P0347

Inversion in the direction of the internal energy: Origin of the regression of the being

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Objective: Restitution and prevalence in centrifugal direction of internal energy, orientated to the reconstruction, reappearance and evolution of the I.

Method: Planned introspection and meticulous evolved record of all internal conflicts triggered after the tireless search of the I, and its sequelae on anatomic structures, correlated with psychiatric symptomatology, during 30 years.

Results: This deviation in the internal metabolic energy's orientation, from CENTRIFUGAL or anabolic to CENTRIPETAL or catabolic, is originated at level of contractile elements of the striated musculature (sarcomeres), they stimulated, indirectly, through the reflex for strain of the muscular spindles, after the automatic and involuntary rush of the gamma and beta efferent neurons and these, due to the initial, sudden and unexpected cerebral answer in the presence of a determinate Conditioned Stimulus: The Involutive Motor, anomalous fountain of energy and origin of social diseases. This, generates gradual internal energy chaos, anomalous stimulation of diverse organic structures, anarchy in the being, evolved brake accompanied of inexplicable symptoms and signs, with chromosomal sequelae, in a long period.

Conclusion: If conditioned reflexes changed the direction of the internal energy, carrying out to an organic involution, the extinguishment of them will restitute him, centrifugal way toward the evolution of the Being.

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P0348

Catatonia in autism: Etiology, incidence and treatment

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Aim: This paper reviews the concomitance of catatonia and autism spectrum disorders, including incidence, diagnostic similarities, etiologic theories and treatment modalities, including electroconvulsive therapy (ECT). Case examples are included.

Method: A review of the English-language literature on catatonia and autism was conducted, combined with the author's clinical experience working with two autistic individuals with frank catatonic stupor requiring ECT.

Results: While catatonia is most frequently associated with mood and psychotic disorders, frank diagnosable catatonia has been found in 11-17% of individuals with autism. Significant symptom overlap exists between the two disorders in the domains of motor activity, social interaction, communication and behavior; indeed, both processes may share a common neuronal substrate as well as a shared genetic susceptibility region. DSM-IV-TR catatonic symptoms include motoric immobility and overactivity, negativism and peculiarities of movement and speech, while expanded criteria for catatonia in autism additionally include amotivation, difficulty with task completion, day-night reversal and agitation/excitement. A range of severity exists in catatonia, with some patients developing profound catatonic stupor or malignant catatonia with autonomic instability. Catatonia is readily treatable, with lorazepam and ECT as first-line treatments. However, diagnosis may be delayed in the autistic patient with baseline intellectual disability, behavioral and communicative abnormalities. Similarly, appropriate treatment, especially ECT, may be withheld due to issues surrounding intellectual disability.

Conclusion: Catatonia is not an infrequent occurrence in autism, and its manifestations can be severe. Prompt clinical recognition and treatment of catatonia in autism is imperative, with further research needed in this field.

P0349

Improving child and adolescent access to mental health care in the United States

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The U.S.1999 Surgeon General's Report on Mental Health documented almost 21% of U.S. children and adolescents ages 9 to 17 had a psychiatric disorder with at least minimal impairment. From this prevalence statistic, one in five children age 9-17 experienced some degree of emotional or behavioral dysregulation. While there are over 60,000 board-certified U.S. pediatricians, current competencies for specialty certification cover minimal mental and behavioral health care. According to statistics from the American Academy of Child and Adolescent Psychiatry, there are less than 6700 sub-board qualified child and adolescent psychiatrists practicing in the U.S. Moreover, due to established third-party payment and reimbursement venues, many children are not eligible for the care of these professionals. Many U.S. children, therefore, do not have adequate access to mental and behavioral health care.

To address this serious need, in 2004, the American Academy of Pediatrics (AAP) Board of Directors (BOD) appointed the Task Force on Mental Health (TFMH), charging it to develop evaluation algorithms, tools and models of third-party payment to assist primary care pediatricians in enhancing the mental health care they provide as they provide care for children and adolescents in the primary pediatric health care setting: the ''medical home.'' The TFMH, which included representatives from the American Academy of Child and Adolescent Psychiatry, as well as many other related professional and consumer organizations, concludes in 2008 with comprehensive recommendations for improving primary clinical care for U.S. children and adolescents with mental and behavioral health care needs. This presentation summarizes those results.

P0350

Male prison suicides in Slovenia

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Backoground and Aims: Male prison inmates are highly suicide risk population. Suicide is single most common cause of death in correctional settings. This study was aimed to find out suicide rate in Slovene male prisons compared to that in general population. We compared our findings with prison suicide rates in European countries with highest suicide rates, and through this comparison planed to improve suicide preventive measures.

Methods: Data were collected from official reports on prison deaths in Slovenia and compared with data in SPACE 1.

Results: In Slovenia male prison suicide rate (MPSR) is highest among all countries compared. It is also 8.3 higher then in general

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