

Aims To test the predictive value of trauma, external shame and gender on depressive symptoms at 6 months, in adolescents.

Method A sample of 325 adolescents (ages ranging from 12–18) completed the Child Depression Inventory, the Childhood Trauma Questionnaire and Other as Shamer, adolescents version. The results were analysed by the hierarchical multiple regression method (SPSS Inc., 22).

Results The model – shame ($b=0.63$; $P<0.001$); affective abuse ($b=0.15$, $P=0.001$), gender ($b=0.12$; $P=0.001$), sexual abuse ($b=0.12$, $P=0.002$), and emotional neglect ($b=0.10$; $P=0.013$) – explained 63% of depressive symptoms variance.

Conclusions The data indicate that the higher the level of shame and trauma, the higher the level of depressive symptoms at 6 months. The present study can add important information that sheds light to the role of mechanisms underlying the vulnerability to depressive symptoms and that might have impact in the existing therapeutic interventions.

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EW72

Social and family risk factors of self-injury in Polish population of psychiatrically hospitalized adolescents

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Introduction During last 10 years, the number of non-suicidal self-injury patients (NSSI patients) in Department of Adolescent Psychiatry of Medical University in Łódź has doubled (from 20 to over 40%). According to DSM-5 criteria, NSSI are deliberate and superficial skin injuries. Such behaviours should be distinguished from suicidal behaviour disorder (SBD). However, the two display the high rate of co-occurrence.

Material and method The study covered 1300 patients (12–19 years of age) hospitalized during last 6 years. The analysis included various variables, e.g. demographic, familial, problems related to school and to peer relations, and variables describing NSSI.

Results and summary The analyzed group consisted of 60,4% girls and 39,6% boys. Out of 43% of patients who performed NSSIs, 45% also confirmed BDS. The patients with diagnosed mental retardation and with schizophrenic psychoses performed significantly fewer NSSIs. The instrumental motive was the most frequently declared reason of self-injury (76%). The reactive (65%), and the illness-related motives (only 15%) were less frequent. In comparison to patients without self-injuries, the NSSI patients significantly more frequently ($P<0.05$) experienced physical violence, unreciprocated love, played truant and repeated grades. Conflicts, delinquency, divorce, and lack of a sense of support were significantly more frequent in the family systems of NSSI patients. They more often experienced loss of their parent before age 15 and had close relatives suffering from mental disorders.

Conclusions NSSI is a multi-dimensional issue that requires further research. Indicating potential risk factors allows for implementing efficient prophylactic, diagnostic and therapeutic actions.

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EW74

The stigma of mental illness in children and adolescents: A systematic review

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Introduction One in ten children and adolescents experience mental health difficulties at any given time, yet only one third of those suffering access treatment. Untreated mental illness predisposes to longstanding individual difficulties, and presents a great public health burden. Large scale initiatives to reduce stigmatization of mental illness in children and adolescents, identified as a key deterrent to treatment, have had limited success, and research is scarce.

Aims To gain a better understanding of the stigma experienced by children and adolescents with mental health difficulties.

Objectives We conducted a systematic review of the literature examining stigma and self-stigma towards children and adolescents with mental health difficulties, in order to better understand the extent and type of discrimination directed towards this particularly vulnerable group.

Methods Following PRISMA guidelines, the databases Pubmed, PsychINFO and Cochrane were searched for original research published between 1980 and 2014, assessing public stigma (i.e. the reaction of the general public) and self-stigma (i.e. internalized public stigma) towards children and adolescents with mental health difficulties.

Results Thirty-seven studies were identified, confirming that stigmatization towards children and young people suffering mental health difficulties is a universal and disabling problem. There was some variation by diagnosis and gender, and stigmatization was for the most part unaffected by labelling. Self-stigmatization led to more secrecy and avoidance of interventions.

Conclusions The findings confirm that stigmatization of mental illness is poorly understood due to a lack of evidence and methodological discrepancies. Implications of the findings are discussed, and suggestions made for future research.

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EW75

Factors affecting burden of main caregivers in children with epilepsy

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Objective The purpose of the study was to evaluate burden of main caregivers in children with epilepsy and to identify factors associated with caregiver burden.

