

Objectives Although the association between psychopathological disease and engagement in health-risking sexual behavior is documented, the specific nature of the cause or mechanism for the link between psychopathological disease and the development of these behavior problems is not known.

Methods An extensive literature search for relevant published and unpublished studies was conducted on Medline, CINAHL Plus with Full Text, PsycInfo and PsycArticle from inception through September 21, 2015. Additionally, we performed a search in Google Scholar and manually searched by the reference lists of included articles. Comprehensive search strategies were developed using the controlled vocabularies of each database. We systematically searched for relevant studies using a combination of Medical Subject Headings (MeSH) terms and corresponding free-text terms. Search term and keywords were altered as per specification of individual database.

Results Adolescent prostitution is one of the major public health problems and psychopathology plays an important part in it. Adolescent prostitutes' shown elevated level of psychopathological disease that may reflect the possibility that their psychopathological functioning leads them to this particular environment.

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EV295

ADHD complex correction in children

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About a third of children are described as overactive by their parents, and up to a fifth of schoolchildren are described in this way by their teachers. Diagnosis of ADHD can be exhibited in 3–7% of children reached school age. It is not surprising that in children with ADHD as a result of such symptoms develop low self-esteem and emotional problems, often observed a variety of neurotic symptoms and behavioral disorders. The aim of our work was to investigate effectiveness of GABA-ergic medications in complex correction of ADHD children. It is investigated and treated 69 children with ADHD in age from 6 to 12 years. All the children were assigned GABA-ergic medications in doses that depended on the age of the child within three months. Besides medication, parents with their children carried out psychological adjustment, first of all it was a psychological training of parents based on system model of psychotherapy and appropriate recommendations for changes in behavioral strategies in relation to children. After treatment 100% of parents noted improvement of children's state. However, symptoms significantly smoothed in 51 children, children were more attentive, calmer, and more reflective. It was made significant changes in the relationships of parents with children that manifested itself in improving mutual understanding, increased positive reinforcement, reducing cases of different methods of punishment and expression of dissatisfaction with the behavior of children. Therefore, GABA-ergic medications can be successfully used in complex correction in children with ADHD.

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EV297

Antipsychotic in children and adolescents: Metabolic effects

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Introduction The use of antipsychotics in children is controversial, one of the considerations to take into account is the possible effect on the values of fasting glucose, prolactin or weight gain are very important.

Objectives To study the effect of these drugs on metabolic rate in children.

Methods We measured the weight, waist circumference, fasting glucose and basal prolactin in 6 children at Children's Hospital in the province of Huelva, diagnosed with bipolar disorder and early schizophrenia, atypical antipsychotics before starting treatment and 6 months later.

Results In the provisional results it is found that there is not a significant weight gain (less than 3%), no impairment of glucose and only in one case basal prolactin was elevated.

Conclusions The use of atypical antipsychotics in children should be reserved when strictly necessary. Once established, keep tight control of metabolic parameters, although the data of our study coincide with the literature, do not produce significant alterations.

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EV298

The importance of multiple-family group therapy in treatment of psychosomatic pathology

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Introduction The "parental multiple-family school" was developed in Buenos Aires (Argentina) by E. Rotenberg, based on the theory and practice of J. García Badaracco's multiple-family psychoanalysis (which further expands on the classical psychoanalysis' frame), applying it to the kids and their relatives. We will focus on the therapeutic group treating psychosomatic pathology, with the collaboration of the Dermatology department of the Hospital de Niños Dr. Ricardo Gutiérrez.

Objective To highlight the importance of creating spaces to modify the psychic mechanisms and resources of the psychosomatic patient at an infant age.

Methods We describe the "multiple-family parents school", an open, weekly group, coordinated by two psychologists and assisted by a dermatologist, in which the theories of J. García Badaracco's multiple-family group analysis are applied. We also discuss the importance of applying this system in our clinical practice.

Results We observed, according to the Dermatology department, very positive and significative changes in every post-group, which could lead to the disappearance of dermatological diseases in different patients without a pharmacological treatment which was previously given as first option. Single-session groups had many advantages, including the removal of waiting lists, a better development of the emotional connection between kids and their families, and a reduction of the therapeutic and professional costs.

