Risperidone, atypical antipsychotics, was approved for irritability in autistic disorder. However, some patients had minimal improvement or no response to this treatment. The purpose of this study was to evaluate the association of pharmacogenomics factors and clinical outcomes in autistic children and adolescence who treated with risperidone for long periods. Sixty-seven autistic subjects diagnosed with DSM-IV criteria and treated with risperidone more than 1 year were evaluated clinical symptom by CGI, aggressive, over activity, and repetitive score. Polymorphisms of ABCB1, CYP2D6, DRD2, DRD3, and HTR2A were analyzed. Almost patients showed stable symptom on aggressive (91.04%), over activity (73.13%), repetitive (68.25%) behavior, and all clinical symptoms (82.09%). Only 4.48% of patients showed minimally worse on CGI-I score. Patients in non-stable of all symptom group had DRD2 Taq1A non-wildtype (TT and CT) frequencies higher than clinical stable group ($P = 0.046$), whereas other genes polymorphism showed no significant association. Interestingly, there was no patient with HTR2A-1438G > A wildtype in all non-stable symptoms. However, there was no significant association due to small sample sizes. Drug levels (RIS, 9OH-RIS, and active moiety) did not show the association with any clinical outcome. Increased appetite was the common ADRs, which associated with high body weight, whereas there was not significantly associated with genetic variations and non-genetic information. In conclusion, risperidone showed efficacy to control autism, especially aggressive symptom in long-term treatment. However, dopamine 2 gene variation affect to non-stable in risperidone treated patients. This study supports pharmacogenomics testing for personalized therapeutics of risperidone in autistic disorder.

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## e-poster walk: Child and adolescent psychiatry–Part 4

### EW0334

### Psychiatric disorders run in families. Children of parents with serious mental disorders: A case history

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*Aims/method* Publications and studies have shown that the existence of serious mental disorders in parents is a risk in the development of children and is more common the existence of mental illness in them than in the general pediatric population. This work aims to reflect in depth on the study of the influence of psychotic parents on child development through a review of a clinical study. We present the case of 14 years old adolescent who is being treated in a mental health center, whose parents suffers from a severe mental illness. We also defend the importance of a preventive approach or treatment that impinges on the child and family environment.

*Results/conclusions* A way of community work, in coordination with the different teams (social services, educational services, etc.) allows more efficient and appropriate treatment, using various resources. When risk factors for developing mental health problems in childhood, family history and especially the existence of one or both parents of mentally pathology type schizophrenia or other psychoses are studied become important. It seems essential to address as a priority to the social group have called "high-risk group of psychosis', and in particular to the" sons of patients diagnosed with psychosis", both for its size and the severity and chronicity of psychopathology if developing means for early psychosocial care does not occur.

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### EW0335

### Kaufman brief intelligence test analysis of its usefulness in children population for the assessment of intelligence quotient (IQ)

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*Introduction* The determination of IQ is essential in the assessment and diagnosis of children. There are multitude of tests, one of the most used are the Wechsler Scales.

*Aims* Hypothesis: Assessment of IQ is equivalent using the Wechsler Intelligence Scale for Children-Revised (WISCr) and Kaufman inteligence brief test (KBIT).

Subjects Children undergoing treatment at Unit Child and Adolescent Mental Health of Talavera with determination IQ at some point in the intervention: 39 pairings determination of IQ subjects atended: 20 males and 19 females, aged between 4 and 14 years.

*Material* Subjects are evaluated with KBIT and WISCr tests.

*Methods* Design: Quasi-experimental with two conditions.

Independent variables: IQ Total WISCr and age management KBIT (for eight years application of the full test, under this age not full test).

Dependent variable: IQ KBIT.

*Analysis* Calculation of correlation between IQ by non-parametric test. Comparison between groups using non-parametric test for dependent data (sign test). Rejecting null hypothesis for alpha significance $P < 0.05$.

*Results* Partial KBIT; 21 comments, 11 males, 10 females; Spearman $r = .714$ ($P < .001$); average estimate of 12.71 points higher in KBIT, Dt 18.07, sign test $Z = -2.012$ ($P < .041$).

*Full KBIT* 18 observations, 9 males, 9 females; Spearman $r = .739$ ($P < .001$); lower average estimate of 3.44 points in KBIT, Dt 12.43, sign test $Z = -.236$ ($P < .815$).

*Conclusions* The results support high validity regardless of age management KBIT, although IQ scores obtained before 8 years should be considered with caution. The KBIT has the advantage of its shorter evaluation, however the information obtained from WISCr is wider.

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