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From Child and Adolescent to Adult Mental Health Services: The Intrepid Journey

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Background The move from Child and Adolescent Mental Health Services (CAMHS) to adults' services (AMHS) is likely to coincide with other transitions in the adolescents' life. Barriers affecting this transition have been referred in most countries, but there is a lack of studies on this matter.

Aims To evaluate the transitional process from CAMHS to AMHS in Portugal, focusing on four criteria: continuity of care, parallel care, a transition planning meeting and information transference. The continuity/discontinuity of the diagnosis and therapeutic plan made at CAMHS has also evaluated.

Methods Identification from a sample of adolescents transferred from Clínica da Juventude (adolescents' clinic) to 3 major AMHS, collecting information regarding the quality of the transition between these services.

Results Fifty-nine adolescents were discharged in 2014, average of 16.5 years old, after being followed in our clinic for an average of 7.44 months. Ten continued being followed in adult psychiatric services (17.5%), with different disorders: 4 depressive, 2 personality, 1 anxiety, 1 bipolar, 1 addiction to psychoactive substances, and 1 oppositional defiant disorder. Even in those cases the transition was far from optimal, with 4 of those presenting the need to use adult emergency facilities.

Conclusions Several barriers between CAMHS and AMHS might account for the ongoing problem with the transition between services. In addition, considering that the onset of severe and recurring mental disorders begins generally before the age of 25, this raises the discussion around the present distinction between child and adolescent mental health services and adult services at 18 years old.

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EW85

Mental health transition plans for older adolescents with autistic spectrum disorders – clinical profile of patients from a metropolitan Borough, North West of England

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Introduction The needs of people with Autistic Spectrum Conditions (ASC) are varied and complex. In order to improve outcomes for Adults with Autism, it is important to understand and evaluate the transition planning process and current services for adolescents/young Adults with ASC.

Aims and objectives Aim was to undertake the needs assessment audit of all young people (ages 16–19) open to a Child and Adolescent Mental Health Service. Objectives was to ensure that transition/discharge plan was in place for all the open cases and also identify any gaps in service provision.

Methods A retrospective case-note review of all open cases ($n=41$) aged 16–19 was undertaken. Data was obtained on diagnosis, co morbid problems, educational status, and transition/discharge plans.

Results Twenty-two percent of the cases had co morbid moderate to severe Intellectual Disability. Transition was not an issue for this group, with entitlement of support from secondary-care-teams. Seventy-eight percent of the cases had diagnosis of Asperger's Syndrome (AS)/high functioning autism (HFA). Seventy-five percent had co-morbid depressive/anxiety disorders, 12% had ADHD and 10% presented with repeated self-harm/suicidal behaviour. Nature of the co-morbid problems/risks did not meet thresholds for Community Adult Secondary Mental Health Services resulting in discharge to Primary Health Care Services.

Conclusions Better training to equip primary care staff, such as General Practitioners is needed to support the growing numbers of young adults with HFA/Asperger's syndrome being discharged to their care. Costs/benefits of providing specialist adult services for people with HFA and AS to be considered in order to improve outcomes for adults with autism.

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EW86

Safeguarding foster care youth from overmedication

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Introduction There are increasing concerns regarding long-term psychotropic polypharmacy prescribed for foster care youth 3.5 to 5 times more often than in at-home youth (Kreider et al., 2014). Polypharmacy risks include weight gain, glucose intolerance and type 2 diabetes. (De Hert et al., 2011). In view of these risks, novel interventions are essential to safeguard foster care youth from overmedication.

Objectives To present guidelines for identification and management of polypharmacy in foster care youth.

Aims To demonstrate a novel intervention to monitor and diminish polypharmacy and enhance psychiatric care in foster care children.

Methods Polypharmacy is identified using LA County Juvenile Court Mental Health Service (JCMHS) Psychotropic Parameters* to review medication consent forms from treating psychiatrists. Polypharmacy triggers an in-person JCHMS consultation. *(Parameters 3.9 for JCMHS PMAF Review, Revised May 2015).

JCMHS Psychotropic Parameters (summary):

- age 0–5 years:
 - 2 or > psychotropic medications,
 - Any antipsychotic (*except Risperidone in ASD);
- age 6–8 years:
 - 3 or > psychotropic medications;
- age 9–17 years:
 - 4 or > psychotropic medications;
- All age youth:
 - 2 or > psychotropic medications in the same class (antipsychotics, antidepressants, stimulants, mood stabilizers, alpha agonists).

