

Attention Deficit Disorder with/without Hyperactivity (ADD/ADHD) is present at adulthood with a prevalence estimated around 4% in the general population regardless of culture and language. The Adult ADD Self-Report Scale v1.1 (ASRS v1.1) is a self-reported questionnaire devised to facilitate the screening of ADHD in primary care settings. It is part of the World Health Organization Composite International Diagnostic Interview (WHO-CIDI). The 18 items are written to reflect the DSM-IV diagnostic criteria for ADHD and are rated from 0 (“Never”) to 4 (“Always”). Following WHO’s guidelines the ASRS was translated into French and back-translated into English. 350 subjects filled out the ASRS (students in Paris and parents of a child diagnosed with ADD/ADHD in Nice). Its psychometric properties are presented. The ASRS v1.1 can be found online at <http://www.hcp.med.harvard.edu/ncs/asrs.php>.

**Keywords:** Impulsivity; Hyperactivity; Inattention; ADHD; Rating Scale; Factor Analysis

### P0230

Adult ADHD: Psychometric properties of the brown add scales

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Attention Deficit Disorder with/without Hyperactivity (ADD/ADHD) is a neuro-developmental disorder that affects up to 6% of the children and the adolescents, and up to 4% of the adults in the general population. In French-speaking countries and in France more specifically, there is almost no validated instrument for the diagnosis of ADD/ADHD. Thomas E. Brown created scales to rate symptoms of ADD/ADHD from age 3 to adulthood. There are observer-rated forms (teacher and parent) and self-rated forms (adolescent and adult). Following WHO’s guidelines all the forms of the BADDs were translated into French and back-translated into English. Dr Brown compared both English forms to ensure that the meaning of all items had been correctly caught. Students in Paris and children diagnosed with ADD/ADHD in Nice filled out the BADDs. Preliminary analyses are presented. A large epidemiologic study is planned to collect normative data in the French general population.

**Keywords:** Impulsivity; Hyperactivity; Inattention; ADHD; Rating Scale; Factor Analysis.

### P0231

Study among prisoners: Are aggression and childhood trauma associated

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**Background:** Childhood trauma are frequent among prisoners and determinants of aggression remain poorly understood.

**Aims:** To examine whether childhood trauma might be associated with aggression in prisoners.

**Method:** Five hundred and forty male prisoners were interviewed with the Brown Goodwin Lifetime History of Aggression (BGHA) interview and completed the Childhood trauma Questionnaire (CTQ). Prisoners with CTQ scores above and below the median were compared on BGHA scores, history of convictions, and violence in prison.

**Results:** Prisoners with CTQ scores above the median had significantly higher BGHA scores, more convictions, and significantly more had convictions as a minor, and had exhibited violent behavior in prison. Also, CTQ scores correlated with BGHA scores. Logistic regression showed that CTQ total, childhood physical neglect, and childhood physical abuse scores were related to violent behaviour in the prison.

**Conclusion:** Childhood trauma may be a determinant of lifetime aggression and convictions in prisoners as well as of violent behaviour in prison.

**Keywords:** Childhood trauma; Prisoners; Aggression

### P0232

Autism and metabolic cytopathy

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Although the cause of autism is not yet known, it is thought that this disorder is related to genetic and environmental factors. Cytogenetic anomalies and single gene disorders are responsible for less than 10% of all autistic cases. We herein present a case of autism, the etiology of which is metabolic cytopathy.

BA is a 25 years-old male and is the only child in the family. He was diagnosed by many doctors as having ‘Attention Deficit Hyperactivity Disorder’ (ADHD) until he was thirteen. The patient has been under our follow-up for the last 12 years since he was 13 and the diagnosis was corrected to Autistic Disorder at his first visit. During all this period, the patient gained 25 kg and he showed no neurological symptoms. On the cranial magnetic resonance imaging, bilateral lesions in the putamen, thalamus, partial lesions in the caudate heads, cerebellar white matter and the dentate nucleus were detected, which were hypointense at T1, hyperintense at T2 and isohypointense at FLAIR. The patient underwent evaluation by neurologists, biochemists and radiologists, but no etiologic factors could be detected. The present condition was considered to be an unconfirmed ‘metabolic cytopathy’.

Should autistic cases be stratified into subgroups according to the underlying genetic risks, it may even be possible to define a special subgroup which would cover the metabolic cytopathy present in our case. In conclusion, it is possible that autism due to metabolic causes is of genetic origin; however, this tendency should be detected by a molecular approach.

### P0233

Medical screening of mental health patients

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Clients presenting for mental health assessment may have medical conditions that either contribute to the presentation, require emergent treatment or affect the choice of therapy that follows any admission to Hospital for a mental illness.

Screening for pathology such as substance abuse, trauma and metabolic or electrolyte imbalances must be carried out before the diagnosis of a mental illness may be confidently made.

The consequences of not detecting these conditions is particularly significant as most Mental Health Inpatient Units are typically not well equipped to monitor or care for these pathologies.

A retrospective study of 100 consecutive Mental Health Admissions to Dubbo Base Hospital was conducted and data concerning