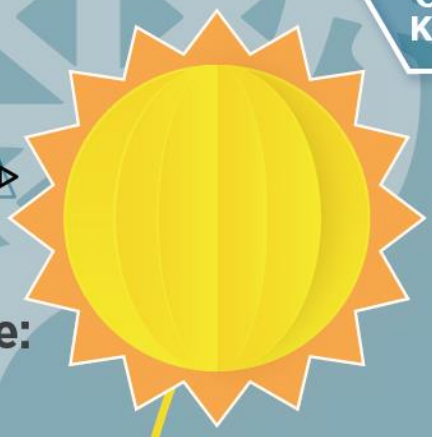
Türkiye Çocuk ve Genç Psikiyatrisi Derneği
1991

30. Ulusal
Çocuk ve Ergen Ruh Sağlığı ve Hastalıkları Kongresi

Online Kongre

20-22 Mayıs 2021

**Ruhsal Gelişimden Ruhsal İyileşmeye:
Köklerimiz, Değerlerimiz
ve Sınırlarımız.**



BİLDİRİ KİTABI

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Değerli Meslektaşlarımız,

Ulusal Çocuk ve Ergen Ruh Sağlığı ve Hastalıkları Kongre'mizin 2021 yılında otuzuncusunu düzenliyoruz. Böylesine önemli bir yıl dönümünde kongre düzenleme kurulunda yer alan üyeler olarak hem gurur, hem heyecan hem de büyük bir sorumluluk hissediyoruz. Otuzuncu yılımızda Ulusal Kongremizin Türkiye Cumhuriyeti'nin köklerinin atıldığı en önemli şehirlerimizden Başkentimiz Ankara'da olmasının da kongrenin amacı ve teması ile uyumlu olduğunu düşünüyorduk. Ancak içinde bulunduğumuz pandemi koşulları sebebiyle geçen yıl gerçekleştiremediğimiz kongremizi 20 - 22 Mayıs 2021 tarihlerinde E-KONGRE olarak düzenleme kararı almış bulunuyoruz.

Bu seneki kongre ana temamızı bu önemli yıldönümü ile de örtüştüğünü düşündüğümüz "Ruhsal Gelişmeden, Ruhsal İyileşmeye: Köklerimiz, Değerlerimiz ve Sınırlarımız" olarak belirledik.

Tüm tıp alanları içinde ayrı uzmanlık dalı olmamız için yaşanan zor süreçler öncülük eden değerli meslektaşlarımızın uzun süreli çabaları ile aşılmış ve uzmanlık alanımız bugün aranan, öncelikli olarak tercih edilen ve prestijli bir konuma gelmiştir. Bilim alanımız ve camiamızın kökleri ve değerlerinin bilinmesi gelecek için hedefler ve amaçlar oluşturulması açısından kaçınılmazdır. Bu değerler ve amaçlar doğrultusunda da sınırlarımızın ne olduğu daha net çizilebilir.

Özellikle son yıllarda alanımız ciddi sınır ihlallerine maruz kalmıştır. Bu ihlaller sadece bizi değil hasta ve hasta yakınlarını da olumsuz şekilde etkilemektedir.

Değerler, sınırlar ve amaçların tartışılmasında her nesilden meslektaşımızın fikirleri önemlidir ve her nesil birbirine birçok şey öğretebilir.

Köklerimizden bahsettiğimizde, camiamızın birçok değerli klinisyen, akademisyen, bilim insanı yetiştirdiğini gururla söyleyebiliriz. Bu kongremizde alanında duayen sayılabilecek meslektaşlarımızı, daha genç meslektaşlarımızla buluşturmak amacıyla düzenlenmiş çeşitli kurslar ve konferanslar yer almaktadır.

Pandeminin halen sürmesi ve kapalı salonlarda kalabalık grup toplantılarının başlamaması nedeniyle almış olduğumuz bu kararı anlayışla karşılayacağınızı umuyoruz. Önümüzdeki süreçte yine bir arada olacağımız fiziki kongrelerimizde buluşmak dileğiyle saygılarımızı sunuyor, tüm meslektaşlarımızı 20 - 22 Mayıs 2021 tarihlerinde online olarak düzenlenecek "30. Ulusal Çocuk ve Ergen Ruh Sağlığı ve Hastalıkları Kongresi" ne bekliyoruz.

Saygılarımızla

Kongre Eş Başkanları

Prof. Dr. Ayşen Coşkun

Prof. Dr. Eyüp Sabri Ercan

Kongre Eş Başkanları

Prof. Dr. Ayşen Çoşkun

Prof. Dr. Eyüp Sabri Ercan

Onur Kurulu

Prof. Dr. Cahide Aydın

Prof. Dr. Ümran Tüzün

Prof. Dr. Ferhunde Öktem

Prof. Dr. Belma Ağaoğlu

Prof. Dr. Ayla Aysev

Prof. Dr. Süha Miral

Prof. Dr. Emine Zinnur Kılıç

Prof. Dr. Müge Tamar

Prof. Dr. Runa Uslu

Prof. Dr. Behiye Alyanak

Bilimsel Kurul

Prof. Dr. Ayşen Coşkun

Prof. Dr. Eyüp Sabri Ercan

Prof. Dr. Fevziye Toros

Prof. Dr. Özlem Gündoğdu

Prof. Dr. Nursu Çakın Memik

Prof. Dr. Özlem Özel Özcan

Prof. Dr. Ayhan Bilgiç

Doç. Dr. Didem Behice Öztop

Doç. Dr. Özhan Yalçın

Doç. Dr. Esra Demirci

Başkan Yardımcıları

Prof. Dr. Nursu Çakın Memik

Doç. Dr. Caner Mutlu

Dr. Öğr. Üyesi İpek Perçinel Yazıcı

Genel Sekreter

Doç. Dr. Didem Behice Öztop

Genel Sekreter Yardımcıları

Doç. Dr. Dilşad Foto Özdemir

Doç. Dr. Esra Demirci

Uzm. Dr. Hakan Öğütlü

Saymanlar

Doç. Dr. Kayhan Bahalı

Doç. Dr. Özhan Yalçın

Doç. Dr. Ali Güven Kılıçoğlu

Sayman Yardımcıları

Dr. Öğr. Üyesi Ümit Işık

Dr. Öğr. Üyesi Murat Eyüboğlu

Üyeler

Prof. Dr. Fevziye Toros

Prof. Dr. Özlem Yıldız Gündoğdu

Prof. Dr. Özlem Özel Özcan

Prof. Dr. Ayhan Bilgiç

Doç. Dr. Gonca Gül Çelik

Doç. Dr. Hatice Aksu

Doç. Dr. Serhat Nasıroğlu

Doç. Dr. Ayşe Kutlu

Dr. Öğr. Üyesi Fatih Hilmi Çetin

Dr. Öğr. Üyesi Çilem Bilginer

Uzm. Dr. Mahmut Cem Tarakçıoğlu

Arş. Gör. Dr. Tuğba Menteşe Babayiğit

20 MAYIS 2021 - PERŞEMBE - 1. GÜN

	Salon 1	Salon 2	Salon 3	Salon 4	Salon 5
09:00 – 10:30	**PANEL** **Psikonöroimmünoloji ve Çocuk & Ergen Psikiyatrisinde Son İlerlemeler** -Çocuk Psikopatolojisinde Psikonöroimmünolojinin Tanımı ve Genel Bir Bakış ***Rahime Duygu Temeltürk*** -Otizm Spektrum Bozukluklarının Psikonöroimmünolojisi ***Duygu Kaba*** -DEHB'nin Psikonöroimmünolojisi ***Merve Canlı*** -Duygudurum Bozuklarının Psikonöroimmünolojisi ***Ayşegül Efe*** -Diğer Psikiyatrik Bozuklukların Psikonöroimmünolojisi ***Yusuf Gürel*** ***Moderatör***: ***Merve Çıkılı Uytun***	**PANEL / "KÜLTÜR-SANAT KOMİSYONU" ETKİNLİĞİDİR** **Representation of Roots in Art** - Representations of Roots, Belonging and Identity in New Wave Turkish Cinema- An Analysis Attempt over "A Tale of Three Sisters" ***Handan Özek Erkuran*** -The roots of a literary character: "Scarlet O'Hara and Gone with the wind" ***Özlem Önen*** - Roots Of Violence In Caravaggio's Art ***Ferhat Yaylacı*** - Roots of our Community Through Arabesque	**PANEL** **Hangi Tanıya Hangi BDT Tekniği: Olgular Üzerinden Tanıya Özgü BDT Uygulamaları** - Yeme Bozukluklarında Tanıya Özgü BDT Uygulamaları ***Hakan Öğütlü*** - Travma Sonrası Stres Bozukluğunda Tanıya Özgü BDT Uygulamaları ***Süleyman Çakıroğlu*** - Sosyal Fobide Tanıya Özgü BDT Uygulamaları ***Hülya Akkaya Yılmaz*** - Depresyonda Tanıya Özgü BDT Uygulamaları ***Erdem Ertaş*** ***Moderatör***: ***Vahdet Görmez***	**PANEL** **Psikososyal Açıdan Yoksulluk** - Kötü Çocuk: Yoksulluk ***Önder Küçük*** - Çıkmayan Deri: Yoksulluk ***Berkant Sağır*** - Yoksulluğun Görünmeyen Yüzleri ***Mustafa Açıkgöz*** -Bencillik İkliminde Yoksulluk ve Çocuk ***Müge Tamar*** ***Moderatör***: **Müge Tamar**	**KURS 4-A** Psikodinamik Grup Terapisi Uygulaması ***Füsun Ç.Çetin*** (kontenjan sınırı:12)

		Music; Müslüm ***Begüm Şahbudak*** ***Moderatör: Didem Behice Öztop*** Sunum Dili Türkçe'dir			
10:30 – 10:45	**ARA**				
10:45 – 12:15	**PANEL** **Psikiyatri'de Metodolojik Kayma: Biyobelirteçler** -Depresyonda Biyobelirteçler ***Serkan Karadeniz*** -Psikiyatrik Bozukluklarda Biyobelirteçlere Genel Bir Bakış ***Gülen Güler Aksu*** -Anksiyete Bozukluklarında Biyobelirteçler ***Canan İnce Börekçi*** -DEHB'de Biyobelirteçler ***Yüksel Sümeyra Karagöz*** -OSB ve Biyobelirteçler ***Berire Çekin Yılmaz*** ***Moderatör: Ali Güven Kılıçoğlu***	**PANEL** **Ebeveynliğin Değişik Yüzleri** -"Socialmoms" ve "Socialdads" ***Fevzi Tuna Ocakoğlu*** -Ebeveynlik Tutumları ve Stilleri Değişiyor mu? ***Adem Güneş*** -"Gatekeeper Anne" Babayı Uzaklaştırabilir mi? ***Büşra Duran*** - "Helikopter Ebeveynlik" ***Caner Mutlu*** ***Moderatör***: ***Özhan Yalçın***	**PANEL** **Harry Potter: Through the Eyes of Psychiatrists Growing Up With** - Harry Potter's Wizarding World and The Object Relations **Nazlı Kapubağlı Çetin** - From Siblinghood to The Groups **Şahabettin Çetin** - Harry Potter and Humor **Aybüke Tuğçe Mustan** - Therapeutic Effect of Stories	**PANEL** **Geçmişten Günümüze Bağlanma Kuramı ve Güncel Yaklaşımlar** -Bağlanma Tanım, Tarihçesi ve Güncel Yaklaşımlar ***Hatice Gözde Akkın Gürbüz*** -Bağlanma Kuramına Nörobiyolojik Yaklaşımlar ***Zeynep Seda Albayrak*** -Bağlanmanın Bebeklik, Çocukluk ve Ergenlik Döneminde	**KURS 2** DSM 5 temelli K-SADS-PL eğitimi ***Fatih Ünal*** (kontenjan sınırı yoktur)

			Gökçen Yılmaz Karaman ***Moderatör: Esra Demirci*** Sunum Dili Türkçe'dir	Değerlendirilmesi ***Dilara Demirpençe Seçinti*** -Gelişim Basamaklarında Bağlanma, Biliş, Motivasyon ve Duygu ***Rahime Hülya Bingöl Çağlayan*** ***Moderatör: Rahime Hülya Bingöl Çağlayan***	
12:15 – 12:30	**ARA**				
12:30 - 13:15	**UYDU SEMPOZYUMU** DETECT Türkiye Dikkat Eksikliği ve Hiperaktivite bozukluğu Tanı ve Tedavi Konsensus raporu ***Prof.Dr Eyüp Sabri ERCAN***				
13:15 – 14:45	**AÇILIŞ KONUŞMALARI** **AÇILIŞ KONFERANSI** **"ACININ VE UMUDUN KUŞAKLARARASI VE KUŞAKAŞKIN TAŞINMASINDA ERKEN DÖNEM İLİŞKİ ÖRÜNTÜLERİNİN YERİ"** ***Bahar Gökler*** ***Oturum Başkanı: Ayşen Çoşkun***				
14:45 – 15:00	**ARA**				
15:00 – 16:30	**PANEL** **Otizm Spektrum Bozukluğunda Ağır Klinik Tablolar: Eştanı ve Tedavi Yaklaşımları** -OSB'de Eşlik Eden	**PANEL** **Çocuk ve Ergenlerde Gender Dysphoria: En Son Perspektif** -Gender Dysphoria'd	**PANEL** **Mindful Parenting in Child and Adolescent Psychiatry** - What is mindful parenting?	**PANEL** **Ruhsal Gelişme ve Ruhsal İyileşme Yolculuğunda Çocuklarımızın**	**WORKSHOP** Çocuğun Gözüyle Bakabilmek: "In my shoes" Bilgisayar Destekli Görüşme

	Semptomların ve Eştanıların Kompleksitesi ***Işık Görker*** -OSB'de Oksitosin Tedavisi ***Hatice Aksu*** -OSB'deki Genetik İlerlemeler Işığında Yeni Tedavi Seçenekleri ***Esra Demirci*** -OSB Tanılı Çocuklarda Ağır Klinik Prezentasyonların Psikofarmakolojik Yönetimi ***Hasan Cem Aykutlu*** ***Moderatör: Süha Miral***	a Tanı, Değerlendirme ve Psikiyatrik Yaklaşım ***Burcu Yıldırım Budak*** -Gender Dysphoria Tanısı Olan Çocuk & Ergenler: Klinik ve Araştırma ile İlgili Sorunlara En Son Yaklaşımlar ***Gözde Yazkan Akgül*** -Endokrin Perspektiften Gender Dysphoria ***Zehra Aycan*** -Transgender Gençlerin Cinsiyet Belirleyici Multi-modal Tıbbi Bakımı: Bir Kadından Erkeğe Transgender, Bir Erkekten Kadına Transgender Olgu Örnekleri ***Ayşe Burcu Ayaz*** ***Moderatör***: **Ayhan Bilgiç**	***Canem Kavurma*** -Mindful parenting in children and adolescents with ADHD ***Öznur Bilaç*** - Mindful Parenting In Children and Adolescents with Anxiety Disorder ***Halil Kara*** - Mindful Parenting in Parents of Children with Autism Spectrum Disorder ***Ayla Uzun Çiçek*** - Mindful Parenting in Children and Adolescents with Depressive Disorder ***Seda Aybüke Sarı*** ***Moderatör: Caner Mutlu*** Sunum Dili Türkçe'dir	**Sağlıklı Yönlerine Bakış** -Kronik Hastalıkları Olan Çocukların ve Ailelerinin Ruh Sağlığı ***Banu Anlar*** -Oyun ve Oyuncakların Ruh Sağlığını Geliştirmedeki Yeri ***Yaşar Anlar*** -Çocuk İstismarı ve İhmalinde "Tutunacak Dal" Arayışı ***Özlem Gencer*** -Bağımlılığın Yönetiminde Pozitif Psikoloji ***Zeki Yüncü*** ***Moderatör***: **Bülent Coşkun**	Yönteminin Tanıtılması ***İlkiz Dikmeer Mine Cihanoğlu*** Çocuk Koruma Programı-Aileler İçin Umut (Hope For Family) ***Nahide Doğrucan*** (kontenjan sınırı yoktur)

