partially combined, of frontal and temporal parts; inadequate differentiation between the grey and white matters occurring three times more often in frontal and temporal parts; expanded lateral (58.3%) and the third (TV) ventricles. In other 1/5 of the patients there was a TV slit-like constriction disclosed in none of the control group cases. The brain deep structures showed: a significant number of pathological signs (75.0% against 12.0% of the control group, p<001). All of them are of dysontogenetic character and belong to either the transparent partition or callous body. Among pathological MRI symptoms of skull bones and cranio-vertebral zone positive are aeriferous sinus anomalies, basic bone, cranial fossae and clivo-axial angle. The basic group also showed other dysontogenetic anomalies of the cranio-vertebral zone. In aggregate, they acquire the character of an important symptom as they are manifested in 29.2% against 4.0% in the control group.

Conclusion: SKs show a number of symptoms manifested as a cerebral predisposition of the appearance and development of sadistic multi-episodic sexual aggression. These are of an inborn, dysontogenetic origin and make two hierarchic levels of morpho-fucntional lesion: cortical and sub-cortical parts, of predominantly frontal and temporal localization; limbic system, predominantly septal region and callous body.

Tuesday, April 5, 2005

S-49. Symposium: ADHD, autism and personality disorders: Cookbook diagnoses?

Chairperson(s): Susanne Bejerot (Stockholm, Sweden), Willem Verhoeven (Venray, Netherlands)
08.30 - 10.00, Holiday Inn - Room 6

S-49-01

Comorbidity and spectrum disorders: Diagnostic confusion?

S. Tuinier, W. Verhoeven, J. I. Egger. *Vincent van Gogh Institute Dept. of Psychiatry, Venray, Netherlands*

Objective: The trend in current psychiatric diagnostic fashions is not towards a comprehensive presentation of data from the neurodevelopmental trajectory, all potentially relevant symptoms and traits and etiological considerations in order to reach a true medical diagnosis, but rather in the direction of the enumeration of some selected behaviours and symptoms that 'meet the criteria for' a certain categorical diagnosis.

Results: This diagnostic approach leads to an enormous so called comorbidity on the one hand and a broadening into so called spectrum disorders at the other. Even in the case of well defined genetic syndromes with their phenotypical presentation, several of these cookbook diagnoses are added, like schizophrenia spectrum disorder in velo-cardio-facial syndrome and bipolar spectrum disorder in Prader-Willi syndrome. The same holds for the comorbidity with ADHD and pervasive developmental disorders in patients with mental retardation. PDD-NOS is regularly 'diagnosed' in a great variety of disorders with a known genetic etiology like tuberous sclerosis, fragile-X, velo-cadio-facial syndrome, Williams syndrome and many others.

Conclusion: Over the past years this had led to a huge diagnostic confusion, exaggerated prevalence figures and an unproductive search for genetic markers of the classical psychiatric diseases. It is therefore advocated to use a dimensional assessment of communication skills as part of the phenotype that is investigated. The same holds for disorders of attention and activity.

S-49-02

Self-assessed personality traits in adults with ADHD or autism spectrum disorders (ASD) - relevance for diagnosis?

L. Nylander. *Department of Neuroscience, Ps, Lund, Sweden*

Objective: The Neuropsychiatric Diagnostic Team for adults at the Psychiatric Clinic in Lund, Sweden, serves adults with suspected ADHD or ASD with extensive clinical examinations (psychiatric and neuropsychological)with the aims of confirming, or ruling out, an ADHD os ASD diagnosis. In this context, the diagnosis is perceived as a name of a certain pattern of behaviour, which in turn is the result of the person's cognitive strengths and weaknesses.

Methods: In connection with the neuropsychological testing, patients with normal verbal IQ were asked to complete the DIP-Q, a 140-item computerized questionnaire for diagnostic criteria of the DSM-IV/ICD-10 personality disorders. 60 patients (M/F 45/15) with ASD and 76 patients (M/F 42/34) with ADHD completed the DIP-Q.

Results: According to their answers on the DIP-Q, most patients met criteria for one or more personality disorders, primarily cluster A and C. Meeting criteria for cluster B personality disorders was more common in the ADHD group. Not so few of these patients had formerly been diagnosed with a personality disorder. The patient's results on the DIP-Q were not used for diagnosing personality disorders, but for a discussion, often very relevant, with the patient on more or less maladaptive personality traits.

Conclusion: The general criteria for personality disorders, as listed in DSM-IV, seem to a great extent to be overlapping with developmental disorders. Therefore, it is important to pay attention to the exclusion criterion, especially since many adults seem to feel more comfortable and better equipped to seek adequate help with an ADHD or autism spectrum diagnosis.

S-49-03

Genetic research in autism: What do we learn from it?

J. Steyaert, J.-P. Fryns, K. Devriendt. *Dep. Neurowetensch. & Psychiat, Leuven, Belgium*

Objective: To review whether 25 years of research in the genetics of autism have learned us about (1) the genetics of autism, (2) gene-behaviour relationships in general.

Methods: Extensive literature search on the genetics of autism

Results: Autism is a complex disorder with a very high but heterogeneous genetic component. The genetic factors can be grossly classified in three groups: (1) chromosomal anomalies, (2) single gene disorders, and (3) polygenic mechanisms. The former two groups are considered as syndromic autism and represent approximately 10% of persons with autism. The latter group, non-syndromic or idiopathic autism, is often considered as always having polygenic causes. Recent arguments from genetic research suggests that in this group their might be still unknown monogenic causes, and that patients with a polygenic origin of autism do not represent a genetically homogeneous group. The findings parallel those in at least some other neuropsychiatric conditions, namely ADHD and mental retardation.

https://doi.org/10.1016/S0924-9338(05)80108-7 Published online by Cambridge University Press

Conclusion: Autism is not only a complex disorder, but also a genetically heterogeneous disorder. In a number of subjects clinical genetic assessment may reveal specific causes of autism. In research, a combination of different techniques is necessary to detect the different genetic mechanisms in autism. Delineation of phenotypical subgroups, or of endophenotypes could facilitate molecular genetic research. The complexity of the disorder makes genetic counselling very difficult.

