to impact a country's mental health significantly. Health economic data is required for future research.
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EV0122

Yes we can – Positive CAMHS

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Yes We Can Youth Clinics has fundamentally innovated (mental) health care for children and adolescents just by taking a different approach: the force of Positive Health!
The WHO definition of Health, adopted in 1948 and since then never amended, has become obsolete: "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."
A new, more positive definition ought to replace the obsolete.
"The ability to adapt and self-manage physical, mental and social well-being challenges."
Different approach WHO.
Health care is to be claimed unlimitedly, making sure you get better, free from symptoms, against any price, something you undergo and releases you from the responsibility to self-manage and recover.
YES WE CAN.
Care appealing to personal strength and possibilities. Care that also demands commitment, not a lack thereof. Care that apart from physical/mental functioning also deals with a spiritual dimension within a personal context. Care that deals with purpose (life goals) for both the patient and the caretaker.
Conclusion Yes We Can and Positive Health has been very successful:
– perfect climate for recovery: e.g. role models, positive group dynamics, expert experience, no coercion or compulsion, structured healthy program;
– focus on strength hand abilities, coping skills, learn what is important, moral, values;
– system oriented: family therapy is mandatory;
– after-care (helping back to school/work);
– be Aware: old fellows help with prevention by visiting various schools.
Illustration Vision of Yes We Can and life story of a fellow.
Disclosure of interest The author has not supplied his declaration of competing interest.

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EV0123

Teenagers with addictive behaviour: Characteristics of the addiction and the psychiatric comorbidities

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Introduction Addiction at a young age constitute a problem of public health. Adolescence is a period at risk for the addicting conducts.
Objectives To establish the characteristics of the addiction and the psychiatric comorbidities.
Methods We led a retrospective descriptive study which concerned 62 teenagers, having addicting conducts, followed in the outpatient clinic of the hospital Razi between January, 2013 and December, 2014.
Results Tobacco is the most consumed product with 90,3% of users, followed by the alcohol (59.7%).
Fifty percent consumed the cannabis.
Benzodiazepin, Trihexyphenidyl chlorhydrate, buprenorphin with high dosage and the organic solvents were raised respectively to about 14.5%, 22.6%, 12.9% and 14.5% of the patients.
The average age of initiation for tobacco was 12 years.
The most frequent motive for consultation was behaviour disorders (37.1%).
Among our patients, 43.5% had psychiatric family history, 11.3% had undergone sexual abuse during their childhood, 17.7% had histories of suicide attempts.
The found diagnoses were the dependence in a substance (25.8%), followed by the major depressive episode (14.5%), the adjustment disorder with depressed mood (11.3%) and the bipolar disorder (8.1%).
Seventeen percent of them had personality traits who would evoke the borderline personality and 11.3% antisocial personality.
Conclusion It is essential to diagnose and to take care of the teenagers having addicting conducts, as early as possible, to avoid transition to a chronic state in the adulthood.
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EV0124

6-months follow up of lisdexanfetamine in adolescent with attention deficit hyperactivity disorder comorbid with severe conduct disorder

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Introduction Adolescents with conduct disorders (CD) often associate symptoms of executive dysfunction and developmental history of attention deficit hyperactivity disorder (ADHD). There is high-quality evidence that psychostimulants have a moderate-to-large effect on conduct problems in youth with ADHD. Lisdexanfetamine (LXD) reduces impulsivity and others ADHD symptoms, has better daylong coverage and less abuse potential than others stimulants.
Aims To evaluate the efficacy of lisdexanfetamine associated to psychological and family interventions in these multi-problem cases.
Method This work presents for discussion the preliminary measures of the effectiveness and security of LXD (range between 50–70 mg, during 6 months), prescribed to seven boys, ages 15 to 17 with ADHD comorbid with severe conduct disorders. All of them were living in a Young Offender Centre, received intensive psychological and psycho-educational treatment during 6 months before and during the use of LXD. Structured clinical assessment, ADHD and Conduct Disorder Scales were performed before the onset and followed 3 and 6 months.
Results Measures of ADHD, and CD symptoms improved at 3 and 6 months comparing to basal measures. Secondary effects were well tolerated and all patients showed a good adherence to treatment except for one of them who was drop out because of increase of anxiety.
Conclusions Evidence indicates that LXD can be beneficial and well tolerate for impulsive and aggressive behaviours in teenagers