16:30 – 16:45	**ARA**				
16:45 – 18:15	**CONFERENCE:** "Adolescent Personality Disorders" ***Carla Sharp*** ***Oturum Başkanı: Ömer Faruk Akça*** Simültane Çeviri Olacaktır	**PANEL** **Dijital Çağda Çocuk ve Ergenlerin Ruhsal/Zihinsel Sağlığı** -İnternet Bağımlılığının Epidemiyolojisi ve Nörobiyolojisi ***Caner Mutlu*** -İnternet Oyunu Oynama Bozukluğu ve Psikososyal Risk Faktörleri ***Çağatay Ermiş*** -Dijital Çağın Çocuk ve Ergenler Üzerine Ruhsal/Zihinsel Etkileri ***Neslihan İnal*** -İnternet Oyunu Oynama Bozukluğu ve İlişkili Faktörlerin Bilişsel Davranışçı Kavramsallaştırılması ve Tedavisi ***Vahdet Gormez***	**PANEL** **Pediatrik Organ, Doku ve Hücre Transplantasyonlarının Psikososyal Etkileri** -Pediatrik Organ Transplantasyonunun Psikososyal Etkileri ***Esin Özatalay*** -Pediatrik Karaciğer Transplantasyonunun Psikososyal Etkileri ***Aslı Sürer Adanır*** -Pediatrik Renal Transplantasyonun Psikososyal Etkileri ***Arif Önder*** -Pediatrik Kemik İliği Naklinin Psikososyal Etkileri ***Özge Gizli Çoban*** -Doku ve Diğer Solid Organ Transplantasyonlarının Psikososyal Etkileri ***Hicran Doğru***	**PANEL** **Psikiyatrik Bozukluklarda Yaşam Kalitesi** -DEHB'de Yaşam Kalitesi ***Ümit Işık*** -OSB'de Yaşam Kalitesi ***Mehmet Akif Cansız*** -Yaşam Kalitesi ve Çocuk & Ergenlerde Anksiyete Bozuklukları ***Necati Uzun*** -Duygudurum Bozukluklarında Yaşam Kalitesi ***Serdar Karatoprak*** ***Moderatör: Ümit Işık***	**PANEL** **Psikopatolojiler ve Biliş** - Anksiyete Bozukluklarında Biliş ***Özlem Hekim*** - Sosyal Medya Aşırı Kullanımı ve Biliş ***Ayhan Göngöloğlu*** - İnternet Oyun Bağımlılığında Biliş ***Hesna Gül*** - Obsesif Kompulsif Bozuklukta Biliş ***Yasemin Taş Torun*** ***Moderatör: Ayhan Göngöloğlu***

		Moderatör*: *Neslihan İnal	***Moderatör: Esin Özatalay***		
21 MAYIS 2021 - CUMA - 2. GÜN					
	Salon 1	**Salon 2**	**Salon 3**	**Salon 4**	**Salon 5**
09:00 – 10:30	**PANEL** **Özgül Öğrenme Bozukluğunda Biyobelirteçler** -ÖÖB/ÖÖG Tanılı Çocuklarda Serum BDNF Düzeyleri ***Gülser Şenses Dinç*** -ÖÖB/ÖÖG'de Genetik Belirteçler ***Özden Şükran Üneri*** -ÖÖB/ÖÖG'de Nörogörüntüleme ***Esra Çöp*** -ÖÖB/ÖÖG'de Klinik Nörofizyoloji ***Tuna Çak Esen*** ***Moderatör: Fevziye Toros***	**PANEL** **Nörogelişimsel Bozukluklar Kapsamında Özgül Dil Bozukluğu** - Dil Bozukluğu ve Nörokognisyon ***Esen Yıldırım Demirdöğen*** - Bilingualizmin nörobiyolojisi ve dil üzerine etkileri ***Bahadır Turan*** - Ekran Maruziyetinin Dil Gelişimi Üzerine Etkisi ***Mehmet Akif Akıncı*** - Dil Bozukluğunun erken tanısı ve yapay zeka uygulamaları ***İbrahim Selçuk Esin***	**PANEL / "BEBEK RUH SAĞLIĞI KOMİSYONU"** **ETKİNLİĞİDİR** **Prenatalden Postanatale, Zihinden Kucağa; Bağlanma** -Anne-Bebek Etkileşiminin Nörobiyolojik Sonuçları ***Zehra Topal*** Prenatal Bağlanma, Efsane mi? Gerçek mi? ***Aylin Özbek*** Annenin Kendi Ebeveynleriyle İlişkisinin Prenatal Sürece ve Bağlanmaya Etkileri ***Damla Eyüpoğlu*** -Türkiye'de Bebek Ruh Sağlığı Çalışmaları Miraç Barış Usta	**KURS 3-A** Çocuk ve Ergenlerde Trandiyagnostik Bir Yaklaşım: Kabul Ve Adanmışlık Terapisi (ACT) ***Runa İdil Uslu*** ***Özlem Sürücü*** (kontenjan sınırı yoktur)	**KURS 4-B** Psikodinamik Grup Terapisi Uygulaması ***Füsun Ç.Çetin*** (kontenjan sınırı:12)

		Çocukluk Çağı Dil Bozukluklarının Güncel Sınıflandırılması, Prognostik Faktörler Ve Erken Müdahale ***Esra Özcebe*** ***Moderatör:*** ***Onur Burak Dursun***	***Moderatör*****: A ylin Özbek**		
10:30 – 10:45	**ARA**				
10:45 – 12:15	**PANEL** **Process of Assesment, Diagnosis and Interventions in Infant Mental Health From An Example of Infant Mental Health Outpatient Department** - Clinical Assessment and Diagnostic Tools in Infant Mental Health ***Tuğba Menteşe*** - General Framework of Infant Mental Health Unit ***Merve Çıkılı Uytun*** - Clinical Interventions in Infant Mental Health Practice ***Esra Yürümez*** - Pre-School Age Psychiatric Assessment	**PANEL** **Yeme Bozukluğu Tanılı Olgularda Sosyal Bilişte Ne Değişmekte ?** -Yeme Bozukluklarında Sosyal Biliş: Genel Bir Bakış ***Ali Evren Tufan*** -Anorexia Nervoza'da Sosyal Biliş ve Empati ***Gonca Özyurt*** - Social Cognition and Empathy in Bulimia Nervosa -Bulimia Nervoza'da Sosyal Biliş ve Empati ***Zehra Topal***	**PANEL** **Pandemi Gölgesinde Ruh Sağlığı** -Pandemide Bebek Olmak ***Koray Karabekiroğlu*** -Pandemide Çocuk Olmak ***Burcu Akın Sarı*** -Pandemide Genç Olmak ***Özlem Özel Özcan*** ***Moderatör***: **Özlem Özel Özcan**	**KURS 3-B** Çocuk ve Ergenlerde Trandiyagnostik Bir Yaklaşım: Kabul Ve Adanmışlık Terapisi (ACT) ***Runa İdil Uslu*** ***Özlem Sürücü*** (kontenjan sınırı yoktur)	**KURS 1** Çocuk ve Ergen Psikiyatrisi Alanında Yapay Zeka Modellemesi ***Miraç Barış Usta*** (kontenjan sınırı yoktur)

	Interview (PAPA) : Application and Clinical Use ***Gökçe Yağmur Efendi*** ***Moderatör: Dide m Behice Öztop*** Sunum Dili Türkçe'dir	-Çocukluk Çağı Obezitesinde Sosyal Biliş ve Empati ***Yusuf Öztürk*** - Tıkınırcasına Yeme Bozukluğu'n da Sosyal Biliş ve Empati ***Serkan Turan*** ***Moderatör: Ali Evren Tufan***			
12:15 – 13:15	**UYDU SEMPOZYUMU** Dikkat Eksikliği Hiperaktivite Bozukluğu Tedavisinde Uzun Etkili Metilfenidat ***Prof.Dr Eyüp Sabri ERCAN***				
13:15 – 14:45	**PANEL** **Çocukluk Çağı Psikiyatrik Bozukluklarında Transdiagnostik Bir Faktör Olarak Duygu Düzenleme** -Anksiyete Bozukluklarında Duygu Düzenleyememe ***Zehra Çakmak Çelik*** -Duygusal Düzenleyememe ve DEHB'deki Duygusal Düzenleyememe ye Genel Bir Yaklaşım ***Helin Yılmaz Kafalı***	**PANEL** **Özgül Öğrenme Bozukluğun da Temporal İşitsel İşlemleme** -Özgül Öğrenme Bozuklukları ve İşitsel İşlemleme: İlişkinin Doğası Nedir? ***Tuna Çak Esen*** -İşitsel Temporal İşlemleme Nasıl Değerlendiri lir?	**KONFERANS** **Pandemide Artan Tedaviye Dirençli Duygudurum Bozuklukları na Yaklaşım ve Tedavi** ***Özhan Yalçın*** ***Moderatör: Burcu Akın Sarı***	**PANEL** **Pandemi Döneminde Psikosoyal Destek ve Telepsikiya tri Uygulamal arı** -İzmir Dr.Behçet Uz ÇRS "Psikososya l Destek Modeli" ***Ayşe Kutlu*** -"Kocaeli Üniversitesi ÇRS'de Pandemi ve Telepsikiyat ri" ***İrem Damla Çimen***	**KURS 5-A** Çocuklarda Oyun Terapisi ***Ferhunde Öktem*** (kontenjan sınırı:40 kişi)I-5

	-Depresyon ve İntihar Davranışında Duygu Düzenleme ***Binay Kayan Ocakoğlu*** -Duygu Düzenleme Üzerine Erken Travmatik Deneyimlerin Etkisi ve TSSB'de Duygu Düzenleme ***Çiğdem Yektaş*** ***Moderatör: Kayhan Bahalı***	***Meral Didem Türkyılmaz*** -Özgül Öğrenme Bozukluğu Olan Bir Grup Çocukta Hacettepe Üniversitesi Odyoloji Bölümü Deneyimi ***Filiz Aslan*** -Özgül Öğrenme Bozukluğundaki Temporal İşitsel İşlemlemedeki Değişiklikler Üzerine Bir Tartışma ***Dilek Ünal*** ***Moderatör***: **Ebru Çengel Kültür**		-Pandemide Ergenlerle Avantaj Ve Dejavantajları Ile Telepsikiyatri; Kayseri Örneklemi ***Esra Demirci*** -Telepsikiyatrinin Avantajları ve Dezavantajları: Başkent Üniversitesi ÇRS Kliniklerinden Deneyimler" ***Tuğba Eseroğlu Söylemez*** -"Pandemi Döneminde Sağlık Bakanlığı Telepsikiyatri Uygulamaları: ÖÇDS ve RUHSAD" ***Bahadır Turan*** ***Moderatör: Onur Burak Dursun***	
14:45 – 15:00	**ARA**				
15:00 – 16:00	**İKİLİ KONFERANS**	**İKİLİ KONFERANS Şizofreni ve**	**İKİLİ KONFERANS ve İNTERAKTİ**	**KONFERANS** Öğrenmenin	**KURS 5-B** Çocuklarda Oyun Terapisi

	- Güncel Nörobilimsel çalışmalar "Otizmler" kavramını açıklıyor mu? ***Nahit Motavallı Mukaddes*** -Integrative Treatment in the Managment of Attentiondeficit/hyperactivity disorder (ADHD) ***Eyüp Sabri Ercan*** ***Oturum Başkanları: Nahit Motavallı Mukaddes, Eyüp Sabri Ercan***	**Bipolar Afektif Bozuklukta Prodromal Dönem** -Prodromal Şizofreni ve Tedavi Yaklaşımları ***Özhan Yalçın*** -Bipolar Afektif Bozuklukta Prodrom ve Tedavi Yaklaşımları ***Ali Güven Kılıçoğlu*** ***Oturum Başkanı: Neslihan İnal***	**F TARTIŞMA Sahada Yaşan Güçlükler, Zorluklar ve Güçlü Olduğumuz Alanlar: Konferans ve İnteraktif Tartışma** -Diğer Kurumlarla Yaşanan Zorluklar ***Gülseda Ayrancı*** -Bir İlçede (Cizre) Çocuk ve Ergen Psikiyatristi Olmak" ***Dicle Büyüktaşkın*** ***Oturum Başkanı: Elvan İşeri***	Zihnimizdeki Serüveni ***Soner Yıldırım*** ODTÜ Bilgisayar ve Öğretim Teknolojileri ***Oturum Başkanı: Özlem Yıldız Gündoğdu***	***Ferhunde Öktem*** (kontenjan sınırı:40 kişi)
16:00 – 16:15	**ARA**				
16:15 – 17:45	**KURS 6-A** MISC (Mediational Intervention for Sensitizing Caregivers) ***Carla Sharp*** Simültane Çeviri Olacaktır	**PANEL Covid 19 Pandemisi' nde erken dönem ev karantinası sürecinde Çocuk ve Aile Araştırmaları** -Covid-19 Pandemisi'nde Erken Dönem Ev Karantinası Sürecinde	**PANEL Ülkemizden ve Alanımızdan COVİD-19 Araştırmaları** -Covid-19 Pandemisi Sürecinde DEHB Tanılı Çocukların Hijyen Ve Sosyal Mesafe Kurallarına Uyum Sorunları ***Cansu Çobanoğlu***	**PANEL/OTİZM KOMİSYONU ETKİNLİĞİDİR: Otizm Spektrum Bozukluklarında Nadiren Tartışılan Alanlar** -OSB Tanılı Çocuk ve Ergenler Arasında Psikiyatrik	**PANEL Otoimmun Nöropsikiyatrik Hastalıklar ve Klinik Deneyimler** -Dirençli Tourette Sendromlu Olguda İmmünolojik Tedavi Örneği: Olgu Sunumu ***Gonca Gül Çelik*** ***Burak Kamış*** -Ailesel Otoimmünite ve

		Ruhsal Belirtiler ***Hatice Ünver*** -Covid-19 Pandemisi'nde Ergenlerde Siber Zorbalık, Başa Çıkma Yöntemleri ve Ailenin İnternet Kullanımı ile ilgili tutumları ***İrem Damla Çimen*** -Kronobiyoloji Bağlamında COVID-19 Sürecinin DEHB ve Otizm Tanılı Çocuklara Etkileri ***Halit Necmi Uçar*** ***Moderatör***: **Ayşe Rodopman Arma**	-Covid-19 Pandemisi Sürecinde Sağlık Çalışanlarının Çocuklarında Anksiyete Düzeyleri Ve İlişkili Faktörler ***Leyla Ezgi Tüğen*** -Covid-19 Pandemisi Sürecinde Çocuk ve Ergen Psikiyatri Poliklinik Başvurularının İncelenmesi ***Gözde Yazkan Akgül*** -Covid 19 Pandemisi Sürecinde Üniversite Öğrencilerinde ki Anksiyete Düzeyleri ve İlgili Faktörler ***Sümeyra Karagöz*** -Covid 19 Pandemisi Sürecinde Yaşamsal Değişikliklerin Ergen Ruh Sağlığına Etkisi ***Selman Yıldırım*** ***Moderatör: Didem Behice Öztop***	Hospitalizasyon ***Selma Tural Hesapçıoğlu*** -OSB'de Yeni Teknolojilerin Kullanımı ***Tuba Mutluer*** -"Facing Your Fears": Yüksek İşlevli Otizm Spektrum Bozukluğu Tanılı Çocuklarda Yüksek Anksiyete ile Başetmek için Grup Terapisi ***Pınar Uran*** ***Moderatör***: ***Nahit Motavallı Mukaddes***	Çocukluk Çağında OKB ***Zeynep Yeşildağ*** -PANDAS/PANS: OKB Dışı görünümleri ***Perihan Çam Ray*** ***Moderatör: Gonca Gül Çelik***