S-49-04

How to create brief and meaningful psychotherapy from assessing psychiatric symptoms, minor physical abnormalities and soft neurological signs

S. Bejerot. *Clinical Neuroscience Psychiatry, Stockholm, Sweden*

Objective: ADHD and autism spectrum disorders (ASD) could be viewed as innate personality disorders. However, ADHD and ASD are not always identified in childhood. Many adults are diagnosed with personality disorders, anxiety, depressions or delusions while their underlying neuropsychiatric disorder goes unrecognized.

Methods: Since 2001 approximately 200 adults without previous diagnosed ADHD and ASD were assessed. All patients are referred from psychiatrists or psychologists and assessed at a specialized neuropsychiatric unit for adults with suspected ADHD or ASD. The assessments include a structured interview with a parent and approximately 6 hours of structured interview with the patient, somatic examination, laboratory analysis and neuropsychological testing. Ideally only patients who can accept ADHD or ASD diagnosis are assessed. The results are explained to the patient in detail in order to make him/her understand his/her malfunction and shortcomings from a biological point of view. The discussion and conclusion are taped and given to the patient. All patients fill in an anonymous evaluation after the assessments are completed.

Results: A vast majority of the patients report that they experienced the examination as meaningful, led to greater self-knowledge and performed in a respectful way.

Conclusion: In order to facilitate self-understanding, self-acceptance, and empowerment and alleviate unjustified blame put on the parents, thorough assessments are advocated. By encouraging the patient to actively participate in the assessments and view his/her symptoms, emotions, thoughts, reactions and behaviours from a perspective of an underlying biological disorder, a meaningful brief psychotherapy can be accomplished.

S-49-05

Comorbidity and spectrum disorders: Diagnostic confusion?

W. Verhoeven. *Vincent van Gogh Institute for Psychiatry, Venray, Netherlands*

Objective: The trend in current psychiatric diagnostic fashions is not towards a comprehensive presentation of data from the neurodevelopmental trajectory, all potentially relevant symptoms and traits and etiological considerations in order to reach a true medical diagnosis, but rather in the direction of the enumeration of some selected behaviours and symptoms that 'meet the criteria for' a certain categorical diagnosis.

Results: This diagnostic approach leads to an enormous so called comorbidity on the one hand and a broadening into so called spectrum disorders at the other. Even in the case of well defined genetic syndromes with their phenotypical presentation, several of these cookbook diagnoses are added, like schizophrenia spectrum disorder in velo-cardio-facial syndrome and bipolar spectrum disorder in Prader-Willi syndrome. The same holds for the comorbidity with ADHD and pervasive developmental disorders in patients with mental retardation. PDD-NOS is regularly 'diagnosed' in a great variety of disorders with a known genetic etiology like tuberous sclerosis, fragile-X, velo-cadio-facial syndrome, Williams syndrome and many others.

Conclusion: Over the past years this had led to a huge diagnostic confusion, exaggerated prevalence figures and an unproductive search for genetic markers of the classical psychiatric diseases. It is therefore advocated to use a dimensional assessment of communication skills as part of the phenotype that is investigated. The same holds for disorders of attention and activity.

S-49-06

Subclinical attention deficit/hyperactivity disorder and adjustment disorders

A. Bobrov. *Institute of Psychiatry, Moscow, Russia*

Objective: Subclinical attention-deficit/hyperactivity disorder (sADHD) is thought to contribute to the development of stress-related disorders in adulthood. The aim of the work was to study mental adaptation resources of young adults with sADHD.

Methods: A group of randomly chosen university students (n=100, aged 20 to 22 years) was evaluated clinically and with the Adult ADHD Self-Report Scale Symptom Checklist and 16 Personality Factors test.

Results: Twenty two 22 (22.0%) of students were found to have sADHD. They showed lowered attention, restlessness and inability to resist monotony. Their personality traits differentiated them significantly from the rest of the group by levels of maturity (6.6±1.6 vs. 7.9±1.6), depression (4.8±2.0 vs. 3.0±1.8) and mental strain (5.1±1.7 vs. 2.8±1.7). Persons with sADHD were less self-controlling (5.1±1.9 vs. 2.8±1.7) and conscientious (4.3±2.1 vs. 6.3±1.7). 12/22 (54.6%) of them had clinical symptoms of adjustment disorders, their prevalence thus being significantly ($p<0.05$) higher, than in the rest of the group 15/78 (19.2%). Cognitive style of persons with sADHD had some specific features, such as field dependence, lack of prognostic abilities, impulsivity, egocentricity, "tunnel" or "black-and-white" thinking.

Conclusion: These findings may indicate a possible association between adjustment disorders, abnormal cognitive style and sADHD features in young adults.

Tuesday, April 5, 2005

S-48. Symposium: Social brain and psychopathology

Chairperson(s): Martin Brüne (Bochum, Germany), Shigenobu Kanba (Fukuoka, Japan)
08.30 - 10.00, Holiday Inn - Room 3

S-48-01

Evolutionary perspectives on schizophrenia

J. Polimeni. *University of Manitoba Dept. of Psychiatry, Winnipeg, Canada*

https://doi.org/10.1016/S0924-9338(05)80108-7 Published online by Cambridge University Press