Conclusion: dimensional approach allows perceiving this subtype of schizophrenia as fluctuating between two dimensions, i.e.: the psychotic and the catatonic (which is recurrent in nature). The clinical salience of one of the dimensions determines the management, albeit our data showing that it is probably beneficial to add benzodiazepines to antipsychotichs, in recurrent catatonia.

P0090

A psychiatric syndrome of anger and anger disorder

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Hwabyung meaning anger(fire) disease is an culture-related anger syndrome in Korea. According to the patients' explanation, reactive anger, resulting from being a victim of an unfair social situation, have to be suppressed so as not to jeopardize harmonious family or social relationships. However, if the unfair situations continue or repeat themselves, the suppressed anger "accumulates, becomes dense", and finally causes a disease, hwabyung. The symptoms are subjective anger and feeling unfair with anger-related bodily and behavioral symptoms including heat sensation, pushing-up, respiratory stuffiness, a mass in epigastrium, much talking, sighing, and going-out. Symptoms seem to symbolize the nature of fire(anger) and its partial suppression and/or partial releasing. Diagnostically hwabyung shares some symptoms of depression or anxiety but it was found to be different from depressive disorders or anxiety states by manifesting unique symptoms of subjective anger and anger-related somatic/behavioral symptoms. Based on research on this anger syndrome and other research on anger and anger-related psychiatric syndrome, author suggests a new conceptualization of "anger disorder".

P0091

Language problems at 2½-years of age and their relationship with school-age language impairment and neuropsychiatric disorders

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Aims: To study (a) if children with Language delay (LD) or Typical Language (TL) at 2½ y of age had persistent or transient language difficulties at 6 y of age and, (b) whether or not children with LD at 2½ y of age had language or neuropsychiatric impairments at school age.

Methods: At the 2½-y language screening 25 children with LD and children with TL were recruited. At 6-y 22 children from the LD group and 77 children from the TL group were examined. The 7-8-y follow−up concerned 21 of the 22 children with LD who participated at age 6 y. The 6-y examination included several tests of language and linguistic awareness. The 7-8-y follow-up consisted of a multidisciplinary examination of language, intellectual functions and neuropsychiatric disorders.

Results: The 6-y examination showed a highly significant difference between the children with and without LD. At age 7-8 years 62% of the LD children had a neuropsychiatric diagnosis (ADHD or ASD). Half of them also had marked problems with narrative skill according to the Bus Story test and the NEPSY Narrative Memory Subtest independently of co-occurrence of neuropsychiatric disorder.

Conclusion: All children with LD at age 2½ y appeared to be at later risk of ADHD or ASD. Remaining language problems at age 6 y predicted the presence of neuropsychiatric disorders at age 7-8 years. The observed difficulties in the LD children indicate that these children are at high risk of developing problems concerning reading and writing.

P0092

Manual function versus general functional development in children suffering from cerebral palsy in comparison to epilepsy

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Handicap as a result of cerebral palsy concerns mainly motor function, but is often combined with other problems. The aim of the study is measurements of manual function in children suffering from cerebral palsy, in comparison with epilepsy. The study was conducted on 40 children attending Special School Complex No103 in Poznań in whom cerebral palsy was recognized with accompanying epilepsy. In the investigated group there was one child with monoplegia, four with hemiplegia, seven with diplegia, two with atetosis, 22 children with quadriplegia and four children with mixed form of CP. All children were subjected to complex diagnosing of the functional fitness and functional development.

Results: Children in whom epilepsy was diagnosed showed slightly higher functional fitness, but worse manual function than children with no epilepsy.

P0093

Clinical uncertainty in psychiatric diagnosis

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Despite the numerous advances in psychiatry such as neuroimaging techniques, structured interviews, and comprehensive diagnostic protocols, all too frequently a patient's symptomatology does not fit neatly into a recognized diagnostic category. Given the increasing popularity of treatment guidelines, purportedly predicated on hard science, clinical uncertainty becomes increasingly problematic, precisely because the guidelines are aimed at specific and discrete psychopathological categories. On the one hand, clinical reality is complex, contradictory, and most certainly contested. On the other, medical training and professional demands require that the psychiatrist demonstrate certainty, be it to patients, colleagues, health insurance providers, other third parties, and perhaps most controversially, to themselves. Faced with clinical uncertainty, the clinician may find herself or himself in a difficult situation: recognition of the uncertainty is regarded as an indication of poor professional performance, whereas assertion of a diagnosis or plan of treatment runs a very real possibility of contravening the beneficence principle. Clinical uncertainty is all the more pronounced in the face of certain mental disorders, cultural, age, and gender difference, and training model. This paper will examine some of the key factors related to clinical uncertainty and how it relates to clinical practice. It will be suggested that clinical uncertainty itself represents an important source of diagnostic information and rather than be ignored should in fact be incorporated into the diagnostic and treatment process.

P0094

Culture, corticoids and dysthymia − Diagnostic difficulties in a clinical case

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