EV0128

The identifying of depression' risk in students with impaired hearing and vision

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Introduction The depressive states in adolescents have their specificity: they are often poorly understood by the children themselves as reduced mood and can be expressed in the growth of aggressive behaviour, stubbornness, oppositional behavior, care. Even the pre-clinical level of depression can have a significant negative impact on the lives of adolescents.

Materials One hundred and seventy-three visually and 139 hearing impaired students of correctional boarding schools, 7–18 years old.

Methods Children's Depression Inventory (CDI) M. Kovacs, statistical (nonparametric test Mann–Whitney).

Results At 20.8% the increased and at 3.1% the high risk of depression was identified. For students with visual impairments often were characterized by significantly higher scores on a scale of "anhedonia" and "incompetence". The girls revealed significantly higher scores for total scale depression, the scale "negative mood", "interpersonal problems" and "negative self-esteem".

A comparative analysis of data, obtained by different researchers was held. There were no literature sources, which would have provided data about the level of depression of children with sensory impairments.

Conclusions Children with sensory impairments have a greater risk of developing depression in comparison with pupils of general education schools. Therefore, a screening of children in this category on the level of depression should be obligatory in addition to clinical examination. The detected data must be taken into account in psychotherapeutic and preventive measures.

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EV0129

Behavioral problems in Silver–Russell syndrome – Case report

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Objectives The aim of this study is to present two cases of Silver–Russel Syndrome patients with behavioural problems. The male is diagnosed with ADHD, and the female shows antisocial behaviour.

Background Russell–Silver syndrome (RSS) is a rare disorder characterized by intrauterine growth retardation and postnatal growth deficiency along with a handful of common physical characteristics and a range of other symptoms.

Methods Clinical observation, tests (EEG, psychological tests – IQ scale, JEPQ, Projective techniques) and interviews with the patients and their parents and foster parents.

Results S.H. (20 years) – is opponent, aggressive, refuses every kind of cooperation with delayed mental development.

V.M. (10 years) – premature baby (born in the sixth month) in a 40 years old mother (second pregnancy); blind on right eye and very low vision on the left eye; lost both of his parents at the age of 1.6 in a car accident; had several operations and is always under some treatments. V.M. had low school performance. The foster parent noticed that he has an attention deficit. Besides, he is very aggressive verbally and physically, has low frustration tolerance, borderline intelligence.

Conclusion According to several studies that claims that patients with Silver–Russel syndrome have behavioural problems and among them, the most common are attention deficit problems; our study improves that hypothesis. Both of our patients have attention deficit problems.

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EV0130

The neurocognitive development of premature infants at 5 months corrected age

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It is known that prematurity is a risk for neurodevelopmental disorders, particularly for ADHD and autism. However, the impact of prematurity on neurocognitive functions in the early stages of development is not investigated thoroughly.

The aim of research was to reveal the differences in neurocognitive development in premature infants and full-term infants at 5 months age.

The participants were 26 premature infants and 26 gender matched healthy full-term infants. The gestational age of preterm infants was between 29 and 35 weeks.

The Bayley Scales of Infant Development were used to evaluate the neurocognitive abilities in infants.

The one-way ANOVA has revealed that premature infants performed significantly ($P \le 0.05$) more poorly than the full-term infants on cognitive scale, receptive language and gross motor. No significant differences were found between preterm and full-term infants on expressive language and fine motor.

Two-way ANOVA has revealed no significant ($P \le 0.05$) differences between female premature infants and full-term female infants on gross motor in comparison to male infants.

It was proposed that the prematurity has specific (not global) negative effect on neurocognitive development at 5 months age with gender effect on development of gross motor.

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EV0131

Visual delayed memory in ADHD children

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It was shown that children with ADHD have deficit in cognitive abilities. Particularly, in our previous research we have revealed that children with ADHD have weakness have deficit in memory for faces and for names in delayed recall condition.

The goal of this research was to examine the hypothesis that children with ADHD have weakness in visual memory in delayed recall condition.

The experimental group included 19 children with ADHD at age 6–7 years. The control group included 19 typically developing children. The children from experimental and control group were matched for IQ, gender and age.

Children from both groups were assessed with visual memory subtest from Luria's neuropsychological assessment battery. This subtest is designed to assess the ability to perform the visual memory for objects in immediate and delayed conditions. Twoway ANOVA was used to reveal group differences in reproducing the objects in two conditions.

