

memory for objects in immediate and delayed conditions. Two-way ANOVA was used to reveal group differences in reproducing the objects in two conditions.

We have not revealed significant differences between children from experimental and control group in the reproducing the objects in immediate condition. However, the interaction of condition type and group was significant ($P \leq 0.05$). ADHD children were less successful in reproducing the objects in delayed condition.

In view of the obtained results, it can be assumed that children with ADHD have specific deficit in memory domain – weakness in delayed memory.

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EV0132

Child obsessive-compulsive disorder presenting with catatonic-like features: Case presentation

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Introduction Although catatonia was conceptualized as a subtype of schizophrenia, it is now recognized to occur most commonly in the course of other psychiatric disorders, in drug-induced disorders [1] or neurologic conditions [2]. Catatonia is rarely seen together with OCD and there are a limited number of case reports in the literature [3,4].

Objective We describe the case of a 12 year boy who presented in our clinic with mutism, negativism, immobility, social withdrawn, rigid posture, refusal to eat.

Method We performed a thorough psychiatric diagnostic assessment of the child as well as laboratory tests and MRI of the brain.

Results The child's first symptoms appeared 2 years ago: initially the child became socially withdrawn, spent most of time at his room, and became preoccupied with rituals of hand washing, walking back and forth, preoccupations with food contamination, became aggressive if someone would interrupt what he was doing, stopped going at school, and stopped calling his parents "mother" or "father". Brain MRI showed lateral ventricular asymmetry and suboccipital cyst.

Conclusions The child was put on therapy with lorazepam and sertraline. His obsessive-compulsive symptoms improved, and the apparent catatonic like features resolved and did not return over follow-up.

Discussion Catatonia is not uncommon among children and adolescents, and the relationship between OCD and catatonia is still misunderstood, but it may be an indicator of the severity of the OCD.

Disclosure of interest The authors have not supplied their declaration of competing interest.

Reference

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EV0133

Clinical and psychopathological aspect of electrophysiological abnormalities in adolescents with behavior disorders

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Medical and social significance of behavioral disorders in adolescents and their consequences makes the relevance of the study of clinical manifestations and causes the need for early preventive intervention.

Aim Studying the role of neurophysiological disorders in the formation of behavior disorders in adolescents.

Two hundred and two adolescents aged 11–15 years with behavior disorders were observed. The diagnostic methods included electrophysiological, clinical psychopathological and statistical methods. In the structure of behavioral disorders, psychopathological syndromes in adolescents have been identified: psychopathic ($n=106$), asthenoneurotic ($n=50$), asthenoabulic ($n=26$) and anxiety-depressive ($n=20$).

As a result, it was found that high seizure activity commonly observed in adolescents with anxiety-depressive syndrome ($66.67 \pm 10.33\%$); less frequently in adolescents with asthenoneurotic ($40.00 \pm 6.79\%$), psychopathic ($38.71 \pm 4.64\%$), asthenoabulic ($28.57 \pm 8.68\%$) syndromes.

At the same time, diffuse changes with dysregulation of the diencephalic-stem structures were observed in the majority of adolescents with psychopathic ($61.29 \pm 4.64\%$), asthenoneurotic ($60.00 \pm 6.79\%$), asthenoabulic ($57.15 \pm 9.51\%$) syndromes and much less frequently in adolescents with anxiety-depressive symptoms ($33.33 \pm 10.33\%$).

Dystonic rheoencephalography type was observed in a third of adolescents with psychopathic ($35.48 \pm 4.55\%$), asthenoneurotic ($30.00 \pm 6.35\%$) and anxiety-depressive ($33.33 \pm 10.33\%$) syndromes, while the hypertensive rheoencephalography type was prevailed in adolescents with asthenoabulic symptoms ($14.29 \pm 6.73\%$).

Liquor hypertension in adolescents with asthenoneurotic ($15.00 \pm 4.95\%$) and psychopathic ($9.67 \pm 2.81\%$) syndromes was more common.

The statistical analysis indicated that violations of bioelectric properties of the brain with high seizure activity and dysfunction of the low stem structures and disorders of cerebral hemodynamics by dystonic type are risk factors for the formation of behavioral disorders in adolescents.

Detection of neurophysiological disorders in adolescents is an informative diagnostic method of early signs of behavioral disorders.

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EV0134

Guide for adults in the children's therapeutic tale: "I conquered my fears"

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The book “I conquered my fears” was created as a result of the clinical experience of the author. It is a therapeutic tale, which is valid as a resource to be used by health workers and parents so as to help children overcome their fears at bedtime.

