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Cognitive and functional outcomes after a trial of an mTOR inhibitor in an adolescent with neuropsychiatric sequelae of TSC

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Tuberous sclerosis complex (TSC) is a genetic autosomal dominant condition with multi-organ involvement and highly variable clinical manifestations. Neurological manifestations (subependymal nodules, cortical tubers, and subependymal giant cell astrocytomas [SEGAs]) are a leading cause of morbidity and mortality leading to cognitive impairment, behavioural disturbances and refractory seizure disorders. Experimental and human evidence suggest that the use of mTOR inhibitors may induce regression of TSC tumor types and provide an alternative to surgical resection of SEGAs. In the EXIST-1 trial everolimus (mTORi) was associated with clinically meaningful increases in the time to progression of subependymal giant cell astrocytomas and skin lesion response rate compared with placebo. We present a case of a 16-year-old girl (MM) referred with neuropsychiatric sequelae including disruptive and dangerous behaviours not responding to outpatient management. Multiple trials of anti-convulsants and antipsychotic treatments achieved poor responses. During admission to a state facility, MM had several seizures followed by aggressive outbursts, inappropriate behaviour and confusion. Her intrusiveness, sexual disinhibition and lack of response inhibition suggested frontal lobe dysfunction impacting on executive functioning. Despite seizure control being optimized to an acceptable rate with anticonvulsants, improvement in social or cognitive functioning was limited. She required individual constant supervision for personal safety and independent functioning. A trial of mTOR inhibitor was initiated, and achieved an improvement in cognitive, social and psychiatric functioning. This report will discuss the challenges in this complex case, and report on baseline as well as 6month post medication outcomes measured by radiological, functional and cognitive testing.

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A bizarre love

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Introduction Adoption constitutes a discontinuity in child care trajectory, that falls into a separation and a lost of reference figures, and therefore, the need to set up new attachment figures into a suitable familiar atmosphere.

Objectives This case is a review of how a child adoption process, that can be something positive at first, can also produce many problems in the future, added to difficulties in order to regulate stressing situations and also solving problems.

Methods The clinical case consists in a 25-year-old woman, who suffers from anxiety and self-injure behaviour. She has a diagnosis of non-specified personality disorder with limit characteristics. The patient was adopted a few months after her birth. At the

moment she's living with her adoptive father, her adoptive mother passed away when she was 4. At the age of 21, the patient meets her biological mother and since that moment she spends most of the weekends with her. After a few medical appointments, she admits that she has allowed sexual relationships with her biological mother since six months ago.

Results It's important to appreciate the value of familiar atmosphere, and in addition, the attachment between child and his parental figures. The quality of the attachment is going to have influence in emotional regulation.

Conclusions Children who have suffered neglect from their biological parents and have been adopted develop attachment behaviours characterized by negative experiences. In spite of being in a good familiar environment, they feel vulnerable and insecure. Early and appropriate attachment experiences can improve relationships between children and their new family.

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How does psychotropic medication consent work for youth in foster care

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Introduction It is well known that youth in foster care are at high risk for psychiatric disorders, recently reported in up to 89%, with over 55% exhibiting ADHD in one sample (Linares et al., 2013). Psychotropic medication use was reported in 59% of foster care youth within a 2-month period (Brenner et al., 2013). The psychotropic medication consent process in Los Angeles for dependent children is multidisciplinary, starting with the treating psychiatrist's written authorization request to Children's Dependency Court. Once received, it is distributed to the child's attorney, social worker, and Juvenile Court Mental Health Service (JCMHS). JCMHS reviews and provides recommendations to the judicial officer who ultimately approves, modifies, or denies consent.

Objectives To present the steps and reasoning in the process of review, consultation, recommendations and decisions in psychotropic medication consent for dependent youth.

Aims To provide an understanding of the multidisciplinary review process involved in determining psychotropic medication consent in foster care youth.

Method Presentation of a timeline, forms and guidelines used in the process including the "Psychotropic Medication Authorization Form" (PMA) (Judicial Council of California, 2008).

Results Categories of recommendations and approvals provided to the judicial officer will be presented and rationales for in-person consultations.

Conclusion The psychotropic medication consent process for foster care youth is a complex multidisciplinary process which includes a clinically significant set of recommendations from JCMHS to the judicial officer to aid in making informed decisions regarding psychotropic medication.

