

Attention Deficit Disorder with/without Hyperactivity (ADD/ADHD) is present at adulthood with a prevalence estimated around 4% in the general population regardless of culture and language. The Adult ADD Self-Report Scale v1.1 (ASRS v1.1) is a self-reported questionnaire devised to facilitate the screening of ADHD in primary care settings. It is part of the World Health Organization Composite International Diagnostic Interview (WHO-CIDI). The 18 items are written to reflect the DSM-IV diagnostic criteria for ADHD and are rated from 0 (“Never”) to 4 (“Always”). Following WHO’s guidelines the ASRS was translated into French and back-translated into English. 350 subjects filled out the ASRS (students in Paris and parents of a child diagnosed with ADD/ADHD in Nice). Its psychometric properties are presented. The ASRS v1.1 can be found online at <http://www.hcp.med.harvard.edu/ncs/asrs.php>.

**Keywords:** Impulsivity; Hyperactivity; Inattention; ADHD; Rating Scale; Factor Analysis

### P0230

Adult ADHD: Psychometric properties of the brown add scales

H. Caci<sup>1</sup>, F.J. Bayle<sup>2</sup>, J. Bouchez<sup>3</sup>. <sup>1</sup> *Pôle Pédiatrie, Hôpital Archet 2, Nice, France* <sup>2</sup> *INSERM U796, SHU, Hôpital Sainte-Anne, Paris, France* <sup>3</sup> *Substance Abuse Department, Clinique “Liberté”, Bagneux, France*

Attention Deficit Disorder with/without Hyperactivity (ADD/ADHD) is a neuro-developmental disorder that affects up to 6% of the children and the adolescents, and up to 4% of the adults in the general population. In French-speaking countries and in France more specifically, there is almost no validated instrument for the diagnosis of ADD/ADHD. Thomas E. Brown created scales to rate symptoms of ADD/ADHD from age 3 to adulthood. There are observer-rated forms (teacher and parent) and self-rated forms (adolescent and adult). Following WHO’s guidelines all the forms of the BADDs were translated into French and back-translated into English. Dr Brown compared both English forms to ensure that the meaning of all items had been correctly caught. Students in Paris and children diagnosed with ADD/ADHD in Nice filled out the BADDs. Preliminary analyses are presented. A large epidemiologic study is planned to collect normative data in the French general population.

**Keywords:** Impulsivity; Hyperactivity; Inattention; ADHD; Rating Scale; Factor Analysis.

### P0231

Study among prisoners: Are aggression and childhood trauma associated

V. Carli<sup>1</sup>, F. Basilio<sup>1</sup>, M. Martino<sup>2</sup>, D’Alessandro S.<sup>2</sup>, D. Cancellario<sup>2</sup>, M. Sarchiapone<sup>1</sup>. <sup>1</sup> *Health Science Department, University of Molise, Campobasso, Italy* <sup>2</sup> *Faculty of Psychology, University G. D’Annunzio, Chieti, Italy*

**Background:** Childhood trauma are frequent among prisoners and determinants of aggression remain poorly understood.

**Aims:** To examine whether childhood trauma might be associated with aggression in prisoners.

**Method:** Five hundred and forty male prisoners were interviewed with the Brown Goodwin Lifetime History of Aggression (BGHA) interview and completed the Childhood trauma Questionnaire (CTQ). Prisoners with CTQ scores above and below the median were compared on BGHA scores, history of convictions, and violence in prison.

**Results:** Prisoners with CTQ scores above the median had significantly higher BGHA scores, more convictions, and significantly more had convictions as a minor, and had exhibited violent behavior in prison. Also, CTQ scores correlated with BGHA scores. Logistic regression showed that CTQ total, childhood physical neglect, and childhood physical abuse scores were related to violent behaviour in the prison.

**Conclusion:** Childhood trauma may be a determinant of lifetime aggression and convictions in prisoners as well as of violent behaviour in prison.

**Keywords:** Childhood trauma; Prisoners; Aggression

### P0232

Autism and metabolic cytopathy

M.E. Ceylan, A. Turkcan, A. Aydin. *Psychiatry Department, Bakirkoy Research Hospital, Istanbul, Turkey*

Although the cause of autism is not yet known, it is thought that this disorder is related to genetic and environmental factors. Cytogenetic anomalies and single gene disorders are responsible for less than 10% of all autistic cases. We herein present a case of autism, the etiology of which is metabolic cytopathy.

BA is a 25 years-old male and is the only child in the family. He was diagnosed by many doctors as having ‘Attention Deficit Hyperactivity Disorder’ (ADHD) until he was thirteen. The patient has been under our follow-up for the last 12 years since he was 13 and the diagnosis was corrected to Autistic Disorder at his first visit. During all this period, the patient gained 25 kg and he showed no neurological symptoms. On the cranial magnetic resonance imaging, bilateral lesions in the putamen, thalamus, partial lesions in the caudate heads, cerebellar white matter and the dentate nucleus were detected, which were hypointense at T1, hyperintense at T2 and isohypointense at FLAIR. The patient underwent evaluation by neurologists, biochemists and radiologists, but no etiologic factors could be detected. The present condition was considered to be an unconfirmed ‘metabolic cytopathy’.

Should autistic cases be stratified into subgroups according to the underlying genetic risks, it may even be possible to define a special subgroup which would cover the metabolic cytopathy present in our case. In conclusion, it is possible that autism due to metabolic causes is of genetic origin; however, this tendency should be detected by a molecular approach.

### P0233

Medical screening of mental health patients

J.J. Corish, G. Hugh, J. Finch. *Dubbo Base Hospital, Dubbo, Australia*

Clients presenting for mental health assessment may have medical conditions that either contribute to the presentation, require emergent treatment or affect the choice of therapy that follows any admission to Hospital for a mental illness.