We have not revealed significant differences between children from experimental and control group in the reproducing the objects in immediate condition. However, the interaction of condition type and group was significant ($P \le 0.05$). ADHD children were less successful in reproducing the objects in delayed condition.

In view of the obtained results, it can be assumed that children with ADHD have specific deficit in memory domain – weakness in delayed memory.

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EV0132

Child obsessive-compulsive disorder presenting with catatonic-like features: Case presentation

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Introduction Although catatonia was conceptualized as a subtype of schizophrenia, it is now recognized to occur most commonly in the course of other psychiatric disorders, in drug-induced disorders [1] or neurologic conditions [2]. Catatonia is rarely seen together with OCD and there are a limited number of case reports in the literature [3,4].

Objective We describe the case of a 12 year boy who presented in our clinic with mutism, negativism, immobility, social withdrawn, rigid posture, refusal to eat.

Method We performed a thorough psychiatric diagnostic assessment of the child as well as laboratory tests and MRI of the brain.

Results The child's first symptoms appeared 2 years ago: initially the child became socially withdrawn, spent most of time at his room, and became preoccupied with rituals of hand washing, walking back and forth, preoccupations with food contamination, became aggressive if someone would interrupt what he was doing, stopped going at school, and stopped calling his parents "mother" or "father". Brain MRI showed lateral ventricular asymmetry and suboccipital cyst.

Conclusions The child was put on therapy with lorazepam and sertraline. His obsessive-compulsive symptoms improved, and the apparent catatonic like features resolved and did not return over follow-up.

Discussion Catatonia is not uncommon among children and adolescents, and the relationship between OCD and catatonia is still misunderstood, but it may be an indicator of the severity of the OCD.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0133

Clinical and psychopathological aspect of electrophysiological abnormalities in adolescents with behavior disorders

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Medical and social significance of behavioral disorders in adolescents and their consequences makes the relevance of the study of clinical manifestations and causes the need for early preventive intervention.

Aim Studying the role of neurophysiological disorders in the formation of behavior disorders in adolescents.

Two hundred and two adolescents aged 11–15 years with behavior disorders were observed. The diagnostic methods included electrophysiological, clinical psychopathological and statistical methods. In the structure of behavioral disorders, psychopathological syndromes in adolescents have been identified: psychopathic (n = 106), asthenoneurotic (n = 50), asthenoabulic (n = 26) and anxietydepressive (n = 20).

As a result, it was found that high seizure activity commonly observed in adolescents with anxiety-depressive syndrome $(66.67 \pm 10.33\%)$; less frequently in adolescents with asthenoneurotic $(40.00 \pm 6.79\%)$, psychopathic $(38.71 \pm 4.64\%)$, asthenoabulic $(28.57 \pm 8.68\%)$ syndromes.

At the same time, diffuse changes with dysregulation of the diencephalic-stem structures were observed in the majority of adolescents with psychopathic ($61.29 \pm 4.64\%$), asthenoneurotic ($60.00 \pm 6.79\%$), asthenoabulic ($57.15 \pm 9.51\%$) syndromes and much less frequently in adolescents with anxiety-depressive symptoms ($33.33 \pm 10.33\%$).

Dystonic rheoencephalography type was observed in a third of adolescents with psychopathic ($35.48 \pm 4.55\%$), asthenoneurotic ($30.00 \pm 6.35\%$) and anxiety-depressive ($33.33 \pm 10.33\%$) syndromes, while the hypertensive rheoencephalography type was prevailed in adolescents with astenoabulic symptoms ($14.29 \pm 6.73\%$).

Liquor hypertension in adolescents with asthenoneurotic $(15.00\pm4.95\%)$ and psychopathic $(9.67\pm2.81\%)$ syndromes was more common.

The statistical analysis indicated that violations of bioelectric properties of the brain with high seizure activity and dysfunction of the low stem structures and disorders of cerebral hemodynamics by dystonic type are risk factors for the formation of behavioral disorders in adolescents.

Detection of neurophysiological disorders in adolescents is an informative diagnostic method of early signs of behavioral disorders.

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EV0134

Guide for adults in the children's therapeutic tale: "I conquered my fears"

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