PS-092
Risperidone use in children and adolescents with autism spectrum disorders and problematic behavior

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Introduction: Autism spectrum disorders (ASDs) are neuropsychiatric conditions characterized by marked impairment in social interactions, communication deficits, and restricted/repetitive patterns of behaviors. The term "spectrum" includes a wide range of these symptoms and impaired functioning of the patient. ASDs are associated with problematic behaviors, like aggression, hyperactivity, irritability, repetitive behaviors or stereotypies. Atypical antipsychotics are used for treatment some of these symptoms, like aggressive behavior, self injury and irritability.

Methods: In our study we were using risperidone to treat disruptive behaviors and self-injury in children and adolescents with ASD. We have analyzed a group of nineteen children and adolescents with ASD and problematic behavior. The group consisted of 15 males and 4 females, of the age between seven and sixteen. Diagnoses were made according to the ICD-10 criteria. All of them have aggressive behavior and seven of them also have self injury. They have been treated with risperidone 0.5–2.5 mg per day. Duration of the treatment was between three and 4 months.

Results: As demonstrated by the clinical observation as well as Aberrant Behavior Checklist (ABC) risperidone has significantly reduced symptoms of problematic behavior at all of the patients with ASD. However, some of the patients, six of them (31.5 percent), have significant weight gain. One patient has stopped received risperidone because of this side effect and change with the other antipsychotic drug. Patients with weight gain received higher dose of risperidone.

Conclusion: This study support our clinical experience of mean improvement of problematic behavior patients with ASD (like aggression, self injury and irritability) with risperidone. Our patients are well tolerated low dose of risperidone, but some of them with higher dose of medicine have problem with weight gain. Our conclusion, in small sample, is that for the most children with ASD and irritable, aggressive behavior and self injury risperidone is effective pharmacological treatment.

PS-093
Self-regulation maturing of children with normal development and mental retardation

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Self-regulation is supposed to be "a key to the life success" (Baumeister 2002). Therefore it is important to study the way of forming of this ability in ontogenesis. The aim of the current research was to investigate the maturing of self-regulation in the age from 7 to 12 years in children with normal development and with mental retardation.

The theoretical concept assumed as a basis of the research three-level model of self-regulation introduced by Nikolaeva including the level of self-regulation of psychic states, the oper and the motivational levels.

The research sample consisted of 39 children with slight retardation in the age from 7 to 12 years and 93 their norma veloping peers. Diagnostics included Luria's batter neuropsychological tests adapted by Semenovich (2002), meth studying learning motivation by Ginsburg (1996), Lousl (1996), Grebeniouk (2000) and Markova (1990).

The research has shown that in the case of normal developr the age of 7–8 years the leading level of self-regulation is the l psychic states. The transfer to the motivational level as the l one begins in the age of 8–9 years. The results of learning acti normally developed children in the age of 11–12 years depend o motivation as contrasted to the age of 7–8 years, when most children have high level of learning motivation, but their resu pend of the maturing of the self-regulation of psychic states.

In the case of mental retardation the underdeveloped first le self-regulation negatively effects on the operational level therefore maturing of the motivational level also delays.

The statistically significant differences in Mann-Whitney t self-regulation level between the normally developing childre their peers with mental retardation show that a special interve course is needed for the latter group to help them to shorten the developing of this ability.

PS-094
Short-time outcome predictors of bipolar disorder i in children and adolescents

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Objectives: Cohort researches on youth bipolar disorder are lim This study aimed to evaluate the 3 and 6 month clinical and de graphic outcome predictors (recurrence rate, the rate hospitalization, severity of illness and recovery rates) in a grou inpatient children and adolescents with type I bipolar disorders.

Method: In a longitudinal and prospective study, 80 youths adm in the child and adolescent psychiatry ward at Roozbeh hospital recruited. All the participants were diagnosed as having type I bip disorder. These consecutive referrals were evaluated at admiss discharge, and follow-up at 3 and 6 months, using demogra questionnaire, the Kiddie-Schedule for Affective Disorders Schizophrenia- Present and Lifetime Version-Persian Version SADS-PL-PV),the Young Mania Rating Scale (Y-MRS), the Chil Depression Inventory (CDI) for under 16 year-old, the Beck pression Inventory (BDI) for above 16 year-old, and the Clin Global Impression (CGI). The Pearson correlation coefficient multivariate regressions were used for data analysis.

Results: The 6-month follow-up showed that there was a posi correlation between the severity of mania with male gender (p 0.01) and the severity of mania at admission (p = 0.04). The rat recurrence at the 6-month follow-up was correlated (p = 0.05, r 0.22) with psychosis at admission. The duration of untreated disor (p = 0.03) had a positive correlation with the severity of glo impairment at the 6 month follow-up.