

Aims: Describe the profile of adolescents “sheltered” which viewed in Addictive Behavior Unit for this reason during the years 2010–2014. **Method:** We defined as “sheltered” the adolescent who is enclosed at home over a week. The subjects were evaluated with diagnostic criteria DSM-5 for video game addiction, Ko criteria for Internet addiction in adolescents, the interview Kiddie Sads for mental disorders, Global Clinical Index (ICG) at 3 months intervention.

Results: A total 104 subjects were evaluated, 65 of them met diagnostic criteria for video game addiction. Of these, 57 reported using the video game as a shelter. The mean age of the adolescents was 15 years, and 84 % were boys. Of total cases with addiction to video games, 12 had affective disorders, 19 disruptive behavior disorders, 7 ADHD, 10 anxiety disorders, 5 personality disorders, 9 mixed disorder of conduct and emotions, one psychotic disorders. 49 % of cases suffer more than one disorder. 32 patients reported a loss of friends group. In 76 % of cases the school level is deteriorated and 40 % have been bullied. At 3 months, ICG shows improvement in 48 % of cases.

Conclusions: Many adolescents with video game addiction take refuge in their homes. These patients present a high comorbidity with other mental disorders. Loneliness seems an important motor for the addictive behavior. It is important to conduct an assessment of these mental disorders and make a specific intervention to break the reclusion.

Keywords: Adolescents; Video game; Addiction; Reclusion.

PM-006

Adolescents with suicidal behavior: results from a new clinical intervention protocol at the Sant Joan De Déu University Hospital in Barcelona (Spain)

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Introduction: The Child and Adolescent Mental Health Service at the Sant Joan de Déu University Hospital in Barcelona (Spain) has a new team specializing in assessing and treating suicidal behavior in young people that present to the emergency service. The team has designed a protocol of evaluation and its main aims include, not only to do a thorough assessment of the patient and to design a safety plan post-discharge from hospital, but also to ensure a good engagement with community services as patients have to be seen for follow-up within 72 h post-discharge from hospital.

Hypothesis: The implementation of this new protocol of evaluation will reduce the suicidal behavior of the young person after the initial assessment and will ensure a better engagement with community services.

Methodology: This is a prospective study with an initial assessment in the emergency setting and follow-up of patients for up to a year.

Results and conclusions: In the last year we have seen more than 250 adolescents with suicidal behavior. Of the initial 106 patients (November 2013–April 2014) 85 % were female and the mean age was 15 years (9–17); 64 % took tablets as a means to take their own life; 60 % were diagnosed with an affective disorder or adjustment disorder, 8 % with conduct disorder and 8 % with dysfunctional personality traits. 57 % had had previous suicidal behavior. Of the first 106 patients, 45 % were admitted to an inpatient unit or a day hospital after the initial assessment; from the rest 99 % attended their first follow-up appointment with community services and 5 % (n = 5) had repeated suicidal behavior within 6 months. We are currently in the process of analyzing data from the whole sample. To conclude, patients assessed by the new specialized team have a lower risk of repeated suicidal behavior and a better engagement with services.

References

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PM-007

Adverse reactions of methylphenidate in children with attention deficit–hyperactivity disorder: report from a referral center

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Objective: The aim of the current study was to evaluate methylphenidate adverse reactions in children with attention deficit hyperactivity disorder (ADHD).

Methods: During a 6 month period, all children receiving methylphenidate treatment alone or with other agents were screened regarding a subjective and objective adverse drug reactions (ADRs) of methylphenidate. Detection of ADRs was performed by face-to-face interview with patients or his/her parents at regular follow-up office visits through a checklist of methylphenidate adverse reactions in relevant scientific literature and reviewing their brief office chart. Required data including patients' age, sex, weight and height at the beginning of methylphenidate therapy, and at the present, comorbidities, ADHD treatment, drug regimen and co-administered medication (name, dosage, frequency, indication, and route of administration) and detected ADRs [clinical manifestation and the causative drug(s)] were registered in a predesigned form. ADRs reported by the patient daily (on a daily basis) and 2–3 times a week within the recent 1–2 weeks were classified as “always” and “sometimes,” respectively.

Causality and seriousness of detected ADRs were assessed by relevant World Health Organization definitions. The Schumock and Thornton questionnaire was used to determine preventability of ADR:

Findings: Seventy-one patients including 25 girls and 46 boys with ADHD under methylphenidate treatment were enrolled within the study period. All (100 %) ADHD children under methylphenidate treatment developed at least one ADR. Anorexia (74.3 %), irritability (57.1 %), and insomnia (47.2 %) were the most frequent methylphenidate related adverse reactions. Except for one, all other detected ADRs were determined to be mild. In addition, no ADR was considered to be preventable and serious.

Conclusion: Our data suggested that although methylphenidate related adverse reactions were common in children with ADHD, but they were mainly mild and nonserious.

PM-008

Aepnya research grant 2013: influence of a gluten-free and casein-free diet in behavioral disorders of children and adolescents diagnosed with autism spectrum disorder

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