Conclusion We think that starting interventions in multiple-family group therapy in Madrid in order to treat psychosomatic diseases in kids and teenagers should be encouraged after the very positive clinical experience in other cities.

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EV299

Emotional and behavioral functioning among 10–14-year-old children who were very low birth weight at birth

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Objective This study examined the emotional and behavioral functioning among 10–14 year-old children who were born with very low birth weight (VLBW, <1500).

Method Prospective and cross-sectional study of 90 VLBW (<1500g) survivors born at the Hospital Universitario la Paz in Madrid, Spain, from 2000 to 2005 who were assessed by interviewers using the Strengths and Difficulties Questionnaire (SDQ). Parents also reported on their children's functioning. Children who showed an abnormal SDQ score on the total difficulties subscale or who had psychiatric history were also assessed using the K-SADS-PL.

Results The proportion of children with abnormal-self-rated-SDQ scores was as follows: almost 25% of children showed an abnormal score on hyperactivity, nearly 15% on emotional problems, 15% on conduct problems and 10% on peer problems. Overall, 15% of children showed an abnormal score on the total difficulties subscale. Most children (99%) showed a normal score on the prosocial subscale. These proportions were higher when the questionnaire was rated by parents. Thirty-eight percent of children were assessed using the K-SADS and very few of them meet the criteria for at least one psychiatric disorder. Biomedical variables were associated in the expected direction to children's SDQ scores such as birth weight, head circumference and Apgar scores.

Conclusion To conclude, being born with very low birth weight seems to be related to the emotional and behavioral functioning that these children appear to show between 10 and 15 years later.

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EV300

School refusal: Idiom of distress and/or Babel tower?

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Across Europe, school absenteeism is an increasing problem on the crossroad between educational and public-health political matters. This issue underlies socio-economical, sociological and school-related factors as much as it questions individual psychopathology and family functioning. Indeed, school refusal behavior among adolescents has become a very frequent reason to seek for psychiatric consultations. A recent review about this topic has shown that around 90% of these adolescents met the criteria for a psychiatric diagnosis, mostly anxiety disorders [1]. It appears to be a very complex and heterogeneous phenomenon which raises many

questions, to date still unsolved: terminology confusions (truancy, school phobia, school refusal), lack of a concise definition, contradictory hypothesis regarding etiology, psychopathology and treatment plan depending on the paradigm the authors would refer to. In this presentation, we will elicit why school refusal can be considered as a new idiom of distress for adolescents in western societies, and we will show how, in clinical practice, these situations can become a genuine Babel tower in which no one, among health-care professionals, teachers, parents and patients, are speaking the same language.

Keywords School refusal; School phobia; Truancy; Adolescents; Idiom of distress

Disclosure of interest The authors have not supplied their declaration of competing interest.

Reference

[1] Ek, Eriksson. Psychological factors behind truancy, school phobia, and school refusal: a literature study. *Child Family Behav Ther* 2013;35(3):228–48.

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EV301

Psychological responses to traumas of children younger than 6 years old diagnosed with posttraumatic stress disorder

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Introduction Criterion A2 causes many controversies in the diagnostic process of posttraumatic stress disorder (PTSD) among young children. Depending on the manner in which the trauma is indirectly experienced, clinical picture of disorder could be formed by different groups of symptoms. Profiles of symptoms groups are dependent of children ability to speak, describe or of play observation by expert.

Methods The study included 8 children younger than 6 with PTSD diagnosis. Children were observed in a routine clinical practice.

Results Examinees under the age of six, whose can describe traumatic event, produce symptoms that represent compaction of a traumatic event, associated with fantasies and meanings related to previous traumatic experiences. Reexperiencing symptoms associated with A2 criterion (intrusive thoughts, images, scenes of the traumatic event, recurring nightmares with oneiric sequences of the accident) were rare. Avoidance and inhibited reactions were attributable.

Discussion Manners in which children younger than 6 experienced the trauma shows a large range from florid symptoms stated by the existing accepted classification. The results point out possible multifactorial cause of PTSD etiology.

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EV303

Advantages of telepsychiatry in child and adolescent mental health

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