P0278

Structured assessment of acute suicide risk: An emotion focused approach

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Suicide risk assessment remains a challenging task for all clinicians. Despite the vast literature on suicide, there is no consensus on how to best conduct a comprehensive suicide risk assessment. In clinical practice, various methods of assessment are employed. Some studies suggest that structured suicide assessments are less likely to miss important risk factors. Although a structured professional judgment methodology (S-RAMM) for suicide risk assessment has been recently developed, it has not received wide acceptance in clinical practice, partly because it is time consuming and it focuses mostly on chronic, non-affective, suicide risk factors. Furthermore, there is evidence that commonly assessed risk factors such as suicidal ideation and plan are not good predictors of acute suicide risk. The objective of this paper is to introduce an evidence-based, time sensitive, structured approach for the assessment of acute suicide risk that can be easily incorporated into a psychiatric interview. In this approach, in addition to assessing risk and protective factors, the clinician systematically assesses the individual's emotional reaction to distressing events. Five affective domains that are associated with suicide are examined including: humiliation/shame, anger, guilt, depression, and emotional detachment. Specific guidelines and questions are provided to ensure a structured and systematic evaluation. Case studies will be used to illustrate the application of this model in diverse clinical settings.

P0279

Psychotic symptoms and cognitive impairment with herpes encephalitis

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Herpes encephalitis with psychiatric symptoms and cognitive impairment are reported previously. We report a case of herpes encephalitis who had delirium, psychosis and depressive disorder respectively during the acute encephalitis and post encephalitic term.

A 27 years old man, who was hospitalized by microbiology clinic, diagnosed with herpes encephalitis by PCR. The MRI study showed high-signal areas in bilateral temporal lobes. He had delirium symptoms during acute encephalitis so a low-dosage of Haloperidole was added to herpes treatment. Delirium symtoms recovered in a few days. 2 months after discharge he admitted to psychiatry outpatient clinic with the complaints of irritability and hipomnesia. In psychiatric examination; delusions, hallucinations, aggression, disorganized behavior were found, postencephalitic lesions in bilateral temporal lobes and abscess formation in left hippocampus secondary to encephalitis determined by repeated MRI. At the neurupsychiatric evaluation; deficits in verbal-episodic memory, visuoperceptual functions and disorientation were present. Olanzapine was started and titrated up to 20 mg/day. His psychotic symptoms recovered but few mounts later depressive symptoms especially feelings of insufficiency occurred. Olanzapine was gradually decreased; simultaneously Sertralin was started and titrated up to 150 mg/day. The following MRI studies showed a recovery in the counts and sizes of abscess formations. At the end of one year depressive symptoms and cognitive impairment continued with a partial recovery.

The pathologic changes and alterations including bilateral temporal lobes and hippocampus may be responsible for the occurrence and variety of symptoms in this case so it highlights the relationship between psychiatric disorders and different brain regions.

P0280

30-year prospective longitudinal study of ADHD

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Background and Aims: Knowledge of the long-term course of childhood Attention Deficit Hyperactivity Disorder (ADHD) is limited by the lack of longitudinal studies that extend beyond age 25. Information about the later adult status of children with ADHD, one of the most common disorders of childhood, is important since the disorder is widely reported to persist through adulthood. Findings from this prospective 30 year longitudinal study also address the claim that bipolar disorder masquerades as ADHD.

Methods: We report on the psychiatric status of 90 males at mean age 41, diagnosed with ADHD at ages 6-12 (Mean, 8), and 102 non-ADHD males matched for age and SES in childhood, interviewed blindly by trained clinicians.

Results: As expected, ADHD at follow-up was significantly elevated in probands (13% vs.1% in comparisons, $p<.001$). When the number of ADHD criteria is reduced, as recommended for ADHD in adults, rates rise to 36% and 12%, respectively ($p<.001$). Other disorders significantly more prevalent in probands were: antisocial personality disorder (APD) (10% vs. 0%, $p<.001$), drug (non-alcohol) disorders (17% vs 7%, $p<.03$), and nicotine dependence (29% vs 9%, $p<.001$)). Childhood ADHD was not associated with elevated rates of mood or anxiety disorders in adulthood.

Conclusions: The extended clinical course of ADHD appears diagnostically specific, consisting of ADHD, APD and drug (non-alcohol) use disorders. Findings are not consistent with expectations that ADHD persists through adulthood in the majority, or that bipolar disorder was misdiagnosed as ADHD in childhood. Findings pertaining to other functional domains also will be presented.

P0281

Continuation of ADHD from childhood into adulthood

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Attention deficit/hyperactivity disorder (ADHD) is a worldwide and highly prevalent disorder neurobiological disorder which affects affect 5–10% of children. Controlled prospective follow-up studies on ADHD have demonstrated persistence of symptoms into adolescence in 60-85% of individuals diagnosed in childhood (Weiss et al., 1971; Hechtman, Weiss, 1983; Barkley, 1990; Hechtman, 1985,1989,1992, 2000). Hechtman and Weiss were among the first to conduct controlled, prospective follow-up studies of children with ADHD into adulthood (Weiss et al, 1978; Hechtman et al, 1986).

Author has reviewed these most important studies for the establishment of the entity ADHD in adults.

ADHD in adulthood is a prevalent condition which is highly comorbid and causes significant social, occupational and/or emotional functional impairment.

