

Methods: A questionnaire based on Greek law 2071/1992 on the involuntary admission of mentally ill patients was answered by psychiatrists and other specialist physicians.

Results: One hundred and one answers were obtained from non-psychiatrists and 26 from psychiatrists. Four-fifths of both the non-psychiatrists and the psychiatrists were aware of the need to inform the patient, but only 45% and 69%, respectively, were aware of the patient's option for appeal. One-third of non-psychiatrists and less than half of the psychiatrists were familiar with the necessary conditions in order to admit a patient to hospital on an involuntary basis, whereas only a minority of the two groups (6% and 35% respectively) knew about the timeframe for such admissions. Interestingly, less than 40% of non-psychiatrists and approximately 60% of psychiatrists thought that involuntary hospitalisation jeopardised patients' human rights. Forty-four percent of non-psychiatrists and 31% of psychiatrists didn't consider involuntary hospitalisation as an indicated therapy, and 63% and 54% respectively, argued that the mentally ill should be removed from psychiatric hospitals provided they continue to be under medical follow-up in the community.

Conclusion: Clinicians' knowledge on the procedures for involuntary hospitalisation of the mentally ill appears to be limited. Informing and educating doctors on the procedures governing involuntary hospitalisation will contribute to the improvement of the mental health system in Greece and will promote due respect back to patients.

P0344

Theory of mind and executive functioning in autism

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The concept of Theory of Mind (ToM) refers to the ability to predict and explain feelings, thoughts, ideas and intentions of self and others. Patients with autism spectrum disorders (ASD) show a deficient development of ToM. Executive Functioning (EF) is described as higher cognitive processes essential for goal directed behaviour. EF plays a role not only in cognitive deficits in patients with ASD, but also in the restraints in social communication. The prefrontal cortex is involved in ToM as well as in EF. Few studies have investigated the relationship between ToM and EF in adult patients with ASS.

In this pilot study the correlation between ToM and EF in 19 patients with ASS was assessed. ToM was assessed with an extensive TOM test (Steerneman et al., 2003) that measures not only false beliefs but also higher levels of ToM. EF was measured with the Wisconsin Card Sorting Test (WCST), the Tower of London (ToL) and the Stroop Colour-Word task (Stroop). Correlations were calculated with Kendall's tau-b.

The results show that ASD patients have a lower score on the TOM test than the norm scores, which was expected. De mean scores on the ToL and the Stroop are lower than the means in normal populations. The WCST scores do not differ from norm scores. A significant correlation between TOM scores and EF is not found.

These results do not corroborate other published studies. The potential bias in this pilot study and a design for a more adequate approach will be presented

P0345

Antidepressants in the treatment of adult ADHD

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Since the marketing of anti-depressants these compounds have been used for the treatment of a wide variety of psychiatric and non-psychiatric disorders. To sum just a few: peptic ulcers, migraine, enuresis, narcolepsy, ADHD, urinary stress incontinence, bulimia, neuropathy, cardiac arrhythmia, anxiety disorders, obsessive compulsive disorders etc. ADHD in adults is a clinical diagnosis that can be reliably made. Psychostimulants are the most effective drugs in the treatment of ADHD with impressive effects sizes that are in adults quit similar to those reported in meta-analyses of child and adolescent clinical trials. Stimulants are both safe and effective and are therefore the first line choice for the treatment of ADHD in adults. However, a subset of patients is non-responder or experience adverse effects such as: dysphoria, anxieties, anorectic effects or an exacerbation of seizures. This restricts the use of stimulants in these patients. Moreover, adults with ADHD often show comorbid disorders (depression, anxieties, tics, drug abuse and somatic comorbidity) for which stimulants may be inappropriate. A critical review of controlled clinical trials with antidepressants in adults with ADHD will be presented. This review shows that, in contrast to the treatment of depressive disorders where receptor binding profiles and specific monoamine reuptake inhibition does not predict a clinical response, in ADHD the pharmacological properties of the specific antidepressant is most probably related to efficacy. Only eight trials of good quality were found. Effectsizes are smaller than with stimulants.

P0346

Obsessive compulsive symptoms in autism

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The conceptualization of a spectrum of obsessive-compulsive disorders, comprising disorders such as OCD, body dysmorphic disorder, substance abuse, pathological gambling and autism, is increasingly accepted. These disorders share obsessive-compulsive features and show similarities in patient characteristics, course of illness, comorbid disorders and neurobiology. Recent research suggests the possibility that autism spectrum disorder (ASD) in its milder forms may be clinically important among a proportion of patients with OCD. OCD with comorbid ASD should be recognized as a valid OCD subtype. A strange personality, with paranoid, schizotypal, avoidant or obsessive-compulsive traits, may indicate these autistic dimensions in OCD patients. In ASD patients, arguments often arise amongst nosologists, as to what constitutes their repetitive, ritualistic, quasi compulsive behaviour. At a descriptive behavioural level, the majority of ASD patients experience their symptoms as egosyntonic. Nevertheless, they frequently share the same egodystonicity as their genuine OCD counterparts. It has been found that adults with ASD are more likely to show repetitive ordering, checking, lining up, hoarding and touching, as opposed to classic OCD. Their obsessive thoughts are less likely to involve the usual themes of aggression, religion and sex. In general compulsions and rituals seem to be more common than pure obsessions. OCD like behaviours are often conceptualized as an epiphenomenon that is associated with the diagnosis of ASD. Several case vignettes will be presented to provide insight into how neuropsychological phenotypes constitute a workable framework to conceptualise OCD like behaviours as manifested in ASD.

