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A clinical case of alteration of behaviour is the unit of analysis. The cultural aspects play a major role in physical and mental health and in this case the subject was part of a family where mediunity was seen as a common gift. Even though, she looked for medical help after her mother-in-law had spoken by her mouth. This patient was also exposed to high dosages of corticoids for the treatment of Alopecia Areata (AA). Mental disorders induced by corticoids are well documented, in a variety of symptoms. When observed, this patient also met criteria for Dysthymic Disorder and the episode testified by her family could suggest a narrowing of the field of consciousness in a dissociative experience. The author raises some etiological hypothesis and presents a 2 years follow-up of the case and patient-doctor relationship.

P0095

A systemic approach to cross-scientific diagnostic procedure

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Background: Psychiatry today faces an inherent crisis in diagnostic procedure. An increasing number of specialized subdisciplines (biochemistry, genetics, neurology, psychoanalysis, group theories and cultural theories) develop separate theoretical and practical frameworks for diagnosis and treatment, thus increasing the risk of fragmented and adverse definitions of "psychiatric problems" and their "treatment". The paradox being that specialized precision in each field in fact prevents the possibility of comparing and ordering data from different disciplines.

Method: Using the DSM diagnosis "Reactive Attachment Disorder" as an example, the author discusses the problems of transferring data from one discipline to another without losing validity, and suggests a hypothetical systemic model and method for ordering data into a meta-theoretical framework.

Conclusions: Cross-scientific diagnostic procedures should include: Simultaneity in observation - identity of system-descriptive terms - common denominators for time/space/mass differences between observation points.

Reference

[1]. Rygaard, N.P. (2007): Current problems in diagnostic theory and practice. A systemic approach to cross-scientific terms in the diagnostic Babylon. Journal of Clinical Neuropsychiatry, 4, 1, 3-10.

P0096

Current problems in diagnostic theory and practice - A systemic approach to cross-scientific terms in the diagnostic Babylon

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The concept of ''diagnosis'' is discussed with regard to the fact that different scientific disciplines (i.e. chemistry, genetics, neurology, psychology, sociology, etc.) seem to lack a theoretical basic grid, enabling them to exchange and compare observations and interpretations of data. Various solutions have been offered to this problem: multidimensional diagnostic tools, and at present combining phrases (such as ''neuro-psychological'' or ''psycho-social'') have become modern. Moreover, merely symptom-descriptive systems have evolved (such as the DSM system, ignoring causality). However, none of these solutions seem to resolve the problem of interdisciplinary exchange, but rather avoid it. The discussion explores this problem and suggests tentative interdisciplinary systemic assumptions, and a derived number of possible criteria for inter-disciplinary diagnostic practice.

(The discussion is based on the article ''Current Problems in Diagnostic Theory and Practice – A Systemic Approach to Cross-Scientific Terms in the Diagnostic Babylon'' by the speaker, published in Clinical Neuropsychiatry (2007), 4, 1, 23 -28) For copies please contact the author or Dr. Giovanni Fioriti, editore, Rome mail: giovanni@fioriti.it)

P0097

Can syndrome - the new diagnostic entity in ICD-11?

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The authors are concerned with the contribution of anxiety in origin of functional behavioural disorders of children. They attribute the intense sensing of anxiety with the shaping of one's personality. They analyse adaptation and adjustment, accommodation and assimilation to stressful conditions producing anxiety. They describe reactions of organism to the circumstances of the CAN syndrome and traumas. In these circumstances, a primary perception of reality is at stake that consequently leads to sociopathological features. The authors also provide opinions of psychoanalytical and behavioural schools on origin of personal decompensation and neurotic disorders. They deal with causes of panic disorder and other diseases, in which a stress trauma plays a role.

For these reasons the authors suggest to classify the CAN syndrome as a separate nosologic unit in the future ICD-11.

P0098

Somatoform disorders and the siren "psychogenic inference": seductive charms, hidden perils and a safe escape route

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Background and Aims: The "psychogenic inference" is the inference that "if the physical cause of a condition can not be found, the cause must be psychological". Though this "siren" inference has been much criticised, it is still pervasive in medical and psychiatric thinking.

The presentation will examine this inference.

Methods: The method is that of careful logical analysis. The presentation will set out the seductive charms of the psychogenic inference, which include a surface plausibility and an apparent usefulness in practice. It will illustrate some of the hidden perils by reference to the characterization of Somatoform Disorders in DSM-IV and to debates about Chronic Fatigue Syndrome. It will then set out a set of alternative inferences which provide a safe escape route from the difficulties.

Results: The "siren" psychogenic inference is deeply flawed and is the source of some current major difficulties. Alternative inferences are preferable.

Conclusions:

1. The psychogenic inference has done much harm and should now be firmly and finally eliminated.
2. Alternative inferences should be made when the physical cause of a condition can not be found.
3. The characterization of Somatoform Disorders in DSM-IV needs revision.