Because experience is important for an adult so as to better reflect on the theme, the book also includes an appendix to help accordingly.

The adult is invited to express what he/she likes to hear the most and the least, when waking from a sleepless night, and is also invited to dynamically interact with the book, give answers and create hypothesis, with no fear of making mistakes.

The parents, after reading the book, refer a better stress management capacity at critical moments experienced with the children at bedtime.

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EV0135

Children’s trilogy “LILI, from conflict to conflict Meditation” (“Lili, do Conflito à Mediação de Conflitos”)

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The author has devoted her life to matters relating to communication, whether in business contexts, or as a mediator, trainer and moderator.

The trilogy “Lili, do conflito à Mediação de Conflitos” aims to help create more informed citizens, starting from an early age, namely in terms of the new forms of solving conflicts.

In the first book: “Lili and the conflicts” (“Lili e os Conflitos”), we find the theme of conflicts; how to deal with them; respect for the different other; to put oneself in the place of the other.

In the second book: “Lili and Conflict Meditation” (“Lili e a Mediação de Conflitos”), we find the space created by conflict mediation so the parts in conflict can be heard; the enormous need to listen to the other; the needed empathy so as to know the reality of the other.

In the third and final book: “Lili and the Conflict Mediator” (“Lili e o Mediador de Conflitos”), we explain what it is to be a conflict mediator, this “new” profession, distinguishing it from other professions which also use the word “Mediator”.

The author makes presentations of the books and its topics, bringing these issues to debate and making them known to the school environment, both to students and teachers, as well as staff and parents.

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EV0136

A study on adolescent suicide ideation consulting in emergency

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Introduction Suicide is one of the most leading cause of death for teenagers in the world. Suicide ideation is known risk factor for suicide completion. Suicidal adolescents rarely asked for help. The

contact with the health care system is an opportunities to screen for suicidal ideation.

Aims The aim of this study is to examine the prevalence and the risk factors of suicidal ideation among adolescents consulting in emergency.

Methods Our study was a transversal type, descriptive and analytic. It was conducted with 106 adolescents consulting in emergency for somatic complains. Each participant filled out demographic questionnaire and suicidal ideation questionnaire (SIQ). The SIQ is a self-report instrument for suicidal ideation, appropriate for adolescents. The SIQ has 30 items. The respondent is asked to choose from a 7-point continuum (6=“Almost every day” to 0=“I never had this thought”) to assess the frequency of that particular thought within the last month. Cut-off score for the SIQ is a sum of 41 and higher, indicating the presence of serious suicidal ideation.

Results Adolescents were aged between 12 and 19 years with an average age 16.34 ± 2.54 years; 47.2% were boys. According to the SIQ, the prevalence of suicide ideation during the last month were 14.2%.

The risk factors for suicidal ideation among Tunisian adolescents were the female gender, middle school level, low family income, parents’ divorce, parental neglect, family conflicts and previous psychiatric disorder.

Conclusion General physicians should regularly screen for suicidal thoughts in their adolescent patients with these characteristics.

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EV0137

Screening for depressive symptoms among adolescent consulting in emergency

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Introduction Amongst adolescents, depression is a common mental health problem. Adolescent depression is associated with distress, functional impairment and difficulties in relationships with peers and family members. Depressive symptoms, even if sub-threshold to meet diagnostic criteria for a depressive disorder, are also risk factors for these difficulties. Adolescents rarely consult for their psychological distress. Emergency departments, which are often used by adolescents in this context, constitute a privileged place to detect this suffering.

Objectives The objective of this study was to estimate the prevalence and correlates of psychological distress among adolescents seen in emergency department.

Methods Our study was a transversal type, descriptive and analytic. It was conducted with 106 adolescents consulting in emergency department. All adolescents completed a sociodemographic data and the Adolescent Depression Rating Scale (ADRS), a screening questionnaire for depression.

Results The study included 106 adolescents. All of them consult for a somatic complain and none of them goes to the emergency department for a psychiatric reason. The mean age was 16.34 ± 2.54 (12→19 years). Sex ratio (σ/φ)=0.89. The ADRS score was considered normal (score <4) for 54.7% of the sample ($n=58$) and 45.3% of adolescents ($n=48$) had depressive symptoms (score ≥ 4). Depression was significantly correlated to bad school results ($P=10^{-3}$), tobacco use ($P=0.014$), personal psychiatric history ($P=10^{-3}$) and family problems ($P=10^{-3}$).