Psychotropic medication doses in excess of recommended (*LA County Department of Mental Health Parameters 3.8 for use of Psychotropic Medications for Children and Adolescents).

Results Approximately 25% of JCMHS annual psychiatric consultations were initiated by JCMHS parameters for polypharmacy. Corresponding consultations included education and recommendations discussed with treating psychiatrists regarding polypharmacy and optimal psychiatric management.

Conclusions JCMHS Psychotropic Parameters is a useful tool to identify polypharmacy and enhance psychiatric care of foster care youth.

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EW88

Assessment of adopted minors admitted to the inpatient unit in Hospital Clínico Universitario of Valladolid during the last 8 years

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Research about adjustment of adopted children indicates that they have more emotional and behavioral problems than non-adopted children. We have examined 28 adopted minors that have been admitted to the inpatient unit in Hospital Clínico Universitario of Valladolid. We examine the gender, age, diagnose and the number of hospital admissions. In the sample of 28 patients, there are 15 males (53.57%) and 13 females (46.42%). The most common diagnosis is attention deficit hyperactivity disorder (57.57%), followed by reactive attachment disorder of infancy or early childhood (46.42%). Readmission rate is 44.2%. Male patients have higher rates of readmission (60.86%) than females (39.1%). Males have higher rates of readmission (60.86%) than females (39.1%).

Discussion Results indicate a higher rate of admissions in adopted males than females, being attention deficit hyperactivity disorder and reactive attachment disorder of infancy or early childhood the most common diagnosis. Rate of readmission is higher in males.

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EW91

A study for development and validation of the computer-based working memory tasks for school-aged children

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Introduction Working memory (WM) is the ability to retain and manipulate information during a short period of time. According to previous studies, children who have neurocognitive dysfunctions, such as ADHD and learning disorder were found to have a WM problem, which was associated with frontal lobe dysfunction, especially dysfunctions in dorsolateral prefrontal cortex.

Objectives In the present study, we developed the computer-based WM tasks for school-aged children, which help to provide a timely assessment of risk and preventive intervention for children with subclinical attention problems.

Aims We evaluated the construct and concurrent validity of newly developed WM tasks.

Methods A hundred and fourteen 8- to 10-year-old children were recruited. The newly developed, computer-based WM tasks consist of two domains:

- auditory-verbal WM;
- visual-spatial WM.

We examined the construct validity of the tasks through examining the developmental trend of the WM abilities with age. To determine the concurrent validity of those tasks, we conducted correlation analyses between the participants' scores and their scores on well-known measures of verbal and visual WM; Arithmetic and Letter-Number Sequencing subtest of intelligence scale (KEDI WISC), and Corsi block test.

Results There are marked linear increasing trends of the response accuracy with age. Further, there were high correlations between the scores of two WM tasks and the corresponding scores of standardized assessment tools.

Conclusions This study showed promising evidence for the validity of computer-based tasks assessing WM, which might have the utility for school-aged children in research and clinical settings.

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EW92

Consumption of medicines for attention deficit hyperactivity disorder treatment per patient in children and adolescents in Slovenia from 2003 to 2012

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Background According to the attention deficit hyperactivity disorder (ADHD) treatment guidelines, atomoxetine (ATX) is a second line treatment after stimulants and therefore a serious monitoring of ATX prescribing is necessary to avoid inappropriate prescribing.

Objectives In most countries in Central Europe, except Germany, there is no data on drug consumption for ADHD medicines (expressed in defined daily dose (DDD)/ADHD patient/year).

Aim The main purposes of this study were: calculate and present the pattern and evolution of national consumption in Slovenia expressed in the percentage of DDD/patient/year consumption for the period 2003–2012.

Methods The national consumption and population data for this period were obtained from Slovenian databases. A DDD/ADHD patient/year was calculated. Only immediate-release methylphenidate (IR-MPH), methylphenidate-osmotic release oral delivery system (OROS-MPH) and ATX have been available and included in this study.

Results Less than 50% of patients with ADHD are treated with medications in Slovenia. A total consumption rose rapidly from 41.3 in 2003 to 148.5 DDD/ADHD patient/year in 2012. The total consumption for ATX and MPH is almost equal (140.9 for ATX and 150.3 for MPH in 2012). This result is lower as it has been seen in Germany (208 DDD/ADHD patient/year in 2008 for MPH).

Conclusions In the last decade in Slovenia, the total consumption is increasing rapidly, which indicates a positive trend. This pattern (low total consumption) has not been seen in Germany. After the new drugs have been available on the Slovenian market, the total consumption rose rapidly.

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