17:45 – 18:00	**ARA**				
18:00 – 19:30	**KURS 6-B** MISC (Mediational Intervention for Sensitizing Caregivers) ***Carla Sharp*** Simültane Çeviri Olacaktır	**PANEL Otoimmün Beyin Hastalıklarına Psikiyatrik Yaklaşım** -Bir Otoimmün Beyin Hastalığı Modeli Olan Sistemik Lupus Eritematozusta Hacettepe Üniversitesi Çalışmaları ***Ecem Selin Akbaş Aliyev*** -Otoimmün Hastalıklarda Beyin Tutulumu ***Emil Aliyev*** -Otoimmün Beyin Hastalıklarında Psikiyatrik Değerlendirme ***Yağmur Karakuş*** ***Moderatör: Ebru Çengel Kültür***	**PANEL COVİD-19 Pandemi Sürecinde Zor Vakaların Yönetimi** -Covid-19 Pandemisi Sürecinde Karantina Uygulamalarının Çocukluk Çağı Cinsel İstismar Süreçlerine Etkisi ***Sevay Alşen Güney*** -Covid-19 Pandemisi sürecinde Çocuk ve Ergen Psikiyatrisi Yataklı Servis Yönetimi: Hasta profili, benzerlikler, farklılıklar ***Burcu Özbaran*** -Covid-19 Pandemisi Sürecinde Çocuk ve Ergen Psikiyatrisi Acil Başvuruları ve Yataklı Servislerin Ülkemizdeki Güncel Durumu ***Sezen Köse***	**PANEL COVİD-19 Pandemi Sürecinden Geçerken Mesleğimiz, Deneyimlerimiz, Geleceğimiz** ***-Arş. Gör. Dr. Berat Merih Yetim-*** Ankara Ünv. Tıp Fak. Çocuk ve Ergen Ruh Sağlığı Hst. AD ***-Arş. Gör. Dr. Kardelen Akbal-*** Ankara Şehir Hastanesi Çocuk ve Ergen Ruh Sağlığı Hst. AD ***-Uzm. Dr. Mehtap Eroğlu-*** Niğde Eğitim ve Araştırma Hastanesi ***-Doç. Dr. Esra Çöp-*** Ankara Şehir Hastanesi Çocuk ve Ergen Ruh	**KURS 7** Uzmanlığa Hazır mıyım? Mecburi hizmette bizi neler bekliyor? Karşılaşabileceğimiz sorunlar ve pratik çözüm önerileri ***Bahadır Turan Mahmut Cem Tarakçıoğlu*** (kontenjan sınırı yoktur) ***Tartışmacılar***: ***Özhan Yalçın***

			Moderatör: Nursu Çakın Memik	Sağlığı Hst. AD ***-Doç. Dr. Didem Behice Öztop-*** Ankara Ünv. Tıp Fak. Çocuk ve Ergen Ruh Sağlığı ve Hst. AD ***Moderatör: Birim Günay Kılıç***	

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	Salon 1	**Salon 2**	**Salon 3**	**Salon 4**	**Salon 5**
09:00 – 10:00	**PANEL Nörogelişimsel Bozukluklarda "Copy Number Variations" (CNVs)-Yapısal Kromozomal Varyasyonlar** OSB Etyolojisinde CNVs etkilerini Nasıl Değerlendirmeliyiz? ***Gül Ünsel Bolat*** -Nörogelişimsel Bozukluklarda CNVs'lerin Önemi ve Genetik Yönü. Bir Nörogelişimsel Bozukluğu Olan Bir Hasta Klinik Genetik Bölümünde Neyle Karşılaşıyor? ***Hilmi Bolat***	**PANEL Otizme Ne Neden Oluyor: İlişkiler, Genler, Toksinler ve Ekranlara Maruz Kalmanın Etkileri** -OSB'yi Anlamada Genetik ve Nörobiyolojik Faktörler ***Sevcan Karakoç Demirkaya*** -Yeni İlişkiler ve Otizm ***Zerrin Topçu Bilgen*** -OSB ile İlişkili Çevresel	**PANEL Otizm Spektrum Bozukluklarında Son Araştırmalar** -OSB'de Multidisipliner Araştırmalar: Genetik ve Metabolik Değerlendirme ***Ahmet Özaslan*** -OSB'de Duyusal Algılama (Sensory Perception) ***Dicle Büyüktaşkın*** -OSB Tanılı Çocuklarda Serum S100B, NT-3 ve BDNF Düzeyleri ***Hüseyin Tunca***	**PANEL Çocuklarda Dil Gelişimi Ve İletişim** Bozukluklarına Bütüncül Yaklaşım -Dil Gecikmesi Olan Çocuğa Yaklaşım, Ayırıcı Tanı, İletişim Bozuklukları ve Bir Klinik Örneklem ***Burcu Kardaş*** -Tüm Yönleriyle Dil Gelişimi ve Dil Gelişimini	**KURS 8** Adli Sisteme Giren Çocuklarda Değerlendirme ve Rapor Yazma ***Ayşen Çoşkun Şahika Gülen Şişmanlar*** (Kontenjan Sınırı yoktur)

	-Bilişsel Defisitler, Zihinsel Yetersizlikler ve Gelişimsel Gecikmelerde CNVs'lerin İşlevsel ve Klinik Önemi ***Ayşegül Satar*** ***Moderatör: Özlem Özcan***	Risk Faktörleri ***Fahri Çelebi*** ***Moderatör:Sevcan Karakoç Demirkaya***	***Moderatör: Elvan İşeri***	Etkileyen Faktörler ***Melek Hande Bulut Demir*** - Kekeleme ***Tuğba Yüksel*** ***Moderatör: Özlem Yıldız Gündoğdu***	
10:00 – 10:15	**ARA**				
10:15 – 11:15	**PANEL** **Oyun Terapisinde Psikoanalitik Yaklaşım ve Terapotik Sınırlar Ayrıca Öğrenme Kapasitesi ve Oyun Arasındaki** -Psikoanalitik Oyun Terapisi ***Ezgi Şen Demirdöğen*** -Oyun Terapisi ve Terapotik Sınırlar ***Mesut Yavuz*** -Öğrenmede Oyunun Etkisi ***Mine Elagöz Yüksel*** ***Moderatör: Behiye Alyanak***	**PANEL** **The Cost Of Stress: Is It Only Psychological? The Neurobiological Projections of Stress on Memory And Learning** - The Human Study Findings About The Effect Of Stress On Memory And Learning ***Dilek Ünal*** - Introduction To Stress Response On Memory and Learning: Basic Concepts Of Learning and	**PANEL** **Şiddet: Tanıklık, Aktarım, Direnç** -Nesiller Arası Aktarım: Şiddet ve Bağımlılık ***Zeki Yüncü*** -Bir Ebeveyn Diğerini Öldürdüğünde Çocukta Ortaya Çıkan Sorunlar ***Sezen Köse*** -Ebeveyn Yabancılaşma / Yabancılaştırma Sendromu ***Birsen Şentürk Pilan*** ***Moderatör: Zeki Yüncü***	**PANEL** **Family as a Surrogate Executive System: Attention Deficit Hyperactivity Disorder and its Interactions with Family Functions** -The Disfunctional Executive System: ADHD And Reflections İn The Family System ***Beril Taşkın*** - The Burden Of Being Other's Executive System. Reflections	**PANEL / "BAĞIMLILIK KOMİSYONU" ETKİNLİĞİDİR** **Ergenlerde madde kullanımı ve ÇEMATEMler: Etiyolojiden tedaviye yaklaşım ilkeleri** - Bağımlı Ergene Yaklaşım ***Ömer Kardaş*** - ÇEMATEM Deneyimleri: İdealler Ve Çok Yönlü Çalışmanın Gerekliliği ***Özalp Ekinci*** - Ergen Bağımlılığının Nörobiyolojisi ***Fatih Hilmi Çetin***

		Memory, Related Brain Areas, and Stress Response Through Hypothalamic Pituitary Adrenal (HPA) Axis. **Duygu Uygun** - Stress Related Neuroplasticity and Neurotrophic Factors For Learning and Memory ***Aslıhan Bahadır Varol*** ***Moderatör: Emine Eren Koçak*** Sunum Dili Türkçe'dir		On A Parent's Personal World ***Duygu Biçer*** - Is It A Cognitive or Emotional Disfunction ? Impairment of Executive Functions and It's Reflection In a Child's Psychic World ***Ceyda Dedeoğlu*** ***Moderatör: Ayla Aysev*** Sunum Dili Türkçe'dir	***Moderatör***: ***Özalp Ekinci***

11:15 – 11:30	**ARA**
11:30 – 12:30	**"ZOR BİR VAKAYA FARKLI PENCERELERDEN BAKIŞ"** **OLGU TARTIŞMASI** ***Moderatör: Yankı Yazgan*** ***Sunum: Aysel Denktaş*** Tartışmacılar ***Füsun Ç. Çetin*** (Psikodinamik Bakış Açısı) ***Emine Zinnur Kılıç*** (Aile İşlevleri ve Dinamikleri Açısından) ***Nursu Çakın Memik*** (Eklektik Bakış Açısı) ***Hasan Bayar*** (BDT Formülasyonu Açısından) ***Runa İdil Uslu*** (ACT-3. Dalga BDT) ***Ayhan Bilgiç*** (Nörobiyolojik-Psikofarmakolojik Bakış Açısı OLGU SUNUMU ve TARTIŞMACI YORUMLARI KONGRE ÖNCESİ KAYIT EDİLECEKTİR KONGREDE TARTIŞMACILAR ve KATILIMCILAR ARASI İNTERAKTİF TARTIŞMA PLANLANMAKTADIR
12:30 – 12:45	**ARA**
12:45 – 13:30	**KAPANIŞ**

KONUŞMA METİNLERİ

Çocuk Psikopatolojisinde Psikonöroimmünolojinin Tanımı ve Genel bir Bakış

Uzm. Dr. Rahime Duygu Temeltürk

SBÜ Ankara Dr. Sami Ulus Kadın Doğum, Çocuk Sağlığı ve Hastalıkları Eğitim ve Araştırma Hastanesi

Psikonöroimmünoloji (immünopsikiyatri), immün sistem ile davranış ve Santral Sinir Sistemi (SSS) arasındaki iki yönlü ilişkiyi araştıran bir bilim dalıdır. Sosyal, psikolojik ve davranışsal faktörlerin immün sistem aktivitesi üzerindeki ve immün sistemin biliş, duygu ve davranışlar üzerindeki etkileri ile bu çift yönlü etkileşimin fiziksel hastalıklar ve psikiyatrik bozukluklar ile ilişkisi psikonöroimmünolojik bağlamda değerlendirilmektedir.

Çocuklar ve ergenlerde immün sistem hastalığı ile psikiyatrik bozukluk birlikteliği oldukça sık görülmektedir. Doğum öncesi ve sonrasındaki psikososyal stres etkenleri çocukluk dönemi psikopatolojileri için etiyolojide önemli role sahiptir. Pek çok psikiyatrik bozuklukta inflamatuvar aktivite artışı görülmektedir. Yapılan araştırmalarda bu bozuklukların stres ve inflamatuar biyobelirteçlerle ilişkisi incelenmektedir. Psikonöroimmünoloji, çocuk ruh sağlığını anlama ve iyileştirme süreçlerinde açık ve anlaşılır bilgiler sunmaktadır. Ayrıca çocukluk dönemi psikiyatrik bozukluklarında immün sistem işlevlerini araştırmak tedavi sürecinde de fayda sağlamaktadır.

Panelimizde, Otizm Spektrum Bozukluğu (OSB), Dikkat Eksikliği Hiperaktivite Bozukluğu (DEHB), Duygudurum Bozuklukları ve diğer psikiyatrik bozukluklar adı altında Anksiyete Bozuklukları, Travma Sonrası Stres Bozukluğu (TSSB), Tik Bozuklukları, Obsesif Kompulsif Bozukluk (OKB), Çocukluk Çağı Streptokok Enfeksiyonları ile İlişkili Otoimmün Nöropsikiyatrik Bozukluklar (PANDAS) psikonöroimmünolojik bağlamda ele alınacak ve bu alanda yapılan çalışmalar özetlenecektir. Son olarak COVID-19 pandemisi sürecinde psikonöroimmünojinin çocuk ve ergen psikiyatrisi alanında sağladığı güncel gelişmeler tartışılacaktır.

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Panel: Çocuk Psikopatolojisinde Psikonöroimmünolojinin Tanımı ve Genel Bir Bakış

Uzm. Dr. Duygu Kaba

Otizm Spektrum Bozukluklarının Psikonöroimmünolojisi

OSB'nin, monozigotik ikizlerde % 80-90 arasında değişen konkordans ile güçlü bir kalıtsallık gösterdiği bilinmektedir. Genetik bir bileşen olmasına rağmen, varyantların otizm olmayan bireylerde de bulunması, bu mutasyonların tek başına yeterli olmayabileceğini kuvvetle düşündürmektedir. Bu nedenle genetik olarak duyarlı bireylerde OSB'nin gelişmesi "ikinci bir darbe" – çevresel faktör – gerektirmektedir. Bu çevresel faktörlerin çoğunun özellikle gebelik sırasında maternal immun sistemin aktivasyonuna (MİA) yol açtığına dair kanıtlar artmaktadır. Bu sunumda esas olarak maternal otoantikorları ve sitokinleri içeren yolakların yanı sıra, maternal mikrobiyatanın yeni tanımlanmış rolüne ve bunların fetal nörogelişimi nasıl etkilediğine odaklanılacaktır.

Reaktif fetal beyin antikorları için nörogelişimde anahtar rollere sahip hedef antijenler de tanımlanmıştır. Bununla birlikte, antijene bağlanmayı takiben oluşan mekanizmalar ve bunların OSB patofizyolojisine katkısı belirsizliğini korumaktadır. Bunun nedeni, kanıtların çoğunun çeşitli sınırlamaları olan hayvan modellerinden türetilmiş olması ve fareler ve insanlar arasında reseptör işlevlerinde önemli farklılıkların bulunmasıdır.

Literatürde tutarlı bir şekilde IL-1β, IL-6 ve IL-17'nin MİA'yı takiben plasentada yükseldiği gösterilmiştir, Bu proinflamatuvar sitokinler fetal nörogelişim üzerinde olumsuz etkilere sahiptir. Fakat bu sitokinlerin pleiotropik etkileri, tam işlevlerini saptamayı zorlaştırır.

Maternal mikrobiyotanın doğum sırasında olgunlaşmamış fetal bağırsağın ilk kolonizasyonunu etkilediği gerçeğine dayanarak, OSB'deki maternal mikrobiyomun Th17 hücrelerini aktive edebileceği ve IL-17 üretimini artırabileceği gösterilmiştir.

Artan kanıtlara rağmen, belirtilen faktörlerin hamilelik boyunca etkilerini uzunlamasına değerlendiren hayvan modellerinin geliştirilmesi ve daha fazla sayıda çalışma yapılmasına ihtiyaç vardır.

Uzm. Dr.Merve Canlı

DEHB'nin Psikonöroimmünolojisi

Son yıllarda nöropsikiyatrik bozukluklarda inflamasyonun rolünü destekleyen kanıtlar artmıştır. Nörogelişimsel bir bozukluk olan DEHB ile immünite arasındaki ilişkiye de artan bir ilgi bulunmaktadır. Bu ilişki inflamatuar ve otoimmün bozukluklarla komorbidite, biyokimyasal belirteçler ve genetik çalışmalardan elde edilen kanıtlarla desteklenmektedir (1).

