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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

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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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