

Discussion: The Focus Group gave information regarding the applicability of the instruments in different cultures and different health care systems showing the importance of cultural and conceptual adjustments of instruments for international use. The extend to which instruments were adjusted in accordance to Focus Group results varied

S22. Aspects of epilepsy and psychiatry

Chairs: TG Bolwig (DK), MR Trimble (UK)

No abstracts received.

S23. Psychiatric consequences of violations of human rights and the treatment hereof

Chairs: M Kastrup (DK), T Wenzel (A)

S23-1

AN OVERVIEW OF THE PSYCHOLOGICAL CONSEQUENCES OF TORTURE AND OTHER RELATED TRAUMA

Marianne Kastrup. *Rehabilitation and Research Center for Torture Victims, Copenhagen, Borgergade 13, P.O. Box 2107, 1014 København K, Denmark*

It is increasingly recognized among mental health professional that violence and severe traumatic events including torture pose a major public problem. Due to the nature of the problem it is difficult to estimate the exact prevalence and incidence of severe traumatic events. Yet, they pose a severe problem for psychiatrists and they require access to mental health services. A vast proportion of survivors may present PTSD and other psychiatric conditions. Despite the extent and urgency of the problem, torture and its psychiatric consequences represent an understudied area of research. The paper will present an overview of the current knowledge with regard to the symptomatology and treatment of severely traumatized.

S23-2

CHILDREN EXPOSED TO WAR, TORTURE AND OTHER ORGANIZED VIOLENCE — MENTAL CONSEQUENCES

Edith Montgomery. *Rehabilitation- and Research Centre for Torture Victims, Copenhagen, Denmark*

The aim of the present study was, among Middle Eastern refugee children in Denmark, to assess the amount and types of traumatic events related to war and other organized violence as experienced by the children as well as to study the mental health consequences of such experiences. The study group comprises 311 children (160 boys and 151 girls; mean age 7.5 years (3–15)), who during a 15 month long period in 1992–93, were consecutively registered in Denmark as childhood asylum seekers accompanied by at least one parent.

Shortly after arrival in Denmark, the parents answered a structured interview on their childrens' health and history of exile and any exposure to war conditions, organized violence and human rights violation as well as the parents' own exposure to torture.

The children had experienced a multitude of events related to war and other types of organized violence and often reacted with anxiety and other symptoms of emotional unbalance. Living under prolonged conditions influenced by organized violence (e.g. living with a tortured parent) constituted risk indicators for current anxiety symptoms and sleep disturbances more than specific experiences related to violence (e.g. witnessing events of violence). This suggests that PTSD does not always provide the best framework for understanding children's mental reactions to violence.

S23-3

SEXUAL TORTURE OF WOMEN AS A WEAPON OF WAR — THE CASE OF BOSNIA-HERZEGOVINA

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Women and men have been tortured sexually by all sides in the wars in Croatia and Bosnia-Herzegovina (1991–1995). However, all documentation proves that systematic rape was committed mainly upon Bosnian Muslim women by Bosnian Serb and Serb militia, military personnel, and other persons in authority as a weapon in "ethnic cleansing". Health and mental health professionals may play an important role in documenting rape in war, as well as in the treatment of survivors. We present data on 55 sexually tortured women who were included in the Danish psychosocial treatment programme Boswofam.

On the basis of the 55 stories, an analysis is presented of specific patterns and characteristics of the war rapes.

The rapes in Bosnia-Herzegovina have led to a change in the conceptualisation of war rape, especially in its legal aspects, that cannot be overvalued with respect to protection of the survivor. From being understood previously as a sexually motivated "by-product" of the war, which often put the blame on the victims, war rape is now defined in legal terms as a politically motivated act and a violation of human rights.

The presentation will discuss the reasonableness of defining war rape as physical torture as well as some of the reasons that contributed to the "conspiracy of silence" with respect to gender-specific violence during war. The role of mental health professionals in the conspiracy of silence about war rape after World War II will also be discussed.

S23-4

THE STRESS OF EXILE — PSYCHIATRIC CONSEQUENCES AND BEYOND

D. Lecic-Tosevski. *The Stress Clinic, Institute for Mental Health, School of Medicine, 11 000 Belgrade, Yugoslavia*

The war in ex-Yugoslavia had disastrous consequences, including the exile of a huge number of people. The exile is a complex psychosocial process with lasting effects upon an individual identity and possible psychological and biological consequences. Most of the refugees have experienced multiple stressors (like losses, imprisonment, torture, sexual abuse, etc.). Acute traumas and chronic stress the refugees were exposed to caused various posttraumatic stress reactions, like posttraumatic stress disorder (observed in 30% of the sample), and the adjustment disorder (40% of the examined refugees). Mental health professionals are becoming increasingly aware of how violence can leave indelible trace on the human psyche and on brain function and structure. They have challenging roles to play in preventing malignant memories and subduing their pernicious effects as well as examining the dramatic

cascade of interactions among environment, brain and behaviour initiated by trauma. The preventive activities are needed, on all three levels of prevention. These activities are part of the Refugee Mental Health Assistance Programme which covers three levels (education, research and treatment), undertaken by the Institute for Mental Health's network of professional teams in Yugoslavia. This Programme, lasting for seven years, plays an important role in reducing the negative long-term consequences of extreme trauma.