DEHB'de inflamatuvar hastalık ve otoimmun bozukluk birlikteliği oldukça sıktır (2). Yapılan çalışmalarda DEHB'li çocuklarda alerjik hastalıklar (astım, alerjik rinit-konjonktivit, atopik dermatit) genel populasyondan daha yüksek oranda olduğu gösterilmiştir (3,4). Ancak tam tersine DEHB'de atopik hastalık sıklığında artışın bulunmadığı çalışmalar da mevcuttur (5). Ayrıca bu çocuklarda psöriyazis, tip I Diyabetes Mellitus ; ebeveynlerinde ise tirotoksikoz, otoimmun hepatit, ankilozan spondilit sıklığının arttığı belirtilmektedir (6).

DEHB ile immun sistem hastalıkları arasındaki ilişki pek çok şekilde açıklanmaktadır. Bunlardan ilki DEHB ile ilişkili günlük sorunların (ailesel, akran ilişkileri, okul) stresi artırarak HPA eksen aktivasyonu ile inflamasyonu tetiklemesidir. İkincisi ortak genetik ve çevresel etmenlerin eş hastalanıma neden olmasıdır. Bunların yanı sıra inflamatuvar süreçlere bağlı artmış sitokinlerin doğrudan prefrontal korteks (PFC), anterior singulat korteks (ACC) ve orbitofrontal kortekste (OFC) nöronal aktiviteyi etkileyerek noradrenalin ve dopamin metabolizmasını değiştirmesi de dehb ile immün sistem hastalıkları arasındaki ilişkiye işaret etmektedir (7). Genetik araştırmalarda HLA genlerinin DEHB ile ilişkisi ve immun sistemle ilişkili gen ekspresyonları belirtilmiştir (8). İnflamatuvar yolakla ilgili olan sitokin (CNTFR) ve nörotrofik (NTRK3) genlerinin tek nükleotid polimorfizmleri (SNP) dikkat eksikliği belirti şiddeti ile ilişki bulunmuştur (9). Ancak genom çapı ilişkilendirme çalışmalarında (GWAS) hücre adezyonu ve inflamasyonla ilişkili genlerde SNP saptanmamıştır (10).

DEHB'lilerde inflamatuvar belirteçlerin incelendiği araştırmalarda, biyobelirteçlerin heterojenitesi (spesifik antikorlar, sitokinler, nörotrofik faktörler) ve örneklem büyüklüğünün yetersizliği nedeniyle çelişkili sonuçlar belirtilmektedir. Ayrıca DEHB'nin heterojen genetik yapısı ve klinik görünümü nedeniyle bu bozukluğa özgü inflamatuvar belirteçler ve immun genler tanımlanamamıştır.

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PANEL KONUŞMA ÖZETİ: "Psikonöroimmunoloji ve Çocuk & Ergen Psikiyatrisinde Son İlerlemeler"

20 Mayıs 2021 (Salon 1, 09.00-10.30)

DUYGUDURUM BOZUKLUKLARI PSİKONÖROİMMUNOLOJİSİ

*Ayşegül EFE **

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Nörogelişimsel skalada yer alan birçok psikopatolojinin etiyolojisinde genetik faktörler açıkça önemli olmasına rağmen, fenotipik heterojenitede çevresel faktörlerin ve epigenetik mekanizmaların yadsınamayacak rolü güncel araştırmaların ilgi odağı olmuştur. Genetik, epigenetik ve çevresel faktörlerin prenatal, perinatal ve postnatal dönemlerde farklı baskınlıklarda etkileşerek nörogelişim üzerindeki aşikâr etkisi, bu etkileşimi mümkün kılan ara biyolojik mekanizmaların araştırılmasına yönelik merak uyandırmıştır; pediatrik psikopatolojilerde önlem yaklaşımları ve yeni tedavi modaliteleri bulma arayışına umut sağlamıştır. Psikonöroimmunoloji bu kavşakta gelişim gösteren ve birçok psikopatoloji zemininde açıklayıcı rolünün hızla temin edildiği önemli bir alan olmuştur. Nörogelimişsel bozukluklarda olduğu gibi genetik ve non-genetik etmenlerin, psikonöroimmunolojinin sahasına giren bağlayıcı mekanizmalarıyla bir arada etiyolojide rol oynadığı duygudurum bozuklukları da bu arayıştan nasibini almıştır.

Günümüze dek depresyon başta olmak üzere duygudurum bozuklukları yelpazesinde yer alan tüm psikopatolojilerin etiyopatogenezinde psikonöroimmunoloji bağlayıcı rolüyle yerini almıştır. Farklı çevresel etmenlerle tetiklenen nöroinflamasyon: (1) Mikroglia aktivasyonu ile pro-inflamatuvar mediyatörlerin salgılanması ve artan reaktif oksijen türevlerinin oksidatif stres ve mitokondrial disfonksiyon kaynaklı direk nörotoksik etkiler oluşturması ve nörogenezi baskılaması; (2) Periferik pro-inflamatuvar sitokinlerde artış ve SSS'de anti-inflamatuvar sitokinlerin azalmasının sinaptogenez, sinaptik budanma, myelinizasyon, nörogenez gibi nörogelişimsel basamaklarda bozulmaya yol açması; (3) SSS'de azalan monoamin düzeylerinin ve artan glutamatın yarattığı nörotransmitter denge bozukluğu ve ilişkili oksidatif stress; (4) Artan IL-1, IL-6 ve TNF-α düzeylerinin HPA aksını uyarması; (5) Pro-inflamatuvar sitokinlerin triptofan metabolizmasını bozarak kinürenin yolağını uyarması sonucu azalan seratonin sentezi ve açığa çıkan metabolitlerin oksidatif stres artışına yol açması gibi sonuçlarıyla nörofonksiyonu olumsuz etkilediği ve kronik süreçlerde nörogelişimi aksattığı bilinmektedir.

Pediatrik depresyon ve intihar düşüncesi durumlarında artmış pro-inflamatuvar sitokin (CRP, IL-1β, IL-6, IFN-γ) düzeyleri; ergenlikte artan pro-inflamatuvar sürecin NF-κB artışı ve glukokokortikoid reseptor azalması aracılığı ile depresif belirtilere yol açıyor olması; ergenlikte izlenen cinsiyet hormon düzeyi artışları ile korele depresif belirtilerin inflamasyon artışı ile ilişkisi; çocukluk döneminde artmış inflamatuvar yanıtın ergenlik dönemi depresyonunu öngörmesi; kız ergenlerde EBV enfeksiyonu reaktivasyonu ile depresif belirtiler arasındaki ilişki; kinürenin/triptofan oranındaki artışın depresyon tanılı ergenlerde intihar riski ile ilişkili olması gibi kanıtlar depresyon-inflamatuvar süreçler arası nedenselliğe yönelik farklı hipotezler

öne sürülmesine vesile olmuştur. Depresyondaki bireylerin kontrollere kıyasla benzer lenfosit proliferasyonu seviyelerine sahip olduklarını, ancak depresif belirti şiddetinin mitojen proliferasyonu baskılanması ile ilişkili bulunduğunu bildirilmiştir. Bununla birlikte, son meta-analizlerde NK (natural killer) hücre aktivitesinin depresyonda belirgin azaldığı ve uzunlamasına prospektif değerlendirmelerde ise psikofarmakolojik tedavileri takiben depresyon belirti şiddeti azaldıkça NK aktivitesinin artarak normalize olduğu görülmüştür. Pediatrik depresyon ve anksiyete bozukluğu vakalarında fluoksetin tedavisine direncin yüksek pro-inflamatuvar sitokin düzeyleri ile ilişkili olduğu bulunmuştur. Depresyonun inflamasyon ile olan ilişkisinde erken dönem olumsuz yaşam olayları, düşük ebeveyn desteği gibi psikososyal stres faktörlerinin aracılık ettiği ifade edilmektedir.

Bipolar bozukluk (BB) sahasında ise ergen ve erişkin vakaların manik/hipomanik belirti dönemlerinde artmış CRP düzeyleri saptanması; BB tanılı ergenlerde yüksek NF-κB ve IL-1β düzeyleri izlenmesi; BB tanılı ebeveynlerin çocuklarında yüksek pro-inflamatuvar düzeyleri saptanması; uzunlamasına izlem çalışmalarında çocuklukta yüksek IL-6 değerlerinin erişkinlikte hipomani belirtilerini öngördüğü; BB tanılı çocukların büyük çoğunluğunda kene ile bulaşan hastalık etkenleri, Toxo-plasma gondii enfeksiyonu geçmiş öyküsü şeklinde kanıtlar bulunmaktadır. Bununla birlikte, Omega-3 kullanımı ve daha birçok diyetsel çalışmanın hem inflamasyon hem de oksdatif stres ilişkili mekanizmalar üzerindeki etkinliği aracılığı ile duygudurum bozukluklarında dirençli vakaların tedavisindeki tamamlayıcı rolüne dikkat çeken veriler mevcuttur.

Psikonöroimmunolojinin pediatrik psikopatolojilerdeki yerini ve güncel kanıtları etraflıca tartışacağımız bu panelde; duygudurum bozuklukları ve nöroimmunoloji arasındaki ilişki davranışsal (uyku, fizik aktivite), nöroendokrin-immün etkileşimler (adrenal aks, opioid peptidler, adrenokortikotropik hormon, prolactin, büyüme hormonu, seratonin ilişkili mekanizmalar), otonom sinir sistemi ve santral sinir sistemi (nöral hasar, katekolaminler, opiatlar, IL-1B, CRH) ilişkili mekanizmalar gibi çeşitli boyutlarıyla, günümüze dek yapılmış çalışmalar çerçevesinde en güncel verileriyle özetlenecektir.

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Diğer Psikiyatrik Bozuklukların Psikonöroimmünolojisi

Yusuf GÜREL

Post Travmatik Stres Bozukluğu

Yapılan bir meta-analizde dolaşımdaki interlökin IL -1β, IL-6, tümör nekroz faktörü (TNF) -α ve C-reaktif protein (CRP) gibi akut faz reaktan konsantrasyonlarının artması travmaya maruz kalma ile önemli ölçüde ilişkili olduğu gösterilmiştir (Tursich et al, 2014). Yapılan başka bir çalışmada da, periferik kanda CRP konsantrasyonlarındaki artışın TSSB tanısı ve semptomları ile korelasyonunun yüksek olduğu bulunmuştur(Michopoulos ve diğerleri, 2015c). Bu veriler genel olarak TSSB'nin proinflamatuar belirteçlerdeki artışlarla ilişkili olduğunu gösterse de, TSSB ile artmış inflamasyon arasında bir ilişki olmadığını gösteren veriler de vardır.Bazı çalışmalarda, TSSB'li bireylerde IL-8 (Jergovic ve diğerleri, 2015; Song ve diğerleri, 2007b) ve IL-4 (Smith ve diğerleri, 2011; von Kanel ve diğerleri, 2007) konsantrasyonları kontrollere göre daha düşük bulunmuştur.IL-4 konsantrasyonları da toplam aşırı uyarılma semptomları ile negatif ilişkili bulunmuştur(von Kanel ve diğerleri, 2007). TSSB ve inflamasyon hakkında yayınlanan bu raporlar arasındaki tutarsızlıkların sebebi, küçük örneklem büyüklükleri, çalışmalarda farklı etnik grupların alınması, kontrol edilemeyen karıştırıcıların varlığı (ilaç kullanımı, enfeksiyon varlığı, depresyon komorbiditesi ve diğer kronik hastalıklar) ve karşılaştırma için farklı kontrol gruplarının kullanılması olduğu düşünülmektedir (Melissa Furtado 2015).

OKB

OKB ile ilişkili yapılan bir çalışmada interlökin-17A, tümör nekroz faktörü-α ve interlökin-2 düzeyleri anlamlı olarak yüksek bulunmuşken, OKB semptomlarının süresi ve şiddeti interlökin-17A, interferon-gama, interlökin-10, interlökin-6, interlökin-4 ve interlökin-2 seviyeleri ile ilişkili bulunmamıştır. Tümör nekroz faktörü-α seviyeleri ile Klinik Global İzlenim skorları arasında negatif bir korelasyon bulunmuştur(Şimşek Ş, Gençoğlan S, Yüksel T, Kaplan İ, Alaca R (2016). Leckman ark. tik bozukluğu eşlik eden OKB'li çocuklarda, serum IL-12 seviyelerinde bir artış gözlemlemiştir (Leckman JF, Katsovich L, Kawikova I, Lin H, Zhang H, Krönig H et al (2005). Bos-Veneman ve ark. tik bozukluğu eşlik eden OKB'li çocuklarla kontroller arasında önemli bir fark bildirmemişdir (Bos-Veneman NG, Bijzet J, Limburg PC, Minderaa RB, Kallen_berg CG, Hoekstra PJ (2010)).

Şizofreni

Şizofrenide plazma sitokinlerdeki değişiklikleri araştıran çok sayıda çalışma vardır (Kim, 2005; Kim ve Maes, 2003; Stober ve diğerleri, 2009).Şizofrenide adaptif bir bağışıklık tepkisinin ikili kavramına dayanarak, Th1 / Th2 denge hipotezi ortaya atılmıştır(Schwarz ve diğerleri, 2001). Şizofrenide interlökin-2 (IL-2) ve interlökin-12 (IL-12) gibi Th1 sitokinlerinin azaldığını (Kim ve ark., 1998), interlökin-10 gibi Th2 sitokinlerinin ise arttığını bulmuşlardır(Kim ve diğerleri, 2002; Maes ve diğerleri, 2002).

Yeme Bozuklukları

Yapılan bir meta-analizde, AN hastalarının önemli ölçüde artmış TNF-α ve IL 6 seviyelerine sahip olduğunu bulunmuştur(Dalton ve diğerleri, 2018). Bununla birlikte, yapılan çalışmalar kilo kaybıyla IL-6 artışının ortaya çıkma olasılığını dışlayamadı. IL-6, lipolizi uyardığından (Wedell Neergaard ve diğerleri, 2019), artan IL-6 seviyelerinin yetersiz beslenme veya iltihaptan mı yoksa her ikisinden mi kaynaklandığı net değildir. Yine de, Dalton ve ark. (2018), AN hastalarının da yüksek IL-15 seviyelerine sahip olduğunu bulmuştur. IL-15,

nöroinflamasyon ile ilişkilidir (Pan ve diğerleri, 2013), AN ve nöroinflamasyon arasında bir bağlantı olduğunu düşündürür.

20 Mayıs 2021 Perşembe Salon 2'de Kültür Sanat Komisyonu Etkinliği olan "Sanatta Kökler" panelinin ilk sunumudur:

Sinemamızda Kökler, Aidiyet ve Kimlik Temsilleri- Kız Kardeşler Filmi Üzerinden Bir Okuma Denemesi

Dr. Handan Özek Erkuran

"Yaşam güzel diyorsunuz. Ya sadece görünüşteyse bu? Biz üç kız kardeş için henüz bir güzelliği olmadı bu yaşamın. Ezdi, yabanıl otlar gibi kapladı bizi.." der İrina karakteri, Çehov'un "Üç Kız Kardeş" adlı oyununda. Tepenin Ardı ve Abluka'nın ardından, çektiği üçüncü uzun metraj filmi "Kız Kardeşler" ile Emin Alper de kırsalda sıkışıp kalmış "üç nankör kız kardeşin" aynı oyundaki gibi bir türlü "başlayamadıkları" hikayesini anlatıyor bizlere. Doğu Karadeniz'e benzer bir coğrafyada İç Anadolu şivesi ile konuşan karakterlerle, tam olarak nerede ve ne zaman geçtiğini anlayamadığımız bu hikaye, sipsivri dağlar ve sayısız engebenin ortasında kıvrılan uçsuz bucaksız bir yolun bir ucunda konumlandığımız uzun ve durağan bir sahne ile açılır. Aynı sahneyi filmin sonunda da görürüz. Merkezden köye gelen araba, kimliksizlik ve ait olamamanın bir başka tezahürü olarak yorumlanabilecek " besleme" sıfatını üzerine geçirerek var olmuş Havva'yı ve Nurhan'ı, bu sıfatla varlığını "anne" olarak değiştirmek durumunda kalan Reyhan ile birleştirir. Güçlü sinematografisiyle her bir sahnesi durdurulduğunda harika fotoğraf karelerine dönüşen ve çoğumuzun hayran kaldığı bu "cennet parçası", üç kız kardeşin dönüp dolaşıp geldiği ve her seferinde çıkılması daha da güç hale dönüşen bir cehennemdir belki de. Panelin sinemamızda kökler ayağındaki bu kısmında, derinlikli karakterleri, analitik yorumlamaya açıklığı ve aidiyetlerimiz, var oluş ve kimliğimiz ile ilgili çok şey söyleyen ve yeni dönem Türkiye sinemasında şimdiden yer edindiği söylenebilecek "Kız Kardeşler" filmi üzerinden bir okuma ve tartışma gerçekleştirilmesi amaçlanmıştır.

