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The XIII International Congress is organized by the European Society for Child Psychiatry (ESCAP)

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Session: 'MANIA SYMPTOMS IN CHILD AND ADOLESCENTS WITH DIS

BEHAVIOUR DISORDERS'

SYMPOSIUM

Date: Monday, August 27, 2007 At 11:00
Duration: 2 Hours

Sala Viola, Palazzo Affari - 2nd Floor

Symposium "MANIA SYMPTOMS IN CHILD AND ADOLESCENTS WITH DIS
BEHAVIOUR DISORDERS"

Chair: Jordi Sasot

Co-Chair: Laurence Vitulano

11.00 Attention deficit hyperactivity disorder and pediatric bipolar disorder
fundamental aspects - Rosa M. Ibáñez

11.30 Mania symptoms in child and adolescents with disruptive behaviour
Jordi Sasot

12.00 Differences between prepubertal -versus adolescenton set bipolar
spanish clinical sample - José Eugenio de la Fuente

12.30 Discussion

Abstract 1: Ibáñez

Objective: To study the presence and phenomenology characteristics of
Deficit Hyperactivity and Pediatric Bipolar Disorder. Method: Attention De
Hyperactivity Disorder, fundamental clinical aspects are described accor
IV-TR criteria, attending to its comorbidity with behaviour disorders; eva
initial symptoms of Oppositional Defiant Disorder and Conduct Disorder.
characteristics of Affective Disorders are exposed, especially those of the
Bipolar Disorder, aiming at its basic symptoms according to DSM-IV-crite
clinical intersection is carried out between the basic variables of disorder
hyperactive impulsive symptoms and manic symptoms. Some children i
adolescents start to show coinciding symptoms with these disorders whic
eventually diagnosed as Pediatric Bipolar Disorder.

Conclusion: The study and the analysis of symptoms will make the detec
patients and differential diagnostic easier which is relevant in the applica
specific treatment for each diaqnostic entity. Elation expansive mood. De

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need for sleep. Irritability and anger. Unusually energetic increase in goal activity. Motor hyperactivity. Grandiosity. Accelerated pressured or increased speech. Racing thoughts. Flight of ideas. Poor judgment. Distractibility. Hallucinations. Delusions. Mood lability.

Educational objectives: At the end of this presentation, those attending will learn how to recognize what maniac symptoms are found in disruptive behavior disorders and their phenomenology. Thus, the clinic will be able to decide on treatment for each diagnosis and for comorbidity cases.

Abstract 2: Serrano

Objective: The objective of the present study is to evaluate the presence and phenomenology of maniac symptomatology in child and adolescents with behavior disorders: Attention Deficit Hyperactivity Disorder (ADHD), Oppositional Defiant Disorder (ODD) and Conduct Disorder (CD). Method: Eighty outpatients (consecutive cases) between 8 and 17 years old will be evaluated with the Interview for Children and Adolescents, the Young Mania Rating Scale, the Young Mania Rating Scale and the Child Mania Rating Scale (CMRS). The Assessment Scale will provide the global measure of functional deterioration symptoms produce. The scores of different scales and the presence of maniac symptomatology will be compared in those ADHD patients without other behavioral disorders and in those ADHD patients, comorbid with other behavioral disorders (ODD/CD) through the Student-Fisher test and chi-square. The relation between different scales and the degree of concordance among informants will be studied with both Pearson and interclass correlations. Multiple regression analyzes, controlling for the sex, age, and other comorbidities. Predictive capacity of functional deterioration in each scale will be evaluated. Practical application: Evaluation and analyzes of maniac symptoms in disruptive behavior disorders will provide a better differential diagnosis and comorbidity detection, as well as will have important implications in treatment selection, pharmacologic and psychotherapeutic selection.

Educational objectives: At the end of this presentation, those attending will learn how to recognize what maniac symptoms are found in disruptive behavior disorders and their phenomenology. Thus, the clinic will be able to decide on treatment for each diagnosis and for comorbidity cases.

Abstract 3: de la Fuente

Background: In recent decades, numerous studies have shown that bipolar disorder (BD) may have an early onset, predating adolescence in some cases. However, findings from some U.S. authors have been disputed by several European authors. The ensuing controversy has highlighted a number of differences in the diagnostic and therapeutic practices applied by American and European child & adolescent psychiatrists. Objectives: To examine patients attended and diagnosed with bipolar disorder (BD) at a child and adolescent psychiatry service; to record age and age of onset, and to study clinical differences between prepubertal and adolescent onset groups.

Method: All patients currently attended for BD type I, type II or non specified bipolar disorder were reviewed and divided into two age groups: prepubertal onset (beginning before age 13) and adolescent onset (beginning at or above age 13).

Results: The sample were 43 patients with BD. Fourteen (32,6%) with prepubertal onset and 29 (67,4%) with adolescent onset. Time between onset of syn diagnosis was longer in the prepubertal onset group (1.2 years versus 0.5 years, respectively, $p=.05$). Patients with prepubertal onset BD more frequently presented previous symptoms such as irritability and conduct problems and had a higher comorbidity (more frequently attention-deficit/hyperactivity disorder). The adolescent onset group more often presented psychotic symptoms. Conclusions: Clinical characteristics of patients with bipolar disorder differ according to onset is prepubertal or adolescent.

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