

But currently a consensus about this topic and studies concerning the delinquents are still missing: An analysis of more than 100 expert testimonies should redress this deficiency.

**Methods:** Amongst others the data was collected with the PCL-R, HCR-20, SVR-20 and the Static 99.

**Results:** The data indicates that the inmates are part of a high risk population. Most are social desintegrated; some of them show noticeable personality problems or personality disorders. This indicates an overlap between preventive detention and the treatment possibilities of forensic psychiatric hospitals. This requires careful diagnostic and criminal prognostic proceedings, but in a large number of expert testimonies the diagnostic and criminal prognostic approach remained unclear. Psychiatrists don't use standardized prognostic tools, which leads to the loss of relevant information.

**Conclusion:** The use of especially prognostic instruments can enrich the information content of expert testimonies in the context of preventive detention. Thus they can serve as a tool to assure the quality of the expert opinion.

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## S11. Symposium: NEW CLINICAL DATA ON ADHD

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### S11.01

Information processing in ADHD - what can we learn from ERP studies?

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Attention-deficit/hyperactivity disorder (ADHD) is a clinically heterogeneous, highly heritable and genetically complex disorder. The pathways from genes to behaviour are still unknown. Endophenotypes or intermediate phenotypes that are more closely linked to the neurobiological substrate than the core symptoms of ADHD may help to disentangle these complex relationships between genes and behaviour and to clarify its etiology and pathophysiology. Heritability and stability (state independence) represent key components of any useful endophenotype. Various other criteria for the selection of useful endophenotypes have been proposed. A review of the current state of the research on potential endophenotypes for ADHD will be given.

### S11.02

Effects of family environment on ADHD

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**Background:** Even though Attention Deficit Hyperactivity Disorder is estimated to be 70-90% heritable, full understanding of the etiology of this disorder must be framed under a bio-ecological developmental model that contemplates the gene/environment interaction as a matrix of risk/resilience factors. Family psychosocial variables, parenting stress and parental discipline have been identified as environmental risk factors related to the course of the disorder. However there is a lack of research exploring causality and interrelations between these variables and ADHD. This was the aim of the present study, to investigate the effect of family environment in the onset and course of ADHD.

**Method:** One hundred and fourteen families with children with ADHD participated in the study. Parents completed a Semi-Structured

Interview, the Parenting Stress Index Questionnaire (Abidin 1990) and The Parenting Scale (Arnold, O'Leary, Wolff, & Acker, 1993) that measures parents' dysfunctional discipline practices.

**Analysis and results:** Structural equation analysis was fitted to the relation of family variables and ADHD. The analysis showed interrelationship among family psychosocial variables, parenting stress and discipline practices.

**Conclusions:** Although future research should make use of longitudinal design to untangle the issues of causal directions between these constructs and potential transactional processes, our findings evidence that interventions in ADHD should incorporate a parenting training component focused on behaviour management strategies and on effective dimensions of parenting.

### S11.03

Objective versus subjective assessment of MPH response

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The main pharmacotherapy of Attention Deficit Hyperactivity Disorder (ADHD) is stimulants, especially methylphenidate (MPH). MPH efficacy is assessed by subjective measures. The Test of Variables of Attention (TOVA) is a known objective assessment measure. In order to assess the accuracy of patients' reports, we used Clinical Global Impression – Compared (CGI-C-C) before and after MPH challenge comparing to the objective TOVA alterations.

165 children and adolescents, who were referred to the ADHD unit and were diagnosed as ADHD were included. TOVA was done before and after MPH challenge (0.3 mg/Kg). All patients filled CGI-C-C blind to the TOVA results.

165 patients participated in the study, M:F ratio 67%:33% respectively. Average age was 11.09+3.43 yrs. ADHD mixed type: ADHD inattentive type, 50.6%:48.1% respectively. A significant inverse correlation was found between CGI-C-C and the Commission (C) score of TOVA ( $r=-0.32$ ,  $p<0.01$ ), but not for any of the other scores. Age had a significant role in the accuracy of estimation. A significant negative correlation between the age and the tendency to assess improvement was found ( $r = -.210$ ,  $p<0.01$ ). There were no differences by gender or diagnosis. A dependence was found between consistent normal results of ADHD score change and self assessment of improvement ( $F = 4.22$ ,  $p<0.05$ ).

A partial correlation was found between subjective and objective measures with regard to response to MPH, mostly for the behavioral aspects. The older the patient the more likely he/she is to estimate improvement, but the role of a placebo effect cannot be ruled out.

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## S12. Symposium: THE COMORBIDITY PROBLEM IN PERSONALITY DISORDERS (Organised by the AEP Section on Personality Disorders)

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### S12.01

The influence of comorbid personality disorders on the outcome of CBT treatment of anxiety disorders