Bir edebiyat karakterinin kökleri: "Scarlet O'Hara ve Rüzgâr gibi geçti"

Özlem Önen

Yeni ve bakir bir ülkede yeni bir uygarlık yaratırken kendi köklerinden kopup gelen farklı milletlerden insanlar beraberlerinde neleri getirmişlerdir? 1861 yılı yazında başlayan savaşı ve aşk hikâyesini anlatan "Rüzgâr Gibi Geçti" isimli roman, "Sivil Savaş" olarak da adlandırılan Kuzey ve Güney Amerika eyaletleri arasındaki iç savaşın boyutlarını anlayabilmek için de iyi bir tarihi kaynak niteliğindedir. Savaş boyunca yaşananları Scarlett ve Rett Butler ilişkisinin boyutları ekseninde takip ederiz. Kitabı iki boyutta okumak mümkün: Biri karşılıksız aşk, bir diğeri ise dünyanın ilk endüstriyel savaşı olarak da tanımlanan Kuzey- Güney Savaşının ayrıntıları. Her iki boyutun buluştuğu yer ise narsisizm düzlemidir. Kölelik kavramını sonlandırmayı da hedefleyen iç savaş, sonrasında ABD' nin küresel dünyaya yayılmasına da başlangıç olma niteliği taşımaktadır. Köleliğin sonlandırılmasını amaçlama hedefinin altında yatan şey aslında pastadaki büyük payın paylaşılmasıdır. Amerika yerlilerinin elinden zorla alınarak kurulan bu yeni ülkede toprakların elde ediliş öyküsü de akıl alır gibi değildir. Amerika'ya Avrupa'nın çeşitli ülkelerinden gelen bu büyük göç dalgası ve oluşturulan yaşantılar Kuzey- Güney savaşı sonrasında tüm dünyaya yayılacak, fakir ve güçsüz Asya, Afrika ve daha az oranda da küçük Avrupa ülkelerinin parçalanması yoluyla sömürülen topraklar haline gelecektir. Aslında iç savaş, tüm dünyanın kaynaklarına ulaşmanın bir provası niteliğindedir. Pek çok farklı etnik ve dinsel kimlikten topluluğun bir arada yaşadığı göçmenler ülkesi Amerika'da bir Amerikalılık üst kimliği ve buna eklemlenen Amerikan rüyası romantizmi her zaman var olmuştur. İlk olarak Amerika kıtası yerlilerinin (Kızılderililerin) oldukça büyük bir kısmının yok edildiği toplu katliamlar başlamış, ardından Afrika'dan getirilen siyahîlerin fiziksel gücü sömürülerek tarihin en utanç verici yaşanmışlıklarına imza atılmıştır. Ötekinin değersizleştirilmesi yoluyla kendini yüceltme, aşırı değerlenmiş hissetme hali yani gözlemlediğimiz "narsisizm" Güney Amerikalı konfederasyon ailelerinin yaşamda kaybettikleri değerlere karşı kendilerini aldatmalarının bir yolu olabilir mi? Göç ederek gelişin öyküsü çoğunlukla arkada bırakılan kayıp nesnelerle yüklüdür. Öte yandan ergenliğe girer girmez yapılan evliliklerle kaybedilen ama yası tutulamayan çocukluk, ölen erkek çocuklar ve onların ikamesi, yas çocuğu Scarlett. Daha doğum öncesinden başlayan ve yası tutulamayan bu kaybedilmiş nesnelerin gölgesi genç kızın narsisizminin temellerinin bir değil, birçok yaşantıya dayandığını göstermektedir. Yaşamdan ve yanındakinden keyif alamamak, hep ötekinin yasını tutmak, aslında kendini aldatmanın en acı yoludur. Pişmanlık duygusu ve yas tutma yetisinin gelişmesi narsisistik kişilikler için iyi yönde ilerlemenin işaretleridir. Scarlett'ın daha bütünleşmiş bir nesneler dünyasına ulaşması yas sürecini yaşaması ile mümkün olacaktır.

CARAVAGGİO'NUN SANATINDA ŞİDDETİN KÖKLERİ

Uzm. Dr. Ferhat YAYLACI
Bursa Dörtçelik Çocuk Hastalıkları Hastanesi

İçinde bulunduğu çağın koşulları sanatçıların yaşamlarını ve doğal olarak sanat yapıtlarını bir şekilde etkilemektedir. Şiddeti konu edinen ve bunu yapıtlarında işleyen ressamların bir çoğu da içinde yaşadığı dönemin koşullarından etkilenmiştir. Örneğin, Jacques Louis David'in "Marat'ın ölümü" ve Picasso'nun "Guernica" isimli yapıtları dönemin politik ve savaşla içe içe geçmiş atmosferini yansıtmaktadır. Ancak, Michelangelo Merisi da Caravaggio söz konusu olduğunda, tek başına içinde yaşadığı dönemin koşullarının onu etkilediği ve yapıtlarının merkezini oluşturduğu söylenemez. Yapıtlarındaki şiddet onun iç dünyasından izler de taşımaktadır. Öyle ki, cinayetin, kafa kesiminin, kanın, yoğun karanlığın ve acının dini hikayeler aracılığıyla aktarıldığı yapıtlarında kendisini bazen kurban bazen de bir şahit yaparak resmettiği görülür. Kuşkusuz ki bu, onun acılarının, korkularının, kişiliğinin veya kendini cezalandırma isteğinin bir dışavurumudur.

Caravaggio'nun 29 Eylül 1571 yılında Milano'da doğduğu bilinmektedir. Yaşamının erken dönemlerine ait bilgiler kısıtlıdır. Ancak, ilk trajedisini 1575 yılında kara veba ile tanışarak yaşadığı söylenebilir. Belki de hayatını en çok etkileyen şey budur. Milano'da başlayan salgın kısa süre içinde bir çok insanın ölümüne neden olmuştur. Caravaggio, bu hastalığa yakalanmaktan kurtulmayı başarsa da büyükbabasını, büyükannesini, amcasını ve babasını kaybetmiştir. Ölümün yıkıcılığıyla erken yaşta karşılaşan bu adam, belki de sevecen, karşılıklı doyum veren nesne ilişkilerinin kolayca kaybedilebileceği duygusuna kapıldı. Aynı zamanda, yaygın ölümlerin yarattığı kaotik ortam, onun herhangi bir dış nesneyi idealleştirmesini de zorlaştırdı. Çünkü, yaşam öyküsünde sıkça karşılaşılan saldırganlığı, adına polis kayıtlarında rastlanması, dönemin otoritelerine karşı gelmesi idealleştirilmiş bir değerler sisteminin olmadığını düşündürür. Caravaggio'nun, kendinden önceki ressamların tersine yapıtlarında figürleri idealize etmeyi değil, onları tüm gerçekliğiyle resmetmeyi tercih etmesi, iç dünyasının bu yanıyla bağlantılı olabilir mi?

Arabesk Müziğin İçinden Toplumsal Köklerimiz; Müslüm

Dr. Begüm Şahbudak

Arabesk, Fransa kökenli bir sözcük olan 'arabesque' kelimesinden Türkçe'ye geçmiştir. Bu sözcük güzel sanatlarda 'Arap usulü' anlamına gelmekte ve 'süslemede kullanılan çizilmiş veya oyma süs' ve 'bazı çevrelerde çizgilerini birleştiren, resmedilmiş veya oyma bir düzenlemenin temel ritmini meydana getiren ideal çizgi' şeklinde ifade edilmektedir. Sosyal bilimlerde ise arabesk; 'bozulmuş ve yozlaşmış' manasını taşımaktadır.

Kültür ve kültürel ürünler ve kendilerine atfedilen anlamlar zamanla değişime uğrar. Akışkan ve katmanlı olarak tanımlanır. Yani anlam farklı araçlar ile kültürün katmanları içinde yeniden ve her birey için belirlenir. Özellikle 80li yıllarda bir söylem nesnesi haline gelen arabesk terimi; köyden kente göç eden bireylerin kendilerini kabul etme ve ettirme, seslerini duyurma ve özel bir kültür oluşturma isteğini ifade etmektedir. Bu toplumsal ikilik ve yabancılaşma hali; arabesk müziği popüler hale getirmiştir. Kendini ezilen ve dışlanan tarafta betimleyen kişi müziğinin içinden '' baba'' kavramını üstlere çıkarmış ve kendini, müziğini ya da kimliğini sosyal yaşama adapte etmeyi başarmıştır.

Türkiye' de öne çıkan müzisyenlerden Müslüm Gürses' in hem müziğinde ve hem yaşamında bu ambivalans oldukça belirgindir. Bu konuşmada; ''Müslüm baba'' nın çok erken yaşlardan itibaren yaşamında olan fiziksel ve duygusal şiddetin, ölümle erken ve beklenmedik bir şekilde karşılaşmasının, ''Tanrı istemezse'' diyen ve boyun eğen şarkılarındaki ağdalı ve yasına eşlik eden dilinin, konserlerinde bileklerine faça atan ve kaderine isyan eden çocuklarının, alkol ile olan bıçak sırtı ilişkisinin ve toplumsal refleks olarak tarihin bir yansıması olan arabesk müzik ile bağlantılarının konuşulması amaçlanmıştır.

PANEL

Hangi Tanıya Hangi BDT Tekniği: Olgular Üzerinden Tanıya Özgü BDT Uygulamaları

Yeme Bozukluklarında Tanıya Özgü BDT Uygulamaları

Uzm. Dr. Hakan Öğütlü

Ankara Şehir Hastanesi Çocuk ve Ergen Ruh Sağlığı ve Hast. Anabilim Dalı

Yeme bozuklukları içinde Anoreksiya Nervoza (AN) yaşamı ciddi düzeyde tehdit eden, en ciddi bozukluklardan biridir. Manken hastalığı olarak bilinen anoreksiyada kişi, yeme alımını kısıtlayarak belirgin düzeyde vücut ağırlığının düşmesine sebep olur. Kilo almaktan ya da şişmanlamaktan çok korkar ya da belirgin bir biçimde düşük vücut ağırlığında olmasına rağmen kilo almayı güçleştiren davranışlarda bulunur. Bunlar, kendini kusturma, laksatif (müshil hapı) kullanma veya aşırı egzersiz yapma olabilir. Kişinin vücut ağırlığını ya da biçimini nasıl algıladığıyla ilgili bir bozukluk vardır.

Bulimia Nervozada (BN) tekrarlayan tıkınırcasına yeme atakları ile giden bir bozukluktur. Çoğu kişinin yiyebileceğinden çok daha fazla yiyeceği belli bir sürede yiyebilirler. Yemek yeme üzerine kontrol kalkmıştır. Yedikten sonra kilo almamak için uygunsuz davranışlarda bulunurlar. Bulimia hastaları durumunu dışarıya fark ettirmeyebilir, çünkü anoreksik kişilerin tersine normal ağırlıkta ya da fazla kilolu olabilirler.

Yeme bozuklukları için geliştirilmiş Bilişsel Davranışçı Terapi (BDT -YB) (Cognitive Behavioral Therapy – Enhanced) (CBT-E), yeme bozuklukları için özel olarak geliştirilmiş bir psikoterapidir. Geliştirilmiş Bilişsel davranışçı terapi, Tanıya spesifik olmaktan ziyade, transdiyagnostik olarak tüm yeme bozukluğu hastalarını kapsamaktadır, çocuk ve ergenlerde kullanılan, oldukça etkili bir tedavi yöntemdir. BDT-YB, kognitif ve davranışsal strateji ve prosedürleri kullanır. Bu panel sunumunda, farklı yeme bozukluğu tanılı vaka örnekleri üzerinden farklı BDT-YB uygulamaları üzerinde durulmaktadır.

Hangi Tanıya Hangi BDT Tekniği: Olgular Üzerinden Tanıya Özgü BDT Uygulamaları

TSSB'de TANIYA ÖZGÜ BDT UYGULAMALARI

Süleyman Çakıroğlu

Travma sonrası stres bozukluğu kişiyi aşırı korkutan, dehşet içinde bırakan, kişide çaresizlik yaratan ve güçsüz bırakan çoğu kez olağandışı ve beklenmedik olayların yol açtığı bir durumdur. "Travma Odaklı Bilişsel Davranışçı Psikoterapi" yaşamın gündelik işlevselliğinde ağır problemlere sebebiyet verebilen bu durum için uygulanan ve iyi sonuçların alındığı kanıtlanmış bir tedavi metodudur. Travmatik olaylar zihinde temel olarak bellek sistemlerinin işleyişini bozar ve terapi, belleğin ilgili fonksiyonlarının yeniden işlevsel hale gelmesi için çalışır. BDT ile travma çalışırken odaklanılması gereken birkaç alan vardır ve her alan için spesifik teknikler önerilebilir. Belleğin işlemlenmesi ilk ve travma tedavisi için kaçınılmaz bir gerekliliktir. Bunun oluşabilmesi için travmatik olay birçok defa ele alınır ve olay ile ilişkili duygu ve düşüncelerin yakalanarak çalışılmasına olanak sağlanır. Olay ele alınırken yaşanılan duygusal sıkıntılar, içinde olayın anlamına atıfta bulunan düşünceleri de sakladığından işlemleme sadece duygusal boyutta kalmaz, ayrıca düşünsel alan da ele alınır. Travma odaklı BDT'nin diğer bir özgül alanı travma sonrası olayla ilişkili normalde sorun olmayan, ancak sonrasında olayı hatırlatan tetikleyicilerle çalışmak gerekliliğidir. Tetikleyicilerin belirlenmesi ve kaçınma listesinin oluşturulması travma odaklı BDT için olmazsa olmazlardandır. Travmatik olaylar bellekte yarattığı değişimin yanı sıra dünyanın ve insanların güvenilirliği ile ilgili de yaralar açar. Bu bağlamda yeni anlamların ve dünya ile yani bağların oluşturulması ve kişinin hayatına yeni anlamların tanıtılması önemlidir. Travma terapisinin diğer bir önemli çalışma alanı aslında (bir bakıma) yas terapisi ile ilişkilidir. Olay geçmiş ile gelecek arasında bir boşluk yaratır ve artık başka bir kimlik ile yola devam edilmektedir. Geçmişin yarasını ele almak ve yad etmek, kayıpları onarmak için diğer bir önemli yoldur. Travmalar kişinin yalnızlığı, çaresizliği ve bir yanı ile güçsüzlüğünün başladığı odak noktası olabilir. Bu sebeple, yaşamın temel anlamları ve güvenliği bilişsel olarak yeniden yapılandırılması gereken önemli bir husus olarak tezahür edebilir.

