

disorder and who have been treated with centralstimulants in childhood.

Methods: Using nation-wide registers, different aspects of long-term course are analysed. Psychiatric admissions are analysed by means of the Danish Psychiatric Case-Register, giving information about in-patient treatment, diagnoses, etc. Information about death is gathered from the Death Cause Register, and reported criminality is described by means of information from the Register of Criminal Offense.

Results: Children with ADHD have high risk of later admissions to psychiatric hospitals in adulthood, and have a high frequency of reported criminality. The results, as regards diagnostic distribution in adulthood and predictive factors for psychiatric morbidity and criminality, are presented.

Conclusions: Psychiatrists must be aware of the high proportion of children with attention-deficit-hyperactivity-disorder who are later referred for psychiatric treatment as adults.

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THE TOLERABILITY AND EFFICACY OF ZIPRASIDONE IN THE TREATMENT OF CHILDREN AND ADOLESCENTS WITH TOURETTE'S SYNDROME (TS)

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Conventional low-dose D₂ antagonist therapy for TS is frequently associated with unacceptable extrapyramidal side-effects (EPS). Ziprasidone is a novel antipsychotic with a unique receptor binding profile. Ziprasidone 80–160 mg/day has been shown to be effective in ameliorating positive and negative symptoms, as well as symptoms of depression and anxiety in patients with an acute exacerbation of schizophrenia. It is also very well tolerated. This was a randomized, double-blind, placebo-controlled, multicenter study of patients aged 7–17 years with TS. Patients received either placebo (*n* = 12, mean age = 12 years) or ziprasidone (*n* = 16, mean age = 12 years) for 8 weeks. Ziprasidone was initiated at 5 mg/day and increased in increments of up to 5 mg bid every 3–4 days to a maximum dose of 40 mg/day at the investigator's discretion. Ziprasidone was significantly more effective than placebo in reducing mean Yale Global Tic Severity Scale (YGTSS) global score (*P* = 0.016) and mean YGTSS total tic subscale score (*P* = 0.008). Total number of motor and phonic tics decreased by 54% with ziprasidone (*n* = 15) but by only 1% with placebo (*n* = 11, *P* = 0.04). In patients with a score of ≥2 (mild or worse) on item 17 (Global Severity) of the Child Yale-Brown Obsessive Compulsive Scale (CY-BOCS) (*n* = 5 in each group), the mean obsessive-compulsive disorder score (derived from CY-BOCS) decreased by 26% in the ziprasidone group and increased by 5% in the placebo group. Mild, transient somnolence and insomnia were the most frequently reported adverse events associated with ziprasidone. Ziprasidone was not associated with significant effects on laboratory tests, vital signs, weight, or ECG. There were no clinically meaningful changes in the mean Simpson-Angus, Barnes Akathisia, or AIMS scores. These results indicate that, in the dose range evaluated, ziprasidone is effective and well tolerated in reducing the characteristic symptoms of TS in children and adolescents and may be associated with a low risk of EPS.

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THE PSYCHOLOGICAL DEVELOPMENT OF CHILDREN WITH THYROID CANCER EXPOSED FOLLOWING THE CHERNOBYL ACCIDENT (CLINICAL AND DOSIMETRY ANALYSIS)

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The dynamic examination of 116 Belarus children at the age 10–15 with thyroid cancer exposed following the Chernobyl accident has been conducted. The examination included the application of standardized clinical psychiatric interview as well as psychological testing by Wechsler Intelligence Scale for Children (WISC-III-UK, 1992). For children included in investigation the individual thyroid doses from ¹³¹I have been reconstructed. The mean value of thyroid dose 0.95 Gy and the median of distribution with 0.64 Gy were estimated for children included in study. Approximately 10% of children received thyroid doses from ¹³¹I greater than 2 Gy.

The children operated on the oncopathology of thyroid gland as compared to the control group manifested an increase of mental and behavioral disorders such as adjustment disorders (41.4% vs 6.7%), post-traumatic stress disorders (6% vs 0%) and hyperkinetic disorder (7.8% vs 2.2%). No significant distinctions between average-group IQ of the children operated on the thyroid oncopathology (mean IQ score was 95.9 ± 9.1) and the children belonging to the control group (mean IQ score was 97.4 ± 8.4; *P* > 0.05) has been found. No relationship between the frequency of adjustment disorders and level of individual thyroid dose was found (*r* = 0.08; *P* > 0.1). We also found the tendency toward increasing of hyperkinetic disorders depending on the individual thyroid dose (*r* = 0.28; *P* < 0.05).

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PHARMACOLOGICAL TREATMENT IN POLISH CHILD AND ADOLESCENT PSYCHIATRY

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Child and adolescent psychopharmacology is often controversial. There is only a limited number of controlled trials and widely prescribed drugs are not always mostly investigated. Rationale: to estimate the "status quo" of child and adolescent psychopharmacology in Poland.

Method: During the Biennial Child and Adolescent Psychiatry Conference 35 doctors (approx. 1/3 of Polish child psychiatrists) filled out an anonymous questionnaire included demographic data (physician's age, sex, kind and degree of specialization, type of institution) and questions about drugs recommended in various mental disorders in children and adolescents. The list of disorders covered: ADHD, enuresis, anxiety disorders, OCD, depression, sleep disorders, conduct disorders (CD) and aggression, tics, psychoses. The questioned physician should give 3 drugs in the sequence of the use frequency.

Results: Our results suggest, that the most widely prescribed drugs in ADHD and conduct disorder are neuroleptics (e.g. thioridazine). Antiepileptic drugs (e.g. carbamazepine) are popular in treatment of various disorders (ADHD, CD, tics, sleep disorder). In 3 disorders we observed a dominance of single drug (clomipramine in OCD, haloperidol in tics, thioridazine in ADHD). On the contrary, the variety of drugs were suggested in psychoses and anxiety disorder.