chromosome anomalies play an important role in the etiopatogenesis of schizophrenia. In this study, we aimed to present a 16-years-old girl with TS and schizophrenia.

**Case:** A 16-year-old girl who was diagnosed with TS was admitted to our clinic with complaints of social withdrawal, reluctance to talk, avoiding eye contact, slowdown in her

movement, decrease in self-care for 6 months. At the age of 5, when presented the first time to our clinic because of irritability, it was observed that there was developmental delay; and her EEG and cranial MRI examinations were normal. History obtained from her family stated that she was diagnosed with epilepsy at the age of 2.5 and treated with phenobarbital until the age of 4 years and 4 months. In addition, fluoxetine 20 mg/day and aripiprazole 15 mg/day were started in another clinic but with no improvement. The patient was diagnosed as the schizophrenia; aripiprazole dose was titrated to 20 mg/day and fluoxetine treatment was stopped. There was a partial improvement in psychotic symptoms in about 4 months.

**Conclusion:** Coexistence of TS and schizophrenia is a relatively rare situation. Preclinical and clinical studies in this and similar condition may be useful to determine underlying genetic and etiologic factors.

**Key Words:** Turner Syndrome, schizophrenia, coexistence.

### **PP133/ Munchausen Syndrome: An Adolescent Injuring Herself And Her Mother**

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**Introduction:** Munchausen's Syndrome is a disorder characterized by fabricated physical symptoms. This disease is an unusual psychiatric disorder and is also called hospital-addiction syndrome. The variety of symptoms is one of the reasons that make it difficult to diagnose Munchausen's Syndrome. For this reason, doctors must keep in mind Munchausen's Syndrome for patients with recurrent physical symptoms that cannot be explained by an organic pathology. In this case report we present a 16 year old female patient presenting with recurrent hemorrhage from the umbilicus, abdominal pain and bulging on the zone of appendectomy after an abdominal laparoscopic appendectomy.

**Case:** A 16 year old female patient was admitted to the Pediatric Surgery Clinic after appendectomy due to abdominal pain, bleeding from the umbilicus and bulging on the operation zone and laboratory tests performed were found to be in the normal range. On the continuation of the hemorrhage and doubt that it may be the center of bleeding; the wound area was explored in the operating room conditions, but no bleeding center was found. The patient was consulted to our child and adolescent psychiatry clinic and the patient and her family were interviewed. It was learned that the patient had been taking care of the mother who had chronic kidney failure since 5 years and also housework; she had been taken out of the school and had the chance of a brief respite from her overwhelming responsibilities during her stay at the hospital. In the laboratory examination made from a blood sample in the umbilical area, it was determined that the blood was incompatible with the patient and that she took the blood from her mother with an injector. In addition, the Ministry of Family and Social Policy was been notified.

**Discussion:** Patients with Munchausen's syndrome may present with recurrent neurological, hematological and gastrointestinal symptoms. Patients with Munchausen's syndrome may present with multiple scarring due to self hitting or with an acute disease scenario. Patients

may therefore be exposed to invasive diagnostic procedures and treatments. Our patient had a similar condition and was exposed to repetitive invasive procedures. Unlike the literature information, the patient at our case was harming herself and an adult to create an artificial disorder. Although such cases are rare, it is very important for clinicians to suspect Munchausen Syndrome and ask for child psychiatry consultation if an organic pathology cannot be detected in patients who have recurrent physical symptoms.

### **PP134/ Gender Dysphoric Boy With the Story Of Sexual Abuse : A Case Report**

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**Introduction:** The aim is to discuss clinical features, comorbidities, current recommendations on the assessment and management of gender dysphoria in guidelines through a case report

**Case:** 7 years old boy referred to our outpatient clinic with the symptoms of inattention, hyperactivity, behavioral problems, problems in learning, acting girly and playing with dolls. He was put in foster care for 2 months and had been institutionalized for 8 months. He had been living with his mother, grandmother and aunt until the age of 6 and institutionalized by the government because of financial inadequacies. After assessment he was diagnosed with attention deficit and hyperactivity disorder, conduct disorder and gender dysphoria. The clinical presence of sexually inappropriate behaviors raised suspicion on sexual abuse in the story. During the fifth interview the patient told that he was sexually abused several times by his biological mother. After consulting and informing the children protection institution, we were informed that his biological mother was a schizophrenia patient with sexual delusions and inappropriate sexual relationships who had partial remission and was now in nursing home. We followed up the case collaborating with protective services and foster parents for 2 years. There was improvement in his peer relationships, behavioral problems. Although his gender dysphoric symptoms decreased in time, some features of his opposite gender behaviors were persistent.

**Discussion:** The diagnostic process and treatment of gender dysphoric children are complex. Half of these children were diagnosed with other psychiatric disorders. Clinicians should be aware of the risk for co-occurring psychiatric problems and must realize externalizing comorbidities, if present, can make a child with gender dysphoria more vulnerable to social ostracism. Treatment for prepubertal gender dysphoria consists providing information, psychological support, family counseling additional to the treatment of comorbidities.

### **PP135/ Retrospective Evaluation Of Cases Evaluated As “Brilliant Intelligence” According To WISC-R Scores**

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**Objectives:** The strongest indicator of superior ability has been the concept of intelligence and so the intelligence tests since the 19th century when the concept of superior intelligence or ability has been tried to be investigated and defined in the scientific field. One of the

intelligence tests still commonly used today is the Wechsler individual intelligence test, which was developed by David Wechsler. It is an intelligence test commonly used in the diagnosis of individuals with superior intelligence. In this study, we aimed to evaluate the cases who were admitted to the Child And Adolescent Psychiatry Polyclinic and had  $\geq 110$  points on the WISC-R test performed during the evaluation process.

**Methods:** We examined the gender, age, complaint at admission, psychiatric diagnosis and use of psychotropic drug for the cases who were admitted to the Child And Adolescent Psychiatry Polyclinic between January 2014 and December 2016 and had  $\geq 110$  points on the WISC-R test performed.

**Results:** 85 cases had  $\geq 110$  points on the WISC-R test in the evaluation period. The age distribution of the cases ranged between 4 and 16 years. The most common referral complaints were attention deficit (34.1%), hyperactivity (23.5%) and disagreement with family or friends (12.9%). After the evaluation, these cases were diagnosed most frequently with ADHD (42.4%). 15.3% of the cases did not have any psychiatric diagnosis. 70.6% of the cases did not use any psychiatric drug.

**Conclusion:** 42.4% of the cases evaluated in our study were diagnosed with ADHD. There is a limited number of studies on the relationship between emotional intelligence and ADHD. Therefore, there is a need for studies on this area. It was found that students with a high emotional intelligence score had fewer externalizing, internalizing and school problems. Moreover, it was found that the relationship between emotional intelligence scores and school problems is high. It was reported that children with a high emotional intelligence score had fewer attention problems and learning difficulties. The results of our study contradict this information in the literature. However, it should be noted that there are limitations such as a small number of cases and lack of a control group. We think that our study can contribute to studies that will be done in this field in the future.

### **PP136/ Socio-demographic Characteristics of Children Driven to Crime and Factors Affecting Criminal Drift**

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**Objectives:** Children driven to crime continue to be a major social problem all over the world and the number of juvenile delinquents is rapidly increasing. In terms of prevention of crime and protection of adolescent mental health, it is very important to know the causes of crime behavior of adolescents and to take necessary precautions by identifying risky groups. The aim of present study was to investigate the sociodemographic characteristics of adolescents driven to crime and the factors affecting the criminal drift of children.

**Methods:** After the approval of the ethics committee, the files of 49 cases which were directed from the judicial authorities to the Afyonkarahisar State Hospital Child and Adolescent Psychiatry clinic were registered between January 2016 and January 2017, to evaluate the legal meaning and consequences of the alleged crime and to evaluate whether the ability to direct their behavior improved has been investigated retrospectively. Children's sociodemographic characteristics, educational status, parental education level, family income level, family

structure, type of the crime, psychiatric diagnoses and judicial reports were evaluated. Study data were evaluated with descriptive statistics (arithmetic mean, median, standard deviation, percent distributions). Percentage distributions of categorical data between groups were evaluated by Chi square test. In the analysis of the data,  $p < 0.05$  level was considered significant.

**Results:** 41 (83.7%) male and 8 (16.3%) female children were included in this study. The mean age of the children is  $13.61 \pm 0.7$ . 40.8% of the children who were driven to crime are secondary school, 32.7% continue to the high school and 26.5% do not continue to the school. When parents are examined in terms of educational status, the majority of parents are primary school graduates (mother: 55.1%, father: 63.3%). It was determined that 49% of the children included in the study had core family, 38.8% had extended family, 10.2% had lived in broken families, 67.3% had low income, and 77.6% had three or more siblings.

Of the children allegedly charged with driven to crime, 14 (14.3%) were involved in fighting, 8 (16.3%) were threatened and insulted, 14 (28.6%) deliberately injured, 14 (28.6%) theft, 2 (4.1%) caused public property damage, 2 (4.1%) recording unfamiliar conversations among people, 1 (2%) caused death by neglect, and 1 (2%) was caused by drug offenses. It has been determined that 69.1% of the children who have been driven to crime have never had crime stories before, 22.4% of which have already been involved in the crime from 1 to 5 times, and 8.1% have crime stories of 10 times or more. Psychiatric assessments of children who driven to crime were diagnosed mental retardation in 7 (14.3%), conduct disorder in 12 (24.5%), 11 (22.4%) of attention deficit / hyperactivity disorder, 2 (4.1%) of learning difficulties, 1 (2%) of substance abuse, 1 (2%) of tic disorder and 15 (30.6%) were without any psychiatric disorder. Among the children who were driven to crime, 40 (81.6%) were able to perceive the legal meaning and consequences of the crime they committed, but that their ability to direct their behavior did not improve, 9% (18.4%) were able to perceive the legal meaning and consequences of the crime they committed and develop their ability to direct their behavior were reported. The previous crime story and the gender of the child, the school condition, the education level of the father, and the child's previous psychiatric referral were found to be significant ( $p < 0.05$ ).

**Conclusion:** The reasons children driven to crime are divided into two main groups as individual and environmental reasons. The key factor is the family, school, work and friend environment in which the child lives. Children who are involved in crime are guided by the child and adolescent psychiatry clinics to assess whether they are aware of the legal meaning and consequences of the alleged crime and whether their ability to direct their behavior has improved, the treatment and follow-up do not continue regularly after the child's report is edited. In order to provide preventive mental health services, environmental factors of children driven to crime should be well assessed, appropriate interventions should be made where necessary and regular follow-up should be done.

### **PP137/ Choking Phobia Treatment With Fluoxetine: A Case Report**

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**Introduction:** Choking phobia is characterized by the fear about swallowing and avoidance of eating, swallowing solids and/or liquids. These may cause weight loss, anxiety and depression. Choking phobia has been involved in the diagnostic category of avoidant/restrictive food intake

disorder (ARFID), in the DSM-5. We present a clinical case of choking phobia in a 10 year-old female child patient.

**Case:** 10 year-old female patient admitted to Child and Adolescent Outpatient Clinic with the complaints of eating refusal, fear of choking while swallowing. Symptoms had begun abruptly after she learned the mechanism of swallowing and the relationship between swallowing and aspiration, at Biology lessons. She thought ‘If i can’t swallow, I will aspirate and die.’ so that she refused eating solid or liquid foods. Therefore, she had lost 4 kilograms in one month period.

She was diagnosed as “Chocking Phobia”. Fluoxetine was started 5 mg/ day and cognitive interventions were applied for phobic avoidance; and behavioral interventions such as motivation and gradual exposure homeworks were given. By the third week of medication, it was noticed that symptoms were reduced minimally; so fluoxetine treatment revised as 10 mg/day. Two weeks later, there weren’t any symptoms of choking phobia. She was able to eat, drink and swallow without fear.

**Discussion:** Fluoxetine, is a Selective Serotonine Reuptake Inhibitor (SSRI) and commonly used for Depression, Obsessive-Compulsive Disorder, Anxiety Disorders and eating disorders in children and adolescents. As an important difference, fluoxetine is antagonist for 5HT<sub>2c</sub> receptors. This may account for effectivity and tolerability for using in these age group, especially anxiety related disorders. There are few case reports that have succesful results with fluoxetine in eating disorders with or without chocking phobia.

### **PP138/ Obsessive-Compulsive Disorder In a Case With Wilson’s Disease**

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**Introduction:** Wilson’s disease is a rare and treatable disorder of copper metabolism. The clinical pattern is mainly characterized by progressive liver involvement, neurological deterioration and psychiatric symptoms.

**Case and Discussion:** This report thus emphasizes a thorough underpinning in this disease on the part of psychiatrists in order to be careful about psychiatric diseases with Wilson’s disease. Besides this, the emergence of obsessive-compulsive symptoms in a case of Wilson’s disease is described, which is a rare association. Finally, the authors discuss the role of basal ganglia in obsessive-compulsive disorder.

### **PP139/ Therapeutic Response To Prednisolone In Pandalas Attack**

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**Introduction:** The pediatric autoimmune neuropsychiatric disorder associated with group A streptococcal infection (PANDAS) is a neuropsychiatric symptom cluster characterized by sudden-onset obsessive-compulsive disorder or tics shortly after group A Beta-hemolytic streptococcal (GABHS) infections. In the treatment of PANDAS case; several treatment options exist including tonsillectomy, antibiotic treatment, intravenous immunoglobulin, and psychiatric medications. In this paper, we aimed to discuss the therapeutic response to prednisolone in an adolescent boy with PANDAS-OCD.

**Case:** A male patient has been followed in our clinic with ADHD, ODD, intellectual disability and enuresis diagnosis since the age of 7. He also has periodic obsessive-compulsive symptoms, vocal tics, dietary restriction of selected food items, irritability, conduct problems on the clinical course. Repeated respiratory infections frequently preceded symptoms onset. Antistreptolysin O antibody (ASO) titer was elevated during symptoms exacerbation (300-460 IU/ml). He was diagnosed with PANDAS in 12 years old. Monthly penicillin injections were recommended. In the follow-up, his family dropped out penicillin after 3-4 doses penicillin injection. OCD symptoms and ASO titer were decreased during penicillin treatment. However, his symptoms have started with the cessation of penicillin. At the age of 17, he applied for sudden onset of OCD symptoms triggered by a traumatic life event. OCD and re-experiencing symptoms decreased after one-week with the single dose injection of 40 mg methylprednisolone.

**Discussion:** Strategies such as plasmapheresis, intravenous immunoglobulin, and prednisolone that is suppressing or modulating autoimmune response, are favored treatments for PANDAS. Management of prednisolone is easier implementation, lower cost, and higher availability than IVIG and plasmapheresis so it should be considered as a suitable option for treatment of PANDAS attacks.

#### **PP140/ Rickets In A Toddler With Autism, Case Report.**

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**Introduction:** Autism spectrum disorder(ASD) is a clinical diagnosis group that begins in early childhood and characterized by marked deficiencies in the social communication field, limited repetitive behaviours and areas of interest. Recently, It is hypothesized that epigenetics, enviromental and neurobiological factors may build up some behavioural symptoms in autism. The role of vitamin D deficiency in etiopathogenesis of autism has been revealed in some recent researches. We want to present an autism spectrum case with rickets.

**Case:** 1 year and 10 months old male patient referred to our outpatient clinic with complaints of not looking when called by his name and looking at spinning objects. It was learned that he started walking without support at the age of 1, he hadn't started speaking yet, he watched

television every day since early infancy and according to the family he had different behavioural patterns from other children since he was 1 year old. The Autism Behavioral Control List score was 126 and it was an unsuccessful result by 5 of 7 critic criterias in the M-CHAT evaluation. He was diagnosed as ASD according to DSM V. The patient was followed with rickets due to lack of vitamin D at orthopedic clinic when he was 1 year and 6 months old. His cerebral MR was normal ; EEG was epileptic and as a result of these pediatric neurology consultation was planned. Supplements and reducing screen time exposure were recommended. He was followed regularly and special education plan was recommended.

**Discussion:** It should be considered that vitamin D deficiency may play a key role in the pathophysiology of many chronic diseases including autism. Despite the absence of wide-scale studies, a recent randomized-controlled trial of vitamin D supplementation in children with autism spectrum disorder showed that oral vitamin D intake may safely improve signs and symptoms of ASD and could be recommended for children with ASD.

### **PP141/ Definitive Diagnosis Process In An Spse Case Referred To Child And Adolescent Psychiatry Inpatient Service With Catatony Symptoms For The First Time**

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**Introduction:** Subacute sclerosing panencephalitis (SSPE), a slow virus infection of the central nervous system, occurs as late complication of measles infection. The disease generally courses with behavioral problems, cognitive inefficiency, myoclonus starting from extremities spreading to body and seizures. Difficulties are experienced in diagnosis process of cases that show psychiatric symptoms in early period and refer to child and adolescent psychiatry for the first time. The purpose of this study is to share diagnosis process of a SSPE case referred with psychiatric symptoms for the first time.

**Case:** 17-year-old female patient referred to our clinic from an exterior center with “catatony and PTSD (posttraumatic stress disorder)” pre-diagnosis. After the mother left the house 6 months ago and the patient was kidnapped and abused by two people, complaints of depression, crying, re-experiencing, fears, decrease in the amount of talking, weird acts, not eating, decreased self care and vomiting had started. Psychiatric evaluation showed decreased communication and motor skills, specific posture for a long time, stereotypic movements, slowed associations, being fed with the help of the mother and physical examination showed rigidity. Cranial MR and EEG performed in the exterior center were normal. Organic pathology was not considered by pediatric neurology. Benzodiazepine was started with “catatony” diagnosis and partial response was taken. Antipsychotic was discontinued in the patient who developed dystonia with low dose antipsychotic medication. The patient was reevaluated by pediatric neurology, organic pathology was not considered and ECT was planned. However, the family did not consent. Myoclonic contractions were observed in the patient who got worse in follow up with increased rigidity and tremor. Adult Neurology was consulted for organic pathology and with EEG and neurologic examination, SSPE diagnosis was made.

**Discussion:** In this study, difficulties experienced in definitive diagnosis of an SSPE case with a mental course of illness in early phase and serious psychostressors and mental trauma were shared and necessity of repeated evaluations was emphasized.

#### **PP142/ Pans With Separation Anxiety: A Case Report**

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**Introduction:** Childhood Acute Neuropsychiatric Syndrome (PANS) is a newer term used to describe the larger class of acute-onset OCD cases but do not require identification of any infection agents. Dramatic onset of OCD and multiple neuropsychiatric symptoms are fundamental feature of PANS. There is great variability in the type of symptoms including separation anxiety, developmental regression, tics, concentration difficulties and emotional lability, with one set of symptoms predominating at onset and others becoming problematic after a period of days or weeks. In this case report, a PANS case with separation anxiety was presented.

**Case:** A 8-years 7-months-old girl was consulted to our polyclinic with the complaints of school refusal, excessive distress about being away from home or parents, excessive worry about losing her parents repeated nightmares about separation, crying or other symptoms when separated from a parent. These symptoms have started after urinary tract infection in the second week of the fourth grade. It was learned that the patient had frequent upper respiratory tract infections but she did not have any neuropsychiatric symptom previously. All laboratory examinations including ASO, CRP, CBC, TSH were normal. The patient's secondary sudden-onset separation anxiety was determined as PANS and penicillin G treatment was started. Her symptoms resolved completely after one dose of penicillin within 3weeks.

