

tistical society contained all of the primary school children with attention deficit-hyperactivity disorder in Rafsanjan City. Forty children with attention deficit-hyperactivity disorder were chosen by the method of random sampling and randomly assigned in control and experimental groups (20 children in experimental group and 20 children in control group). At first in pretest stage used academic self-efficacy questionnaire and the software of selected and divided attention. For measurements of academic improvement were used the scores of a teacher build test mathematic and spelling. Then, experimental group take 8 sessions education of selected and divided attention-shaping Training. The data were analyzed by analysis of variance with repeated measurement test. **Results** Results of this research show that selected and divided attention training improved the amount of divided and selected attention and academical improvement of children <but it's not effective significantly on reaction time and academic self-efficacy of children with attention deficit disorder-hyperactivity. **Conclusion** Attention training can be effective to increase attention and academical achievement in children with ADHD. **Keywords** Attention training; Selected attention; Divided attention; Academic improvement; Academic self-efficacy; Attention deficit hyperactivity disorder **Disclosure of interest** The author has not supplied his declaration of competing interest.

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#### EV0142

### Long-term injectable antipsychotics in adolescents. A case report

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**Introduction** Actually psychiatrists around the world are treating children and adolescents (despite limited medical indications in this age group) with atypical antipsychotics at increasing rates for a range of psychiatric illnesses (schizophrenia, bipolar disorder, behavioral changes. . .). Over the last few years, a number of new long-term injectable treatments (ILD) have emerged, the advantages of which are found in adult (adherence, functionality, consistent blood level without daily peaks. . .) but we do not have enough data in minors.

**Objectives** Discuss utility of ILD in adolescents.

**Methods** We expose a case report about a 17-year-old man, when he was a child he was diagnosed with attention deficit disorder and autism spectrum disorder and also he had a story of disrupted behavioural and aggressively. After been hospitalized in our hospital we remake his clinic history and he was diagnosed with schizophrenia. Before the injectable treatment (ABILIFY MAINTENA<sup>®</sup>) this patient tried various treatments (mood stabilizers, antidepressants. . .) and many hospitalizations.

**Results** After the ILD, our patient has good functionality, he is now living with his parents and studying in the high school. He has not needed another hospitalization after the last one.

**Conclusions** The ILD in adolescents must be a therapeutic option in mental disease, in this group is very difficult the complementation of the treatment, it's frequent the comorbid use of substances, this population are not used to take medications. . . so every treatment that facility this kind of problems must be a perfect weapon

to improve their mental health and to prevent relapse and hospitalization.

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#### EV0143

### A child with Pica. A case presentation

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**Description/clinical case** A. is a 10-year-old girl of Moroccan origin appearing in pediatric specialist of A.P repeatedly by unpecific stomachache, nausea and vomiting. After several visits to the same reason for consulting an exploratory interview alone with the patient in that regard that "sometimes when calms nervous scratching the walls and eating them" is performed. The mother says intrafamily difficulties. Information reported by the patient's mother confirms next visit also providing pictures on the wall of your room is returned. Referral to child and adolescent mental health is decided.

**Exploration/complementary tests** There is no single test for pica. It is carried out systematic blood, biochemical (iron, zinc, lead. . .) to assess toxic substances and nutritional levels. Abdominal Rx. Both normal.

**Diagnosis** Pica (F98.3).

**Differential diagnosis** Ingestion of nutrients can occur in the course of other mental disorders (for example, a pervasive developmental disorder, schizophrenia), mental retardation, in the Kleine-Levin syndrome. . . In these cases, should only be established an additional diagnosis of pica if the feeding behavior is sufficiently severe to warrant independent clinical attention.

**Conclusions** Pica disorder has been studied by pediatricians, gynecologists, dermatologists, psychiatrists, psychologists, nutritionists, anthropologists, etc., which has been interpreted as a conduct disorder, food, mental illness, poverty, hunger. . . but really the cause it is unknown. Although morbidity and mortality is unknown and difficult to study, include poisonings, parasitosis and surgical abdomen as serious complications. Finally, like all other eating disorders, the overall management of this entity requires the coordinated intervention of various professionals.

