

P07.15

Risperidone in children with subaverage IQ and behavior disorders

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The long-term safety and efficacy of oral risperidone were assessed in children aged 5–12 years with subaverage IQ and disruptive behavior disorders, including conduct disorder, oppositional defiant disorder or disruptive behavior not otherwise specified, and comorbid ADHD. After completion of at least 2 weeks of a double-blind placebo-controlled study, 77 patients entered a 48-week open-label trial. The mean modal dose of risperidone was 1.5 mg/day (range 0.4–3.5mg). Somnolence, weight increase, headache, and rhinitis were the most common AEs. The mean prolactin values rose within the first months of open-label and then decreased. No serious AEs were reported. Two discontinuations due to AEs (headache and moderate dyspnea/headache) occurred. Some EPS was reported in 20/77 children. Mean decreases from double-blind baseline scores on the Conduct Problem subscale of the N-CBRF were statistically significant. Similar effects were seen on the secondary efficacy scales. It is concluded that risperidone effectively and safely improves and maintains improvement in disruptive behavior disorders.

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Risperidone in children with conduct problems and subaverage IQ

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A 48-week open-label study was conducted in 107 patients (aged 5–12 years) with subaverage intellectual functioning and conduct disorder, oppositional defiant disorder, or disruptive behavior disorder not otherwise specified, and who had previously completed at least 2 weeks of a previous placebo-controlled 6-week study. The primary measure of efficacy was the Conduct Problem subscale of the Nisonger Child Behavior Rating Form (N-CBRF). All patients received open-label risperidone (0.02–0.06 mg/kg/d). After 48 weeks, significant improvements were seen on the Conduct Problem subscale ($p < 0.01$); improvements were also seen on all other N-CBRF subscales. On the Clinical Global Impressions scale, 62% of the patients were rated as having mild or absent symptoms at endpoint compared with 2% at baseline. The 3 most common adverse events were somnolence, headache, and rhinitis. It is concluded that risperidone has a good overall risk-benefit profile and was effective for the long-term treatment of children with significant conduct problems and subaverage intellectual functioning.

P07.17

Risperidone in children with disruptive behaviors and subaverage IQ

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In an interim analysis of a 1-year open-label, multicenter study, subjects were 266 boys and 53 girls with severe disruptive behaviors (including conduct disorder, oppositional defiant disorder and disruptive behavior disorder not otherwise specified) and IQ

between 35 and 84. Their mean age was 9.6 years and mean IQ 63.4. The mean modal daily dose of risperidone was 0.02 ± 0.001 mg/kg/day. At endpoint, mean improvement on the Conduct Problem subscale of the Nisonger Child Behavior Rating Form (N-CBRF) was -15.6 from a baseline of 32.7 ($P < 0.001$). Significant improvements were also seen on all N-CBRF subscales, the Aberrant Behavior Checklist, and a scale of most troublesome symptom. On the Clinical Global Impressions scale, 66% had no or only mild symptoms at endpoint. The most common adverse event was somnolence (28%). Severity of extrapyramidal symptoms (ESRS scores) was very low (0.7) and the increase in body weight was as expected in children of this age over 1 year. Mean prolactin levels increased through week 4 and decreased thereafter. It is concluded that risperidone was effective and well tolerated in the population studied.

P07.18

Are the parents of mentally disturbed children and adolescents also disturbed?

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Objectives: Work with parents of hospitalized children and adolescents is one of procedures that we use in dealing with this population. Many times we were observers of disturbed family dynamics and relations, as well as disturbed and deprived parental role and behaviors but also what we observed was the intrapersonal problems of each parent personally. We decided to conduct the cross-sectional research and to analyze the parental behavior and personality traits in order to obtain information about mental health of parents.

Method: 200 parents of hospitalized children at department for children and adolescent at Institute for mental health were our sample. We used following instruments: Semistructural clinical interview, SCID II for personality disorder, NEOPIR for personality inventor, PSI for screening parental stress and SFI inventory for family functioning. All data were collected while children were hospitalized at department for the first time.

Summary: In 95% of parents we found extreme stress reactions and feeling toward their hospitalized children. 35% of them scored high on neuroticism facets at NOPIR and 20% scored positively on SCIDII for antisocial, histrionic, avoidant and borderline personality disorder. There was also evidence of disruptive family dynamics at 45% of analyzed cases.

Conclusion: Our research showed some very important results concerning parents of mentally ill children and adolescents in different aspects: biological dimension and genetic base of mental disorders, environmental model of understanding mental disorders, and strategies for therapeutical intervention in child and adolescent population.