Hangi Tanıya Hangi BDT Tekniği: Olgular Üzerinden Tanıya Özgü BDT Uygulamaları

DEPRESYONDA TANIYA ÖZGÜ BDT UYGULAMALARI

Erdem Ertaş

Depresyonun bilişsel davranışçı modeli, erken çocukluk döneminde yaşanan olumsuz erken yaşam deneyimlerinin sonraki yıllarda genci depresyon için kırılgan yapan şemaların oluşumuna yol açtığını savunmaktadır. Bu şemalar kritik olaylarla birlikte işlevsiz varsayımları aktifleştirmekte, bu varsayımlar ise bilişsel çarpıtmalar ile birlikte depresif semptomlara neden olmaktadır. Depresif semptomlar gencin davranışlarını, duygularını ve düşüncelerini etkilemekte, bu semptom kümelerinin birbiriyle olan etkileşimi ise kısır döngüye neden olmakta ve depresyonun sürmesine yol açmaktadır. Depresyon BDT'sinde psikoeğitim, vaka kavramsallaştırması, formülasyon, terapi hedefleri, ev ödevleri gibi BDT için olmazsa olmaz bazı bileşenler depresif hastalar için de geçerlidir. Öte yandan depresyon BDT'sinde öne çıkan bazı bileşenlerden bahsetmek mümkündür. Bunlar içerisinde "*duygu tanımlama becerisi*" ile genç, duyguları tanıyabilmeyi ve etiketleyebilmeyi; farklı duyguları ayırt edebilmeyi; duygu ve düşünceleri ayrıştırabilmeyi ve duyguların olaylarla ve davranışlarla etkileşimini/ilişkisini tanımayı öğrenir. İnaktivite, duygudurumu aşağı çekmesi, enerjiyi düşürmesi, yorgunluğu artırması ve uyku bozukluğuna yol açması nedeniyle depresif hastalarda mutlaka ele alınması gereken sürdürücü bir faktör olarak göze çarpmaktadır. "*Davranışsal aktivasyon*" ile genci yeniden harekete geçirmek, negatif kısır döngüyü kırmanın, işlevselliği artırmanın ve duygudurumu yükseltmenin **ilk** ve **mutlak** adımıdır. Davranışsal aktivasyon, nispeten basittir ve duygudurum üzerine direkt etki gösterir. Gelecekteki girişimlerin uygulanmasını kolaylaştıracak bir rahatlama sağlamasının yanında gencin işlevselliği hakkında bilgi vermesi gibi özellikleri nedeniyle depresyon BDT'sinde temel bir yere sahiptir. Depresif hastalarda uyku bozukluklarının semptom şiddetini artırdığı, kötü tedavi yanıtı ile ilişkisi ve tedavi sonrası en sık görülen rezidüel semptom olduğu düşünüldüğünde; terapi sürecinde öncelikle uyku hijyeni ve gerekli durumlarda ilaç tedavisi ile bu sorunların üzerine gidilmesi gerekmektedir. "*Öz-gözlem*" ve "*bilişsel yeniden yapılandırma*" ile genç, çeşitli durumlar/olaylar hakkındaki olumsuz otomatik düşüncelerin yakalar, bunların duygulara ve davranışlara olan etkisi fark eder. Ayrıca genç alternatif, gerçekçi ve daha işlevsel düşünceler üretmeyi öğrenir. Depresif gençler gündelik sorunlara dahi çözüm yolları bulmakta zorlanmakta ve problem çözme kapasitelerine daha az güvenmektedir. Bu bağlamda gencin "*problem çözme becerisi*" kazanması, (sosyal, ailevi, akademik sorunlara karşı) gence genel bir yol haritası sağlamaktadır. BDT'nin beceri kazandırma fonksiyonu hesaba katıldığında, gencin yukarıda sayılan becerileri günlük hayatına entegre edebilmesi yalnızca mevcut depresif şikayetlerini geriletmekle kalmamakta, aynı zamanda gelecekteki nüksleri önleme işlevi de görmektedir.

PANEL(SALON 1) 20.05.2021 10.45 Depresyonda biyobelirteçler

Biomarkers in depression

Dr.Serkan KARADENİZ

Depression is a mental and emotional disorder that affects about 20% of children and adolescents worldwide. Major depressive disorder (MDD) is an episodic disorder characterized by unhappiness, loss of interest, inability to enjoy daily activities, restlessness, decrease in energy, difficulty in concentration, appetite-sleep problems and suicidal thoughts-attempts. Various studies have reported MDD prevalence of about 2% in children and 8% in adolescents. Many risk factors are responsible for MDD etiology including familial-genetics, psychosocial causes, behavioral-emotional causes, chronic physical diseases, psychodynamic factors, and neuroendocrine factors. Nowadays, MDD is diagnosed in children and adolescents with detailed medical history, mental status examination, and various psychometric scales. The number of biomarker studies in this area has increased in recent years and it is hoped that these biomarkers can be used in many areas such as early diagnosis of depression and predicting responce to treatment. For example, decreased REM latency, increased REM density and hypercortisolemia have been shown to ocur not only in depressive period but also in children with no depression who has high levels of famial depression and children at high risk. Again, in various studies, inflammatory, metabolic, neurotropic factors and many functional neuroimaging studies have shown important finding in early-onset depression and in adolescent with familial burden even without depression. It is very important that these biomarkers can be used in children for clinical use. Because these markers will help to identify high-risk groups in the pediatric population even if they do not have depression and will help preventing economic and social losses in this area through preventive measures. In this presentation information about biomarkers studied in MDD, especially child-adolescent, will be presented, the usability of these markers in clinical practice and future studies in this field will be discussed.

Psikiyatri'de Metodolojik Kayma: Biyobelirteçler

Biomarkers in Psychiatric Disorders

Dr. Gülen GÜLER AKSU

Mersin University School of Medicine

Psychiatric disorders are quite complex etiologically and genetically. Unfortunately, because of this complex structure, there is still limited knowledge about the pathophysiology of psychiatric disorders. Current information does not predict who will develop a mental illness, who will respond to existing treatments, and which treatment will be more effective for whom. Trial-error treatment in psychiatry can be worrying for psychiatrists as well as patients and their families.

One of the greatest efforts of modern society is to be able to diagnose the patients who are at high risk of developing neuropsychiatric disorders early and to identify biomarkers that can be used to develop personalized treatment strategies.

Biomarker can be defined as a measurable and evaluable feature that can be used as an indicator of normal biological process, pathological course and response to treatment. Terms such as endophenotype, intermediate phenotypes, subclinical features and predisposition markers are used synonymously with biomarker. In psychiatry, biomarkers are expected to contribute to predicting the emergence of the disease, explaining its pathophysiology, determining prognosis, diagnostic accuracy, guiding treatment choice and monitoring response to treatment. Omic studies (genomics, proteomics, metabolomics, transcriptomics, epigenomics, etc.) and the development of the clinical bioinformatics field contribute to the spread of biomarker research in psychiatry.

In mental disorders, in order to be a candidate for biomarker of a biological indicator its prevalence in the general population must be related to the disease; must be genetically inherited; must be transferred with the disease in the family; individuals should be detectable when the disease is active or inactive; should be higher in non-sick family members than the general population.

Biochemical, endocrine, neurophysiological, neuroanatomic, cognitive or neuropsychological features may be biomarker. In most cases, they cannot be observed from outside as they do not produce a clear clinical sign and symptom. Specific methods are required for their precise detection. It is clearly obvious the difficulty of biomarker discovery in psychiatry considering the variable nature of psychiatric disorders. Recently, omic studies (genomics, proteomics, metabolomics, transcriptomics, epigenomics, etc.) and the development of the clinical bioinformatics field have led to the acceleration of studies on the discovery of biomarkers in psychiatric disorders. These studies could provide an understanding of psychiatric disease beyond classical symptomatic or syndromal definitions, perhaps leading to better interpretation and use of psychiatric nosology and personalized medicine. In this presentation, the definition of biomarker, its characteristics, the place of biomarkers in psychiatric disorders and the course of current studies in this field will be discussed.

Biomarkers in anxiety disorders

Canan İnce Börekçi

Anxiety disorders are the most common mental health problem in the world and also claim the highest health care cost among various neuropsychiatric disorders. Anxiety disorders have a chronic and recurrent course and cause significantly negative impacts on patients' social, personal, and occupational functioning as well as quality of life. Despite their high prevalence rates, anxiety disorders have often been under-diagnosed or misdiagnosed, and consequently under-treated. Even with the correct diagnosis, anxiety disorders are known to be difficult to treat successfully. In order to implement better strategies in diagnosis, prognosis, treatment decision, and early prevention for anxiety disorders, tremendous efforts have been put into studies using genetic and neuroimaging techniques to advance our understandings of the underlying biological mechanisms. In addition to anxiety disorders including panic disorder, generalised anxiety disorder (GAD), specific phobias, social anxiety disorders (SAD), due to overlapping symptom dimensions, obsessive–compulsive disorder (OCD), and post-traumatic stress disorder (PTSD) (which were removed from the anxiety disorder category in DSM-5 to become separate categories) are also included for review of relevant genetic and neuroimaging findings. Although the number of genetic or neuroimaging studies focusing on anxiety disorders is relatively small compare to other psychiatric disorders such as psychotic disorders or mood disorders, various structural abnormalities in the grey or white matter, functional alterations of activity during resting-state or task conditions, molecular changes of neurotransmitter receptors or transporters, and genetic associations have all been reported. With continuing effort, further genetic and neuroimaging research may potentially lead to clinically useful biomarkers for the prevention, diagnosis, and management of these disorders. The objective of this presentation is to summarise the current knowledge of biomarkers for anxiety disorders. The present summarises the findings on potential biomarkers in neurochemistry, neurophysiology, and neurocognition and we'll focus on neuroimaging and genetics.

Psikiyatri'de Metodolojik Kayma: Biyobelirteçler Paneli

DEHB'de Biyobelirteçler

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Özet

Dikkat eksikliği Hiperaktivite Bozukluğu (DEHB), dikkat süresi kısalığı/dağınıklığı, kaotik hareketlilik ve fevrilikle seyreden, belirtileri büyük oranda hayat boyu süren nörogelişimsel bir bozukluktur. DEHB'nin pooled prevelansı %5,29'dur. Erkeklerde kızlardan 3-9 kat fazla görülmektedir. Ayrıca DEHB genetik, nörokimyasal, nörofizyolojik ve çevresel bileşenleri ile multifaktöriyel şekilde ortaya çıkan bir bozukluktur. DEHB tanısı anamnez ve klinik muayane ile koyulurken tanı koydurucu herhangi bir laboratuar testi mevcut değildir. DEHB'nin etiyolojisindeki süreçlerin tam olarak aydınlatılmamış olması, etiyolojisinin multifaktöriyel olması, tanının klinik olarak konulması ve tedavi yanıtlarının bireylerdeki farklılığı DEHB için biyobelirteç araştırmalarını gündeme getirmektedir. Bunun sonucunda son yıllarda DEHB'de biyobelirteç çalışmaları alan yazında çokça tartışılan ve çalışılan bir konu haline gelmiştir. Bu araştırmalar sonucunda; DEHB için genom farklılıkları, çevresel faktörler, nörogörüntüleme incelemeleri, elektrofizyolojik incelemeler ve periferal sistemde ölçülebilen bazı kimyasallar biyobelirteç potansiyeli taşımaktadır. Bu panelde ağırlıklı olarak; biyobelirteç potansiyeli olan oksidatif stres, HPA aksı, immün sistem, sirkadyen ritim ve Kynurenine yolağı gibi periferal sistem belirteçleri üzerinde durulması amaçlanmıştır.

PSİKİYATRİDE METODOLOJİK KAYMA: BİYOBELİRTEÇLER

AUTISM SPECTRUM DISORDER AND BIOMARKERS

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Autism Spectrum Disorder (ASD) is a strongly heritable, heterogeneous neurodevelopmental disease characterized by varying deficits in communication, social interactions, and repetitive behaviors with restricted interests, which puts a substantial emotional and economic burden on autistic individuals, their parents, and society. Its incidence rate has increased dramatically in recent years. According to the Centers for Disease Control and Prevention (CDC), approximately 1 in 54 children were diagnosed with ASD in 2016. Both genetic and environmental factors contribute to its complex etiology. However, previous research shows that various comorbidities like epilepsy, gastrointestinal disorders, sleep disorders, and several other psychiatric illnesses are high in ASD. Currently, its diagnosis is based merely on clinical features, and it is well known that early identification and treatment of individuals with ASD ameliorate outcomes. For all these reasons, although it is one of the most investigated childhood psychiatric disorder, there has been still no clinically useful biomarkers. Biomarkers that could be routinely measured within the clinical setting could help predict, diagnose, and stage ASD and ultimately improve the treatment modalities for patients with ASD. This issue has become the focus of attention in the last decades. So far, some potential biomarkers comprising genetic, biochemical, metabolomics, and immune system as well as neuroimaging, electrophysiologic markers have been investigated for ASD. The studies have examined mostly the relationship between the selected biomarkers and clinical characteristics and severity of disease in children with ASD. This presentation will try to clarify the importance and utilization of biomarkers in autism, and it will also provide information on future research in this area.

Panel: Ebeveynliğin Değişik Yüzleri – "Social Moms" ve "Social Dads"

Uzm. Dr. Fevzi Tuna Ocakoğlu

Sosyal medya kullanımı önemli ölçüde artmıştır ve çocuklar genellikle ilk adımlarını atmadan çok önce dijital ayak izlerine sahip olurlar. Bununla birlikte, ebeveynlerin çocukları hakkında bilgi paylaşmalarının sonuçlarını ve sağlıklı yollarını anlamalarına yardımcı olacak araştırma ve kaynaklar yetersizdir. Çocuklara ait görsellerin ebeveynlerinin sosyal medya hesaplarında paylaşılması pek çok riski de beraberinde getirmektedir. Bu riskler arasında kimlik hırsızlığı, yağmacı sitelerde korsan bilgilerin yeniden paylaşılması, gizli kalması gereken psiko-sosyal bilgilerin paylaşılması ve başkaları tarafından kötüye kullanılabilecek açıklayıcı veya utanç verici bilgilerin paylaşılması yer alabilir. Ebeveynler tarafından sık bir şekilde sosyal medya hesaplarında ve internette ebeveynlik veya çocuklarının temsillerini paylaşma eylemine yakın zamanda ingilizce paylaşmak anlamına gelen "sharing" ve ebeveynlik anlamına gelen "parenting" kelimelerinden türetilmiş "sharenting" ismi verilmiştir. Bugünün ebeveynleri çocuklarının fotoğraflarını istekli bir şekilde paylaşmaktadır; bir çalışmada çocuklarının fotoğraflarını Facebook'ta paylaşanların oranı %98'e kadar varmaktadır (Bartholomew et al., 2012). Paylaşım davranışının motivasyonu çok az çalışmada çalışılmıştır. Bağlantıda olma hissi, harekete geçmeyi teşvik etmesi, kabul görme ve destek arayışı daha önce motivasyonlar arasında gösterilmiştir. Bu noktada bu sunumda sizlere Bakırköy Ruh ve Sinir Hastalıkları hastanesinde paylaşım motivasyonları üzerinde psikiyatrik belirtilerin bir rolü olup olmadığını araştırdığımız çalışmamızın bulgularını paylaşmak istiyoruz. Bu çalışmada 209 ebeveyn çevrimiçi anket yoluyla "sharenting" eylemine dair deneyimlerini paylaştıkları bir olgu veri formunu, ardından Kısa Semptom Envanteri'ni ve Güçler ve Güçlükler Anketi'ni doldurdu. Buna göre ebeveynlerin %63'ü çocuklarına ilişkin görsel veya yazılı bilgileri sosyal medya hesaplarında paylaştıklarını ifade etti. En sık paylaşım motivasyonu dijital günlük tutma ve bağlantıda olma hissi olarak saptandı. Paylaşım eylemi veya sıklığının doğrudan ebeveynlerin ruhsal belirtileri ile ilişkili olmadığı fakat varlığını hissettirme ihtiyacı gibi bazı motivasyonların bir takım ruhsal belirtilerle ilişkili olduğu saptandı.