**Discussion:** Classification of recently described PANS has been established in the literature showing lack of evidence that GAS infections plays an important role and to meet "almost-met" PANDAS patients. Antibiotic treatment may be a better alternative for treatment of these cases. Additionally, past medical history about infection diseases and autoimmunity may be helpful differential diagnosis of PANS cases.

#### **PP143/ A Case Report Reviewing The Etiologic Factors Of Adolescent Suicide Attempt With Hanging**

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**Introduction:** Suicide is rare in childhood and early adolescence, and becomes more frequent with increasing age. It is widely recognized that chronological progression through adolescence is associated with increased incidence of completed suicide, increasing significantly in older adolescents before stabilizing in early adulthood and maintaining this level until the sixth decade. The latest mean worldwide annual rates of suicide per 100 000 were 0.5 for females and 0.9 for males among 5-14-year-olds, and 12.0 for females and 14.2 for males among 15-24-year-olds, respectively. In most countries, males outnumber females in youth suicide statistics. Although the rates vary between countries, suicide is

one of the commonest causes of death among young people. Due to the growing risk for suicide with increasing age, adolescents are the main target of suicide prevention.

Suicidal behavior comprises a diverse set of behaviors with significant differences among several behavioral categories. One noteworthy category includes individuals who have made serious suicide attempts, epidemiologically very similar to those completing suicide. This behavioral category is important, since interviewing survivors of a potentially lethal incident of self-harm enables a detailed investigation of the psychological process leading to the suicidal act.

**Case and Discussion:** Here, we present a case of a 14-year-old girl who survived a serious suicide attempt with hanging. We did not find case reports of serious suicide attempts that were not completed at a young age in the literature search. Therefore, we think that by examining this case, it might be useful to discuss the etiologic factors and treatment at a young people of suicide attempts.

#### **PP144/ Long-Acting Paliperidone Palmitate Usage in an Adolescent Female**

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**Introduction:** Prolonged-release paliperidone palmitate is a long-acting antipsychotic used in adults with schizophrenia and schizoaffective disorder. The efficacy and safety of oral paliperidone usage in adolescents has been proved, but there are a limited number of case reports related to paliperidone palmitate. In this case, the usage of paliperidone is shown in an adolescent patient who was diagnosed of schizoaffective disorder.

**Case:** 18-year-old girl was admitted to our clinic with her parents. It was learned that 4 years ago she had been hospitalized in psychiatry clinic with prediagnosis of bipolar affective disorder, which has psychotic features. In our psychiatric evaluation, the patient stated that she was seeing jinnies and talking with them, all the villagers were hurt by beating of hers because of their negative thoughts and hatred about her, she could not sleep at night because she remembered past events, and she was tired of fighting. According to information was received from the family, at last two weeks, she used to cry and laugh inappropriately, frequently running away from home, talking to herself, swearing a lot, describing herself as the best, feeling very strong. Moreover, she had no sleep and appetite. She had not been on medication for the last 1 month. The patient was hospitalized in consideration of schizoaffective disorder.

At the admission, treatment with risperidone 2 mg/day was started. Because the patient partially responded but did not use oral treatment regularly when the patient was at home, risperidone 2 mg/day was switched to extended release 6 mg/day to 9 mg/day for passage of a long acting injectable form usage. Then, the present oral paliperidone 12 mg/day treatment was ceased and prolonged-release paliperidone palmitate 150 mg injection was administered in deltoid muscle. On the 8th day after from first injection, Xeplion 100 mg injection was applied. Xeplion 150 mg injection was scheduled on the 38th day after from first injection. On the 41st day of the hospital, score of Young Mania Rating Scale, Scale for the Assessment of Positive Symptoms (SAPS) and Scale for the Assessment of Negative Symptoms (SANS) decreased 21

to 10, 21 to 5 and 44 to 22, respectively, from the date of admission. After clinical recovery, she was discharged.

**Discussion:** Paliperidone palmitate was preferred because of our patient experienced compliance problems with oral treatment and has been shown to be effective in our case. Consequently, Paliperidone palmitate can be considered as an effective and secure antipsychotic among long-acting injectable forms of antipsychotics in inpatient care for adolescents.

### **PB145/ Risperidone Induced Ocular Myasthenia Gravis**

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**Introduction:** Myasthenia gravis (MG) is a disease characterized by time-varying muscular weakness and fatigue resulting from an autoimmune response to acetylcholine receptors in postsynaptic neuromuscular region. It can be triggered by anticholinergic agents. Risperidone is known to have a slight anticholinergic activity. However, to the best of our knowledge there has been no record in the scientific literature for myasthenia graves triggered by oral risperidone treatment. This patient is the first case suffering a MG attack followed by oral risperidone treatment.

**Case:** 6-year-old female patient was admitted to our clinic. she had been in care by a foster family for 6 months. According to the information received from her foster mother, she was not paying attention to what her teacher says. Moreover, she was extremely moving around class, disturbing the order of the class, talking a lot. She was insisting on her wills and the family had problems with setting rules. At the end of first visit, Attention Deficit Hyperactivity Disorder (ADHD) was considered as initial diagnosis. Behavioral suggestions were made, called for control, but they did not attend the follow up visit.

One year later from the initial assessment, she was consulted to our clinic from Pediatrics department. In Psychiatric assessment we learned that she had applied to another medical Child Psychiatrist and prescribed Methylphenidate 10 mg/day, Risperidone 0,25 mg/day. Although The ADHD symptoms benefited from the medication, her mobility was completely diminished. She was overly tired during the day and her eyelids felt off. As time progressed, her gaze became stunned. The patient was hospitalized in consideration of Ocular Type Myasthenia Graves. Considering that MG findings may be due to Risperidone treatment, the current treatment of the patient is stopped. Naranjo adverse drug reaction probability scale was filled, score was 5 that there was a probable relationship between Risperidone and MG.

**Discussion:** Our present case is the first to demonstrate that the use of oral risperidone may aggravated MG symptoms. Considering the fact that our patient is using methylphenidate, there is no literature about methylphenidate stimulated MG. Stimulants increase Ach level by inhibiting acetylcholine esterase, respectively. As a consequence, it should be considered that Risperidone may trigger MG

and Risperidone should be used with caution in MG patients.

### **PP146/ Gender Dysphoria in an Adolescent Girl with Congenital Adrenal Hyperplasia**

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**Introduction:** Psychosexual disorders can be seen in patients with Congenital Adrenal Hyperplasia (CAH). 5,2 % of CAH patients may develop gender dysphoria. In this case, gender dysphoria in a female adolescent with simple virilizing form CAH will be described and the consequences will be discussed.

**Case:** 17-year-old girl was admitted to our clinic with the complaints of increasing sexual desire for girls, dissatisfaction of being a girl, desire of being male, non-compliance of the rules, harming herself and others when her requests were not fulfilled, overcoming personal borders, rapid mood changes and sense of space. In her medical history, 46 XX simple virilization type CAH diagnosis had been made on the basis of labioscrotal fusion and single urogenital opening at 1 month and the treatment was started to replace mineralocorticoids. She had been operated to be raised as a girl at 1,5 years old. As a result of inadequate care of parents, she had been taken to institutional care at the age of four. It was learned that the patient who was in the institution until this age, was frequently playing truant from the institution and exposed to sexual abuse once. Also, we learned that she threatened a girl in her last institution and sexually abused her for 3 months. After the incident was discovered her institution was changed. As a result of our psychiatric evaluation, gender dysphoria and personality disorder traits were detected in patient. Antipsychotic treatment and cognitive behavioral therapy were started.

**Discussion:** Gender dysphoria may occur depending on CAH or inadequate care and lack of sexual boundaries. As in our case, interest in same sex partner and forced sexual contact are challenges of gender dysphoria. Sexual abuse should be prevented by appropriate interventions. And the person who has gender dysphoria should be given proper sexual education and treatment

### **PP147/ Clinical Characteristics, Comorbid Disorders And Treatment Modalities In Children With Enuresis Nocturna**

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**Objectives:** Enuresis nocturna is bed-wetting or urinary incontinence situation at least two times a week of child who already has age of ability to hold urine. In this study, it was aimed to determine sociodemographic characteristics, family history, comorbid disorders, conducted treatment modalities in patients with enuresis nocturna.

**Methods:** We reviewed data of 79 patients aged 6-17 years who presented to Child and Adolescent Psychiatry outpatient clinic of Kahramanmaraş Sütçü İmam University, Medicine School between 01.01.2016 and 01.01.2017. Age, gender, parental age, comorbid physical and psychiatric disorders, medications, conducted treatment modalities were assessed in all patients. Patients with incomplete data were excluded.

**Results:** Of the cases, 75.9%(n:60) were males and 24.1%(n:19) were females. Most of the cases (64.6%) were observed at 6-11 years of age while 35.4% occurred 12-17 years of age. Mean age was  $9.88\pm 2.57$  years in girls whereas  $9.78\pm 3.44$  in boys Positive family history was determined in

16.5% of children with enuresis nocturna. There was comorbid psychiatric disorder in 73.4% of enuresis nocturna cases; the most common psychiatric comorbidity were attention deficit hyperactivity disorder (40.5%), mental retardation (11.4%) and encopresis (8.9%), respectively. Comorbid physical disease was absent in the majority of cases (%81). It was determined that psychopharmacologic and behavioral treatment had been used in majority of cases. A psychotropic drug was prescribed to 69.6% of the patients. Most commonly prescribed psychotropic drugs were imipramine (41.8%), vasopressin (11.4%), methylphenidate(10.1%), atomoxetine (5.1%) and fluoxetine (1.3%), respectively. Behavioral treatment was provided to 30.4% of the patients. It was determined that 79.8% of the patients had partial or full benefit from medical and/or behavioral treatment. The rate of multi-drug use was 40.5%.

**Conclusion:** This study shows that the majority of patients with enuresis points are boys, that comorbid psychiatric disorders are common, and that the most common treatment modality is psychopharmacological and behavioral therapy. Enuresis nocturna must be treated, as it is a disease that can result in low self-esteem, and some psychological problems. Clinicians need to inquire about symptoms of comorbid psychiatric disorders in patients with enuresis nocturna.

#### **PP148/ Enuresis Due To Risperidone Treatment: Nocturnal Or Diurnal...**

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**Introduction:** Risperidone is a second-generation antipsychotic which is frequently used for the management of behavioral problems in patients with pervasive developmental disorders, intellectual difficulties, conduct disorder; and for the treatment of psychotic and manic episodes. Extrapyramidal side effects, increase in appetite, weight gain, and metabolic disturbances are common adverse effects. Relatively less frequent, enuresis can also be encountered as a side effect. We aimed to report two cases that had developed enuresis.

**Case 1:** A 10-year-old girl, due to sexual obsessions, intrusive thoughts about her parent's extra-marital relations, and compulsions of controlling and hand washing, was diagnosed with obsessive compulsive disorder (OCD). The treatment regimen included fluoxetine 20 mg/day, risperidone 0.5 mg/ day, and cognitive behavioral therapy (CBT). Three months later, she developed nocturnal enuresis. After the discontinuation of risperidone enuresis disappeared. She has still been on combination treatment with fluoxetine and CBT with a marked decrease in her OCD symptoms.

**Case 2:** A 6-year-old girl, with atypical autistic features, admitted due to the complaint of masturbation. In addition to behavioral modifications, risperidone 0.25 mg/day was started. After a few days she developed diurnal enuresis. It was considered as a side effect and risperidone was discontinued. In a few weeks after the discontinuation, enuresis disappeared. She has still been followed up with behavioral modifications, the complaint of masturbation has been decreased.

**Discussion:** Risperidone-induced enuresis has been reported especially when used in combination with selective serotonin reuptake inhibitors (SSRI). Our first case developed nocturnal enuresis while she was on risperidone in combination with an SSRI. In our second case, risperidone was started as a monotherapy. However, she developed diurnal enuresis with a very low dose of risperidone, probably due to underlying neurodevelopmental process. Although unclear, alpha (1)-adrenergic blockade and 5HT2 antagonism, have been proposed as possible pathophysiological mechanisms.

### **PP149/ Who is Responsible When Advices of Child Psychiatrists for Consultancy and Health Measures in Forensic Cases are Ignored**

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**Introduction:** Maltreatment of a child or child abuse defined as a child is exposed to harmful, intentional and preventable behavior by the person or persons liable to care for him or her, that is harmful to the child's physical or mental health, has a negative impact on physical, emotional, mental or sexual development. According to the Juvenile Protection Law No. 5395, children who are neglected or abused, whose physical, mental, moral, social, emotional development and personal safety are at risk, must be protected, their rights and well-being must be guaranteed. Precaution reports can be prepared about the children who are decided to be under supervision. If these precautions are not implemented, neglect and abuse of these children may be more frequent than the normal population. In this case, the court's ignorance of Child Psychiatrist's advice for consultancy and health Measures and the later occurrence of sexually abuse in an adolescent girl is discussed.

**Case:** G.D., 17-year old girl is referred to Atatürk University Hospital Child and Adolescent Psychiatry Outpatient Clinic by Public Prosecutor Office in accordance with Article 103/1-A of the Turkish Penal Code, and requested that the report on the development of the competence to understand the legal significance and consequences of sexual abuse. Forensic psychiatric evaluation was performed in our outpatient clinic. When the case's outpatient file was reviewed, we found that she had referred to our clinic as a forensic case two years ago because of accusations that she stole gold and money of her neighbors at the request of her friends. She had been diagnosed with attention deficit hyperactivity disorder and mild intellectual disability. Due to lack of adequate parental support, easiness of being deceived, mentally retard from their peers and the behaviors observed during assessments; it was found out that the patient had the risk of sexual abuse. In her forensic report which was prepared by us two years ago, it was suggested that be careful about her behaviour which was form a basis for sexual abuse and should be taken precaution about it. Therefore, the case should be followed in terms of abuse and Consultancy and health measures was recommended the court decision. But as far as we learned from the family neither had been applied.

**Discussion:** In our case, failure of applying the required consultancy and health measures was resulted in sexual abuse. There seems to be a need for bilateral (court and mental health workers) control mechanisms for the measures applications mentioned in child protection law.

### **PP150/ A Niemann Pick Case with Psychotic Symptoms**

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**Introduction:** Niemann Pick Type C (NP-C) is a rare autosomal recessive lysosomal depot disease. It is seen in 100.00 to 120.000 births. NP-C is a neurovisceral disease with a highly heterogeneous appearance characterized by progressive neurological deterioration and premature death. The disease manifests itself as visceral, neurological and psychiatric disorders alone or in various combinations. The clinical presentation varies according to the age of onset.

**Case:** A 17-year-old girl was referred with the diagnosis Niemann pick type c, consulted by pediatric metabolism department due to referent and persuasion delusions. There was a history of mental retardation in her. In her family history; her sister has a epilepsy and mental retardation, in her uncle's daughter was died at the age of eighteen due to status epilepticus. After psychiatric examination and psychometric evolutions the patient was given diagnosis of acute psychotic episode and mental retardation, and the patient was treated with risperidone. and Due the treatment epileptic seizures have occurred with risperidone. And immediately risperidone treatment was stop. Aripiprazole treatment was started in our patient who had under control of epileptic seizures. Aripiprazole treatment and psychosocial intervention of the patient whose psychotic symptoms have diminished continues.

**Discussion:** In this article; A NPC case with juvenile onset psychotic indications is presented; We aimed to draw attention to this metabolic disease which is seen rarely and with psychiatric symptoms and to discuss NPC disease and treatment.

### **PB151/ Psychiatric Aspects of 47, XYY (Jacobs) Syndrome: A Case Report**

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**Introduction:** 47, XYY syndrome, also known as Jacobs syndrome, is a syndrome occurs in 0.1 % of male population. Although this syndrome is a known disease for a long time, the relationship between 47, XYY and neurodevelopmental diseases has been recently detected. Developmental delays, learning problems, attention deficit hyperactivity disorder (ADHD), conduct disorder (CD), temper tantrums can be associated with 47, XYY. In this case, who was diagnosed with moderate intellectual disability, ADHD, CD and Tourette Syndrome; referred to Genetic testing and diagnosed with 47, XYY syndrome.

**Case:** A 13-year-old boy admitted to our clinic with his mother. According to the information received from the mother, he was a sixth grader, but he was illiterate. He still did not have bladder and bowel control., had difficulty paying attention, was overactive, quarreled with his friends, swore a lot, experienced anger attacks, had repetitive movements like arm movements and eye movements, voiced improper sounds. The patient was on a special education programme for 4 years. He was diagnosed with moderate Intellectual Disability, ADHD, CD and Tourette disorder. He was treated with atomoxetine 40mg/day, risperidone 0,75mg/day. Genetic tests were requested for mild mental retardation and comorbidities. The fragment analysis for Fragile X was negatively detected, whereas the chromosome analysis revealed 47, XYY. He was advised to continue current treatment and follow-ups.

**Discussion:** 47, XYY syndrome is known to be associated with increased behavior problems and delinquent behaviors. It has also been determined that 47, XYY have recently been

associated with ADHD, developmental delay and learning difficulties. In our case, mild mental retardation, ADHD and CD can be explained by 47, XYY syndrome. In the literature, Tourette was reported with 47, XYY syndrome in only one previous case. However, as in our case, the presence of the XYY syndrome with Tourette, ADHD and moderate Intellectual Disability is the first demonstrative case. Genetic consultation should be kept in mind when intellectual disability and multiple psychiatric comorbidities co-occur.

### **PP152/ Clinical Features And Comorbid Psychiatric Disorders Of Children With Encopresis**

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**Objectives:** Encopresis is generally defined as the repeated involuntary or intentional passage of feces in inappropriate places with at least one such event a month for at least 3 months. The child must be at least 4 years of age, and the disturbance must not be due to a physical disorder. The aim of this study was to investigate sociodemographic characteristics, comorbid disorders, conducted treatment modalities in children with encopresis children.

**Methods:** In this study were examined medical records of 20 patients with encopresis aged 6-12 years who presented to Child and Adolescent Psychiatry outpatient clinic of Kahramanmaraş Sütçü İmam University, Medicine School between 01.08.2016 and 01.02.2017. In all cases, age, gender, educational status, parental occupation, comorbid physical and psychiatric disorders, family history, medications, conducted treatment modalities were evaluated

**Results:** Majority of the cases were male (80%) and the mean age of the cases was  $8.75 \pm 2.58$ . Mean age was years  $6.50 \pm 1.0$  in girls whereas  $9.31 \pm 2.08$  in boys. It was determined that most of the mothers (70%) are housewife and most of the father (60%) were workers. In most cases there was psychiatric disorder (85%). The most common psychiatric comorbidity were enuresis nocturna (35%), attention deficit hyperactivity disorder (25%), anxiety disorders (15%), respectively. In the majority of cases (95%) there was no comorbid physical disease. It was determined that psychopharmacologic and behavioral treatment had been used in majority of cases. A psychotropic drug was prescribed to 55% of the patients. Most commonly prescribed psychotropic drugs were imipramine (20%), fluoxetine (15%), methylphenidate (15%), vasopressin (5%) respectively. Behavioral treatment was provided to 45% of the cases. It was determined that 75% of the patients had partial (45%) or full (30%) benefit from psychopharmacologic and/or behavioral treatment. The rate of multi-drug use was 20%. In 95% of children was not determined positive family history

**Conclusion:** This study suggests that the most cases with encopresis are boys, that comorbid psychiatric disorders are common, that the most common treatment modality is psychopharmacological and behavioral therapy, that positive family history and comorbid physical disease are low. Encopresis should be treated because it is a disorder that may affect the child's social, emotional and educational development, and parents should be informed about it.