Method Main caregivers of pediatric patients with epilepsy were enrolled four general hospitals in several cities of Korea. One hundred and twenty-four caregivers of patients were included in this cross-sectional study. Sociodemographic/clinical characteristics of patients and sociodemographic characteristics of caregivers were collected. The caregivers were assessed using the Korean version Zarit burden Interview (ZBI), Center for Epidemiological Studies of Depression Scale (CES-D) and social support/conflict scale. Multiple linear regression methods were used to evaluate factors contributing to burden of caregivers.

Results Of the 124 participants, 98(81.7%) were the mothers. The mean score on the ZBI and CES-D were 23.66 (\pm 19.15) and 13.87 (\pm 12.95) points, respectively. Factors affecting of caregiver burden were the number of antiepileptic drugs (AEDs), which patients are taking, and CES-D score by multiple linear regression analysis.

Conclusions Higher number of AEDs prescribed and depression of caregivers are main factors contributing to burden of caregivers in children with epilepsy.

Keywords Caregiver burden; Pediatric epilepsy; Factor

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EW76

Deficit in executive abilities as a risk factor for emerging weakness in grammar understanding in Russian-speaking children

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Introduction Weakness in grammar understanding is key future of specific language impairment (SLI) in children. There has been a considerable amount of work on the language abilities of children with SLI, but we still know relatively little about their other cognitive abilities – in particular their non-linguistic cognitive strengths and weaknesses.

Aims The aim of this research was to examine the hypothesis that Russian-speaking children at the age of 4 with deficit in executive abilities have a risk for emerging weakness in grammar understanding at the age of 6.

Methods One hundred and twenty-five children at the age of 4 were assessed with the NEPSY to reveal children with different level of executive abilities. We have revealed 21 children with deficit in executive abilities. The control group included 21 children with typical level of executive abilities. The children from experimental and control group were matched for IQ and gender. In the framework of longitudinal research, children at the age of 6 from both groups were assessed by Grammar Understanding Test from Luria's neuropsychological assessment technique.

Results Two-way ANOVAs with repeated measures revealed significant differences between groups for scores in the Grammar Understanding Test. Children from experimental group had weakness in grammar understanding.

Conclusions We have revealed that children at the age of 4 with weakness in executive abilities have a risk for emerging weakness in grammar understanding at the age of 6. In view of the obtained results, it can be assumed that executive abilities have influence on the development of grammar understanding in preschool children.

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EW77

Neurocognitive deficits underlying attention-deficit/hyperactivity disorder (ADHD): A clustering/subgrouping analysis

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Introduction Neurocognitive deficits are assumed to be underlying the behavioral symptoms of ADHD. Research over the years has identified a host of these neurocognitive deficits, but no single one deficit appears to be dominant or pervasive in all ADHD children. This raises the query whether there can be further subgrouping of ADHD children at the neurocognitive level.

Objectives and aims This study aims at disentangling the heterogeneous neurocognitive deficits underlying ADHD. To achieve this, we explore if there are separable neurocognitive subgroups in ADHD children.

Methods One hundred and sixty-four Chinese ADHD boys and 163 typically developing controls, aged 6 to 12, were recruited in Hong Kong. A neurocognitive battery of executive function (EF) measures was administered. Cluster analysis was first conducted to identify subgroups of ADHD children based on their neurocognitive functioning. MANOVA was then employed to further explore the differences between subgroups.

Results Two ADHD subgroups were identified. One subgroup showed multiple EF deficits, including disinhibition, impaired interference control, distorted temporal information processing, slow processing speed, and delay aversion. The other subgroup, on the contrary, had intact EF but increased response variability. Both subgroups had comparable ADHD phenotypic severity and comorbidity pattern. However, ADHD children in the EF deficits subgroup were more responsive to medication (i.e., methylphenidate).

Conclusion Results support the neurocognitive heterogeneity of ADHD. EF deficits and response variability are two separable neurocognitive profiles underlying and subgrouping ADHD children of comparable severity. This subgrouping has implication for medication response and offers candidate endophenotypes for neuroimaging and genetic study.

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EW79

Role of music and non-musical techniques in self-guided emotional regulation

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Introduction Studies on relationships between music, visual imagery or therapeutic techniques, like mindfulness and emotions have been undertaken with varying success in predominantly adult populations. Their role in the child and adolescent population remains unclear.

Aims and objectives We undertook a systematic literature review to assess current evidence in the use of music, guided imagery with/without therapeutic techniques for emotional processing in adults, children and adolescents.