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Aggressive behaviour in adolescents: an open-label study with Quetiapine

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Introduction and Objective: Adolescents with pathological behaviour deviations are less responsive to conventional neuroleptics and more sensitive to extrapyramidal side effects (Campbell M., Spenser E., 1988). Extrapyramidal symptoms occur significantly

less frequently with Quetiapine (QTP) when compared with the conventional neuroleptic haloperidol (Copolov D.L. et al., 2000). The aim of this study was to test the hypothesis that new atypical antipsychotic quetiapine would be effective and safe treatment for adolescents with aggressive behavior

Methods: We have conducted an open-label study with Quetiapine (Seroquel) in the treatment of aggressive behavior in adolescents. The group consisted of 5 men and 7 women. These 12 patients met ICD-10 diagnostic criteria for conduct disorders [F91]. The mean age was 17,1. Global clinical assessment was performed by clinical method and following scales: Clinical Global Impressions – Severity of Illness Scale (CGI-S) and Improvement Scale (CGI-I); Social and Occupational Functioning Assessment Scale (SOFAS-DSM-IV, 1994). The incidence of extrapyramidal symptoms was evaluated through a Rating Scale for Extrapyramidal Side Effects-Simpson-Angus Scale. Assessment of neuroleptic-induced akathisia was conducted with the Barnes Akathisia Scale (1989).

Results: The average duration of aggressive behavior prior to the beginning QTP treatment was 94 days. Adolescents had received a new atypical neuroleptic Quetiapine (25–50 mg/day) 4 weeks. Written informed consent was obtained from adolescents and their parents. The improvement rate [according to CGI and SOFAS] tended to increase with QTP treatment. There was a percentage decrease from baseline to endpoint of 63% in CGI-S scores. For all adolescents in this study QTP improved social and interpersonal functioning (SOFAS>65).

Conclusion: Our data suggest that quetiapine treatment may be effective, safe and well tolerated therapy in adolescents with aggressive behavior.

P07.20

Self-reported prodromal symptoms of adolescents attending psychiatric care

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Objectives: To explore the prevalence of self-reported specific and non-specific prodromal symptoms in a sample of 14–22 years old adolescents attending adolescent psychiatric services in Turku, Finland.

Methods: A short version of PROD-screen (PROD4), a screen for prodromal symptoms, was given to all new patients coming to three adolescent out-patient clinics and two adolescent psychiatric wards in Turku area between January 1, 2002 and June 14, 2001.

Results: 270 PROD-screens were filled (M=103, F=167). The most frequent symptoms reported were anxiety (79.3% of patients), depression (74.4%) and difficulties in thinking (60.7%). Decrease in functioning ability was most frequently reported in school or work performance (64% of patients). 83.3% of patients reported at least one specific symptom and 37.8% reported three or more of them. There was a positive correlation between specific symptoms and decrease in functioning ability (Pearson's $r=0.28$, $p<0.01$), specific and non-specific symptoms ($r=0.47$, $p<0.01$) and non-specific symptoms and decrease in functioning ($r=0.40$, $p<0.01$).

Conclusions: Prodromal symptoms were frequently reported in the questionnaire.

P07.21

Premorbid social adjustment and early-onset schizophrenia course

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The objective of the study was to find associations between the level of premorbid social adjustment and the schizophrenia course and symptoms.

Methods: Premorbid social adjustment (PSA) of 50 DSM-IV schizophrenics with their first schizophrenia episode in adolescence, and psychosocial functioning of 30 healthy controls were measured using the Premorbid Adjustment Scale by Cannon-Spoor. Based on multiple evaluations with PANSS the symptoms' profile and the course of schizophrenia were determined.

Results: We distinguished two groups of patients: with prominent negative and prominent positive symptoms. PSA of schizophrenics with prominent negative symptoms and a chronic schizophrenia course was significantly worse in all life periods ($p<0.001$) compared to PSA of patients with prominent positive symptoms as well as to functioning of controls. The gradual deterioration of functioning in the "negative" group was observed. PSA of patients with prominent positive symptoms and the psychosocial functioning of controls did not differ significantly.

Conclusions: The findings show that a premorbid social maladjustment is associated with a specific symptoms' profile (prominent negative symptoms) and a chronic course of schizophrenia. They suggest that schizophrenia is a pathogenetically heterogeneous disorder.

P07.22

Integrated treatment of aggressive child & adolescent inpatients

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A number of case vignettes reflecting a comprehensive admission process and continual multi-disciplinary team planning with subsequent changes in treatment plans will be presented. The multi-disciplinary team headed by a Child and Adolescent Psychiatrist integrates psychological models of anger management, psycho-educational token system and milieu structure with neuroleptic and mood stabilizing medicines. This model can be well elaborated on a poster or easily presented and discussed in several venues.

P08. Cognition

P08.01

Cortical connectivity disturbances in acute and chronic schizophrenia

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The work is aimed at the study of the connections between different cortical areas in «acute» schizophrenic patients with the duration of the illness not more than two years and chronic ones. Coherence method was used to study cortical connections during performance of the cognitive task, addressed at both hemispheres simultaneously (silent counting of the hours on the imaginary clock dial). It was revealed that the «acute» patients had significantly less interhemispheric connections in anterior cortical areas than the normals in high frequency beta-rhythm. In the chronic patients the deficit of interhemispheric connections in high beta was found in all cortical regions. Obtained in «acute» patients anterior interhemispheric