RTS has been mapped to 16p13.3 and its diagnosis is primarily clinical. It has been suggested that patients with RTS have an increased vulnerability for neuroleptic induced motor side effects. A great variety of somatic anomalies such as cryptorchidism and tumours, like in this case, may be present. Reports on psychopathology in adulthood are scarce and comprise mood disorders and obsessive compulsive spectrum disorders.

From this case report it is concluded that patients who present with lower intelligence and dysmorphias should always be examined for the possibility of a genetic syndrome.

P0103

Chromosomal abnormalities in psychiatry: Expanding the diagnostic process

W.M. Verhoeven, S. Tuinier, J.I. Egger. *Department of Clinical Research, Vincent Van Gogh Institute for Psychiatry, Venray, The Netherlands*

Clinical psychiatry is confronted with the rapid expansion of the diagnostic facilities of molecular genetics and should therefore reconsider its basic diagnostic procedures. Psychiatric diagnosis should be supplemented by information about birth, developmental history, dysmorphias, congenital malformations, somatic anomalies and family history of both psychopathology and genetic disorders. In addition it should be stressed that psychiatric symptoms in genetic syndromes mostly represent a specific psychopathological phenotype, that does not meet categorical criteria. Recently, several genetic syndromes were found in a number of routinely referred adult patients. In none of the patients genetic analysis was considered previously. Some examples are presented. In all cases the genetic diagnosis had a major impact on the psychiatric diagnosis and treatment. It is concluded that psychiatrists have some knowledge about dysmorphias, relevant developmental issues and basis clinical genetics.

Age/Sex	Previous diagnosis	Genetics	Final diagnosis
58/f	psychosis	HHT[1](ALK-1)	manic episode
20/m	antisocial personality dis	del22q11	VCFS psychiatr syndr
23/m	recurrent psychosis	del22q11	VCFS[2] psychiatr syndr
23/m	recurrent psychosis	Klinefelter XXY	atypical psychosis
70/f	paranoid syndrome, OCD	del22q11	VCFS psychiatr syndr
57/m	recurrent depression	translocation 13;14	testosteron deficiency
40/f	anxiety\borderline disorder	proximal 16p dupl	PDDNOS
31/f	recurrent psychosis	translocation 2;10	atypical psychosis
81/f	none	balanced transl X;19	psychotic depression
68/f	schizophrenia	trisomy 8 mosaicism	cycloid psychosis
21/m	XXY	XXY/PWS/UPD[3]	PWS psychiatr syndr
36/m	PDDNOS	del22q11	VCFS psychiatr syndr

P0104

The use of alexithymia scales in patients with Noonan Syndrome

H. Theunissen [1], E. Wingbermuehle [2], J.I. Egger [2], C.J. van der Burgt [3], S. Tuinier [2], W.M. Verhoeven [2]. [1] *Radboud University, Department of Clinical Psychology, Nijmegen, The Netherlands* [2] *Vincent Van Gogh Institute for Psychiatry, Department of Clinical Research, Venray, The Netherlands* [3] *Radboud University Medical Center, Department of Human Genetics, Nijmegen, The Netherlands*

Although there is scarce literature on the cognitive and social functioning of patients with Noonan syndrome (NS), some evidence exists for a characteristic pattern of deficits in emotion identification and emotion verbalisation, which seems to be not attributable to intelligence. It has been suggested that this pattern could be best captured with the concept of alexithymia.

The present study examines convergent and discriminant validity of two well-known alexithymia measures, i.e., the Toronto Alexithymia Scale (TAS-20) and the Bermond-Vorst Alexithymia Questionnaire (BVAQ) in a sample of 28 patients with Noonan Syndrome (NS). To enable interpretative refinement, results were related to intelligence and to measures of empathy and motivational drive.

It was hypothesised that TAS-20 and BVAQ would show strong positive intercorrelations, independent of intelligence levels. Inverse correlations between alexithymia and both motivational drive and empathy were expected.

In line with expectations, TAS-20 and BVAQ showed positive intercorrelations, although convergence typically was found to be stronger for the cognitive aspects of alexithymia than for the affective aspects. As expected, empathy correlated negatively with alexithymia. However, intelligence nor motivational drive seemed to be related to alexithymia.

The present results lend support to the validity of alexithymia assessment in NS-patients. Interestingly, while empathy and motivational drive can be seen as executive aspects, results also suggest the adoption of a neuropsychological perspective when studying the alexithymia concept.

P0105

Catatonia in a French forensic psychiatric facility: Frequency, prognosis and treatment

F. Vorspan [1,2], F. Cornic [3], D. Mathis [4], D. Cohen [3], J.P. Lepine [1,2]. [1] *Service de Psychiatrie, Hopital Fernand Widal, AP-HP, Paris, France* [2] *INSERM U705/ CNRS UMR 7157, Universite Descartes Et Paris 7, Paris, France* [3] *Service de Pedopsychiatrie, Hopital Pitie-Salpetriere, AP-HP, Paris, France* [4] *Infirmerie Psychiatrique Pres la Prefecture de Police, Paris, France*

Background: Catatonia is a well-defined motor syndrome. Its prevalence has been found between 9.5 and 13.6% in various emergency psychiatric units.

Methods: A prospective evaluation was conducted for every patient admitted in the psychiatric emergency facility of the police authority in Paris (Infirmerie Psychiatrique près la Préfecture de Police) during 30 days. Catatonic symptoms were collected, as well as other clinical variables, by using a check-list adapted from DSM-IV criteria.

Statistical analysis: Catatonic and non catatonic patients were compared using khi^2 for categorical variables and ANOVA for continuous variables. Variables which were statistically different between the two groups were entered in a step-wise logistic regression model (level of entry: .05).

Results: The number of patients included was 229. A full catatonic syndrome (i.e. at least two prominent catatonic symptoms lasting for at least 24 hours) was found in 30 patients (13.1%). Main diagnoses in these patients were: schizophrenic disorders (24),

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