S23-5

HELP SEEKING AND POSTTRAUMATIC STRESS DISORDER SYMPTOMS IN SURVIVORS OF TORTURE

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Research over the last decades has demonstrated that torture is often followed by multiple symptoms in most or all survivors. Though posttraumatic stress disorder (PTSD) appears to be the most common diagnostic entity, its relative importance for the patient has been frequently questioned.

To ascertain the reason of help seeking in a series of 22 survivors of torture, practical and medical reasons for help seeking and referral, that had been recorded as part of the diagnostic interview, together with symptoms of the DSM-III R list of symptoms of PTSD were compared with patients subjective ratings of the relative importance of somatic and psychological symptoms. Patients had been asked for the two most subjectively stressing or inhibiting symptoms, present at the time of evaluation.

All but one patients fulfilled DSM III R criteria for PTSD, with symptoms from all clusters of DSM-III R being present in all patients. The most important distressful symptoms listed were disturbed sleep (n = 19), nightmares (n = 15), and impaired concentration (n = 14). Treatment for this symptoms though, was not seen as central to contacting the hospital in a large subgroup (n = 13) of patients, with a broader range of reasons given. No patient had been diagnosed as suffering from PTSD before. The high frequency of a clinical diagnosis of other DSM-III R disorders in the majority of patients gave rise to a later change in evaluation strategies.

S24. ADHD and related syndromes

Chairs: MH Schmidt (D), E Taylor (UK)

S24-1

WHICH SUBGROUPS OF ADHD ARE CLINICALLY RELEVANT?

E. Taylor. *IoP London, UK*

ADHD is defined simply by the presence of persistently and pervasively inattentive and/or overactive behaviour. The problems are usually regarded as heterogeneous, but more research is needed about how they should be classified. This paper reviews some proposed subgroups.

Hyperkinetic Disorder: is a subgroup of AD/HD characterised by mixed inattentive and impulsive symptoms, high severity and pervasiveness, early onset and the absence of comorbid problems. The category is validated by high rates of biological abnormalities and is a particularly strong indication for stimulant medication.

Attention Deficit Without Hyperactivity: Attention deficit is separable from overactivity/impulsivity. The psychiatric risk resides in the overactivity/impulsivity component; while those with attention deficit appear to be at risk for educational failure. They are separate developmental tracks, linked by overlapping causes.

Situation-Specific Hyperactivity: Hyperactivity seen only in the home setting has a similar pattern of predictive associations to "oppositional disorder". Hyperactive behaviour that is specific to the school setting tends to have a late onset and an association with specific learning disorders.

Hyperkinetic Conduct Disorder: When the two occur together, conduct disorder seems to be a complication of hyperactive behaviour, not a comorbid disorder; and those with both problems have the associations of both.

Comorbid Emotional Disorders: The presence of anxiety symptoms in those with ADHD predicts failure of the ADHD symptoms to respond to a stimulant. The mixed pattern is a distinct developmental pathway in which the anxiety can be primary.

Comorbid Learning Difficulties: Academic problems and hyperactivity behave as separate developmental tracks; each predicts itself over time but not the other.

The goals and methods of treatment differ in these subgroups of ADHD.

S24-2

DOPAMINE D4 RECEPTOR GENE POLYMORPHISM IN CHILDREN WITH ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD) — A BIOLOGICAL MARKER?

G. Seeger. *Central Institute of Mental Health, Mannheim, Germany*

The concordance rate for ADHD in monozygotic twins is about 80% compared to about 30% for same sex dizygotic twins. Thus, one hypothesis asserts that the symptoms of ADHD are related to hypodopaminergic function, as drugs like methylphenidate, that increase synaptic dopamine (DA) lessen the symptoms. The dopamine D4 receptor gene (DRD4), encoding one of five known protein receptors that mediate the postsynaptic actions of DA, display a very high degree of variation in the human population. The main source of this variability is a 48-bp region that can be repeated two to eleven times. It has been reported that in ADHD the D_{4.7} variant occurs more frequently than the D_{4.4} variant. The D_{4.7} variant is associated with excitability and impulsiveness. In this study, we examine the DRD4 gene polymorphism in a well-characterized sample of children with ADHD in comparison to children with other psychiatric disorders and normal controls.

S24-3

CEREBELLUM IN ATTENTION DEFICIT/HYPERACTIVITY DISORDER: AN MRI MORPHOMETRIC STUDY

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Attention Deficit/Hyperactivity Disorder (ADHD) is the most common behavioral diagnosis in childhood. According to the DSM-IV, it may be diagnosable as 3 subtypes in which inattention and hyperkinesia/impulsivity are predominant or combined. Until now neuroimaging studies have focused on the prefrontal cortex and basal ganglia while neuropsychological studies suggest that impairment in central executive function is the core deficit. These