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P0099

ADHD in adults: Psychiatric comorbidity

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Attention Deficit and Hyperactivity /Impulsivity Disorder (ADHD) is a highly prevalent neuropsychiatric condition, affecting as many as 1 % of the adult population. The scientific literature suggests that approximately 70 % of patients with ADHD have an additional disorder, making co-morbidity the rule, rather than the exception. Many individuals with ADHD are having more than one co-morbid disorder. The high prevalence of co-morbid psychiatric conditions increases the impairment, and complicates treatment. Furthermore, the societal and medical expenses associated with co-morbid conditions are extensive. The most prevalent co-morbid psychiatric conditions seen in both genders with ADHD are: affective disorders, anxiety disorders, personality disorders and substance use /dependence disorders. It has to be realized that co-morbidity was originally not conceived to signify that a patient had 2, 3, 4 or more psychiatric diagnoses at the same time, but to document the whole symptomatic syndrome in a patient. In this presentation, 100 patients with ADHD in an outpatient facility were consecutively examined with regard to co-morbid conditions. The diagnostic trajectory entailed a semi-structured clinical interview, collateral information, school reports and an extensive neuropsychological battery. Best estimate diagnoses were obtained. Although the results correspond to a large extent with those of similar studies, our sample included a relatively large proportion of patients with co-morbid psychosis. It has been suggested to classify ADHD and psychosis as a separate diagnostic entity. The rationale for this proposal will be discussed.

P0100

Noonan syndrome: Psychopathology and cognitive functioning

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Noonan syndrome (NS) is a highly prevalent genetic disorder (1 in 1000 to 2500 live births). Inheritance is mainly autosomal dominant. It is autosomal recessive only in a small group of patients. NS is characterized by short stature, facial dysmorphia and a variety of heart defects. Virtually no research is found on cognitive and social functioning in adult patients, although there are some indications that NS is associated with affective processing impairments, inadequate social behaviour, and higher levels of anxiety. For this reason, the present study examines a group of adult Noonan patients (n=30; mean age 27 $\pm$ 12,8) on measures of psychiatric and cognitive functioning. Neuropsychiatric and (neuro)psychological characteristics were recorded, as well as information on the patients' medical and developmental history. Data are presented on the hereformentioned aspects, including stature, genetic subtyping, cardial defects, school performance, and social adaptation, the latter aspects being discussed against the background of cognitive functioning. As to psychopathology, only in a small amount of patients (n = 4), criteria for a DSM-IV mood and/or anxiety disorder were met. However, in more than half of the patients, emotion identification and verbalisation defects were found. It is argued that this pattern of disabilities can be understood in terms of the concept of alexithymia.

P0101

Knowing the ill implies knowing the healthy: Executive dysfunctioning studied in terms of regular behavioural consequences

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Executive functions (EF) optimize the efficiency and effectiveness of behaviour, allowing for behaviours that are more goal-oriented, independent, purposive and conceptually driven. Effective EF is vital to human autonomy; higher levels of EF lead to more adaptive, hence successful life.

Several measures of EF exist, but most of them measure only a single aspect of EF or have been developed in clinical populations containing items that tap the extreme (pathological) ends of behaviour, which often do not apply to most healthy adults. Furthermore, while beliefs about maladaptive and dysfunctional behaviour can only exist in the context of beliefs about healthy, effective and efficient behaviour, a person's perception of the effects of executive dysfunctioning on daily life is a major determinant of the perceived quality of life.

To apply the above in the study of EF, we examined psychometric properties of the Dutch version of the Executive Function Index (EFI), a self-report measure sampling a wide array of behavioural consequences in healthy individuals. It consists of 27 items, generated from recent literature concerning the relationships between EF and the prefrontal-subcortical systems. These items are divided into five subscales, named Motivational Drive, Organization, Impulse Control, Empathy, and Strategic Planning. Results lend support for the use of the EFI as a reliable self-report measure.

It is concluded that, in order to improve diagnostic accuracy and to contribute to differential diagnosis, we need instruments which consider the consequences of executive (dys)functioning on daily life in both healthy and psychiatric populations.

P0102

Impulsivity as a major complaint in Rubinstein-Taybi syndrome

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A male patient aged 35 was referred for pharmacological treatment of temper tantrums and impulsivity. His history showed feeding problems, growth retardation, delayed milestones, special educational needs and poor social skills. As a child he underwent surgical correction for hemicryptorchidism and benign thymoma. From the age of 19 he was employed in a sheltered workshop. He married at the age of 33.

The patient presented with complaints about lowered mood, anxieties, worrying and impulsivity. Neuropsychiatric evaluation revealed symptoms of a mild depression. His total IQ was 74 (WAIS). There were attention difficulties, slow information processing and increased distractibility. Somatic examination demonstrated a short stature, facial dysmorphias and broad thumbs and toes. Because of this combination of features he was examined by a clinical geneticist. A definite diagnosis of Rubenstein-Taybi syndrome (RTS) was established. The patient was given maintenance treated with citalopram in a dose of 20mg daily after which the mild symptoms of depression disappeared and the impulsivity ameliorated.

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