**PP153/ The Importance Of Questioning Head Trauma And Brain Imaging In Treatment-Resistant Patients Through A Case With Bipolar Disorder, Attention Deficit /Hyperactivity Disorder And Specific Learning Disability**

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**Introduction:** Early childhood has a critical prescription for brain development. In this period, a child's head trauma can lead to psychiatric sequelae that will change the course of cognitive development as well as personality development. There are studies in the literature which show that learning impairment and academic performance decrease after head trauma in childhood. There is a limited number of studies especially in a pediatric group of patients with secondary bipolar disorder following head trauma. We aimed to discuss the diagnosis and treatment process of a patient who had head trauma at two and a half years old, developed encephalomalacic field in the right frontal lobe and presented symptoms in pre-school.

**Case:** An eight years and two months old boy in 3<sup>rd</sup> Grade was brought to our clinic by his mother with the complaints of inattention, reading deficit, hyperactivity, irritability, increased in sexual interest, opposing teachers, spending money and decreased the amount of sleep. Patient was diagnosed as Attention Deficit and Hyperactivity Disorder (ADHD) and Conduct Disorder in another clinic before. He did not respond to Risperidone, Methylphenidate, Olanzapine treatments. Brain MRI was applied to the patient who had a head trauma at two and a half years old. The gliotic area associated with trauma was detected in the right frontal lobe. We diagnosed Bipolar Disorder (BD) due to general medical condition, ADHD and Specific Learning Disability (SLD). Patient was treated with atomoxetine 50 mg/day, valproic acid 900 mg/day, aripiprazole 5 mg/day, and zuclopenthixol 9 mg/day, and significant improvement was observed in symptoms and function. A special education report was prepared with the diagnosis of SLD.

**Conclusion:** We found this case worthwhile to emphasize the importance all of suspicion of organic etiology, questioning of head trauma, and using brain imaging methods in treatment-resistant patients with BB and /or ADHD.

**Keywords:** Bipolar Disorder, Attention Deficit and Hyperactivity Disorder, Specific Learning Disability, Head trauma

**PP154/ Trauma-Induced Catatonic Depression And Its Treatment: A Rare Case Report**

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**Introduction:** The catatonic syndrome can develop due to schizophrenia, depression, bipolar disorder, encephalitis and other organic disorders. Uncontrolled catatonia may result in death due to endogenous agitation or exhaustion. Catatonic syndrome can also cause numerous complications. Dehydration, lack of eating and risk of decubitus ulcer may also occur. Frequently, clinical features are confused with neurological diseases. In this case, catatonic depression caused by trauma is discussed. In this presentation we discussed a catatonia phenomenon which is so severe that it need to the intensive care unit and mix with encephalitis.

**Case:** A 15-year-old girl was admitted to our hospital with a opisthotonus posture and seizure-like attack. About 3 months ago, after she witnessed the burning of the neighbor's house and her

baby, she began to refuse eating, talking and going to school. At another hospital anorexia nervosa was diagnosed and the treatment of 10 mg fluoxetine started. During treatment, the patient was treated pediatric intensive care unit (PICU) due to changes in consciousness. She did not speak at all in the PICU, she did not react, only communicated with other people via her eyes. Fluoxetine 10 mg was continued in PICU and 1 mg risperidone treatment was added. After 1 month, the patient was discharged, but after 2 days, the patient's oral intake was completely stopped and she hospitalized again. At this point the patient's acute dystonia-like contractions began. Hemogram was normal in blood values, CK was elevated (337 U / L), and antibodies sought for limbic encephalitis were negative. The patient's treatment with risperidone 1 mg was discontinued and aripiprazole 2.5 mg was started and 15 mg was given in the process. After a period of treatment 2 mg lorazepam was added. After all this treatment, the patient began to feed again and the nasogastric tube was removed and the patient was discharged.

**Discussion:** Catatonia is a psychiatric symptom that goes to psychomotor retardation and creates severe limitation. Two subtypes have been defined for catatonia: excited and retarded. The retarded type of catatonia, in particular, goes through some findings such as mutism, no eating, inward closure, inactivity, bizarre behavior, negativism, posturing. Retarded catatonia is more common than other types. Extrapyramidal side effects, neuroleptic maling syndrome, nonconvulsive status epilepticus, akinetic mutism, locked-in syndrome, vegetative state, and Stiff-person syndrome should be kept in mind especially when the diagnosis of catatonia is made. Immobility, mutism and rigidity are the most common findings in catatonia. Catatonia can respond fairly well to benzodiazepines. Antipsychotics and Electroconvulsive Therapy (ECT) are some of the most effective treatment methods.

### **PP155/ Gender Dysphoria Syndrome In Monozygotic Twins: Case Report**

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**Introduction:** According to the DSM-5, in children, gender dysphoria is characterized by incongruence between experience gender and assigned gender, by desiring to be other gender that is associated with significant distress or impairment in social, school or other important areas for at least 6 months. Prevalence of gender dysphoria ranges from %0.005 to %0.014 for natal adult males, and from % 0.002 to % 0.003 for natal adult females. Rates in monozygotic twins are unknown but they were considered as very rare. Although GD has been seen less frequently, there is an increasing research about the etiology of GD. In etiology, environmental effects could not be rejected but also GD is highly heritable. In this report, gender dysphoria patients who are uncommon in monozygotic twins and have depressive symptom were represented and we discuss genetic and environmental factors about GD.

**Case:** Both monozygotic twin girls who are 15 years were brought by their mother to outpatient clinic with the complaints which are the beliefs of being boy also behaving like that. They wanted to start hormonal treatment for cross-sex but both of them refused the surgery. They had depressive symptoms and started to fluoxetine 20 mg per day. They have been followed up monthly with psychotherapeutic interventions since two years.

**Discussion:** Children and adolescents with gender dysphoria seek help for variety of psychiatric problems like depression, anxiety because of stigmatizing or rejecting by their peers and parents. In treatment, the aim of mental health professionals must be improve peer

relationships, social and vocational functionality, providing them to have in formal education and treating of comorbidities. The aim of this report is to contribute the literature because gender dysphoria is very rare in both of monozygotic twin.

### **PP156/ Selective Mutism In Monozygotic Twin Girls**

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**Introduction:** Selective mutism (SM) is a childhood condition that is characterized by the consistent failure to speak in specific social situations in which there is an expectation for speaking such as school, despite speaking in other situations. This failure to speak may persist into adolescence and adulthood if left untreated. Early intervention is of paramount importance, to avoid the mutism behavior strengthening, and becoming entrenched over time. This study reports on a pair of twins diagnosed with selective mutism who was successfully treated with fluoxetine.

**Case:** The patients exhibited symptoms of selective mutism when they entered primary school at the age of 6 years and became completely mute inside the school. Entering school, they became more timid. But they were speaking to family members at home. No precipitating event (e.g., trauma, traumatic brain injury, pervasive developmental delay) could be identified to explain the change in their behavior. Additionally, the twins reached all of their developmental milestones for functional communication and verbal expression within normal limits according to psychoeducational records provided by their mother. An in-depth physical including laboratory tests indicated that they had no significant medical problems. They were diagnosed with selective mutism, according to Diagnostic and Statistical Manual of Mental Disorders (DSM-5) criteria. Genetic DNA-testing was required to confirm the monozygosity of the twin. They were prescribed fluoxetine 10 mg/day. The girls tolerated the medication well, and no side effect was reported. Fluoxetine was gradually increased to 20 mg/day at week 2. Fluoxetine provided a rapid resolution of selective mutism.

**Discussion:** In the case, twin symbiosis and environmental factors may likewise be explanatory factors. This case may be added to the data supporting a genetic susceptibility of the condition. The cases demonstrate fluoxetine is an effective and well-tolerated treatment option for selective mutism for these children. In the literature, reports about the selective mutism in twins are limited. In conclusion, our case report aims to increase clinician' awareness regarding the etiology and treatment of selective mutism.

Key Words: Selective Mutism, twins, fluoxetin

### **PP157/ Gender Dysphoria In An Adolescent With 5 Alpha Reductase Deficiency**

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**Introduction:** Gender dysphoria refers to the distress that may accompany the incongruence between one's experienced or expressed gender and—assigned gender. Early-onset gender dysphoria may begin in childhood and continues in adolescence and adulthood. Gender dysphoria may be seen in children with sex development disorder (such as 5 alpha reductase deficiency, 17- beta-hydroxysteroid dehydrogenase-3 deficiency or classical congenital adrenal hyperplasia). Particularly, prenatal disorganizations of androgen and/or estrogen hormones may be more determinative than natal gender for sexual behaviors. We will present a case with gender dysphoria who was diagnosed as 5 alpha reductase deficiency.

**Case:** 16-year-old patient was referred to our clinic by multidisciplinary gender research group of hospital for psychiatric assessment. It was learned from parents that she felt like a boy since she was born, she was dressed in girl's clothes but she rejected them.

At the age of 7, parents admitted her to pediatric hospital when they noticed that clitoromegalia. Physical examination has revealed phallus, bifid scrotum and perineal hypospadias. After genetic analysis 46,XY chromosome structure and 5 alpha reductase enzyme deficiency was detected and parents were referred to the pediatric endocrinology department. Parents had joined this opinion because of early on going cross-gender related behaviours of her and they decided to change the child's name to the male name and got the male identity card. She also had Attention Deficit and Hyperactivity Disorders and substance abuse disorder according to DSM V.

**Discussion:** It is well known that sexual developmental disorders are related to many neurobiological factors in addition to sociocultural factors and parental attitudes. Cross gender behaviours-gender dysphoria may be related to intersex situations in some cases. Moreover children and adolescents with 5 alpha reductase or ambiguous genitale more likely to have any psychiatry disorders. All clinicians, who studied gender related disorders should approach to the patients multidimensionally.

### **PP158/ Dravet Syndrome With Mental Retardation and ADHD**

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**Introduction:** Dravet Syndrome (DS) is a rare form of epilepsy characterized by recurrent seizures. Researches have shown that the mutation of the sodium channel alpha 1 subunit (SCN1A) affects the phenotype in at least 80% of cases. Among most of the cases, neuromotor development is normal before the onset of seizures. After three years of age, regression is observed in intellectual functions, especially in the field of speech. Babies can walk independently at normal developmental stage, but the steps are unstable/ataxic. Imbalance of that steps gradually increases. It takes very long period for patients to speak, while expressing the first few words normally. Many of them can not gain fluent speech. Speech and intellectual disturbance indicate pyramidal tract and cerebellar involvement. Very little known about the psychiatric aspects of syndrome and in this poster we aim to present the psychiatric issues related with the syndrom with respect to a case.

**Case:** A 3-year-5-months-old boy, diagnosed with Dravet Syndrome, applied us because of irritability, sleep disturbances and hyperactivity symptoms. In our physical and psychiatric examination, we detected the components of Dravet Syndrome such as epilepsy, speech delay,

ataxic walk and cognitive impairments. Parents reported that their child is hyperactive, that he was commonly experienced home accidents. Also they reported that he could not use forks and spoons, needed support when going up the stairs, did not play with his peers, and could not get toilet training. In addition to this, we learned that all of his developmental stages were behind from peers. As the result of our clinical psychiatric examination he was diagnosed with moderate Intellectual Disability and Attention Deficit Hyperactivity Disorder (ADHD).

**Discussion:** Previous studies have reported an important cognitive decline on basic processes, such as perception, memory, and motor development. As in our case, it is remarkable that this syndrome can coexisting with psychiatric diagnosis such as ADHD.

### **PP159/ The Psychiatric Diagnosis And Related Characteristics Of Juvenile Delinquents: Retrospective Chart Review**

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**Objectives:** We aimed to investigate the psychiatric diagnosis and related characteristics of juvenile delinquents who applied for the evaluation of criminal responsibility.

**Methods:** 147 patients who applied to the outpatient clinic between April 2015 and February 2017 were evaluated by chart review. Sociodemographic data, psychiatric diagnoses, family violence, neglect and abuse stories and criminal responsibilities according to law reports were evaluated. Data were analyzed with SPSS v.16.0.

**Results:** The study sample included 147 adolescents. There were 134 male (%91,2); 13 female (%8,8) patients. While the mean age of males was 15.2±1.5 years, the mean age of females was 14.8±1.1 years. 26 cases were not diagnosed with any psychiatric disorder. 30 patients(%20,4) had attention deficit and hyperactivity disorder, 20 patients (%15) had conduct disorder, 1 patient(%0,7) had posttraumatic stress disorder, 10 patients (%6,8) had disruptive behavior disorder, 19 patients(%12,9) had mental retardation, 1 patient(%0,7) had chronic neglect, 6 patients (%4,1 ) had psychotic disorder. In 27 cases, multiple psychiatric disorders were diagnosed.

Education neglect (n=67 %55,4 p=0.0001), emotional neglect (n=61 %59,2 p=0.036) and health neglect (n=43 %41,3 p=0.086) were found more common in cases with at least one psychiatric disorder.

**Conclusion:** There are many factors associated with criminal behavior in adolescents such as abuse, neglect, domestic violence, parental attitudes and sociocultural values. As reported in many systematic studies, neglect, physical and sexual abuse can affect adversely many people's

lives. Similarly, we have found that having at least one psychiatric disorder is related with neglect issues. While law reports are being built, clinicians should consider -life challenges of children and adolescents.

### **PP160/ Exercise Intervention In A Patient With Anorexia Nervosa**

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**Introduction:** Anorexia nervosa(AN) is a serious illness commonly associated with high levels of medical and psychological complications (1, 2). It is associated with multiple and severe somatic complications related to malnutrition, including bradycardia, hypotension, anemia, hormonal imbalance, and low bone mass (4). Patients with anorexia nervosa commonly restrict their diet to vegetables, fruit, and diet products, and often skip meals altogether. They develop mealtime rituals, such as cutting food into tiny pieces, patting liquid off with napkins, or picking food apart (3). The prevalence of typical AN is approximately 0.2%–0.9% in the general population, and AN predominantly affects adolescent and young females (5). Excessive exercise affects 40–80% of individuals with anorexia nervosa (AN) and has been associated with negative emotionality (6). Programmed Physical Activity is a supervised therapeutic program integrated into the multidisciplinary treatment of AN patients; it utilizes personalized schedules that aim to limit the harmful consequences of hyperactivity and optimize the expected benefits of physical activity (7). In this paper; the process and end of a treatment of a case which has been diagnosed anorexia nervosa at age 17, then applied medical,cognitive behavioral therapy and exercise intervention and in the end transferred to adult psychiatry with remission at age 18, is detailed.

**Case:** The case -17 years old male- was unhappy about his body appearance and he has decided to start a diet at May,2015. During that period he cut the portions, calculated every single calorie , compulsively overdosed on exercises and made efforts to drink 6 liters of water a day. In next 45 days he lost almost 10 kgs. At July ,2015 he applied to Dokuz Eylul University Hospital Emergency Room because of weakness symptom and he has been treated in pediatrics. After he discharged from there he applied to Ege University Faculty of Medicine Child and Adolescent Psychiatry at November,2015. He diagnosed with “Anorexia Nervosa “ and hospitalized.

According to his developmental stages written at our clinic as psychological interview, he was born with normal spontaneous vaginal delivery with 3300 grams. His development stages were appropriate to the age of his peers. His parents have divorced when he was 9 months old. After that his grandmother took care of him until he is 3 years old because of his mother’s work. While he was between the age of 1 and 2 years old period, he was apart from his father and from that time to now his communication with his father has been limited.

First day in the hospital his weight was 45 kg and body mass index was 16,7 kg/m<sup>2</sup>. According to the consultation of nutritioists a diet list has prepared. The cardiology examined him in



terms of heart rhythm problems. Psychiatric interviews conducted with him in hospital and according to psychiatric examination his physical appearance matched with anorexia nervosa and his affection was anxious. He has depressive mood, anhedonia, anergy, irritability and psychomotor retardation. According to Depression Inventory (Beck) score for adolescent he had 26 points and his Clinical Global Severity Scale (CGI-S) score was 6. Compulsive accumulation, calorie calculation and exercise addiction have been observed. Each day of a week he has the claim for exercise and he tried to exercise even during the doctors visit .

The case has consulted by sports medicine. We planned an exercise programme for him which is about 45 minutes exercises 3 days a week. This programmed physical activity includes 10 minutes warming, 10 minutes cycling, 20 minutes weight lifting (5-10kg dumbbells and machines for upper body exercises; body weight and machines for lower-body exercises) and 5 minutes stretching. A physiotherapist and a medical doctor from child and adolescent psychiatry department have been parts of this exercises sessions. We applied this intervention for 4 months.

After 4 months the case's weight was 63 kg and bmi was 24,2 kg/m<sup>2</sup>. According to Depression Inventory (Beck) score for adolescent he had 5 points and his Clinical Global Severity Scale (CGI-S) score was 2. Also new observations showed us that he adapted with his diet programme and less unhappy with his body appearance when we compared him 4 months ago. He succeeded in YGS exam for university and still in college. His last pharmacotherapy was sertraline 200mg. The case transferred with remission to adult psychiatry.

**Discussion:** Anorexia Nervosa patients typically feature excessive physical activity. Excessive physical activity in AN patients is characterized by a significant amount of physical activity combined with a compulsive need to exercise. Excessive activity with extreme energy restriction in AN leads to weight loss, low bone mass, hormonal and electrolyte imbalance. Nevertheless physical activity and exercise continue to gain the attention of practitioners and researchers with regard to prevention and treatment of different psychopathological abnormalities. In AN treatment little is known about the potential benefits of physical activities. There is some rationale for expecting physical activities to benefit AN patients with regard to body composition, BMD, symptoms of anxiety/depression, and quality of life but robust clinical data are still awaited (8). In our case we saw that; when physical activities programmed and supervised, it can reinforce treatment and contribute well being . With professional supervision and training management, programmed physical activities should be integrated into psychotherapy and/or medical therapy in AN patients.

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### **PP161/ Adolescent Patient Who Presented With Catatonia At The First Psychotic Attack**

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**Introduction:** Catatonia is a psychomotor syndrome which can include motor, mental, behavioral and vegetative symptoms. It is characterized by a variety of symptoms, most often excitement, immobility, stupor, catalepsy, grimacing, echolalia, echopraxia, stereotypies, mannerisms, logorrhoea, verbigeration, negativism, staring and withdrawal. Etiology of catatonia is not well explained. Catatonia is associated with psychiatric conditions such as schizophrenia, mood disorder and other mental disorders.