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A recent epidemiological study, The National Comorbidity Survey of 10,000 adults indicated an adult population prevalence of ADHD of 4,4% (Kessler et al, 2005). A similar figure (4%) was obtained by Faraone and Biederman 2005 in a population survey of 966 adults (Faraone&Biederman, 2005).

Specific clinical characteristics of adults with ADHD, diagnostic issues, and comorbidity of ADHD in adults have been discussed in comparison with those in children.

Weiss G, Hechtman L, Perlman T. Hyperactives as young adults: School, employers and self-rating scales obtained during 10 years follow-up evaluation. Am J Orthopsychiatry 1978; 48: 438-445

Faraone SV, Biederman J. What is the prevalence of adult ADHD? Results of a population screen of 966 adults. J of Att Dis 2005; 9(2): 384-391

P0282

Treatment with OROS®-Methylphenidate in adolescents is associated with an improvement in functioning and quality of life - A post-hoc analysis

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Objectives: To explore changes in daily functioning (C-GAS) and quality of life (ILC) in adolescents (12-18 years) with ADHD treated with OROS®-MPH and their parents.

Methods: Post hoc analysis. Open label non-interventional trial in adolescents (ADHD; ICD-10 criteria) treated with flexible dose OROS-MPH for 3 months (42603-ATT-4001). Effectiveness parameter were IOWA Conners' parent rating scale, C-GAS, ILC adolescents and parents at baseline and endpoint, physician's and parents' rating of treatment.

Results: 129 out of 598 patients were adolescents (Ø age 14.2 years; 84.5% male) and 88.4% completed the study. Treatment was discontinued due to adverse events (3.9%), insufficient effectiveness (4.6%), lost to follow up (3.1%). Mean dose of OROS MPH increased from 34.6 mg/day ± 13.4 at baseline to 39.2 mg/day ± 13.4 at endpoint. C-GAS improved from 60.2 ± 14.0 to 72 ± 14.4 ($p<0.001$). Mean sum score on ILC-adolescents improved from 18.7 ± 3.6 to 20.6 ± 3.7 ($p<0.001$) and ILC-parents increased from 16.7 ± 3.9 to 19.6 ± 3.8 ($p<0.001$). Effectivity and tolerability was rated as at least good by >80% of physicians. 80.6% of parents were at least satisfied with therapy. 46 treatment - emergent adverse events were reported in 30 patients. AEs listed overall in ≥2% of patients were insomnia (3.9%), infection (2.3%), headache (2.3%), and nervousness (2.3%).

Conclusion: Transitioning onto OROS®-MPH in adolescents was associated with a clinically relevant improvement of Qol and daily functioning. Treatment with OROS MPH was well tolerated.

P0283

Enhancing communication and collaboration with youth-oriented psychopharmacology resources

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Background: Youth and their caretakers exchange information with health providers in order to participate in shared decision-making or to make autonomous treatment choices. Tools supporting these exchanges for psychotropics are not readily available.

Methods: In partnership with the Provincial Centre of Excellence for Child and Youth Mental Health, two pharmacists and a psychiatrist with advanced knowledge in psycho-pharmacotherapeutics designed a psychotropic resource to support the tripartite (i.e. youth, parents/caretakers, health providers) relationship in therapeutic, collaborative, decision-making. The resource promotes a framework for understanding psychotropics, their therapeutic goals, and the methods by which these goals will be reached. Best available evidence for psychotropics and factors influencing uptake of patient-oriented materials informed the content and resource format. Focus groups of youth with mental illnesses, health providers, and stakeholders were conducted during resource development. A graphic designer used focus group feedback to develop layouts and characters. A plain language writer edited the content.

Results: A booklet with a companion passport was chosen. The booklet has several components including frequently asked questions (FAQs), a section on psychotropic medication groups, checklists, appointments, monitoring forms for medications, symptoms, side effects, and functioning, notes pages, and a glossary. The passport, intended for youth, primarily contains monitoring forms (e.g. checklists, medication list, symptoms, side effects, functioning). Clay character photos and colored section schemes enhance visual appeal of the resource.

Conclusion: The goals of the resources are to improve youth and caregiver involvement in psycho-pharmacotherapeutic decision-making and monitoring to enhance collaboration. A qualitative assessment of its impact is planned.

P0284

Efficacy of Pregabalin monotherapy for improving sleep outcomes in patients with fibromyalgia: Results of a 14-week, double-blind, placebo-controlled trial

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Background and Aims: Sleep disturbance is prominent in fibromyalgia (FM). This 14-week, randomized, double-blind, placebo-controlled study, evaluated the effect of pregabalin on pain and sleep-related outcomes in FM.

Methods: Patients meeting ACR (FM) diagnostic criteria were randomized to pregabalin 300, 450, or 600mg/d (BID) or placebo for 14 weeks (A0081077). Primary efficacy parameter: LOCF endpoint mean pain score (MPS). At baseline and endpoint, patients completed the Medical Outcomes Sleep (MOS) Sleep Scale. Mean Sleep Quality scores (11-point numeric ratings) were derived from patient daily diaries.

Results: 745 randomized patients: 95% female, mean age=50 years, baseline MPS: 6.7. Placebo-corrected differences from baseline to endpoint in MPS were: 300mg/d, -0.71 ($p=.0009$); 450mg/d, -0.98 ($p<.0001$); 600mg/d, -1.00 ($p<.0001$). For MOS Sleep Disturbance,

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