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EV288

Catatonic features in adolescence: Interfaces with affective disorders

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Introduction Catatonia is a potentially life-threatening but treatable neuropsychiatric syndrome. The prevalence of catatonia in children and adolescents is probably underestimated since investigation on this matter is still lacking. Different studies have led to the recognition of catatonia as a separate psychiatric entity, as reflected in DSM-5, renewing interest on this subject. While in the adult population there is evidence highlighting the strong association between catatonia and affective disorders, this has been poorly reflected in child and adolescent psychiatry literature. In fact, most of the research in this population focuses on associations with organic, psychotic or developmental disorders.

Objectives We aim to illustrate the diagnostic challenges when facing an adolescent with catatonia encompassing psychiatric, neurologic and immunologic factors known as possible causes for this condition. We aim to explain the diagnostic procedure and the possible clinical results of this workup, as well as raise the discussion around treatment options.

Methods We used a clinical case vignette of a 14-year-old adolescent, presenting with a stress-induced catatonic syndrome and depressive symptoms without any prior organic or psychiatric condition. We reviewed the most relevant literature in order to contextualize our clinical case.

Results and conclusion Catatonia is an under-recognized condition in children and adolescents without a prior medical or psychiatric condition, especially when associated with affective disorders. The inclusion of catatonia as a specific syndrome in the psychiatric nosography may help its recognition. Case reports on this matter are therefore especially important as a way of pushing clinical investigation on this matter forward.

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EV289

Autism-plus spectrum disorders: Interfaces with psychosis

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Introduction Despite categorical differentiation, autistic and psychotic disorders are historically related diagnostic entities and there is still much controversy regarding their limits and developmental course. Particularly in children, the presence of idiosyncratic fears, difficulties in the social sphere and thought disorder are important factors in the differential diagnosis. There are some research-derived clinical constructs that operationalize symptomatology aiming to highlight the interfaces and the overlap between such disorders. Their clinical implications can be extremely relevant in the face of the limits of current nosology.

Objectives To phenomenologically describe differentiating parameters and high-risk clinical profiles for the development of psychosis in children with autism spectrum disorder.

Methods Selective review of the literature in PubMed (MEDLINE). Illustration with a clinical case vignette.

Results The clinical case reflects well the difficulties posed in the differential diagnosis due to the multiple interfaces between autism and psychosis. Constructs such as “multiple complex developmental disorder” or “multidimensionally impaired syndrome” allow a clearer and more practice-friendly characterization of such individuals.

Conclusion The constellation of symptoms identified in these criteria may become useful through the definition of subgroups of autism spectrum disorder individuals with complex psychopathology. Studies in this regard are still scarce, but the validation and reproduction of the positive results observed in the near future can help optimize the clinical approaches in these children.

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Rage as a hidden aspect in pediatric obsessive-compulsive disorder

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Introduction Pediatric obsessive-compulsive disorder (OCD) is a multifaceted clinical entity. Rage attacks have been repeatedly described in the phenotype of anxiety disorders in children and adolescents. It has been acknowledged that anxious youth who display rage have more severe clinical profiles and increased levels of dysfunction in most domains, consistent with the notion that rage is a marker of more severe psychopathology. However, this matter remains largely underappreciated in pediatric OCD. Namely, the role and functions of rage in pediatric OCD in relation to family accommodation and illness severity have highly relevant clinical management and treatment implications.

Objectives We aim to discuss how does rage look like in pediatric OCD, what are its associated features and its contributions to additional functional impairment. We examine the central role of family accommodation mediating clinical outcomes and review highly relevant diagnostic and treatment challenges.

Methods Selective review of the literature in PubMed (MEDLINE). Illustration with a clinical case vignette.

Results and conclusions Rage attacks are relatively common in pediatric OCD, have a negative impact on illness presentation, and contribute to functional impairment above and beyond obsessive-compulsive symptom severity. We hereby illustrate that rage may contribute to family accommodation of symptoms, which may further affect and perpetuate obsessive-compulsive symptom severity and impairment. There is a need to avoid misdiagnosis and to prioritize psychotherapeutic interventions and psychopharmacological treatment approaches. This provides important insights regarding the clinical validity of this component of OCD, aiming to capture further the attention of the clinical and research community.

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Encopresis: A medical and family approach

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