**Case:** In this case report we will discuss the adolescent patient who came with the catatonia on the first psychotic attack. After elimination of organic causes, lorazepam treatment was started to the patient. Psychiatric examination revealed that the patient had tactile, auditory and visual hallucinations for 2 weeks but it's seen that he tended to conceal his disorder from parents. Later then the patient was evaluated as catatonic psychosis and anti-psychotic drugs added to his treatment. Patient was discharged with Olanzapin 20 mg.

**Discussion:** Larger, longer, and controlled studies are warranted to assess the prevalence and treatment of catatonic psychosis.

### **PP162/ Antibiotic Induced Mania: An Adolescent Case Report**

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**Introduction:** Antibiomania is a term used to describe the manic episode associated with the use of antibiotics. Although it is not as widespread, such an adverse effect is observed in an increasing number of cases and often occurs in patients who don't have a history of bipolar disorder. In this article, an adolescent case who has mixed featured psychotic mania due to the use of clarithromycin and amoxicillin at different times is discussed.

**Case:** The 12-year old male adolescent patient applied to our polyclinic with complaints of decreased need for sleep, being more talkative than usual and increased energy three times in last three months. The patient had no active complaints when he applied to the clinic. The historical assessment was done. The first episode occurred after use of clarithromycin. After one day of using the medicine; there was a decrease in the need for sleep, significant increase in the amount of energy, grandiosity, flight of ideas, hallucination, delusions, irritability at nights and crying, unhappiness, social withdrawal during the day. The family did not apply to the doctor during this period, stopped the use of medicine after four days. Complaints gradually decreased and there were no symptoms after 1 week. Second and third episode occurred after use of amoxicillin-clavulanic acid and clarithromycin, respectively. Symptoms and course were similar to first episode. Neurology did not find any organic etiology. It was thought that antibiotic-induced mixed features psychotic mania in the patient who had no past and family mood disorder. No medical treatment was considered for the patient who did not have an active complaint. Follow-ups continue at the child and adolescent psychiatric outpatient clinic.

**Discussion:** The case is discussed in the light of the literature.

### **PP163/ Melatonin Treatment In Night Terror, A Case Report**

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**Introduction:** Night terror is a common sleep disorder that is characterized by incomplete arousals from sleep, extreme terror, motor agitation and autonomic signs as tachycardia, tachypnea, flushing, diaphoresis and mydriasis. It is most common in 5-7 year old children. Night terror is reported to affect less than 5% of children. The prevalence of disorder decreases by increasing age. However its pathophysiology remains unclear, night terror is seen in N-REM sleep typically. During the night terror, children often scream and cry with wide-open eyes and had a look of fear and panic on their faces. In children with night terror, there is no increased frequency of psychiatric diagnosis. Benzodiazepines and tricyclic antidepressants may be used in the pharmacological treatment of night terror. In this report, a night terror case that was treated with melatonin is presented.

**Case:** A five-year-old girl was admitted to our clinic with the complaint that she had awakened by crying after one or two hours of sleep. She had night terror since 3.5-4 years old, but it's increased in this year. If her mother tried to comfort her during the night terror, she would

become even more agitated. Initially some suggestions about sleep pattern and sleep hygiene were recommended, but there was not effect. Therefore, melatonin 3mg/day was started. After two weeks of melatonin treatment, her complaint disappeared.

**Discussion:** Melatonin (N Asetyl 5 Methoxytryptamine) is the major hormone of the pineal gland and is secreted exclusively at night. Melatonin has two major effects on sleep; regulates the start time of sleeping and day-night/sleeping-awakening circles. Because of these effects, melatonin is helpful to treat insomnia and circadian rhythm disorders. In our case melatonin 3 mg was effective at night terror treatment. After one-month treatment, melatonin was reduced and stopped. There was no side effect at follow up.

### **PP164/ Oros Methylphenidate (Concerta) Abuse In An Adolescent Boy With ADHD And MR**

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**Introduction:** Attention deficit/hyperactivity disorder (ADHD) is one of the most common childhood on set psychiatric disorders. Its prevalence is approximately 4–9%. More than 2.7 million children are using ADHD medications in USA. So increased risk of therapeutic errors, intentional over doses due to abuse, misuse or suicide attempts can be observed. In this report, we describe an abuse of oros methylphenidate (MPH) by an adolescent boy with ADHD and mental retardation (MR).

**Case:** A 13-year-old-boy applied to our outpatient clinic for his follow-up. He was diagnosed with ADHD and mild MR, had been on long-acting MPH (Concerta) treatment for 2 years. Its dosage was increased to 54 mg and aripiprazole 5 mg was added, but he didn't use MPH regularly, stored the rest. He was overweight and on a diet. He was living with his father who was inadequate in keeping track of his treatment. In his last control, he stated that he took his once a day medication 2-3 times a day (108-162 mg), to control his appetite. He felt competent, euphoric at that times. When he didn't take, he felt like crying, sleepy, aggressive and couldn't do daily tasks.

The child's mental examination was normal except irritability, perspiration. He was referred to pediatric cardiology. His vital signs, laboratory analyses were normal. No additional therapy was needed. MPH dosage was reduced to 54 mg, aripiprazole dosage was increased to 10 mg. His father was told to keep drugs in a safe place and give once a day. No severe withdrawal symptoms were observed.

**Discussion:** Stimulant misuse was 5–9% in grade and high school children in USA. It appears to be used for performance enhancement and euphorogenic effects. There've been case reports of intravenous or intranasal MPH abuse but there aren't any case reports about oros-MPH. Because it can't be crushed or extracted for injection, it deters abuse. So abusers usually seek for immediate-release MPH. Oral forms usually are used for appetite control and academic achievement. This case shows that oros MPH's safety margin is high. Even so, clinicians should be aware of the probability of abuse in this population with ADHD, especially in impulsive adolescents. Education of parents and teachers about the storage, usage of drugs is also important.

**PP165/ A Genetic Imaging Study of Adolescents with Attention-deficit/Hyperactivity Disorder using OROS-Methylphenidate: Assessing the Dopamine Transporter Gene with [Tc-<sup>99m</sup>] TRODAT-1 SPECT**

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**Objectives:** To examine the effect of 2 months of treatment with an extended release formulation of methylphenidate (OROS-MPH) using [Tc-<sup>99m</sup>] TRODAT-1 brain SPECT in a treatment-naïve sample of adolescents with attention-deficit/hyperactivity disorder (ADHD). Also, to examine whether risk alleles (homozygosity for 10-repeat allele of DAT1 gene) in the DAT1 gene were associated with alterations in striatal DAT availability and OROS-MPH response within the same study group.

**Methods:** Twenty adolescents with ADHD underwent a brain single-photon emission computed tomography (SPECT) scan with [Tc-<sup>99m</sup>] TRODAT-1 SPECT. Two SPECT scans, one at baseline and the other two months after the start of OROS-MPH treatment were performed. After the baseline SPECT scan, patients received OROS-MPH, individually medicated up to 1 mg/kg/day. Severity of illness was estimated using the Clinical Global Impression Scale (CGI-S) and DuPaul ADHD Rating Scale-Clinician version (ARS) before treatment, and 1 month and 2 months after beginning OROS-MPH treatment.

**Results:** A decreased DAT availability was found in both the right caudate (pretreatment DAT binding: 224.76±33.77, posttreatment DAT binding: 208.86±28.75, p=0.02) and right putamen (pretreatment DAT binding: 314.41±55.24, posttreatment DAT binding: 285.66±39.20, p=0.05) in adolescents with ADHD receiving OROS-MPH treatment. Adolescents with ADHD who showed good response to OROS-MPH had significantly greater reduction of DAT density in the right putamen than adolescents who showed a poor response to OROS-MPH (difference of DAT density in the right putamen, good responder to OROS-MPH (n=10): 57.96±45.37, poor responder to OROS-MPH (n=10): -0.46±46.87; p=0.011). However, the changes were not related with DAT density in the right caudate. Risk alleles (homozygosity for the 10-repeat allele of DAT1 gene) in the DAT1 gene were not associated with alterations in striatal DAT availability and OROS-MPH response.

**Conclusion:** Two months of OROS-MPH treatment decreased DAT availability in both the right caudate and putamen. Adolescents with ADHD who showed good response to OROS-MPH had greater reduction of DAT density in the right putamen. However, these findings did not support an association between homozygosity for 10-repeat allele at DAT1 gene and DAT

density assessed by [<sup>99m</sup>Tc] TRODAT-1 SPECT or a correlation between homozygosity for the 10-repeat allele and poor response to OROS-MPH.

### **PP166/ Case Study: Successful ECT Treatment Of A Adolescent With Treatment Resistant Major Depressive Disorder**

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**Introduction:** Major depressive disorder (MDD) is a common, yet under recognized, mental health disorder in the adolescent population. The prevalence of MDD in adolescents has been estimated to be 11.7%, 7.6 %, and 5.6% in American, Canadian, and international populations, respectively.(1-3) Even with the gold standard treatment with an SSRI and concurred cognitive behavioural therapy, 30% to 40% will not respond to treatment, thus classified as ‘treatment resistant’ (4)

According to the American Academy of Child and Adolescent Psychiatry (AACAP) Practice Parameter, Electroconvulsive Therapy indications were followed 1. MDD, mania, schizoaffective disorder, or schizophrenia diagnosis 2. Severity of symptoms ( they are significantly persistent and disabling), and 3. Lack of treatment response to appropriate psychopharmacological agents accompanied by other appropriate treatment modalities.(5)

**Case:** S an 16 year-old girl, presented to our outpatient clinic with a 3-month history of symptoms which included persistent low mood, tearfulness, reported difficulty sleeping, decreased energy, irritable mood and trouble with her appetite. She had a history of suicidal ideation and had tried to three times suicide attempts by taking medication. In another outpatient clinic, she had taken polypharmacy including risperidone, aripirazole, escitalopram, fluoksetine, methylphenidate. All of these drugs were stopped except escitalopram and ketiapin was started. Premorbid, she was described as a successful, kindly behaving student. Also described family relationships were compatible . The family history, the maternal uncle had a diagnosis of schizophrenia. Her father had parkinsonism. According to mental examination she appeared sad, making poor eye contact and demonstrating poor social skills. Her affect was flat and apathetic. She reported significant feelings of worthlessness, helplessness. Additionally she had passive death considerations and auditory hallucinations. She also showed significantly psychomotor retardation. The diagnosis of major depression with psychotic symptoms was established according to DSM-5 criteria ( American Psychiatric Association,2013). When she was taken escitolopram 15 mg/day and ketiapine 300 mg/day, seven ECT sessions were applied under the anaesthetic conditions. She was treated successfully with ECT and no complication was observed.

**Discussion:** ECT is a biological treatment modality including short exposure to electrical stimulus to produce a generalized seizure. Although the mechanism of ECT is not yet fully understood, antidepressant effects of ECT is associated with inhibitory neurotransmitter systems as well as monoamine neurotransmitters, endocrinological pathways and neurogenesis.(6) Our case included severe suicide intentions and also was lacked of treatment response through two months. Due to controversies regarding its effectiveness and safety, ECT is rarely used in adolescents. Like our case, patients who have high resistance to polypharmacy, high comorbidity and life-threatening conditions, ECT should be considered first line treatment.

### **PP167/An Adolescent Case With Schizotypal Personality Features Who Referred With Pseudoseizures**

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**Introduction:** A 16-year-old adolescent patient with schizotypal personality features who was referred to our clinic due to pseudoseizures will be discussed.

**Case:** A 16 year old girl was referred to our outpatient clinic by pediatric neurologist for pseudoseizures. Patient's seizures started with faints one week after a friend's seizure. Her complaints continued for 2 months in the form of shaking and contraction, more than once every day during the exam period, especially in public places and there was no loss of consciousness. During the assessment patient's general appearance and self-care was appropriate to her age, her affect was euthymic, her mood was labile, her speech was detailed and theatrical. She believed that she had the ability to read others mind and this ability was given her by God. She had magical thoughts such as she had known supernatural events before they happened and she had known when people would die and what would happen to them. She wasn't trusting on people and she had paranoid thoughts such as people would hurt her. Perceptual experiences were determined such as hearing somebody who she didn't know and didn't understand what they said. The case stated that she had no problem in peer relations and she had a self perception that she was privileged and gifted. In the follow up, her pseudoseizures were decreased but her magical and paranoid ideas and perceptual disturbances were persistent.

**Discussion:** The case was referred to our outpatient clinic with pseudoseizures. After the assessment schizotypal personality features were detected. The cases who have schizotypal personality features generally suffer from anxiety and depression symptoms and show up with these symptoms, therefore schizotypal personality features may not be noticed if the psychiatric evaluation is not made elaborately.

### **PP168/ Distimik Bozukluğun Eşlik Ettiği Bir Kleptomani Olgusu**

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**Introduction:** Kleptomania is the inability to refrain from the urge to steal items for reasons other than personal use or financial gain. Very little is known about the etiology, prevalence and treatment. This disorder usually begins during puberty and lasts until late adulthood. In some patients, it may last throughout the person's life. Patients with kleptomania are likely to suffer from comorbid conditions like mood disorders. Regarding the treatment of SSRIs, there are case reports and case series, using mood stabilizers, antipsychotics and opioid antagonists. Cognitive behavioral therapy techniques and psychodynamic psychotherapy are also used in the treatment of kleptomania.

**Case and Discussion:** In this presentation, the approach to the case with kleptomania and dysthymic disorder is discussed. Pharmacologic interventions and the use of psychodynamic

viewpoints, kleptomania and accompanying psychiatric disorders may play an important role in understanding and treating these disorders.

### **PP169/ Olanzapine-Related Peripheral Edema: A Case Report**

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**Introduction:** Peripheral edema; Various systemic diseases and drugs such as steroids, non-steroidal anti-inflammatory agents, antihypertensive agents, immunosuppressants. A limited report showing that atypical antipsychotics may lead to peripheral edema, including olanzapine. Although half of patients using olanzapine claim to have more peripheral edema, only a few cases are reported in the literature. This side effect is assumed to be induced by olanzapine-induced receptor profile. Diuretics have been reported to be effective in treatment.

**Case:** A 13 year-old ,female patient.presented with 6 months duration of nausea,vomiting, stomachache, headache ,reduced food intake and weight lost was admitted to the hospital.The body mass index of patient was 14.03 .The patient was diagnosed with Major Depressive Disorder according to DSM-V criteria. In routine ECG was detected QTc prolongation.After all investigations , It was found that malnutrition-induced electrolyte imbalance was caused QTc prolongation .The QTc returned to normal ,when electrolyte imbalance was treated. She was started on olanzapine 2.5 mg/day and fluoksetine 50 mg/day. Olanzapine was increased to 5mg/day after one week. The patient was found to have bilateral pedal edema leaving edema without temperature change and ulceration. The next day, Olanzapine was reduced to the half dose. No pathology was found in cardiac and nephrological investigations . It was observed when the dosage of olanzapine was reduced , the edema was decreased and then completely dissapered after one week of discontinuation. And also there was developing of the numbness in hands and legs was after the first dose of olanzapine in medical history of the patient .

**Discussion:** In this case, it was observed that the edema declined with decreasing the dose of olanzapine, and it disappeared within one week after discontinuation. Due to the reduction of the drug, ocular tension, disappearance after discontinuation, and no evidence of any sign that could explain the edema were found, the result was due to olanzapine treatment. Olanzapine-related edema is neglected by clinicians as compared to side effects more frequently; This case is important for warning the clinicians about olanzapine-induced peripheral edema.

### **PP170/ Comparison Of Mental Symptoms Of Sexual Abuse Victim Adolescents With Control Group**

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**Objectives:** Sexual abuse of the child is a social problem which has physical, social and legal dimensions, with short and long term destructive effects on both the victim and the family. The objective of this study is to compare the mental symptoms of sexual abuse victim adolescents with the control group.



**Methods:** 90 (78 females, 12 males) adolescents between the ages of 12 and 18 who had been sexually abused and sent for judicial report and as the control group 90 (78 females, 12 males) gender-matched adolescents with similar socio-demographic levels were included in the study. Socio-demographic features of the cases and information about sexual abuse and abuser were asked and recorded in a form prepared by the researchers. Following this, Brief Symptom Inventory (BSI) was filled in by all participants. Windows SPSS 22.0 software program was used for the statistical analysis of the study.

**Results:** No significant difference was found between sexually abused adolescents and the control group in terms of age ( $p=0,935$ ), gender ( $p>0.05$ ) and socio-economic level ( $p=0.459$ ). When the two groups were compared in terms of the sub-scale scores of BSI, it was found that sexual abuse victims had statistically significantly higher scores than the control group in the sub-scales of depression ( $p<0.001$ ), anxiety ( $p<0.001$ ), psychoticism ( $p<0.001$ ), somatization ( $p<0.001$ ), obsessive compulsive disorder ( $p<0.001$ ), hostility ( $p<0.001$ ), phobic anxiety ( $p<0.001$ ), paranoid thought ( $p<0.001$ ) and additional items ( $p<0.001$ ) ( $p<0.005$ ). The scores of global distress of the inventory, global severity index ( $p<0.001$ ), positive symptom total ( $p<0.001$ ) and positive symptom distress index ( $p<0.001$ ), were also found to be statistically significantly higher in sexual abuse victims ( $p<0.005$ ).

**Conclusion:** In studies conducted so far, the most common mental disorders seen in sexual abuse victims have been reported as Post-traumatic Stress Disorder and Major Depressive Disorder. The results of our study show that a great number of mental symptoms can be observed in sexual abuse victims in addition to depression anxiety.

### **PP171/ Atomoxetine-Induced Mania Like Symptoms: A Case Report**

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**Introduction:** Attention-deficit hyperactivity disorder (ADHD) is one of the most common mental disorders. The prevalence of around 5% in children and about %2.5 of adults. The essential feature of attention-deficit /hyperactivity disorder is a persistent pattern of inattention and /or hyperactivity-impulsivity that interferes with functioning or development. Pharmacotherapy is the first treatment for ADHD. Methylphenidate, dexamphetamine and atomoxetine are widely used for the pharmacological treatment of ADHD. Atomoxetine is a selective norepinephrine reuptake inhibitor. Atomoxetine has proven effective in both attention deficit and hyperactivity symptom groups. Since 2002, it has been approved by the Food and Drug Administration in children with a diagnosis of over 6-year-old ADHD .

**Case:** We report a case of mania-like symptoms induced by atomoxetine treatment. A 11-year-old girl was diagnosed with ADHD, combined type according to Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition. We started atomoxetine to patient 0.5 mg/kg/d, after 2 weeks the dose of atomoxetine was increased to 1.2 mg/kg/d when the atomoxetine dose was increased , the patient started talking too much, making excessive makeup, grandiosity, irritability, insomnia, escaping from school. These findings were considered to be mania-like symptoms induced by atomoxetine therapy so the patient admitted to the clinic and medical treatment regulated. Atomoxetine dose reduced within 1 week and stopped then mania-like symptoms disappeared within 5 days. We started aripiprazole 1 mg/day to patient for further treatment .The patient who was followed up for 1 year had no mania-like symptoms.

**Discussion:** Our case shows that mania-like symptoms can be seen in patients after atomoxetine treatment. So when atomoxetine treatment started, the practitioner should be aware of that kind of mania-like symptoms.