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#### EV0144

### Approach to somatomorphic disorders in children. A case presentation

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**Description of clinical case** Patient 10-year-old pediatrics sent from service due to history of frequent admissions for recurrent abdominal pain. In the bypass request indicate that this is a patient of perfectionistic traits; detect dysfunctional family dynamics highlighting the rivalry in the phratry, and with an equal difficulty in the field. From 2010 to 2016, he has made more than 30 visits to hospital emergency combined intervention of psychiatry and psychology and multidisciplinary service available with a pediatric surgery and pediatrics is performed.

**Exploration and complementary tests** From 2011 to 2016, it has made 44 blood tests, sonograms 9 full abdomen, abdominal renal scintigraphy without significant findings.

**Diagnosis** F45.5 pain disorder.

**Differential diagnosis** Symptoms due to a medical condition. Other symptoms substance-induced mental disorders: non-specific conversion disorder, pain disorder, hypochondriasis, body dysmorphic disorder, somatization disorder, simulation, factitious disorder, medical symptoms. . .

**Conclusions** Psychosomatic disorders are one of the most common clinical forms of mental disorders in childhood and adolescence expression. Knowing the stages of development and operating characteristics. In clinical practice, mainly in primary care, tend to find an organic cause somatic complaints in children, so prevalence data and/or referral to specialized services vary depending on mental consulted sources is critical to understand the pathogenesis of these disorders.

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#### EV0145

### Adolescent type outpatient in an addictive behavior unit profile – child and youth

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Morbidity and mortality during adolescence is primarily the result of certain risk behaviors. Today, it is observed that early teens contact form with snuff, alcohol and legal drugs and not many of them have a high intake of these substances. Habits such as those mentioned on many occasions not only maintained during adolescence, but the rest of life extend causing major consequences for public health.

**Objectives** To know the magnitude and characteristics of the use of legal drugs (alcohol and snuff) and illegal (marijuana, cocaine, heroin, inhalants) in the – adolescent/child – population who come regularly to addictive behavior unit of a rural environment.

**Material and methods** Descriptive study of a sample of adolescent patients ( $n = 30$ ) who came in the past two years to addictive behavior unit. Data collection of such patients is performed by assessing sociodemographic characteristics (age, sex, population, education level. . .), age of onset and type of use of psychoactive substances, and comorbidity of psychiatric disorders.

**Results/conclusions** The average age of the adolescent patient is 14.5 years (SD 1.09) with an age of onset in the consumption of toxic 13.6 years (SD 1.03). As for sex, 20% were women. The dropout among adolescents of this sample is 43.3% (SD 1.05). A complete prevalence of marijuana use (100%), and mono-consumers only 10% was observed. Seventy percent of the sample has associated psy-

chiatric disorders and 46.15% in psychiatric family history there; 38.4% up to legal problems are collected.

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#### EV0146

### Non-suicidal self-injury in adolescents: A diagnostic and psychopathological approach. A case presentation

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Self-injurious behavior is a major public health problem. An increase in the number of self-injuring adolescents has been observed since the mid-1960s.

**Description of clinical case** C. is a 14 teenager who comes to a mental health center for the first time a year ago for having numerous self-injuries in the forearm. She says that she cannot avoid doing so in moments of anxiety and that, in addition, when she is hurt she calms down. Throughout the interviews, C. relates that after the death of her best friend in a traffic accident she is alone and with episodes of anxiety.

**Exploration and complementary tests** It is important to analyze the risk factors of self-injurious behaviors in adolescence such as:

- personal characteristic;
- psychiatric disorders;
- family characteristics;
- mass media.

**Diagnosis** Depressive episode (F32).

**Differential diagnosis** In general, self-injury is considered as a symptom or characteristic of a specific psychiatric disorder. Stereotyped self-injury is characteristic of processes of cognitive deficit of the level of severe and profound mental retardation. Compulsive self-harm involves symptomatic habits such as severe scratching of the skin or already differentiated psychiatric entities, such as trichotillomania, onicofagia or delusional parasitosis. . . Important psychotic disorder.

**Conclusions** Following the Task Force's criteria, in relation to probably effective therapies, it can be concluded that the therapy based on mentation for adolescents (MBT-A) is the first effective treatment for the treatment of self-harm in adolescents.

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#### EV0147

### Must we fear antidepressants in adolescents?

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**Introduction** Epidemiological studies have established that teenager's prevalence rates of major depression are significant (10%). The media has given a good deal of attention to the potential risks of antidepressants and their connection to increased suicidality (especially in children and adolescents). These concerns have had a significant impact on both the prescribing of antidepressants and the parental fears about their use. It is interesting to note