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 outpatient 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 dysmorphia 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 $\pm$ 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, cardial 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 hemicryptorchidism 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.

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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

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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

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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

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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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