### **PP172/ Obsessive Sexual Thoughts Or Sexual Abuse? Treatment Of Sexual Thoughts And Compulsive Confession With Fluoxetine In An 8-Year-Old Girl**

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**Introduction:** Child sexual abuse can be considered as an important forensic and psychiatric issue in terms of both the legal consequences for the suspect and the short and long term mental effects on the victim. According to the Turkish Criminal Code, anyone who learns that a child has been sexually abused is obliged to report it (1). However, every child suspected of sexual abuse may not be a victim (2). The aim of this case report to take attention to the importance of psychiatric evaluation in children with suspected sexual abuse and the treatment of obsessive sexual thoughts rarely seen in children with obsessive compulsive disorder (OCD).

**Case:** This case is an 8-year-old girl suspected of sexual abuse and brought to the Ankara Child Advocacy Center. A forensic interviewer working at this center learnt that she was exposed to pornographic images by her cousins and repeatedly exposed to sexual abuse, with and without penetration, by her younger brother and father. However, the interviewer noticed that victim defined many sexual acts away from the logical structure by changing the person, place and time without being asked. Psychiatric evaluation after the forensic interview revealed that before the pornographic image exposure she had repetitive questioning to be sure and then obsessive sexual thoughts and compulsive confession started. At first she was sharing these thoughts only with her mother but now sharing them without making discrimination. This had a significant negative effect on her school and family functioning. Fluoxetine 10mg daily was started for her OCD symptoms and increased to 20mg/day. By the end of 6 weeks, 80% improvement in obsessive sexual thoughts and confession compulsions was achieved. Her mother gave verbal consent for this case report.

**Discussion:** It is important to be alert to obsessive sexual thoughts during the psychiatric evaluation of children suspected of sexual abuse. Detailed psychiatric evaluation of these children as well as forensic interview is very important to discriminate obsessive sexual thoughts and to ensure required treatment in a short time for these children. Although SSRIs are effective pharmacological treatment option for children with OCD, the effect on obsessive thoughts is still unclear (3). This case suggests that fluoxetine may be an appropriate treatment option for obsessive thoughts rarely seen in children with OCD.

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### **PP173/ Differential Diagnosis of a Patient with Psychotic Disorder with High Creatine Kinase and Subfebrile Fever**

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**Introduction:** Catatonia is a syndrome that is characterized by the symptoms including increased motor activity, negativism, catalepsia, waxy flexibility, and mutism. If symptoms such as hypertension, changing blood pressure, sweating, and stupor add to catatonia, this situation describes as Malignant Catatonia (MC). MC resembles to Neuroleptic Malignant Syndrome (NMS) because of sharing symptoms. We presented a patient with psychotic disorder with high Creatine Kinase (CK) and subfebrile fever.

**Case:** A 15-year-old male was admitted to our outpatient clinic by his parents. On admission, there were mutism, negativism, psychomotor retardation, and reduced eye contact. His catatonic symptoms started approximately four months ago. Olanzapine 10 mg per day and Amisulpride 400 mg per day were prescribed due to these symptoms. He had pharyngitis while the treatment was ongoing and had high fever during one day until an antibiotic was administered. Before this infection he had agitation, apathy and ambivalence. Creatinine Kinase (CK) was 4500 U/L, and the patient had leucocytosis with subfebrile fever. Presumptive diagnosis of NMS and MC were made, and the patient was admitted to our inpatient clinic. He underwent “Magnetic Resonance Imaging” and “Cerebrospinal Fluid Analysis” in order to exclude organic brain pathologies including encephalitis. Agitation, apathy, and ambivalence which occurred before infection and waxy flexibility were in line with MC and NMS, respectively. Because of increased level of CK, rigidity, mental status alteration, diaphoresis, urinary incontinence and catatonia which occurred before these symptoms the patient was diagnosed with MC comorbid with NMS. After intravenous hydration and discontinuation of antipsychotics, the patient was in partial remission. He was re challenged with Clozapine 50 mg per day, Citalopram 40 mg per day and Biperiden 4 mg per day two weeks after the resolution of NMS without recurrence of symptoms. He was in full in remission at the 15<sup>th</sup> day of treatment.

**Discussion:** Although malignant catatonia is a differential diagnosis of NMS, it might be hard to distinguish two conditions because of the associate clinical (e.g. rigidity, hyperthermia, autonomic instability, stupor) and laboratory findings (e.g. elevated CK levels, reduced serum iron level, EEG abnormalities). Previous reports have indicated that MC can be comorbid with NMS. Our case report demonstrates the difficulty of differentiating of MC from NMS, suggests

the utility of detecting any preceding catatonic symptoms and indicates importance of symptom's chronology. Also hyperthermia is not a rule for NMS, and subfebrile cases must not be forgotten because of atypical NMS. Both MC and NMS can trigger after an infection. NMS can be differentiated by the existence of waxy flexibility; however, apathy, ambivalence, agitation, and preceding catatonia symptoms can be consistent with MC.

### **PP174/ Symptom Characteristics Of Children Between 18-40 Month Age Having Pervasive Development Disorders**

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**Objectives:** The M-CHAT ("Modified Checklist for Autism in Children") test is one of the screening tests used in the early diagnosis of Autism Spectrum Disorder (OSB). This study is aimed at screening symptoms using M-CHAT screening test in 18-40 month-old children diagnosed with Autism Spectrum Disorder in Mersin University Medical Faculty Department of Child and Adolescent Psychiatry.

**Methods:** After initial evaluations using the DSM-V diagnostic criteria and CARS ("Childhood Autism Rating Scale") test, which were introduced with the social-emotional retardation and / or speech stress in the Child and Adolescent Mental Health and Diseases polyclinic, Forty-nine children aged

18-40 months who had anomalies were included in the study. Symptom screening was performed by M-CHAT test.

**Results:** Forty-one (83.7%) of the 49 cases participating in the study consisted of males and 8 (84%) were females. The average age of the group was  $31.3 \pm 7.5$  months. There were 13 children (27%) between 18-24 months, 12 children (25%) between 25-31 months, 8 children (16%) between 32-38 months and 16 children (32%) for 38 months.

**Conclusion:** When we looked at the first complaints of children with OSD in our study, it was seen that the most complaints were difficulty in speaking, limited eye contact and complaints of nervousness and irritability. The most uncomfortable complaints were difficulty in self-expressing, aggressive behaviors and anger bursts.

When the results of the M-CHAT screening test were evaluated, 22th, 7th, 20th, 21th, 13th and

17th questions were found to be more significant in terms of autism diagnosis. Again, by looking at the same data, it can be said that M-CHAT 16 is not effective in identifying risky children for autism. When we look at M-CHAT results of children whose age is divided into 3 groups by 18-24 months,

24-38 months and 38-40 months; 14th, 21th and 11th questions in 18-24 month old children and

13th, 17th and 7th questions in 38-40 month old children were found to be more significant in terms of diagnosis.

### **PP175/ Use of Paliperidone in Adolescents With Psychiatric Disorders Other Than Schizophrenia**

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**Objectives:** Paliperidone is a benzisoxazole derivative drug approved by the American Food and Drug Administration for use in the treatment of adolescent schizophrenia in 2011 and contains 9-hydroxyrisperidone, the active metabolite of risperidone. The receptor binding profile is similar to risperidone. Paliperidone has high affinity for D2 and 5HT2A receptors. Moreover, there is no affinity for muscarinergic-cholinergic and beta-adrenergic receptors while there is affinity for alpha1 and alpha2-adrenergic receptors. There is a pharmacokinetic difference between paliperidone and risperidone. Because paliperidone is not a substrate for the CYP2D6 enzyme such as risperidone, it is metabolized very limitedly in the liver. There is a limited number of studies and clinical experience with the use of paliperidone in the adolescent age group. In this article, we aimed to discuss the use of paliperidone in the adolescent age group by observing published studies about the use of paliperidone in patients with psychiatric disorders other than schizophrenia.

**Methods:** The studies published in the PubMed and Google.Scholar databases have been observed using the terms 'paliperidon' and 'paliperidone and adolescence'. This review was made in March 2017 and studies published up to this date were tried to be included. Studies related to psychiatric disorders other than schizophrenia were included in the study.

**Results:** There are 3 open-label, 4 case studies on use of paliperidone in adolescents with psychiatric disorders other than schizophrenia. In these studies, paliperidone was used in the treatment of irritability in autism and ADHD, bipolar spectrum disorders, Tourette's disorder and personality disorders. 3 - 9.8 mg paliperidone was used in the studies. Significant improvement was observed in the young mania rating, clinical global impressions and aberrant behavior checklist-irritability scales in open label studies. Study of Tourette's disorder have also shown that paliperidone is effective. The most common side effects observed in patients are sedation and weight gain.

**Conclusion:** In open-label and case studies, it was shown that paliperidone is effective in the treatment of bipolar spectrum disorders, irritability and Tourette's disorder in adolescents. However, more randomized double-blind studies are needed to determine the efficacy of the paliperidone in adolescent age group.

### **PP176/ Aripiprazole Use In Interictal Psychotic Disorder: A Case Report**

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**Introduction:** Epilepsy, a chronic neurological disorder frequently accompanied by psychiatric disorders, is a dysfunction caused by continuous irregular discharges in the central nervous system. Psychosis has been reported to be more frequently seen in patients with epilepsy than healthy population. The risk of psychotic disorder in epileptic patients is claimed to be 7 to 12 times higher than the general population. Psychotic symptoms in epilepsy can be classified as three groups: ictal, postictal and interictal psychosis. Interictal psychosis refers to the persistent psychotic features observed between seizures. Here, we aimed to define interictal psychosis in childhood onset epilepsy and discuss its treatment with aripiprazole in this case report.

**Case:** A. is a 16-years-old boy who has admitted to our child and adolescent psychiatry outpatient clinic with complaints of irritability and self harming behavior 3 months ago. He has a mild level intellectual disability and he goes to special education school. He has been diagnosed as having epilepsy and has taken antiepileptic drugs since he was 6 years old. He has started to have some visual hallucinations (e.g. giant trees which can talk to him) when he was 10 years old. He has lost his interest in self care and others for 3 months. His mental health examination was as follows: He had a younger appearance and his clothing and self care were poor. His affect was blunted and mood was irritable. He was negativist to the clinician therefore details of his thought content and beliefs were not assessed. From his history it was reported that he had shown no abnormalities in the developmental milestones. He had no other medical problems except epilepsy. His family history was negative for any mental disorders. His parents stated that he has talked himself and showed bizarre behaviors. These symptoms did not show any variations depending on time of epileptic attacks. Neither cigarette nor alcohol use was obtained. He was diagnosed with interictal psychotic disorder and aripiprazole was prescribed.

**Discussion:** If a patient with chronic epilepsy shows some emotional and behavioral changes during the disease course, the clinician must be aware of emerging psychiatric problems including psychosis. We presented our case who had been successfully treated with aripiprazole in schizophrenia-like psychosis of epilepsy with aripiprazole. The antipsychotic treatments are known to reduce the threshold for epileptic seizures. However psychosis associated with epilepsy needs careful monitoring. Therefore we thought the so-called third-generation antipsychotic aripiprazole might be a good option to use. The clinical similarities and differences between idiopathic schizophrenia and schizophrenia-like psychosis of epilepsy are important to know for differential diagnosis and treatment planning. Collaborative work between child psychiatrists and child neurologist must be implemented in such cases.

### **PP177/ Midazolam Withdrawal Syndrome In Children: A Case Report With Autism Spectrum Disorder**

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**Introduction:** Midazolam is a derivative of imidazobenzodiazepines which is a hypnotic, anxiolytic and amnestic drug widely used in children for sedation because its effect starts and ends quickly and there is no pain on the injected area. Long term midazolam use or too rapidly reducing the dose may cause withdrawal symptoms. Here we discuss the diagnostic challenges of a child with autism spectrum disorder presenting midazolam withdrawal syndrome.

**Case:** our case is a 4 year 7 month- old boy with previous diagnosis of cerebral palsy and autism presenting to outpatient clinic with irritability, jerky movements and sleeplessness for 3 days. From the history, we learned that a week before he hospitalized in an intensive care unit due to a gastrointestinal infection and electrolyte imbalance. During his stay, midazolame (total 24mg) was given intravenously for 2 days and after his discharge the symptoms had been started. Possible midazolame withdrawal syndrome was consulted to neurology and the diagnosis was confirmed. Clonazepam (3mg/day, p.o) was administered and gradually tapered in 3 days. Follow up, the presenting symptoms were recovered.

**Discussion:** Close monitorisation of children to whom sedatives and anaesthetics are given, is essential to avoid withdrawal syndromes, especially in handicapped vulnerable population like individuals with autism.

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### **PP178/ Sociodemographic and Developmental Characteristics of Cochlear Implant Cases**

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**Objectives:** The aim of the study was to define the sociodemographic and developmental characteristics of cochlear implant (CI) candidates.

**Methods:** Medical records of children consulted to our clinic before cochlear implantation were reviewed retrospectively. All patients (n=39) were included that applied between 2015 and 2016. Children developmental status were evaluated, employing Ankara Developmental Screening Inventory (ADSI).

**Results:** The sample was predominantly male (n=23; 59%) and mean age was 25.1±14.7 months. Only 10 (25.6%) children were consulted before age of one. Only 18 (46.1%) children's data were obtained in related to hearing loss in family. In 14 (36.8%) of 18 children had at least one deaf relatives. According to ADSI results; only 2 (5.1%) children had normal developmental level. The rate of developmental delay was 92.3% (n=36) in general development, 94.9% (n=37) in language-cognitive, 84.6% (n=33) in fine motor, 61.5% (n=24) in gross motor, and 76.9% (n=30) in social/self-care skills areas. In 48.7% (n=19) of children had delay in all developmental areas.

**Conclusion:** Early detection of hearing impaired children is very important to gain developmental skills, which are consistent with age. Our results showed that only 25% of CI planned children were under the one year old. It is well known that timing is crucial in CI. Children receiving CIs before 12 months frequently catch up with their typically developing peers, whereas those receiving CIs later do not. Our findings showed that the delay rate in all developmental areas ranged from 61.5 to 94.9%. The outcomes implicate

that professionals should be aware of the possible developmental problems except for language and social skills. Clinicians must always consider the heterogeneity of the delayed areas, in order to help and support the individual patient.

### **PP179/ Munchausen By Proxy: A Case Report**

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**Introduction:** Munchausen by proxy (MBP) is a kind of maltreatment where the caretaker intentionally and repeatedly fabricates or induces a physical or psychological problem on a child under his/ her care. The caretaker, for most of the cases, is the mother, and usually the motivation is seeking medical care or being related to the medical staff [1]. The physicians must be cautious about possible MBP cases since unnecessary invasive procedures for diagnosis and medical or even surgical interventions may be harmful [2]. We present a case in which a girl has continuous parasite infection in her genital mucosa for about 2 years.

**Case:** A 6-year-old girl was presented to the Emergency Clinic with the complaint of visible crawling out of her vagina. The girl was treated at Infectious Diseases outpatient department because of *enterobius vermicularis* (oxiur) parasitosis for the last two years but her complaints continued despite sufficient treatment. The patient was suffering from itching especially at nights so the mother was catching parasite manually or by using cellophane tape and bringing it to emergency room doctors. The girl was subjected to anal and vaginal examinations several times and invasive diagnostic procedures such as vaginoscopy. The family history revealed that the other siblings have also been followed up due to medical and psychiatric complaints for a long time. It was observed that the mother was in close relationship with the health staff. The mother was recommended to consult with an adult psychiatrist. She was also counseled about not to admit to different medical centers and not to touch to the daughter's genital area. In the most recent follow-up session, the mother stated that she had started to have psychiatric treatment and our patients itching had been relieved for about two months.

**Discussion:** MBP might be present in greater numbers than expected. If there are inconsistencies between clinical presentation, history of the symptoms and the test results, or if the child has long-standing unexplained symptoms and has little or no response to standard treatment regimens, clinicians should consider for the possibility of MBP [3].

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## **PP180/ Case Report: Internet Addiction May Lead To Confusion Of Real Life With Virtual Life.**

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**Introduction:** The Internet has become an integral part of modern life which provides huge benefits in terms of expanding access to knowledge, information, flexible work, social interaction, and entertainment. However, as Internet access has reached to homes, schools, internet cafes, and business, there has been a rapidly growing public awareness of the potential adverse social and health effects caused by excessive, problematic or addictive Internet usage. Problematic Internet use has emerged as a rapidly growing problem in young people. Problematic Internet use or internet addiction can be defined as the excessive, obsessive-compulsive, uncontrollable, which also causes significant distress and impairment in daily functioning. Internet gaming disorder is under the heading of conditions for further study in DSM-5 and there is hypersensitivity to awards that include visual and auditory stimuli different from problematic Internet use. In adolescents, internet use has gradually become an ordinary activity. The prevalence estimates of PIU among adolescents and young adults have been observed worldwide: results are: about 1.2% to 8.2% in Europe; 1.2% to

5.0% in Middle Eastern countries; 2.2% to 17.2% in Asia including China; and 26.3% in the United States. When a person is addicted to internet, after a while, he/she does not need other people in social relations and keeps away him/herself from them. He prefers to feel self-sufficient and comfortable in the world of imagination instead of the troublesome situations that will force him in the real world. He might behave as if he is in a virtual reality that created based on the videos/games which may lead to confusion of real life with virtual life. Sometimes this can lead to risky behavior (suicidal or homicidal).

**Case and Discussion:** In this case report, an adolescent with problematic internet use will be mentioned. He develops self-mutilative behavior and suicidal idea when a virtual character on the video dies.

## **PP181/ A Record in Justice System of Turkey: 45 Days, 5 Crimes, 4 Different Forensic**

### **Interviewer**

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**Introduction:** In criminal responsibility assessments, criminal responsibility is separately evaluated for each offense, even if more than one offense is committed in consecutive periods. We aimed at sharing the drawbacks of the forensic evaluation of a child who committed repetitive crimes and each time referred to different centers for forensic psychiatric evaluation.

**Case:** Our case is a 13 years old boy. Within a 45 days period he is accused of committing 5 crimes namely theft and damage to property. He was referred to different centers for each crime for criminal responsibility assessment. Therefore Different decisions were made and discordant judicial reports were prepared for similar crimes. As a result of this discrepancy, judicial units needed new evaluations for each crimes.

**Discussion:** Precaution reports should be prepared about the children who are committed recurrent crimes. In order to be prepared the precaution report, evaluators should have been informed about all judicial elements. Thus, as well as discrepancies are removed accurate evaluations can be possible.