Panel Adı: Ebeveynliğin Değişik Yüzleri

Konuşma: Ebeveynlik Tutumları ve Stilleri Değişiyor mu?
Konuşmacı: Adem Güneş

Bir fenomene tarihsel bir perspektiften bakmak değişimi anlamak için önemlidir. Yaşanan toplumsal değişimlerin (savaşlar, ekonomik krizler, teknolojide yaşanan gelişmeler vb.) toplumun en küçük birimi olan aile, aile hayatı ve ebeveynlik üzerine etkileri kaçınılmazdır. Bu değişimlerin ebeveynler için yeni zorluklar oluşturup oluşturmadığı ve ebeveynlik stillerine nasıl etki edeceği konusunda oluşan sorular gayet anlaşılır olmaktadır. Bu nedenle ebeveynlik tutumlarında ki nesil değişimlerini fark edilebilir kılmak ve tanımlamak ihtiyaç haline gelmiştir. Ebeveynliğin çocukların yaşamlarını ve günlük deneyimlerini şekillendirmede temel rol oynaması ve çocukların bilişsel, sosyal, akademik ve duygusal gelişimleri üzerinde önemli bir etkiye sahip olması nedeniyle bu alanda yapılan çalışmalar her zaman önemli olmuştur.

'Milenyal dönem' olarak tanımlanan özellikle 1990 ve sonrası dönem için modern ebeveynlik kavramı kullanılmaya başlanmıştır. Teknolojide yaşanan hızlı gelişmelerin etkisiyle bilgiye ulaşmak artık çok daha kolay olmaktadır ve bu da beraberinde bilgi kirliliğine maruz kalma riskini getirmektedir. Başta sosyal medya olmak üzere, internet ortamında, yazılı ve görsel medyada bulunan kanıt düzeyi düşük kafa karıştırıcı bir dizi ebeveynlik yaklaşımlarının giderek arttığını görmekteyiz. Günümüzde kendi yeterlilikleri ve ebeveynlik tutumlarının çocukları üzerinde olası olumsuz sonuçlarına yönelik endişe halinde olan ebeveynlerin giderek arttığı ve bu ebeveynlerin bir profesyonelden önce internet ve sosyal medyaya danışmayı tercih ettiği görülmektedir.

Sosyal medyaya kısa bir bakışta bile 'overparenting', 'helicopter parents', 'anxious parents', 'blogger parents', 'tiger parents' gibi birçok terimin popülerleştiği ve herkes tarafından bu konuların ele alındığı görünmektedir. Yoğun ebeveynlik veya ebeveynlerin çocukların hayatlarına aşırı katılımı olarak kategorize edilebilecek bu ebeveynlik yaklaşımlarının sıklığının giderek arttığı düşünülmektedir. Bu yaklaşımların oluşmasının sebepleri ve çocuk gelişimi üzerine etkileriyle ilgili ileri çalışmalara ihtiyaç duyulmaktadır.

PANEL: EBEVEYNLİĞİN DEĞİŞİK YÜZLERİ?

PANEL KONUSU: 'GATEKEEPER' ANNE BABAYI UZAKLAŞTIRABİLİR Mİ?

KONUŞMACI: Uzm. Dr. Büşra DURAN

Baba çocuk ilişkisinin çocuk ve ergenin ruh sağlığı üzerine etkisini inceleyen az sayıdaki çalışma; babanın katılımı arttıkça duygusal davranışsal sorunların azaldığını, işlevselliğin arttığını göstermektedir. Anne bekçiliği ise ebeveynliğin baba yönüne odaklanan çalışmalarda 'babanın çocuk ve aileye katılımına annenin davranışları aracılık ediyor olabilir mi' sorusu ile ortaya çıkmış bir kavramdır. Anne bekçiliği; eşlerin karşılıklı etkileşimiyle gelişen ve annenin baba üzerindeki kontrollü, kolaylaştırıcı ve sınırlayıcı yöntemler kullanarak, babanın çocuk bakımı ve çocukla ilişkisini düzenli, uygun ve tutarlı duruma getirme davranışları olarak tanımlanmaktadır. Annenin kapı açan ve kapı tutan bekçilik tercihleri ve mücadelesi baba çocuk ilişkisine yön verir. Kavramın ilk tanımlandığı yıllarda sınırlayıcılık, cesaret kırıcılık gibi olumsuz yönleri vurgulanırken bugün olumlu katkısı da göz önüne alınarak çok bileşenli bir yapı olarak araştırılmaktadır. Literatür incelendiğinde baba katılımının çocuktaki olumlu etkilerine değinen sınırlı sayıda çalışma olduğu, bununla birlikte baba katılımının eksik olması ile çocuğun psikopatolojisi arasındaki ilişkilere odaklanan çalışmaların son derece yetersiz olduğu anlaşılmaktadır. Bu panelde anne bekçiliği kavramı literatür ışığında gözden geçirilecektir.

Onunla Büyüyen Psikiyatristlerin Gözünden Harry Potter

Harry Potter' ın Büyülü Dünyası ve Nesne İlişkileri

Uzm. Dr. Nazlı KAPUBAĞLI ÇETİN

Joanne K. Rowling 1990 yılında 20'lerinin başında , aile içi şiddet sebebi ile evliliğini sonlandırmış, 1 çocuk annesi , ekonomik ve sosyal güçlükleri olan bir kadındır. Bu süreçlerin sonunda başlayan ve annesinin kaybıyla artan depresif dönemi içinde bir tren yolculuğunda büyücülük dünyasına dair fikirleri zihninde olgunlaşmış ve Harry Potter serisini kaleme almaya başlamıştır. Bu kaleme alış 11 yaşındaki bir çocuğun yetişkinliğe uzanan yolundan ilerler.

Çocuk edebiyatında iyi bir kurgu, okuyucularda bastırılmış içeriği uyandırabilir ve yeniden değerlendirilmesini sağlayabilir. Bazen bu temel bastırılmış çatışmalar yetişkinlikte de ele alınmaya devam edebilir. Harry Potter; yaş, cinsiyet, sosyoekonomik gibi parametrelerden bağımsız olarak yaygın bir popülerlik kazanmıştır. Bu kadar geniş bir karşılık bulmasına; belki de annenin yok edilmesi , yas süreçleri veya grup dinamiklerinin zorlukları gibi evrensel süreçler yol açmış olabilir.

Freud'un belirttiği gibi, uyum arayışı sadece somut bir ölüm ya da hayatta kalma mücadelesi değildir; öldürme arzusudur ama kendini bildiği şekliyle öldürme arzusudur. İnsan yavrusu bu uyumu, ego çekirdeği ve intrapsişik nesne ilişkileri aracılığıyla arar. Genellikle nesne ilişkilerinin dengeli bir şekilde içselleştirilmesi sağlıklı bir benlik ve süperego sağlar. Çocuklar peri masallarında tamamen iyi ya da kötü karakterler görmek isterler çünkü olgunlaşmamış ego güçleri kendilerini tamamen görme eğilimindedir ve kendi içlerindeki "kötü" ye tahammül edemezler. Bu bölünmenin ciddiyeti, nesne ilişkilerinde ne kadar hayal kırıklığı veya yıkıcılıkla karşılaştıklarına bağlı olarak değişir. Seride Harry ve okuyucu, iyi ve kötü nesnelerin hemen her defasında kendilerinde olduğunu görebilirler. Maceranın içerisinde kötü "ben"lerini bölüp ve onları Lord Voldemort'a yansıtarak ebeveynlerin öldürülmesindeki hayali rollerini gerçekleştirebilirler ve depresif konumlarını koruyabilirler. Dahası, iyi karakterlerin esnekliği ve "iyiliğin" kalıcılığı, bireylerdeki nesne ilişkilerinin kaynaşmasının bir şekilde tamamlanabileceği şeklinde yorumlanabilir.

Bu panelde Harry Potter'ın büyücü dünyasının bağlamı ve ana karakterlerin nesne ilişkisi sürecinin nasıl geliştiği ve yaşam deneyimlerini nasıl etkilediği ve ayrıca bireyleri psikolojik gelişimden psikolojik iyileşmeye götüren köprüleri tartışılacaktır.

Kardeşlikten Gruplara

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Kardeş doğumu, biricikliği tehdit eden "ayrıcalıklı" olarak bir anda gelişiyle sarsıcıdır. Anne baba ve çocuktan oluşan üçlüye dördüncü gelip kendisinin yerini alacak gibi olduğunda büyük çocuk kendini "var olmamış" (non existence) hissedebilir. Sanki hiçbir yer onu kabullenmeyecek gibidir. Yeni gelen "var olmayıştan gelip, var olmayış ile tehdit eder." Freud 1917'deki psikanalize giriş konferanslarında libidonun gelişmini anlatırken değinir kardeş tarafından yerinden edilme durumuna. Ona göre diğer çocuklar sahneye çıktığında Oidipus karmaşası bir aile karmaşasına doğru genişler.

Grup psikolojisini anlatırken Freud, karşıt tepki oluşturma ve özdeşleşim yollarının kardeşler ile açıldığına ve grup içi adalet duygusunda çekirdek rol oynadığına dikkat çeker. Bu özdeşleşmeler olumlu olabileceği gibi, grupların bireylere göre daha hoşgörüsüz, mantıksız ve ahlaksız oluşunun nedenleri de olabileceğini öne sürer. Gruplarda üyelerin grubun karizmatik lideri ile narsisist ve yüceltmeye dayalı özdeşleşmeler yaşadıklarından, bu özdeşleşmelerin altında hipnotik boyun eğme, bireyselliği yitirme ve her türlü sapkınlığa ve şiddete dönüşebilecek ilkel bir bağdan söz eder. Bunun nedenlerini ise ben ideali kavramıyla açıklar. Buna göre, insan bir kez tattığı narsisist mükemmellikten vazgeçemeyip yerine yeni bir ben ideali koyarak doyuma ulaşmaya çalışır. Bir ilkel topluluk da ben ideallerinin yerine tek ve benzer nesneyi koymuş; dolayısı ile benlerinde birbirleri ile özdeşleşmiş bireyler toplamıdır.

Hogwarts büyücülük okulu, kurucu okul liderlerinden ismini alan binalardaki akranlardan oluşan topluluklar nesiller boyunca farklı çatışmalar yaşamış, bu çatışmaları çözümleyebilmek için yine çeşitli akran grupları kurulmuştur. Bu panelde Harry Potter ve çevresindeki akran grupları, yoldaşlıklar, ordular vb. ile seri boyunca mücadelesi süren Voldemort'un çevresindeki ölüm yiyenler gibi topluluklar paralelinde psikodinamik açıdan kardeşlik ilişkileri ve grup olmaya etkileri ele alınacaktır.

Harry Potter: Through the Eyes of Psychiatrists Growing Up With Harry Potter and Humor

Aybüke Tuğçe Mustan

"Bak işte bu denli tehlikeli görünen dünya… çocuk oyuncağı, espri konusu et, yeter." (Freud, 1927). Bu tehlikeli dünyada mizah narsisizmin zaferidir (Alptekin, 2002) ve çocukların stresle başa çıkmasında duygu düzenleme kapasitelerine işaret eden bir beceridir. Bu alanda yapılan çalışmalarda, mizahı stresle başa çıkmak amacıyla kullanan çocukların daha düşük durumsal kaygı ve daha az davranışsal stres belirtileri gösterdikleri görülmüştür (Dowling, et. al. 2013). Artan yaşla birlikte, çocukların şakanın nasıl kullanılacağını öğrenmesiyle, mizah düşmanca ve cinsel duyguları sergilemenin kabul edilebilir bir şekli haline gelir (Wolfenstein, 1951). Ergenlerde şaka yapma, lakap takma-dalga geçme benzeri davranışlarla ortaya çıkar ve gerginliğin azalmasına, dürtülerin boşalmasına ve haz almaya yarar (Odağ, 2008). Mizahın hikayelerde yer almasıyla çocuklar, stresli yaşam olaylarının eğlenceli taraflarını bulmayı öğrenirler. Birer çocuk oyunu olan fantastik hikayeler, sadece çocukların haz almasını değil, yetişkinlerin de tıpkı mizahta veya psikanalitik ortamda olduğu gibi benlik hizmetinde regresyonu yaşamalarını sağlar. Harry Potter, akrabalarının yanında kalan dezavantajlı bir çocuk iken, büyücülük okuluna kabul edilen, ünlü, başına türlü belalar açılan ve bu belalarla beraber baş etme becerileri gelişen bir ergen olmuştur. Bütün hayatı artık şakalar ve tuhaflıklarla dolu bir masala dönüşen Harry ve arkadaşlarının olgunlaşma sürecinde mizahı stresli olaylarla baş etmede nasıl kullandıklarını, baş etme becerileriyle birlikte mizah kapasitesinin nasıl geliştiğini takip ederiz (Aytekin, 2011, Ningsih, 2010). "Mizahla ulaşmaya çalıştığımız keyif, ruhsal eylemimizi az bir giderle gerçekleştirdiğimiz bir yaşın ruh halinden, çocukluğumuzdaki ruh halinden başka bir şey değildir." (Freud, 1927). Harry Potter'ın komik ve tuhaflıklarla dolu hikayesi sadece çocukları değil, çocukluk ruh halinden keyif alan yetişkinleri de etkilemiştir.

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Panel: Geçmişten Günümüze Bağlanma Kuramı ve Güncel Yaklaşımlar

Konuşma: Geçmişten Günümüze Bağlanma Kuramı ve Güncel Yaklaşımlar

Konuşmacı: Hatice Gözde Akkın Gürbüz

Bebeklik ve erken çocukluk dönemi, küçük çocuğun, fiziksel, zihinsel ve duygusal yönden en hızlı geliştiği dönemdir. Bu nedenle bu dönemde çocuğun sadece fiziksel gereksinimlerinin giderilmesi yeterli değildir. Henüz becerilerinin yeterli derecede gelişmemiş olmasına bağlı olarak bebeğin, kendisine bakım veren kişiye bağımlı olduğu görülür, bu bağımlılık sürecinde bakım verenle kurduğu birebir ilişki ise, onun zihinsel ve duygusal gelişimi için son derece önemlidir. Bağlanma terimi ise, bebeklerle anne-babaları ya da bakım verenleri arasında kurulan, duygusal olarak olumlu ve yardım edici bir ilişkinin varlığını ifade eder. Bağlanma kişinin bağlanmasının durumuna ve kalitesine gönderme yapar. Birçok psikodinamik terim gibi hem deneyimsel hem de teorik bir sözcüktür. Bağlanma hem güvende olmak hem güvenlikte olmak anlamına gelir. Güvensiz bağlanmış kişiler, bağlanma figürlerine karşı karmaşık duygular taşırlar, derin aşk ve bağlılık, terkedilme korkusu, irritabilite ve vigilans hissederler. Anne, çocuğun bağlanma gereksinimini tatmin ettiği bir "öteki" olarak da adlandırılabilir. İlk yıllarda anne ile kurulan bu bağ, çocuğun kişiliğinin önemli bir kısmını oluşturmakta ve bu özelliklerin etkileri hayat boyu izlenmektedir. Bowlby 'Bağlanma Kuramı' ile bu özel ve biricik ilişkiyi tarif etmiştir. Bowlby, çocuk psikoanalistidir ve ruhsal çalışmanın içindedir ancak bir terapist olmaktan çok, öncelikle bir teorisyendir. Ürettiği 'Bağlanma Kuramı' ise, her ne kadar çeşitli gelişim disiplinlerinin eklektik bir karışımı ise de, Freudyen analitik temele oturmaktadır ve önceliği çocuğun duygusal gelişimine vermiştir. Bağlanma kuramı bir çocuk psikanalizinin bir parçasıdır, teoriye ve psikoterapi uygulamalarına da önemli katkılarda bulunmuştur. Bowlby ile eş zamanlı ve sonrasında birçok teorisyen kurama katkılarda bulunmuşlardır. Bu panelde geçmişten günümüze bağlanma kuramının oluşumu, tanımı ve güncel bakış açılarının paylaşılması amaçlanmaktadır.

