

P0099

ADHD in adults: Psychiatric comorbidity

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Attention Deficit and Hyperactivity /Impulsivity Disorder (ADHD) is a highly prevalent neuropsychiatric condition, affecting as many as 1 % of the adult population. The scientific literature suggests that approximately 70 % of patients with ADHD have an additional disorder, making co-morbidity the rule, rather than the exception. Many individuals with ADHD are having more than one co-morbid disorder. The high prevalence of co-morbid psychiatric conditions increases the impairment, and complicates treatment. Furthermore, the societal and medical expenses associated with co-morbid conditions are extensive. The most prevalent co-morbid psychiatric conditions seen in both genders with ADHD are: affective disorders, anxiety disorders, personality disorders and substance use /dependence disorders. It has to be realized that co-morbidity was originally not conceived to signify that a patient had 2, 3, 4 or more psychiatric diagnoses at the same time, but to document the whole symptomatic syndrome in a patient. In this presentation, 100 patients with ADHD in an out-patient facility were consecutively examined with regard to co-morbid conditions. The diagnostic trajectory entailed a semi-structured clinical interview, collateral information, school reports and an extensive neuropsychological battery. Best estimate diagnoses were obtained. Although the results correspond to a large extent with those of similar studies, our sample included a relatively large proportion of patients with co-morbid psychosis. It has been suggested to classify ADHD and psychosis as a separate diagnostic entity. The rationale for this proposal will be discussed.

P0100

Noonan syndrome: Psychopathology and cognitive functioning

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Noonan syndrome (NS) is a highly prevalent genetic disorder (1 in 1000 to 2500 live births). Inheritance is mainly autosomal dominant. It is autosomal recessive only in a small group of patients. NS is characterized by short stature, facial dysmorphism and a variety of heart defects. Virtually no research is found on cognitive and social functioning in adult patients, although there are some indications that NS is associated with affective processing impairments, inadequate social behaviour, and higher levels of anxiety. For this reason, the present study examines a group of adult Noonan patients (n=30; mean age 27 ± 12,8) on measures of psychiatric and cognitive functioning. Neuropsychiatric and (neuro)psychological characteristics were recorded, as well as information on the patients' medical and developmental history. Data are presented on the hereformentioned aspects, including stature, genetic subtyping, cardiac defects, school performance, and social adaptation, the latter aspects being discussed against the background of cognitive functioning. As to psychopathology, only in a small amount of patients (n = 4), criteria for a DSM-IV mood and/or anxiety disorder were met. However, in more than half of the patients, emotion identification and verbalisation defects were found. It is argued that this pattern of disabilities can be understood in terms of the concept of alexithymia.

P0101

Knowing the ill implies knowing the healthy: Executive dysfunctioning studied in terms of regular behavioural consequences

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Executive functions (EF) optimize the efficiency and effectiveness of behaviour, allowing for behaviours that are more goal-oriented, independent, purposive and conceptually driven. Effective EF is vital to human autonomy; higher levels of EF lead to more adaptive, hence successful life.

Several measures of EF exist, but most of them measure only a single aspect of EF or have been developed in clinical populations containing items that tap the extreme (pathological) ends of behaviour, which often do not apply to most healthy adults. Furthermore, while beliefs about maladaptive and dysfunctional behaviour can only exist in the context of beliefs about healthy, effective and efficient behaviour, a person's perception of the effects of executive dysfunctioning on daily life is a major determinant of the perceived quality of life.

To apply the above in the study of EF, we examined psychometric properties of the Dutch version of the Executive Function Index (EFI), a self-report measure sampling a wide array of behavioural consequences in healthy individuals. It consists of 27 items, generated from recent literature concerning the relationships between EF and the prefrontal-subcortical systems. These items are divided into five subscales, named Motivational Drive, Organization, Impulse Control, Empathy, and Strategic Planning. Results lend support for the use of the EFI as a reliable self-report measure.

It is concluded that, in order to improve diagnostic accuracy and to contribute to differential diagnosis, we need instruments which consider the consequences of executive (dys)functioning on daily life in both healthy and psychiatric populations.

P0102

Impulsivity as a major complaint in Rubinstein-Taybi syndrome

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A male patient aged 35 was referred for pharmacological treatment of temper tantrums and impulsivity. His history showed feeding problems, growth retardation, delayed milestones, special educational needs and poor social skills. As a child he underwent surgical correction for hemiptorchidism and benign thymoma. From the age of 19 he was employed in a sheltered workshop. He married at the age of 33.

The patient presented with complaints about lowered mood, anxieties, worrying and impulsivity. Neuropsychiatric evaluation revealed symptoms of a mild depression. His total IQ was 74 (WAIS). There were attention difficulties, slow information processing and increased distractibility. Somatic examination demonstrated a short stature, facial dysmorphias and broad thumbs and toes. Because of this combination of features he was examined by a clinical geneticist. A definite diagnosis of Rubenstein-Taybi syndrome (RTS) was established. The patient was given maintenance treated with citalopram in a dose of 20mg daily after which the mild symptoms of depression disappeared and the impulsivity ameliorated.