### **PB182/ Evaluation Of Soluble Urokinase Plasminogen Activator Receptor Levels In The Etiopathogenesis Of Attention Deficit Hyperactivity Disorder**

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**Objectives:** Attention Deficit Hyperactivity Disorder (ADHD) is one of the most common neurodevelopmental disorders of childhood. However, etiology is not completely understood. ADHD is considered a heterogeneous, complex and multifactorial disorder, influenced by both genetic and environmental factors. In recent years, there has therefore been an interest in the potential role of neuroinflammation in ADHD. Common comorbid dysfunction of the immune system suggests that this system may be affected by a common genetic background and molecular mechanisms. For example, increased levels of specific cytokines were observed in ADHD. The soluble urokinase plasminogen activator receptor (suPAR) molecule is involves some various immunological functions such as cell adhesion, migration, differentiation, proliferation, and angiogenesis. SuPAR levels are increased in the activation of the immunological and inflammatory system. SuPAR levels correlate positively with proinflammatory markers such as white blood cell, TNF, and CRP that reflect the inflammatory state. Previous studies have focused on the relationship with the proinflammatory markers, inflammation and diagnosis of psychiatric diseases, outbreak of diseases and treatment. The patients who were diagnosed with schizophrenia and depression have been shown to be associated with higher suPAR levels than healthy control subjects. In the literature, there was no study investigating the relationship between ADHD and suPAR. In our study, it was aimed to investigate the role of suPAR (soluble urokinase plasminogen activator receptor) molecule in Attention Deficit Hyperactivity Disorder etiology.

**Methods:** Fifty patients aged 7-13 years who were diagnosed with ADHD according to DSM-5 diagnostic criteria applied to the Child and Adolescent Psychiatric Policlinic of Erciyes University Medical Faculty were included in the study. Twenty-five healthy children and adolescents who were paired with the patient group for age and volunteered were included in the control group. Kiddie Schedule for Affective Disorders and Schizophrenia-Present and Lifetime Version (K-SADS-PL) were applied to all the cases studied. In the scope of the study, sociodemographic data form, Conners' Parent Rating Scale, Conners' Teacher Rating Scale were requested from the parents of the children taken to the patient group. Plasma suPAR levels were studied in the biochemistry laboratory using enzyme-like immune-sorbent assay (ELISA) kits. The obtained data were evaluated by appropriate statistical method.

**Results:** In our study, suPAR levels were  $2.9 \pm 1.7$  in the ADHD group and  $2.5 \pm 1$  in the control group. When the plasma suPAR levels of the children in the ADHD group were compared to the control group, the plasma suPAR levels were higher in the ADHD group but no statistically significant difference was found between the two groups. When ADHD is evaluated in terms of subgroups; SuPAR levels were found to be  $3.3 \pm 2$  in the type of attention deficit disorder and  $2,7 \pm 1,5$  in the ADHD compound type. When these two groups were compared in terms of suPAR levels, suPAR levels in the subscapular subtype were higher, but not statistically significant.

**Conclusion:** In our study, no difference was found between the ADHD group and the control group in terms of plasma suPAR levels. There is no data about ADHD with suPAR molecule in previous studies, and the further studies will be required to clarify the underlying mechanisms.

### **PP183/ The Effects Of Phonemic Awareness Education On The Auditory Processing And Reading Skills Of Dyslexic Children**

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**Objectives:** Dyslexia can be called reading disorder causes reading words incorrectly and slowly. In addition, it causes to not being able to vocalize words correctly and unable to say the letters of words. The majority of reading disorders is welded by the lack of processing speech sounds. While the reading education, the phonemic awareness is the awareness of creating new words by using arbitrary phonemes that can be reassembling. People, who are illiterate, cannot perceive phonemes in words. Children with reading disorder are failing to listen in terms of changing the voices of words, increasing or decreasing the phonemes of words for creating new words. The phonemic awareness education starts from monosyllable and three vowel words to extend more complex syllable structured system. This education teaches correct pronunciation of vowel and consonant phonemes through listening and speaking. Moreover, it teaches to analyze phonemes of words and discrimination of positions in a word in structured education program. Teaching through listening and speaking is done by reading and writing immediately afterwards. With this education, we aim to develop phonemic awareness of dyslexic children by repairing the impair structure of reading and functionalizing reading skills. In this study, our aim to report the first data of present study's results from 5 children who received private education support obtained with this method.

**Methods:** There were 5 male children and approximately 8 and 9 years old. These 5 cases diagnosed by child and adolescent psychiatrist were evaluated. Before the phonemic awareness education, cases are evaluated in terms of the functionality of reading skills and reading speeds. There is no any standard test tool developed in our country conditions. For this reason, measuring the phonemic awareness, we used "Discriminating Repeating Voice Units" criteria-dependent test tool, which is developed by the first researcher. In this study, for measuring the phonemic word production skills, we used "Phonemic Word Production Evaluation" test tool. Additionally, first researcher also developed this test. With phonemic awareness education,

children are 20-25 minutes systematically supported. Furthermore, when they continued the one-syllable word phase, post instruction measures were made.

**Results:** Children's measurements (according to their age and class level), which are made before the education, we found that decrement on the reading speed is about %40 and losing the ability to distinguish phonemes in words is between %40-%50. Last but not least, children were found to be entirely unsuccessful in word production experiments (Phonological production). On the other hand, after the phonemic awareness education, the reading speed of children is increased approximately %10-%30 and the ability to distinguish phonemes is also increased by %11-%35. In addition, children had at least 50% improvement in phonetic word production ability.

**Conclusion:** With phonemic awareness education, it is possible to improve the ability of word production to eliminate and contribute reading impairment for the cases of developmental dyslexia caused by phonological deficiencies. Our study is the first data of a study in progress.

### **PP184/ Psychiatric And Semiological Characteristics Of Children With Psychogenic Nonepileptic Seizures: Gender-Related Differences**

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**Objectives:** To compare semiological characteristics, precipitating stress factors and psychiatric diagnoses of girls and boys with psychogenic nonepileptic seizures (PNESs).

**Methods:** We retrospectively reviewed medical records of children diagnosed with PNES and who also underwent psychiatric evaluation. Sixty-two children (44 girls, 18 boys), aged 11-18 years (mean age  $14.19 \pm 1.96$  years) were included. Diagnosis of PNES was established by any of the following: (1) observation of the seizure by a neurologist and routine EEG, (2) evaluation of amateur video records of the typical seizure and routine EEG, or (3) video-EEG monitoring. Psychiatric examinations of patients were performed using the Schedule for Affective Disorders and Schizophrenia for School Age Children-Present and Lifetime Version (KSADS-PL).

**Results:** The rate of major depression was significantly higher in girls than boys ( $p=0.02$ ). The most prominent diagnosis in boys was attention deficit/hyperactivity disorder ( $p<0.001$ ). Academic underachievement was the most prevalent precipitating stressor for boys, and was significantly more prevalent in boys than girls ( $p=0.009$ ). Tremor was the most prevalent ictal motor sign in both girls and boys. Atonic falls ( $p=0.02$ ) and longer episodes ( $p=0.04$ ) were significantly more frequent in girls than boys. Tonic-clonic-like movements of the extremities were significantly more prevalent in boys than girls ( $p=0.03$ ).

**Conclusion:** PNES in males of juvenile age may be a distinct entity from that in girls with different semiological and psychogenic correlates. Consideration of these gender-related differences may be beneficial for the early recognition and treatment of PNES.

### **PB185/ Malingering by Proxy in Disabled Health Committee Patients**

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**Objectives:** Malingering is the intentional falsification or induction of physical or psychological signs/symptoms to achieve tangible personal gain. The possible motives include pursuing money, avoiding undesired placements; and obtaining leave from employment etc. Malingering by proxy (MAL-BP) occurs when person who is unable to appreciate the implications and consequences of his/her behavior, reports false signs/ symptoms responding to directions or pressure from others. In this study, we aimed to determine the frequency of MAL-BP and associated factors.

**Methods:** Chart reviews of 1-17 aged 74 children and adolescents who applied to disabled health committee of our clinic between January 2016 and 2017 were reviewed retrospectively. Patients have pervasive developmental disorder, affective disorder and psychotic disorder were excluded.

**Results:** The sample was predominantly male patients (n=48; 64.9%), mean age were 10.5±4.0 years. The most common application reasons were getting special education (n=48, 64.9%) and maintenance fee (n=44, 59.5%). The most common diagnosis was mild mental retardation (n=42,

56.8%). Rate of MPA-BP was 35.1% (n=26). MPA-BP patients had significantly lower rates of regular follow-up (9.1%&14.3%) and treatment compliance (42.4%&63.6%) than patients without MPA-BP (p<0.05).

**Conclusion:** Rarely studied, MAL-BP has an unknown prevalence, and is a challenging diagnosis for healthcare professionals. The fact that 35.1% MP rate in our sample showed that MP should not be underestimated in clinical practice. In literature, it is recommended that long-term follow-up is essential and should be approached from a biopsychosocial perspective. Our finding that was showed the lower frequency of regular follow-up and treatment compliance in MAL-BP patients indicated this clinical entity also prevent the patient from receiving basic health care. Clinicians should be aware of MPA-BP is a form of maltreatment.

## **PP186/ A Case Of Tuberous Sclerosis Complex Which Shows Regression With Everolimus Treatment**

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**Introduction:** Tuberous Sclerosis Complex (TSC) is a neurocutaneous disease which is Autosomal Dominant (AD) inherited and characterized with hamartomas in organs such as brain, skin, heart, kidney. TSC1 and TSC2 genes code hamartin and tuberin proteins which inhibit indirectly mammalian target of rapamycin (mTOR). mTOR regulates survival, growth, proliferation of cell, autophagy and synaptic functions. Mutations in TSC1 or TSC2 lead to upregulated activity and this activation is a reason for many components of diseases from hamartomas to resistant epilepsies. Therefore, inhibition of mTOR pathway is a potential target for pharmaceutical treatment of TSC. Patients with TS have high probability such as 60% for comorbidity of autistic disorder. At the same time, TSC is one of primary reasons for syndromic autism.

**Case:** A 17 years old male patient with TS, epilepsy, Autistic Disorder, Attention Deficit and Hyperactivity Disorder (ADHD) diagnosis was started administration of everolimus 2mg/day 3 years ago because of resistant epilepsy and attacks were brought under control. In this patient who showed regression with treatment, the connection of Everolimus with this situations will be handled. Starting from 5,5 months old, the patient had showed generalise tonic-clonic attacks and till 14 years old different treatments had been tried. However, there had been any response. At the same time he was diagnosed such as delayed speech, echolalia, disability in social connection, improper use of pronoun, stereotypic behaviour, excessive behaviour and obsessions. To take the attacks under control, he was administered everolimus 2mg/day and the attacks were stopped. After that, it was observed that there was significant decrease in many of autistic symptoms and excessive behaviour. Everolimus is a mTOR inhibitor and it is used effectively in tuberous sclerosis attack and cutaneous lesions treatments, also to decrease size of subependymal giant cell tumors in brain. It looks promising in the future since it benefits the symptom of ADHD and ASD.

**Discussion:** It is mentioned that the inhibition of mTOR rehabilitates the social behaviour disorder in animals with TSC mutations in the studies. In addition, there are some cases that with the treatment, regression in psychiatric symptoms were observed. However, controlled clinical studies were not encountered. Everolimus targets underlying mechanisms of TSC and in addition to effects against the attacks it may be effective on the development of brain, synaptic plasticity and glutamatergic mechanisms which are important for learning. Therefore, whether decrease in autistic symptoms is originated from recovery of control of attacks or it is connected with some independent effects of treatment. Besides further researches are required to understand whether or not mTOR inhibitors should be involved in treatment of syndromic and nonsyndromic autistic disorders.

**PP187/ Motor Skills Assessment With The Bruininks-Oseretsky Test Of Motor Proficiency In A Group Of Children With Autism Spectrum Disorders In Comparison With Healthy Controls And Peers With ADHD**

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**Objectives:** Autism spectrum disorders (ASD) are manifest as impairments in social interaction, language and speech development, and the appearance of repetitive behaviors with restricted interests. Motor impairments in individuals with ASD have been categorized as “associated symptoms”. The objective of this study was to describe motor deficits in ASD in comparison with healthy controls and peers with attention and hyperactivity disorder (ADHD).

**Methods:** Using Bruininks-Oseretsky test of motor proficiency we evaluated fine motor precision (FMP), fine motor integrity (FMI), manual dexterity (MD), bilateral coordination (BC), balance (B), running speed and agility (RSA), upper-limb coordination (ULC), strength (S), fine and gross motor skills (FGM), gross motor skills (GM) and total composite (TC) in a cohort of 34 children, 15 with ASD, 11 with ADHD and 8 healthy controls (HC).

**Results:** Three groups did not differ significantly in age when non parametric tests were applied ( $p = 0.112$ ). The three groups were significantly different in FMI, MD, B, RSA, ULC, FGM and TC ( $p=0.004-0.011$ ). In the post hoc tests, HC had higher scores than the ADHD group but were not significantly different in MD, RSA, ULC, FGM and TC; and the HC and the ADHD groups had significantly higher scores than the ASD group. B and GM scores lined up significantly different in the three groups, HC with the highest scores and the ASD group with the lowest scores.

**Conclusion:** Children with ASD showed significant impairments in different domains of motor skills. Motor scores in children with ADHD did not differ significantly on motor skill measures when compared to children with TD.

**PP188/ Childhood Trauma Associates With Clinical Features Of Pediatric Bipolar Disorder**

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**Objectives:** Pediatric bipolar disorder affects almost %2 of under -18 population (1). The studies that have done for five years propound increasing bipolar disorder diagnosis and co-diagnoses (2).

Child abuse concept correspond emotional, physical and sexual abuse and injury (3). Also negligence is researched ranks as childhood trauma and it is under two topics (4).

Although bipolar disorder has really high inheritance rate, we think that psychosocial stressors can be affective on first and follow up episode. In studies with adult patient populations, it was seen that patients with bipolar disorder were more exposed to challenging

life events than other healthy controls (5,6,7). In recent research, relationship between bipolar disorder and life stressors examined and suggests that bipolar disorder is heavily influenced by life stressors (8,9,10). The research that done using by CTQ, shows emotional abuse is more affective than other abuse types (11,12).

In studies that evaluate childhood trauma retrospectively shows correlation between intensity of trauma and intensity of bipolar disorder. It shows that the patients who have childhood trauma are more depressive, they have heavier mania episode, more suicidal behaviour and higher substance use rate (13,14,15,16,17).

**Methods:** This study has evaluated by ethics committee of Ege University Faculty of Medicine, 09. 09.2016 with 16-6/2 decision number. Bipolar patient groups were assisted in two stage with DSM 5 criterias, by senior child psychiatry asistant and after that Prof .(B.Ö). Patients who isin remisson, partial remisson and depressive patients were included in the study. Known neurological pathology or trauma history with prolonged loss of consciousness and not thought to have clinically normal intelligence were not included the study. 50 bipolar disorder cases were selected and 30 control cases were selected from the population sample. Diagnosis and additional diagnosis evaluated, sociodemographic information form, childhood trauma questionnaire (CTQ, clinical global impression scale validity, pediatric quality of life inventory ages 13-18 both child-self report and parents -proxy forms were used as other assesments tools.

**Results:** 50 cases which is diagnosed with bipolar disorder and 30 cases as control group got involved in the study.

The average age of bipolar group was 17,3 and control group was 17,1.The gender distribution was

76% female (n=38), 24% male (n=12) in the bipolar group and 76.6% female (n=23), 23.4% male (

n=7) in the control group. The subgroups of the diagnoses were 47.5% bipolar disorder type 1 (n=38), 2.5% bipolar disorder type 2 (n=2), 12.5% bipolar disorder NOS (n=12). When the relationship was evaluated between the scores of childhood trauma questionnaire(CQT) and psychotic symptoms, according to the results of the indepented group t tests the relationship between them has found statistically significant(p=0,025). When the relationship was evaluated between the scores of childhood trauma questionnaire(CQT) and hospitalization, it has found statistically significant (p=0,097). The one way analysis of variance applied to find out the relationship between the scores of childhood trauma questionnaire(CQT) and suicide attempts, and found statistically significant (p<0,001).

Also the relationship between the having high scores of childhood trauma questionnaire(CQT) and the number of the suicide attempts was found statistically significant (none= 33,82 ± 8,22, 1 or 2=

43,75 ± 12,814, 3 or more=52,43 ± 14,94). The relationship between the scores of PedsQL and the total scores of childhood trauma questionnaire(CQT) was evaluated to find out the connection between the life quality of the cases and childhood traumas\ stories. According to the result of the statistical analyses,

a positive relationship which is p<0,001 level was detected as statistically between the scores

(rho=0,523). In terms of the statistically difference of the total scores of CQT and the subcales, between the bipolar groups and the control groups was evaluated. Except the physical neglect



the difference of each subscales including the total score of CQT, were found statistically significant. The relationship between the scores of CGI-S and the total scores of CQT was evaluated to find out the connection between the disease severity of the cases and the childhood traumas\ stories. According to the result of the statistical analyses, a positive relationship which is  $p < 0,001$  level was detected as statistically between the scores ( $\rho = 0,644$ ).

When the scores of CQT of bipolar groups and the control groups compared to each other, the relationship between the subscales of trauma except the physical neglect has found statistically significant.

**Conclusion:** All trauma types except physical neglect was higher in bipolar disorder patients according to control group. It shows trauma can affect age of onset and prognosis in this group of patients.

We found psychotic features is positively correlated with trauma but rapid cycling and mixed features doesn't have correlation with trauma. It can be related with that bipolar disorder has strong biological-genetic nature. We found bipolar disorder patients have significantly lower life quality points than control group. This results demonstrate bipolar disorder in youth is serious public health problem.

Bipolar patients with higher trauma points shows higher hospitalization rate, more suicidal attempts, higher CGI-S points. This result show bipolar youth need more protective care for abuse and neglect. Stressful life events generally found in early periods of mood disorders. Sensitization model used to explain stress in early periods results in long term changes (18). Pediatric bipolar disorder has worse prognosis than adult form. One of the etiological factors could be high abuse and neglect rates. This topic needs more research.

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### **PP189/ The Importance Of The Father Girl Relationship In Obsessive Compulsive Disorder**

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**Introduction:** Emotional neglect is defined as inability to provide essential emotional and psychological needs (love, attachment, interest, etc.). Some studies have shown that childhood emotional neglect is associated with obsessive-compulsive disorder that is characterized by disturbing, repetitive mental actions anxiety-raising thoughts or repetitive behaviors performed to reduce the anxiety, and that disrupt the function. DSM V is considered to have a trauma effect when directly seeing events that happened to others. Emphasized the effect of emotional neglect and witnessing domestic violence on the development of obsessive-compulsive findings in father-girl relationship in the 2 cases mentioned below.

**Case 1:** A 16-years-old girl was admitted our polyclinic with a complaint of obsession. This has been the case since primary school and the violence has increased steadily. Her father beat her mother in front of his eyes and this was very influential. At that time the obsession started to touch places where her father was touching. Then she began to touch the places where your mother and brother were touched. She does not touch where everyone touch, at this moment. She felt uncomfortable when she touches it, but she does not know what can happen. When she touches, she immediately washes her hand.

**Case 2:** A 14-years-old girl presented with complaints of nervousness and obsessions. She had a complaint for 6 years. The relationship between her mother and father was problematic. At that time, his father began living in the same house with another woman and his mother. She saw his father's improper behavior against another woman. The obsession started not to touch the father, not to touch the things the father touched. There was a hand wash and an increased bathing frequency. Obsessions against father passed father after leaving the house 1 year later. The same obsession against her brother began when the father left the house. She did not allow the brother to be near 1 meter and touch her. When he was exposed to this situation he took his clothes and made a bath.