Screening for pathology such as substance abuse, trauma and metabolic or electrolyte imbalances must be carried out before the diagnosis of a mental illness may be confidently made.

The consequences of not detecting these conditions is particularly significant as most Mental Health Inpatient Units are typically not well equipped to monitor or care for these pathologies.

A retrospective study of 100 consecutive Mental Health Admissions to Dubbo Base Hospital was conducted and data concerning

the type of medical screening performed and the results were compiled and analysed. The screening included physical examination, radiological imaging and general pathology testing.

The findings indicated that there was a lack of uniformity in the approach to medical assessment of mental health patients that may have resulted in relevant organic pathologies not being appropriately detected. The findings also indicated that, in a significant number of cases, organic pathology played an important role in both the diagnosis and subsequent treatment of a number of these patients.

It was concluded that a standard set of routine investigations be carried out on all Mental Health admissions and that the results of the investigations carried out did considerably influence either the diagnosis or treatment of a significant number of the patients in the study group.

### P0234

Psychiatric symptoms in movement disorders: The three year experience of a psychiatry outpatient clinic

C.T. Pereira, P.L. Nunes, S.A. Cunha. *Psychiatry Department, Hospital Sao Joao, Porto, Portugal*

Most Movement Disorders demand assessment and management of the psychiatric symptoms, representing an extremely important interface between Psychiatry and Neurology.

In São João's Hospital, the patients followed in the Neurology Department's Movement Disorders ambulatory clinic are referred to the Psychiatry Department's outpatient clinic.

The aim of this study is to characterize the patients followed in our clinic between the years 2005 and 2007 using information collected from clinical files and an investigation protocol especially developed for this purpose. This protocol includes sociodemographic data, neurological diagnoses, psychiatric symptoms and current treatment. Once Parkinson's disease was the most representative diagnosis, the authors explored more detailed features, such as onset type, disease duration and severity, and associated these to the psychiatric clinical picture.

### P0235

Duration of untreated illness in anxiety and mood disorders

B. Dell'Osso, E. Mundo, A. Albano, M. Buoli, M. Serati, M. Ciabatti, A.C. Altamura. *Department of Psychiatry, Irccs Ospedale Maggiore Policlinico, Milano, Italy*

A prolonged duration of untreated illness (DUI) has been indicated as a negative prognostic factor of clinical outcome in schizophrenia(1), affective(2) and anxiety disorders(3). The present study analyzes DUI in anxiety/mood disorders. Study sample included 729 patients: 181 Major Depressive Disorder, 115 Bipolar I Disorder, 186 Bipolar II Disorder, 100 Generalized Anxiety Disorder, 96 Panic Disorder and 51 Obsessive-Compulsive Disorder. The main demographic and clinical (age at onset, age at first treatment, DUI) variables were compared between groups using oneway ANOVA, t-tests or chi-squared tests. DUI was defined as the interval between the onset of the disorder and the first adequate treatment. Patients with MDD showed a shorter DUI ( $F=25.159$ ;  $p>0.0001$ ) whereas patient with BDII showed a longer DUI ( $F=12.680$ ;  $p>0.0001$ ) compared to the other groups. Present findings indicate that patients with affective/anxiety disorders present significant differences in DUI. It is of clinical interest to assess the extent to which delays until

beginning an appropriate treatment influence the course of these disorders.

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### P0236

How are symptom severity and functional recovery/relapse related? An analysis of the escitalopram database

D.J. Stein<sup>1</sup>, B. Bandelow<sup>2</sup>, O.T. Dolberg<sup>3</sup>, H.F. Andersen<sup>3</sup>, D.S. Baldwin<sup>4</sup>. <sup>1</sup> *Department of Psychiatry, University of Cape Town, Cape Town, South Africa and Mt. Sinai School of Medicine, New York, NY, USA* <sup>2</sup> *Department of Psychiatry and Psychotherapy, University of Gottingen, Gottingen, Germany* <sup>3</sup> *H. Lundbeck A/S, Copenhagen, Denmark* <sup>4</sup> *Clinical Neuroscience Division, School of Medicine, University of Southampton, Southampton, UK*

**Background:** Anxiety disorders are associated with significant disability. There is growing interest in the question of whether pharmacotherapy that effectively reduces symptoms also restores function. Recovery could be defined as a lack of disability, with associated reduction in symptom severity. Conversely, relapse could be defined in terms of either increased disability or increased symptoms.

**Methods:** We analysed a database of randomised controlled trials of escitalopram in generalised anxiety disorder (GAD) and social anxiety disorder (SAD), focusing on the relationship between disorder-specific severity scales, and the Sheehan Disability Scale (SDS). In short-term studies, cut-points on symptom scales were derived for recovered function. In relapse prevention studies, the effects of defining relapse in terms of increased disability scores were examined.

**Results:** In GAD and SAD, there is a close correlation between primary symptom severity scales and the SDS, both in the short-term and during relapse prevention. Thus, a lack of disability is associated with relatively low symptom severity scores, and rates of relapse - defined in terms of increased disability - are significantly lower on escitalopram than on placebo.

**Conclusion:** These data indicate that improvement in primary symptom scales in anxiety disorders is accompanied by improvement in functioning, and vice versa. Recovery and relapse can therefore be defined either in terms of symptom severity or in terms of functioning. Longer-term treatment of anxiety disorders is needed to ensure recovery.

### P0237

Complexity of transsexual phenomena

D. Duisin, J. Barisic-Rojnic, G. Nikolic-Balkoski. *Institute for Psychiatry CCS, Belgrade, Serbia and Montenegro*

By this case report the authors will emphasize the importance of systematic psychiatric exploration in clinical practice with gender identity disorders. Standard procedures have diagnostic and differential