P0347

Inversion in the direction of the internal energy: Origin of the regression of the being

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Objective: Restitution and prevalence in centrifugal direction of internal energy, orientated to the reconstruction, reappearance and evolution of the I.

Method: Planned introspection and meticulous evolved record of all internal conflicts triggered after the tireless search of the I, and its sequelae on anatomic structures, correlated with psychiatric symptomatology, during 30 years.

Results: This deviation in the internal metabolic energy's orientation, from CENTRIFUGAL or anabolic to CENTRIPETAL or catabolic, is originated at level of contractile elements of the striated musculature (sarcomeres), they stimulated, indirectly, through the reflex for strain of the muscular spindles, after the automatic and involuntary rush of the gamma and beta efferent neurons and these, due to the initial, sudden and unexpected cerebral answer in the presence of a determinate Conditioned Stimulus: The Involutive Motor, anomalous fountain of energy and origin of social diseases. This, generates gradual internal energy chaos, anomalous stimulation of diverse organic structures, anarchy in the being, evolved brake accompanied of inexplicable symptoms and signs, with chromosomal sequelae, in a long period.

Conclusion: If conditioned reflexes changed the direction of the internal energy, carrying out to an organic involution, the extinguishment of them will reconstitute him, centrifugal way toward the evolution of the Being.

References:

[1]. William Ganong MD. "Medic Physiology": Conditioned Reflexes, apprenticeship and related phenomena 2002.

[2]. Vargas J: Scientific Theory "Something, that, my, self: Origin of the Other Life". *Involutive Motor* 2004; 5:50.

P0348

Catatonia in autism: Etiology, incidence and treatment

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Aim: This paper reviews the concomitance of catatonia and autism spectrum disorders, including incidence, diagnostic similarities, etiologic theories and treatment modalities, including electroconvulsive therapy (ECT). Case examples are included.

Method: A review of the English-language literature on catatonia and autism was conducted, combined with the author's clinical experience working with two autistic individuals with frank catatonic stupor requiring ECT.

Results: While catatonia is most frequently associated with mood and psychotic disorders, frank diagnosable catatonia has been found in 11-17% of individuals with autism. Significant symptom overlap exists between the two disorders in the domains of motor activity, social interaction, communication and behavior; indeed, both processes may share a common neuronal substrate as well as a shared genetic susceptibility region. DSM-IV-TR catatonic symptoms include motoric immobility and overactivity, negativism and peculiarities of movement and speech, while expanded criteria for catatonia in autism additionally include amotivation, difficulty with task completion, day-night reversal and agitation/excitement. A range of severity exists in catatonia, with some patients developing profound catatonic stupor

or malignant catatonia with autonomic instability. Catatonia is readily treatable, with lorazepam and ECT as first-line treatments. However, diagnosis may be delayed in the autistic patient with baseline intellectual disability, behavioral and communicative abnormalities. Similarly, appropriate treatment, especially ECT, may be withheld due to issues surrounding intellectual disability.

Conclusion: Catatonia is not an infrequent occurrence in autism, and its manifestations can be severe. Prompt clinical recognition and treatment of catatonia in autism is imperative, with further research needed in this field.

P0349

Improving child and adolescent access to mental health care in the United States

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The U.S. 1999 Surgeon General's Report on Mental Health documented almost 21% of U.S. children and adolescents ages 9 to 17 had a psychiatric disorder with at least minimal impairment. From this prevalence statistic, one in five children age 9-17 experienced some degree of emotional or behavioral dysregulation. While there are over 60,000 board-certified U.S. pediatricians, current competencies for specialty certification cover minimal mental and behavioral health care. According to statistics from the American Academy of Child and Adolescent Psychiatry, there are less than 6700 sub-board qualified child and adolescent psychiatrists practicing in the U.S. Moreover, due to established third-party payment and reimbursement venues, many children are not eligible for the care of these professionals. Many U.S. children, therefore, do not have adequate access to mental and behavioral health care.

To address this serious need, in 2004, the American Academy of Pediatrics (AAP) Board of Directors (BOD) appointed the Task Force on Mental Health (TFMH), charging it to develop evaluation algorithms, tools and models of third-party payment to assist primary care pediatricians in enhancing the mental health care they provide as they provide care for children and adolescents in the primary pediatric health care setting: the "medical home." The TFMH, which included representatives from the American Academy of Child and Adolescent Psychiatry, as well as many other related professional and consumer organizations, concludes in 2008 with comprehensive recommendations for improving primary clinical care for U.S. children and adolescents with mental and behavioral health care needs. This presentation summarizes those results.

P0350

Male prison suicides in Slovenia

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Background and Aims: Male prison inmates are highly suicide risk population. Suicide is single most common cause of death in correctional settings. This study was aimed to find out suicide rate in Slovene male prisons compared to that in general population. We compared our findings with prison suicide rates in European countries with highest suicide rates, and through this comparison planned to improve suicide preventive measures.

Methods: Data were collected from official reports on prison deaths in Slovenia and compared with data in SPACE 1.

Results: In Slovenia male prison suicide rate (MPSR) is highest among all countries compared. It is also 8.3 higher than in general