**Discussion:** It has been found that traumas in the form of emotional neglect are more prevalent in patients with obsessive compulsive disorder as a result of the studies. In a study conducted in our country, emotional neglect has been shown to be associated with obsessions on cleanliness. In these 2 cases, attention has been drawn to the fact that father girl relationship inability, emotional neglect by father and witnessing domestic violence play a trigger role in the onset of childhood obsessive-compulsive disorder.

### **PP190/ Electroconvulsive Therapy In A Pregnant Adolescent : A Case Report**

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**Introduction:** Electroconvulsive therapy (ECT) has been demonstrated to be effective in the treatment of major depressive disorder (MDD) and other mental disorders, such as bipolar disorder, psychotic depression, and schizophrenia. The use of antipsychotic agents, especially multidrug therapy, may predispose to development of fetal anomalies. Anderson et al. (2009)

suggested that ECT administered during pregnancy is effective and that the risks to the woman and child are low. We present a 17 year-old pregnant girl with a manic episode with psychotic features in this article.

**Case:** A 17 year-old primigravida girl was referred to the child and adolescent psychiatry out-patient clinic by her parents because of decreased need for sleep, irritability, increased activity, increased in sexual desire, hearing weird noises. She was admitted to our in-patient clinic. Her physical assessment showed her blood pressure, pulse rate, respiratory and body temperature was normal. Her last menstrual period was unknown and early ultrasound examination wasn't performed. Ultrasound examination revealed a 21 week-old pregnancy. In her psychiatric assessment a diagnosis of manic episode with psychotic features was given and she was started on olanzapine 5 mg once daily, was gradually titrated to 30mg/day. Chlorpromazine (100mg/day) was added for insomnia. Because of no response to therapeutic dosages of olanzapine and chlorpromazine treatment, ECT was planned under general anesthesia. The patient received 7 ECT sessions. No obstetrical complications or adverse outcomes were recorded. After ECT treatment, her mood and psychotic symptoms improved significantly. The patient's antipsychotic treatment was gradually switched from olanzapine to risperidone and titrated to the dose up to 3 mg/day.

**Discussion:** Pregnancy during adolescence is a risk factor for psychiatric disorders. The potential risks and benefits of both treatment and non-treatment to the infant and the pregnant adolescents must be added to the account in managing of bipolar disorders during pregnancy. Treatment choices include psychotropic medications, psychotherapy and ECT. It is known that psychotropic medications may increase the risk of teratogenicity in the fetus. Although there are studies showing that psychotropic drugs are the first therapeutic choice in pregnancy, there are also studies reporting that ECT is a safe treatment choice in pregnancy for treatment of mental disorders.

In our case, the patient was in the second trimester and her psychiatric assessment revealed a diagnosis of manic episode with psychotic features. Initially, we started treatment with olanzapine and chlorpromazine treatment. If there is no response to the psychotropic drugs treatment, use of ECT in the treatment is an appropriate therapeutic modality of bipolar disorder. As the patient's symptoms continued, we planned ECT under general anesthesia because pharmacotherapy was not successful. The patient received 7 ECT sessions. No obstetrical complications or adverse outcomes were recorded. After ECT treatment, her mood and psychotic symptoms improved significantly. As a result of our search of previous reports, we did not find any randomized controlled trial of ECT treatment in pregnant adolescents with bipolar disorders. In summary, research studies have been evaluated, ECT used during pregnancy is effective and that the risks to the pregnant and infant are less from pharmacological treatment or non-treatment of mental illness. Considering its low risk profile, ECT may be also an preferable choice at early stage in the treatment of pregnant adolescent with mental illness.

### **PP191/ Buspirone Augmentation Treatment In Two Cases With Autism Spectrum Disorder Associated Behaviors**

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**Introduction:** Autism spectrum disorder (ASD) is a neurodevelopmental condition characterized by impairment in social communication and the presence of repetitive and restricted behaviors, interests and activities. There are a lot of pharmacologic treatment strategies for problematic behavioral symptoms associated with ASD. According to recent studies, buspirone is one of them. We report two case of problematic ASD-associated behaviors successfully treated with the augmentation of buspirone.

**Case 1:** A 7 year and 6 month male with ASD was firstly diagnosed at 3 years age. Risperidone 0.5 mg/day was started due to hyperactivity. After 1 month, his hyperactivity was decreased and his sleep became regular. Risperidone treatment was used for 1 years. When he was 7 years old, he was brought to our outpatient clinic by family for aggression, agitation hyperactivity, irregular sleep. Risperidon 0,5mg/day was started and titrated up to 1mg/day in a week. Melatonin 3 mg/day was suggested. After a month, his complaints didn't change. Buspirone 5 mg/day was added and titrated up 10 mg /day in a week. Two weeks later we learned that his complaints reduced. Aggression, agitation self injury, hyperactivity, irregular and less sleep improved at sixth week of buspirone treatment.

**Case 2:** A, 9 year and 2 month Fragile X male patient has ASD comorbid ADHD. He was followed up since four years. He had no response to atomoxetine treatment at 8 years. For this reason methylphenidate retard 20 mg/day was started. Inattentiveness and hyperactivity got better. When he was at first grade, He had separation anxiety and sensory sensitivity to sounds of school rings. Aripiprazol 3 mg/day was started. Later one month, his complaints didn't change and aripiprazole was stopped. Buspirone 5 mg/day was added and titrated up 10 mg/day in a week. Separation anxiety and sensory sensitivity to sound decreased at second week of treatment and ameliorated at sixth week of buspirone treatment. Buspirone was used for 4 months and stopped because of improvement of his complaints.

**Discussion:** Buspirone is a serotonin 5-HT<sub>1A</sub> receptor partial agonist. It is reported that low-dose buspirone reduced restrictive and repetitive behaviors in young children with ASD. Buspirone treatment can be suggested at patients with ASD who have self injury, sensory sensitivity, aggression, anxiety.

### **PP192/ The Effect of Methylphenidate on Social Cognition and Social Relations in Attention Deficit Hyperactivity Disorder Patients**

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**Objectives:** Attention deficit hyperactivity disorder (ADHD) is one of the most common neurodevelopmental disorders of childhood. ADHD is associated with impairment in cognitive, academic, familial, occupational and social areas. Cognitive processes underlying social functionality and social behaviors explained with social cognition mechanisms. Social cognition is understanding other peoples behaviors and communicating with complex social environments with finding out beliefs and intentions. In the literature we found treatment of ADHD children with methylphenidate, reduces negative peer relationships and enhances social functionality. But there are limited research about effects of methylphenidate treatment on social cognitive skills, theory of mind and empathy. In our study we aimed to reevaluate theory of mind and social cognitive skills in first year of methylphenidate treatment, compare with

results before treatment and understand effects of methylphenidate treatment on theory of mind and social cognitive skills. Secondary we aimed to evaluate effects of methylphenidate treatment on behavioral profile, emotion regulation skills and life quality.

**Methods:** In our study we intended to include 63 ADHD patients previously evaluated with permission of Ege University Ethic Committee. In previous study those patients evaluated for their social cognitive skills, behavioral profiles, emotion regulation skills and life qualities. 32 out of 63 patients who continue their clinical follow up reevaluated. K-SADS-PL used in all patients to evaluate comorbidities. We included 39 male 24 female total 63 patients, aged 12-19 years and diagnosed with ADHD and doesn't have diagnosis of anxiety disorders, depressive disorders or learning disorders. Our study comprised of case who had normal level of intelligence clinically. Sociodemographic data form was applied to all cases to gather information related to age, sex, school and family. In all patients CBCL used to assess behavioral problems, ADHD symptom scales used to assess ADHD and disruptive behavior disorders. DERS used to assess emotion regulation difficulties. Faces Test, Reading The Mind in The Eyes Test, Faux PAS, Hinting Test, Unexpected Outcomes Test and Comprehension Test used to assess social cognitive skills.

**Results:** We recorded 32 out of 63 patients in our study continue their follow up and treatment. After methylphenidate treatment we detected improvement in fear, anger, disgust, sadness sub-tests and total score of faces test, reading the mind in the eyes test, hinting test, faux PAS and comprehension test. Total problems, internalizing and externalizing problems scores of CBCL reduced. Total scores and sub-test scores of DERS didn't show significant change. Parent and self report PEDSQL scores improved.

**Conclusion:** After methylphenidate treatment of ADHD patients we detected improvement in social cognitive skills and life quality and decrease in behavioral problems. According to our results methylphenidate treatment in children with ADHD improves social cognitive skills.

### **PP193/ A Case Report Of A Psychotic Girl With Olfactory Hallucination And Cyst In Her Brain**

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**Introduction:** The occurrence of psychotic symptoms in childhood is closely related to psychopathology and may be the first sign of a psychotic disorder. Psychotic disorders in children and adolescents include schizophrenia, schizoaffective disorder, and bipolar disorder. Given the developmental characteristics of childhood and adolescence, differential diagnosis of childhood psychiatric disorders is a difficult and time-consuming process. In addition, epilepsy, delirium, central nervous system lesions, metabolic and endocrine diseases, neurodegenerative diseases, toxic encephalopathies, infectious diseases and autoimmune diseases can create a psychotic chart in childhood. For this reason, organic causes should be absolutely excluded in patients who present with atypical onset psychotic symptoms.

**Case and Discussion:** We will talk about clinical examinations in the diagnosis and differential diagnosis process of a 10 years and 7 months old girl who we thought might be an organic causative psychosis due to the fact that she has olfactory hallucinations and cysts near the lentiform nucleus.

## PP194/ A Syrian, Adolescent Refugee Girl With Multiple Trauma : A Case Report

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**Introduction:** The civil war in Syria has resulted in displacement of more than 12.4 million Syrians, or in other words, over half of the country's population. Several sources report that approximately 220,000 to 250,000 Syrians have lost their lives due to the violence.

7.6 million displaced people in Syria, because of civil war especially neighboring countries like Turkey, Lebanon, Jordan and Iraq took in 4.8 million Syrian refugees. The first-largest Syrian refugee hosting country among these countries have been Turkey due to their open door policy. According to the information received from the General Directorate of Immigration, there are approximately 2.8 million Syrian refugees in Turkey as of March 2016.

In a clinical study of posttraumatic stress disorder (PTSD), psychological problems following a severe trauma and their impact on quality of life were investigated in terms of gender. In the long run, women are at greater risk of PTSD and exhibit worse quality of life.

In our case, to draw attention to the importance of questioning traumatic experiences in the evaluation of refugee patients, we will present an adolescent patient who has been exposed to various traumas before, during and after the migration period.

**Case:** 15-year-old female adolescent patient who came to Turkey with her family 3 years ago, continues her education in Turkey, at the 10th grade. Her father was dead in Syria Civil War. She stays in a hotel room with her mother and brother in Istanbul. She was brought to a child and adolescent psychiatry clinic after a suicide attempt. Ten days ago, her mother took her brother and left the hotel room, and the patient found out that her mother had been involved in a traffic accident 3 days ago. She described intense desperate feelings when she saw her mother in the hospital and this event she took her mother's medicines for suicide.

The first time she referred to a psychiatry clinic was 3 years ago after she lost her closest friend in a bombing. When family history of psychiatric disorders was assessed, she mentioned that her mother had some psychiatric symptoms. her mother might be psychotic. There was no forensic story about the patient. The patient did not use alcohol or psychoactive substances. The laboratory tests revealed no pathological findings.

Before the migration; there were war experiences, traumatic losses in her life. After coming to Turkey, there were additional traumatic stories. She has been forced to marriage and prostitution; and there was a case of sexual abuse her life.

Regarding her psychiatric examination, her self-care is decreased, speech speed and amount of talk are decreased. She still has flashbacks about her traumas. Her mood is depressive, she has alertness and still has suicidal thoughts.

**Discussion:** Traumatic experiences should be questioned when mental health of immigrant patients is assessed. If the migration is due to war, experiences such as life at war, loss of

relatives, traumatic mourning, sexual and physical violence, torture and prison life should be examined.

Hassan et al. (2016) reported that immigrants who migrated to other countries were exposed to sexual violence from different causes even if they escaped from sexual violence originating in conflict. These include domestic violence, child marriage, sexual abuse, isolation, exploitation, and money for sexual intercourse to maintain your life. For this reason, the psychiatric history should include not only traumatic warfare but also traumatic experiences that may be caused by bad living conditions after migration.

### **PP195/ Primary Headache Disorders And Other Medical Comorbidities In Children With Adhd And Their Parents.**

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**Objectives:** Attention deficit and hyperactivity disorder (ADHD) is common among children and adolescents, with a prevalence of 5.3% globally and is an important disorder leading to both poor academic performance and quality of life. Headache is also another common chronic condition, with a prevalence of 10–20% in children and adolescents and is often accompanied by severe impairments such as low quality of life, poor academic performance and cognitive functioning that are similar situations in children and adolescents with ADHD. There is some evidence for the involvement of dopaminergic systems in the pathophysiology of these two disorders, which is potentially one of the pathophysiological ways to explain the linkage between headaches and ADHD. Also, other chronic medical conditions reported with increased frequency among children with ADHD include epilepsy, atopic diseases and gastrointestinal tract symptoms such as recurrent abdominal pain and motion sickness which are also commonly seen along with headaches. We performed this clinical study to evaluate headache subtypes, epilepsy, atopic disorders, motion sickness and recurrent abdominal pain prevalence among children and adolescents with ADHD and their parents.

**Methods:** Children and adolescents aged 6-18 years with ADHD according to DSM 5, healthy controls and parents of these 2 groups were referred by the child and adolescent psychiatrist for neurological assessment to the neurologist at Mersin University Medical Faculty during drug navy period for patients. Statistical analysis was performed using the statistical package



SPSS software (Version 23.0, SPSS Inc., Chicago, IL, USA). The categorical variables between the groups was analyzed by using the Chi square test or Fisher Exc. test. Values of  $p < 0.05$  were considered statistically.

**Results:** The study group comprised of 117 ADHD patients and 111 healthy age and sex matched control subjects. Median age was 11 years (6-18) in ADHD group and 12 years (8-16) in healthy controls. Headache diagnosis was common for both ADHD patients and healthy controls (59.0%, 37.8%) and was significantly common in ADHD group ( $p: 0.002$ ). Atopic disorders were found in 44.4% of patients with ADHD and 36.0% of healthy controls and no significant difference was found between 2 groups and recurrent abdominal pain was significantly common in ADHD group ( $p: 0.017$ ). 8 epileptic patients were found in ADHD group and none was in healthy control group ( $p: 0.007$ ). Headache diagnosis was also found significantly more common in ADHD children's mothers (ADHD-M) than healthy control group mothers. (90.5%, 36.6%,  $p < 0.001$ ). While migraine, particularly chronic migraine was more common in ADHD-M, episodic tension type headache was more common in healthy controls' mothers. In fathers, the prevalence of headache was similar at two groups. The most common headache disorder was infrequent episodic tension type headache at ADHD patients' fathers and frequent episodic tension type headache in control group fathers.

**Conclusion:** In this study, it was demonstrated that headache diagnosis was more prevalent in ADHD children than healthy controls and ADHD children's mothers presented with more headache. In particular, migraine was more prevalent in them, while tension type headache was more common in mothers of healthy controls. Understanding patterns of medical comorbidity in ADHD can lead to better treatment of affected children and adolescents.

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#### **PP196/ Approach To The Combination Of Cbt And Pharmacological Methods In A 10 Year Old Boy Who Has Learning Disability Comorbid With Anxiety Disorder And School Refusal : A Case Report**

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**Introduction:** Learning disorders are diseases diagnosed during the beginning of academic performance and are accompanied by many other psychiatric disorders. Anxiety disorders and school problems caused by these factors are frequently seen in the cases of learning disabilities. This article aims to discuss the anxiety problems resulting from school change on the specific learning disorder and the school rejection.

**Case:** 10 year old male patient. The patient was diagnosed as having specific learning disabilities in the second grade. The patient comes from an overprotective family environment and has begun to deal with the worries triggered by the impact of school change with the passage to the middle school. The patient applied to our clinic seeking a resolution to avoiding school and anxiety problems. Our first intervention is CBT oriented. To create school adaptation as fast as we can, we decided to combine our treatment with pharmacological agents.

**Discussion:** In combination with the administered CBT and Fluoxetine 40 mg together with Alprazolam 0.25 mg, readiness was achieved and the level of anxiety was brought to a level that would not impair the functioning. This was a leading case in the fight against school problems caused by specific learning disabilities.

### **PP197/ Presenting Complaint And A Comorbid Diagnoses In Children With Mental Disability Presented To Child Psychiatry Outpatient Clinic**

Asiye Arici

**Objectives:** In this study, it was aimed to determine sociodemographic characteristics, presenting complaints and comorbid diagnoses as well as effectiveness and adverse effects of medical treatments employed in patients presented to child and adolescent psychiatry outpatient clinic with mental disability.

**Methods:** We reviewed medical records of 112 patients aged 0-17 years who presented to Child and Adolescent Psychiatry outpatient clinic of Kahramanmaraş Sütçü İmam University, Medicine School between 01.01.2016 and 01.01.2017. Age, gender, IQ, presenting complaint, comorbid physical and psychiatric disorders, medications and adverse effects and status of special education were assessed in all patients. Patients with incomplete data were excluded.

**Results:** There were 112 patients including 76 girls (67.9% and 36 boys (32.1%). Most patients (74, %66.1) were in age group of 6-11 years. Mean age was  $9.47 \pm 2.92$  years in girls whereas  $9.42 \pm 3.32$  in boys. Most common presenting complaint was hyperactivity (47.3%); followed by irritability (42.0%), academic failure (36.6%); harming to surroundings (29.5%), self-harming behavior (27.7%); inattention (25.0%); apathy to surroundings (13.4%), delayed speech (11.6%), forgetfulness (11.6), masturbating-playing with genitalia (6.3%), and other complaints (17.0%) including enuresis, anxiety, loss of goodwill, being anxious, repetitive questions and not to speak in crowd. The most common presenting complaints were speech retardation and excessive mobility in the age group of 0-5 years whereas hyperactivity, academic failure, self-harming behavior and harming to surroundings in the age group of 6-12 years and harming to surroundings, academic failure, self-harming behavior and inattention in the age group of 12-18 years. Mental retardation was mild in 56.3%, moderate in 32.1% and severe in 7.1% of patients; in addition, overall developmental delay was present in 7.1%. The most commonly encountered psychiatric comorbid diagnosis was conduct disorder (23.2%) and ADHD (20.5%). The most common psychiatric comorbidity was ADHD in the age groups of 0-5 years and 6-11 years whereas conduct disorder in the age group of 12-18 years. There was physical comorbidity in 41.4% of patients as epilepsy being most common disorder. Of the patients, 9.8% didn't use any psychotropic agent. Most commonly used agents were risperidone (46.4%) and short-acting methylphenidate (33.9%). It was seen that 88.4% of patients had benefit from medical therapy and that girls responded to medical therapy better than boys. The rate of multi-drug use was 79.9%. It was seen that psychotropic agents were associated to adverse effects in 14.3% of patients as sedation, palpitation and loss of appetite being most common adverse effects. Of the patients, 70.5% were attending to special education program.

**Conclusion:** Given the findings that most frequent mental disability was mild mental retardation,

that most frequent psychiatric comorbid diagnoses were conduct disorder and ADHD and that most comorbid physical comorbid diagnosis was epilepsy, our results are in agreement with literature. The cause for presenting most commonly at ages of 6-11 years may be recognition of deficiencies in adjustment and understanding abilities at school age. To our knowledge, there is paucity in studies about mental disability in Turkey. We think that establishing demographic characteristics, presenting complaints, psychiatric comorbid diagnoses and psychotropic agents in children with mental disability will contribute to our knowledge in this field in child psychiatry.

### **PP198/ Evaluation of Consultations Requested from the Departments of Child and Adolescent Psychiatry Policlinic in a University Hospital**

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**Objectives:** It is necessary and important for children and adolescents to be assessed for mental health throughout their admission, treatment and follow-up. The aim of this study is to present the reasons for the consultations for child and adolescent psychiatry in a university hospital.

**Methods:** In this study, medical files of the children and adolescents who had been consulted to child and adolescent psychiatry outpatient clinic from July 2014 to July 2016 were assessed in a university hospital. Sociodemographic and clinical features of the cases were determined. Treatment and follow up situations were analyzed. Descriptive statistics were used for analysis.

**Results:** Total of 354 patients were referred for consultation in the 2-year period. 51.4% of the cases were female (n = 182), 48.6% were male (n = 172) and 51.4% of the cases were between 12-18 years of age. Mean age 31.3% (n = 111) of the cases were inpatients and 68.7% (n = 243) were outpatients. The units which frequently requested consultation are; pediatric neurology was 22.3% (n = 79), general pediatrics outpatient was 21.8% (n = 77). The most common reason for consultation was irritability %11.3 (n = 40). Psychiatric diagnoses were anxiety disorders (12.4%, n = 29), attention deficiency and hyperactivity disorder (8.2%) and conduct disorder (8.2%). The most frequent comorbid medical diseases were epilepsy and diabetes mellitus, the frequency was 9,6% and 9,3% respectively. History of suicidal attempt was in 10.2% of the cases. It was also remarkable that 1,7% of the cases (n = 6) had a story of sexual abuse. Medical treatment was recommended to 44.9% of the cases. The most commonly used drug group, 16.7% of the cases, were selective serotonin reuptake inhibitors. After evaluation of cognitive levels, 13.6% of the cases were directed to special education.

**Conclusion:** Chronically ill children suffer from mental health problems and they need psychiatric help during the course of their physical disorder. In this study, we showed that psychiatric illnesses and suicide attempts were frequently observed in the treatment and follow-up of children and adolescents with physical illness. Psychiatric evaluation of the children and adolescents as well as their parents during the course of their physical disease will provide

treatment success and good prognosis. Multidisciplinary approach to the chronically ill children and adolescents is very important .

**Key Words:** Child, adolescent, psychiatry, consultation.

### **PP199/ Strengths And Difficulties In Children Of War Veterans With Posttraumatic Stress Disorder**

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**Objectives:** The aim of this study was to investigate mutual connection of posttraumatic stress disorder (PTSD) in war veterans and mental health problems of their children.

**Methods:** analysed group sample was consisted of 120 school aged children (age 11 to 15) whose fathers were war veterans. Children were divided in two groups regarding presence of PTSD symptoms in their fathers- war veterans. First group was consisted of children whose fathers were treated of PTSD and have symptoms of that disorder (n=60) and second group was consisted of children whose fathers were war veterans without PTSD symptoms and were not treated of PTSD (n=60). PTSD symptoms were evaluated by Harvard Trauma Questionnaire (HTQ) – Bosnia and Herzegovina version. (Allden and all. 1998), and for evaluation of children's difficulties and strengths we used Strengths and Difficulties Questionnaire (Goodman, 2001). Coping styles were evaluated by modified Coping styles scale for adolescents (Duraković, 1998). Statistical analysis of data have been processed in statistical program SPSS 20.0 and as statistical methods we used descriptive statistics and Pearson correlation.

**Results:** Children of fathers who were treated and currently have PTSD symptoms had higher emotional problems, behavioural problems, hyperactivity, problems with peers and total score on Strengths and difficulties scale comparing with children of war veterans without PTSD ( $p<0.005$ ), and pro-social behaviour did not show difference between two groups. Children of war veterans without PTSD used humour as coping strategy ( $p<0.01$ ). There were positive statistically significant correlation between level of father's PTSD symptoms and their children's which are manifested through emotional problems, hyperactivity, behavioural problems, peer problems and total problems in children ( $r<0.01$ ), and negative correlation without statistical significance with pro-social behaviour.

**Conclusion:** Children of war veterans treated of PTSD have difficulties in behaviour, and less strength, and they are risk group for development of mental disorders. Children of war veterans without PTSD symptoms use humour as coping strategy. There was positive correlation between father's PTSD symptoms and problems in their children.

## **PP200/ Psychological Cosequences In Children And Adolescents Exposed To Family Violence: Effects Of Trauma Focused Psychotherapy And Socioterapy**

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**Objectives:** Abuse is a form of psychological trauma which can lead to serious consequences in a child's normal psychological development and it can precipitate very serious psychiatric disorders. A family environment should be a basis for personality development and it shapes a child's view on the world. But, ironically most types of violence are happening in families. Most social reactions on violence are late, inadequate and focused on consequences. The work on detraumatization is crucial and necessary for continuation of normal emotional, social and interpersonal functioning of children and adolescents. The aim of this study is to evaluate effects of psychotherapy and socioterapy in children and adolescents exposed to family violence.

**Methods:** The study has included 153 children and adolescents and 99 mothers who have been exposed to family violence. Participants have been evaluated in two stages regarding their psychosocial and psychopathological characteristics. Between these two stages they have been involved in individual and group supportive on trauma focused psychotherapy and socioterapy.

**Results:** Our results show that only 10 percents of participants had no psychiatric disorder. 72% had psychiatric symptoms which have been lasting more than 3 months. In the overall sample, we have evaluated 1194 psychological indicators. At the end of treatment 56% of symptoms diminished. 94% of participants reported less symptoms. The most prominent recovery has been reported in stuttering, narcotic use, behavioral issues, anxiety, enuresis nocturna and obsessive repetition of trauma elements during play. Psychotherapy has been less effective on school success, flashbacks, avoidance and deficits in concentration and attention. The reactions to trauma and treatment success have been shaped by age, developmental stage, type, intensity and duration of violence, as well as by the support of the non violent parent.

**Conclusion:** Violence during childhood and adolescence has wide effects on later development of psychiatric disorders. But early psychotherapeutic interventions focused on trauma lead to faster symptom recovery, especially regarding stabilization of a child's deintegrated personality. The focus should be on primary prevention in order to prevent abuse. There is need for a multidisciplinary approach in treatment and prevention of family violence.

## **PP201/ Growing Up With Father Killed In War- Case Presentation**

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**Introduction:** In Bosnia and Herzegovina since April 1992 until December 1995. there were a terrible war going on and it took 97 207 lives; 87 451 men and 9756 women. The data of Ministry for human rights and refugees in Bosnia and Herzegovina showed that there were 15 757 children whose fathers were killed in war and 3751 children lost their mothers in war. In

our psychiatric practice in post war period, we have noticed that there was a specific psychical vulnerability in mothers and children who lost their fathers in war.

**Case:** 15 years old girl came with her mother, whose therapist also recommended bringing her child for a therapy too. It was October of 2010. , a girl just started her high school- medresa, the school which her brother previously attended. In elementary school she usually had excellent marks, now she is refusing to go to school, when she came home in weekends, she is complaining on headache, stomach-ache, crying Sundays evenings. Mother was in the doubt if she wants to continue that high school, girl was refusing to change it.

It was the first time that the girl is separated from her mother. She was born in Tuzla at the end of 1995. She could not remember her father because she did not have an opportunity to see him. He was killed in Srebrenica genocide in July 1995. while her mother trying to escape death threatening situation carrying one baby in her arms and the other baby in her belly. Mother was in sorrow, without husband and with two little children trying to make a new home, safe place for family, hiding tears from others, fighting to find a job as a teacher, in a town which she was chased to, keeping her children close to herself, they were her hope and will for living, but also the look at them brought her a fear, would she succeed to raise them up alone. She forced herself to tear on smile, and go through a life with it, not showing her real emotions she was going through in her soul, tears and fears were frozen until they started to appear as panic attacks. Her daughter grew up sensing those mixed emotions of her mother, feeling the safest when she was having her mother around, and first separation from her make a girl terrible insecure, sadness, she literally felt sick, could not stand to be away from her mother as she was taken away from her father once before.

Girl usually let her mother to speak in front of her, even when we were alone in individual therapy; she was trying to stay calm, shortly answering questions, with beautiful smile which hide all unspoken words about their losses and sorrow. She did not have words for that because she was not used to hear her mother to complain, to cry and mention her father often, confused with her feelings about her father who she had never seen.

**Discussion:** War consequences are complex and long lasting for all population. We should considered that women and children of soldiers killed in war are very vulnerable group, and that individual and group psychotherapeutic approach could have long lasting benefits and help that them find out how to cope with those losses.

## **PP202/ Screening For Emotional Problems Of Children And Adolescents In Kosovo With SDQ**

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**Objectives:** Seems that interest in the detection of emotional problems in children and adolescents has increased in the last two decades. We used SDQ –emotional subscale to gather some estimates for levels of emotional problems in Kosovo – community and clinical samples.

**Methods:** The community sample included 5767 school adolescents aged 11-20 years (M=13.67,SD=2.36). The clinical sample consisted of 223 adolescents aged 11-20 years (M=14.57,SD=2.31) referred to Mental Health Unit for Children & Adolescents in Prizren.Measuring instrument used was Albanian translation of Strengths and Difficulties Questionnaire (Goodman, 1997). For analysis of internalizing problems we used only subscale

of emotional symptoms; which showed a poor to questionable internal consistency by  $\alpha=.589$  (community) and  $.687$  (clinical). Data handling and statistical analysis was carried out using SPSS 21.

**Results:** The rates of emotional problems based on cut-off ranges were 29.1 % (clinical sample) and 10 % (community sample). Mann-Whitney test revealed significant gender differences of emotional problems in clinical sample ( $Md_{girls}=6$ ,  $N=109$ ;  $Md_{boys}=4$ ,  $N=114$ ;  $Z=-4.197$ ,  $p<.00$ ,  $r=.28$ ) and in community sample ( $Md_{girls}=4$ ,  $N=2702$ ;  $Md_{boys}=3$ ,  $N=2878$ ;  $Z=-13.557$ ,  $p<.00$ ,  $r=.18$ ). Kruskal-Wallis analysis revealed significant differences by age group in levels of emotional problems. In clinical sample  $X^2(2, n=217)=16.433$ ,  $p<.00$ ; whereas mid-adolescents ( $Md=6$ ) had the significantly highest scores as compared to early adolescents ( $Md=4$ ). In community sample  $X^2(2, n=5882)=11.977$ ,  $p<.00$ . Late-adolescents ( $Md=4$ ) had the significantly highest scores as compared to mid ( $Md=3$ ) and early ( $Md=3$ ) adolescents. We found fair discriminant ability between community and clinical samples with ROC curves ( $AUC=0.676$ ).

**Conclusion:** Self-reported emotional problems are significantly higher than reported values across several reviewed well-known international studies with normative data. Further research is indicative to determine whether cross-cultural differences or other factors are implied.

### **PP203/ Negative Emotional States And Quality Of Life In Parents Of Children With Pervasive Developmental Disorder**

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**Objectives:** Prevalence of pervasive developmental disorders is constantly increasing. Considering the lack of institutionalized support for guardians, it has been noticed that parents of children with PDD more often experience negative emotional states, such as depression, anxiety and stress, and perceive their quality of life to be lower than the parents of typically developing children. The aim of our research was to compare the level of depression, anxiety, stress and quality of life in parents of children with PDD and parents of children without developmental difficulties.

**Methods:** The research was quantitative, a socio-demographic questionnaire was used, and scales DASS-21 and WHOQOL.

**Results:** There were 78 participants, of which 39 parents of children with PDD (members of „Djecasvjetlosti“ Banja Luka and EDUS Sarajevo), and 39 parents of children without developmental difficulties. Means of research results for the two groups were compared with F-test, for the depression, anxiety, stress and quality of life scales. It was found that there were statistically significant differences in the level of depression ( $F=3.72$ ,  $p<.01$ ), anxiety ( $F=4.51$ ,  $p<.01$ ) and stress ( $F=3.47$ ,  $p<.01$ ), in a way that negative emotion levels were higher in parents

of children with pervasive developmental disorder. As far as the perceived quality of life is concerned, the only statistically significant difference was found in the domain of psychological health ( $F=3.22$ ,  $p<.01$ ), so that the parents of typically developing children had higher level of perceived satisfaction in this domain..

**Conclusion:** Recommendations made on the basis of these results are that mental health professionals should be educated for work with emotional problems affecting parents of children with pervasive developmental disorders, in order to make treatment be more complete and efficient.

#### **PP204/ Traumatic Experience And Depression In Adolescents**

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**Objectives:** Relations between presence of depression and traumatic experiences in adolescent's anamnesis are presented in this research study in which 536 adolescents aged 15 to 18 years took part.

**Methods and Results:** By using BDI and RADS is found that 12 -18% of adolescents confirm clinical level of depression symptoms. On LSCL-R questionnaire 415 adolescents (77,4%) had stress life events. The most of them had death of close person, catastrophe, or had been witness of catastrophe or severe accident, while small number of them had had severe accident, or were witness of violence in family, experienced divorce of parents, emotional, physical and sexual abuse, severe financial difficulties etc.

There is strong connection between type of trauma and depression. The deepest depression of adolescence was caused by physical and sexual abuse, death and illness of family member, violence, conflicts and heavy disagreement in family.

**Conclusion:** It is important to seek and discover adolescents who are under the influence of various stress factors, because it decreases risk of developing depression disorders. Support and help of family members defend adolescent of depressive answers on various traumatic experiences.

#### **PP205/ Siblings Of Children With Autism Spectrum Disorder And Other Mental Health Problems – The Risk For Developing Mental Health Symptoms**

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**Objectives:** It has been suggested that siblings of children and adolescents with Autism Spectrum Disorders (Sib-ASD) and other mental health problems (Sib-MH) are at a greater risk for developing mental health symptoms compared with siblings of typical developing children (Sib-TD)(Lainhart, 1999).Some studies show that siblings exhibit more internalizing and externalizing problems, peer and conduct problems, hyperactivity, delinquent behavior, and withdrawal when compared to siblings of typical developing children (Sib-TD), (Gau et al., 2010).However others report that siblings of individuals with ASD and other mental health problems are well-adjusted and show no more negative outcomes than control groups(Pilowsky T., & al., 2004). The purpose of this study is to determine the patterns of the symptoms among the siblings of patients with ASD and other mental health problems and the relation between the dysfunction scale of the later with the severity of the symptoms among the siblings.

**Methods:** Sample study included children and adolescents aged 3 to 18 years old; 10 children and adolescents diagnosed with ASD and their siblings (Sib-ASD), 10 children with other mental health disorders and their siblings (Sib-MH), 10 random controls with typical developing (TD) and their siblings (Sib-TD). Child/Adolescent Psychiatry Screen (CAPS) was used as screening tool for psychiatric symptoms in siblings.

**Results:** These are the data of a larger study which is taking place in Albania. Siblings of children with ASD and other mental health problems showed higher levels of mental health symptoms in comparison with siblings of typical developing children. There were noticed gender and age differences in the patterns of psychiatric symptoms among siblings.

**Conclusion:**Since it is noticed that the siblings of the patients ASD/MH have a risk for developing mental health symptoms we should notice the importance of the early diagnosing and treatment in these siblings. Mental health services should take in consideration the impact of ASD/MH in the quality of life of the siblings.

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#### **PP206/ Forensic Practice In Child And Adolescent Psychiatry, Conduct Disorder**

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**Objectives:** To review adolescent with conduct disorder, perpetrator of robbery, theft, physically cruelty to people. Prosecution commands psychiatric evaluation in criminal procedure against suspect.

**Methods:** exhaustive history data were taken from adolescent, he was tested with the following measuring instruments: WB subscale, TMT, ROCF, MMPI-201, YSR, Coping scale.

**Results:** YSR( Young Self evaluation scale): record significantly present behavioral problems: Violation of rules, theft, robbery, quarreling, destroying others property, assaulting another, scamper from home and school, swearing, occasional consumption of PAS, cheating, lying, threats to others. Scatter analysis records lower factor of abstraction, related to factors of mental speed and concreteness.

Applied inventory figures results configures valid profile of controlling scales. Configuration profile of clinical scales characterised by tendencies of increase scale of Psychopathic deviations and paranoid scale, with lower expressed conversive and depression scales. Obtained profile indicates experience of impulsive behavior, disregard of social standards, outbursts in behavior, immaturity, irritability, tendencies to hypersensitivity, suspiciousness and distrust.

**Conclusion:** Anamnestic, test data and behavioral indices record that the adolescents is persons of average abilities. Cognitive profile analysis do not record significant deviation. PAS Addiction or organically conditioned psychiatric disorders are not registered. Intellectual abilities are average. Applied inventory figures indices significant presence of behavioral problems which indicates to Conduct disorder.

Considering everything mentioned above, capacity to comprehend the significance of the act and controlling their actions tempore criminis was reduced but not essential. Apologizing to victims and restoring of specific things may indicate better prognosis of conduct disorder.

### **PP207/ Characteristics Of Television Viewing In Younger Children With Autism Compared To Those With Various Psychiatric Diagnoses**

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**Objectives:** Many children under two years of age have been reported to spend as much as one third of their waking hours watching screens. In the present study, we aimed to examine television viewing habits in a clinical sample of preschool age children with Autism Spectrum Disorders (ASD), compared to those with diagnosis of language delay (LnD), disruptive behavior disorders (DBD), depression/anxiety (D/A) and no clinical diagnosis (No dx.).

**Methods:** A total of 148 preschool age children (m/f: 104/44), aged younger than 60 months (range=10-60; mean= 42.02, SD=10.23) were recruited. Main outcome measures involved the onset and frequency of television viewing, and the content (type of programs) and context (co-viewing) of viewing habits. A comprehensive psychiatric assessment, the Childhood Autism Rating Scale (CARS), and the Aberrant Behavior Checklist-Community (ABC) completed by parents were used for evaluation.

**Results:** Onset of TV viewing before the age of 12 months significantly differed amongst the groups ( $p=0.038$ ). ASD group had the highest percentage of children who started watching TV before 12 months of age (56.7%) and viewing adult (non-child) programs (87.5%). The content of viewing and duration of playtime with siblings also significantly differed among the groups ( $p=0.003$ ). CARS scores ( $p<.001$ ) and ABC total ( $p<.001$ ) scores were significantly different among groups. Post hoc analysis revealed that source of significance was DBD group for ABC total and autism group for CARS scores.

**Conclusion:** Children with ASD have earlier onset of television viewing and watch more adult programs. Further research is indicated to examine cause-effect relationship between early exposure to screens and neurodevelopmental disorders.