Neurobiology of Attachment

Zeynep Seda Albayrak

Van EAH Çocuk ve Ergen Psikiyatrisi

Neurobiological development of attachment begins in the prenatal period and continues through preschool age. It appears to be partially set by pruning around 24 months. This is the similar timing as the time required for Bowlby's attachment system to be open to the impact of the developmental environment. This is a complex process that involves developing the HPA axis and reward system early on, followed by the development of the amygdala, followed by PFC development into adulthood. In addition to these brain regions, the association of important neurotransmitters, such as oxytocin, dopamine and blood cortisol levels, is known. Likewise, there are studies on the relationship between inflammatory processes and attachment development. This sensitive period of development leads to neurobiological changes later in life, affecting emotional response, reward, and perception difficulties. Research on the neurobiology of attachment reveals that the infant's brain is uniquely primed for learning about the world in a way that promotes attachment to a caregiver. This attachment bias has benefits but, on the other hand enduring consequences, due to the caregiver's powerful ability to program the rapidly developing infant brain. Sensitive caregivers, particularly those in synchrony with their infant and provide nurturance during distress, provide the most optimal early-life programming of brain structures important for lifelong emotionality, seemingly via regulation of the infant brain and physiology. Adversity within the attachment system via negative caregiving has an enduring impact on brain areas underlying emotion and emotional regulation. As our knowledge about the neurobiology of attachment increases, we see the importance of early development and the effect of developmental processes on the subsequent processes.

Bağlanmanın Bebeklik, Çocukluk ve Ergenlik Döneminde Değerlendirilmesi

Dilara Demirpençe Seçinti

Last fifty years, the researchers have focused on attachment while investigating roots of psychopathology in children as well as adults. However Turkish research in the attachment field has been limited compared to Europe and the USA. The main reason for this, there are limited reliable and valid Turkish tools assessing attachment.

The assessment of attachment differs to the age range and methodological approach such as observation methods and questionnaires. The first structured and observational test assessing infant's attachment to their caregiver is the Strange Situation Test (SST) which was provided to reveal the effect of attachment on socioemotional development of infants. The observatory tests can be divided as the tests used in laboratory settings or home settings or any quiet place. The tests assessing attachment and mother-child interaction in laboratory settings are SST, Preschool Assessment of Attachment (PAA) , Cassidy Marvin preschool attachment coding system (C-M) ,Middle Childhood Attachment Strategies Coding System .

The test that can be used at home settings is Attachment Q Sort (AQS). The tests that can use in any place are Manchester Child Attachment Story Task (MCAST), MacArthur Story Stem Battery (MSSB), S Story Stem Assessment Profile (SAP), Separation Anxiety Test (SAT),Children Attachment Interview(CAI),Separation Anxiety Test(SAT) and also some of these tests are based on story and the interpretation of the children's response to the story.

The attachment questionnaires are Adolescent Attachment Questionnaire, Inventory of Parent and Peer Attachment, a child version of the Experiences of Close Relationships, Security Scale.

Although there have been several questionnaires and observation methods in English. Only there have been few attachment tools in Turkish. Turkish reliable and valid attachment tools are Kerns Security Scale, Maternal Attachment Questionnaire, Q sort measure, Attachment Q set, Inventory of Parent and Peer Attachment-Short Form (IPPA), Paternal-Infant Attachment Scale Also there have found few studies focusing on attachment which has been used observatory methods in child and adolescent psychiatry in Turkey.

The primer aim of this conference is to review the literature related to the tools used in the attachment field and to present the reliable and valid attachment tools used in Turkish research and encourage Turkish researchers to do reliability and validity study of these tools in this field.

Working Models of Attachment; Implications for Cognition, Emotion and Behavior and Motivation

Gelişim Basamaklarında bağlanma, biliş,motivasyon ve duygu

20.05.2021 Salon 4 / Panel saat 10:45- 12:15

Uzm.Dr.R.Hülya Bingöl Çağlayan

Cerrahpaşa Tıp Fak. Çocuk ve Ergen Ruh Sağlığı A.D.

In my presentation I explore the relationship between emotions and cognitions as they coexist in attachment. Because they are the underlying components of attachment, understanding their relationship offers insight into the dynamics of the attachment process itself. Investigations of attachment phenomena and formulations of attachment theory have increased in recent years in an effort to better understand personality and social development, interpersonal relationships, and psychopathology in both children and adults. Also, attachments exist in adulthood and old age either as the emergence in adulthood of new attachments between adults, such as attachment to a spouse or intimate friend or as a continuation of early attachments. Attachment itself may be defined in various ways that overlap but emphasize different aspects of the concept. In all cases, however, both emotions and cognitions underlie the content, organization, and processes of attachment. The cognitive content includes memories, knowledge, beliefs, expectancies, and interpretations, whereas the emotion content includes simple, complex, and diffuse emotions, along with feelings.Emotional response patterns play a central role in attachment theory , and differences in attachment style are associated with variations in emotional expression and emotion regulation in both children and adults. The working models of attachment will also be explored in the presentation. A model linking attachment style and explanation patterns to emotional responses and behavioral intentions will be proposed and discussed.

PANEL: Otizm Spektrum Bozukluğunda Ağır Klinik Tablolar: Eştanı ve Tedavi Yaklaşımları

Title: The Complexity of Co-occuring Symptoms and Comorbidity in Autism Spectrum Disorders

Prof. Dr. Işık Görker

Co-occurring disorder research in ASD has been complicated by several issues, including diagnostic overshadowing of ASD symptoms over psychiatric symptoms, atypical or unclear presentations of co-occurring symptoms, and emotional dysregulation inherent to ASD that may hinder accurate assessment or effective treatment. Many children/adolescent with ASD are negatively affected by the presence of one or more co-occurring psychiatric conditions. Overlapping symptoms and ambiguous symptom presentation in ASD complicate treatment, research, and estimated prevalence rates of these co-occurring conditions. Furthermore, individual difference factors, such as age, intellectual functioning, and gender, may influence the presentation of co-occurring symptoms, which also bear consideration for treatment research. In this presentation is aimed to discuss the complexity of co-occuring symptoms and comorbidity, of ASD based on our clinical experiences and the current literature.

Hatice Aksu

Otizm Spektrum Bozukluğu (OSB), sosyal iletişimdeki bozulmalar, tekrarlayan davranışlar ve kısıtlı ilgi alanlarıyla karakterize olan bir nöro-gelişimsel bozukluktur. Otizm spektrum bozukluklarının (OSB) temel semptomları oldukça yaygındır ve şu anda önemli bir düzeyde tedavi edilemez. Belirtiler OSB'li bireyler, aileleri ve bir bütün olarak toplum üzerinde ağır bir yük oluşturur. Son kanıtlar, oksitosinin, OSB'nin temel semptomları, özellikle sosyal etkileşim ve iletişim ile ilgili zorluklarla ilgili olanlar için yeni bir terapötik olarak kullanılabileceğini göstermektedir. Hayvan modellerinde, oksitosinin sosyal işleme, tanıma ve yapıştırmada kritik rol oynadığı ve ayrıca kalıplaşmış davranışları etkilediği gösterilmiştir. Otizm ve oksitosin ile ilgili daha önce yayınlanan birkaç sistematik derlemede oksitosinin etkinliği ile ilgili bulgular tutarsızdır. OSB'de çok dozlu intranazal oksitosinin çekirdek semptom alanları üzerindeki etkisini değerlendirmek için tasarlanmış az sayıda çalışma mevcuttur.

Kanada'da OSB'liçocuklarla yapılan çoklu doz/max doz çalışmasında24 IU/kg dozu asd li çocuk ve gençlerde intranazal oksitosinin etkinliği ve güvenliğini kabul etmiştir. OSB'li çocuklarda ve gençlerde çok dozlu intranazal oksitosinin potansiyel etkinliği ve güvenliği. Bu sunumda OSB tedavisinde intranasal oksitosin kullanımınına ait yazın bilgisini ve OSB tanılı olgularımızda intranazal oksitosin kullanımına ilişkin verilerimi paylaşacağım.

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Otizm Spektrum Bozukluğunda Ağır Klinik Tablolar: Eştanı ve Tedavi Yaklaşımları

New options for treatment in the light of genetic advances in ASD

Esra Demirci

Erciyes University Medicine Faculty Child and Adolescent Psychiatry Dept. Kayseri Turkey

In the recent decade, the prevalence of autism spectrum disorders (ASD) has dramatically increased worldwide and studies have reported 1 in every 59 children diagnosed with ASD. Drugs using in ASD mainly target some symptoms, but they are not effective on the core symptoms of ASD yet.

Ongoing genetic and biochemical studies, pharmacological treatments including oxytocin, vitamin D, sulforaphane, and resveratrol, are promising and are shown to lead to improvements in behavioral performance in ASD. More importantly, pharmacological mechanisms are closely related to synaptic protection and anti-inflammation. A growing body of data indicates that deleterious effect of oxidative stress, mitochondrial dysfunction, immune dysregulation and neuroinflammation, as well as their interconnections are important aspects of the pathophysiology of ASD.

On the other way, since the first animal model of valproic acid (VPA) induced autistic-like behavior, many genetic and non-genetic experimental animal models for ASD have been described. Some of the genetic models have been successfully treated by genetic manipulations or the manipulation of neurotransmission and agents affecting brain neurotransmitters also successfully reduced ASD-like symptoms. Also, ability of researchers to find new genes have led to the preclinical studies in monogenic ASD. Furthermore, understanding of common impairments of pathways in ASD could lead to find new targets for treatment.

PANEL

Otizm Spektrum Bozukluğunda Ağır Klinik Tablolar: Eştanı ve Tedavi Yaklaşımları

Konu

OSB Tanılı Çocuklarda Ağır Klinik Prezentasyonların Psikofarmakolojik Yönetimi

Dr. Öğr. Üyesi Hasan Cem AYKUTLU

Psychopharmacologic Management of Severe Clinical Presentations in Children with Autism Spectrum Disorder

Autism Spectrum Disorder (ASD) is a neurodevelopmental disorder that can be observed with socialization and communication deficits, restrictive, repetitive, stereotypic behaviors and areas of interest. In addition to the core symptom cluster of ASD, mood disorders, sleep and eating problems, attention problems, temper tantrums, irritability and self-injurious behaviors are frequently observed. Especially when severe irritability and self-injurious behaviors are observed in children with ASD, it may cause stress, difficulty and danger for the caregivers, educators and psychiatrists and may require urgent intervention (1).

Severe irritability in ASD is defined as a symptom cluster which includes aggression, agitation, temper tantrums and self-injurious behaviors (such as head banging, biting, self-punching, scratching) in the literature (2). Researches indicate that severe irritability is more common in adolescents with ASD, especially those without verbal communication skills and mental retardation. Furthermore, it was shown that aripiprazole and risperidone treatment of irritability which is the only FDA approved pharmacological treatment option, was only effective in the half of these cases (3). There is no evidence based pharmacological treatment algorithm of these cases due to the limited number of studies, therefore it is proposed that the pharmacological treatment should be planned on a case-by-case basis in the literature (4,5).

Therefore, we aimed to present the clinical features and psychopharmacological management of the children with ASD whom applied to our clinic with severe clinical situations and discuss the treatment approaches based on our clinical experience and the literature.

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PANEL İSMİ: Çocuk ve Ergenlerde Gender Dysphoria: En Son Perspektif

Uzm. Dr. Burcu YILDIRIM BUDAK

DIAGNOSIS, EVALUATION AND PSYCHIATRIC APPROACH IN GENDER DYSPHORIA
(Gender Disforide Tanı, Değerlendirme ve Psikiyatrik Yaklaşım)

Diagnostic Features

Youth across development are presenting with gender identity concerns to mental health professionals with increasing prevalence over the past decade. Gender dysphoria (GD) is a condition where there is a marked incompatibility between an individual's assigned gender at birth with the gender that the person identified him/herself. These individuals see and feel themselves to be a different gender from their assigned gender. This nonconformity is clinically associated with significant distress or impairment in social, occupational, or other important areas of functioning. Symptoms vary depending on the developmental level. Younger children may have a desire to wear opposite-gender clothes, take other gender's roles in games, and even may verbalize a discomfort about his/her own sexual anatomy. By the adolescence, these individuals usually begin to verbalize the desire to be of the other gender. They may believe that they have feelings and reactions typical of the other gender or may request to live and act as a member of the opposite gender. The symptoms of GD usually appear in the pre-school period, yet, time taken to seek medical advice differs by cultural and social norms. DSM-5 lists GD as a diagnostic entity with two subtypes, one for children and another for adolescents/adults. According to DSM-5, GD symptoms should be at least 6 months

Evaluation

Across all stages of development, in children and adolescents with GD, the principles of the American Academy of Child and Adolescent Psychiatry practice parameters clearly indicate that "a comprehensive diagnostic assessment should include age-appropriate psychosexual developmental assessment for all young people". The guidelines recommend that the evaluation be multidisciplinary.

Approach

Patients with GD will benefit from an integrative approach in which the clinician takes all possible contributing factors into account. Such an approach will help the clinician in evaluating, understanding, and counseling the child, adolescent, and the family.

-Comorbidity and Differential Diagnosis

Clinically referred children with GD show elevated levels of emotional and behavioral problems. Therefore, in the psychiatric approach to children and adolescents with GD, comorbid psychiatric conditions should be evaluated.
The differential diagnosis of gender dysphoria should be made with other clinical presentations such as nonconformity to gender roles, transvestic disorder, body dysmorphic disorder, schizophrenia and other psychotic disorders.

Guidelines recommend that a biopsychosocial assessment of youth is performed prior to the initiation of any medical treatments for adolescents with gender dysphoria. In addition a clinical intervention should depend on the youth's developmental stage.

Children and Adolescents with Gender Dyshoria: Current Approaches to Clinical and Research Issues

Gözde Yazkan Akgül

Last decade, increasing the number of children and adolescents referred to specialized gender identity clinics/programs has become an international phenomenon. There is a huge increase in referrals. Some authors identifies this increase in adolescent referrals as an "outbreak." Because of the rapid increase in these referrals, many researchers are interested in gender variance/gender dysphoria

The etiology of gender incongruence remains unknown. Studies for preparing standard international manuals for the management of gender nonconformity/gender dysphoria complaints in children and adolescents have been performed worldwide, and various approaches are depending on the etiological causes. While the individual effects of biological, psychological, and social factors were suggested in the past, recent studies have emphasized an integrative bio-psycho-social model for gender dysphoria.

In many recent studies, which reported higher presence rates of comorbid neurodevelopmental disorders such as autism spectrum disorders and ADHD in gender dysphoria might be accepted as an indicator of the possible biological pathways regarding the gender dysphoria.

In our knowledge, there are not many studies on the neurocognitive and neuroanatomical background of GD in children and adolescents. Although these studies attempt to elucidate the causes of GD, further research is needed on childhood in which sexual identity occurs.

Our presantation provides an overview of clinical and research issues associated to children and adolescents with a diagnosis of gender variance/gender dysphoria: 1) the persistence of symptoms, functioning levels and comorbid psychiatric disorders during the psychiatric follow-up 2) biologic parameters 3) executive functions 4) neuroimaging 5)self injury/self harm.

PANEL İSMİ: Çocuk ve Ergenlerde Gender Dysphoria: En Son Perspektif

Prof. Dr. Zehra AYCAN

GENDER DYSPHORIA FROM THE ENDOCRINE PERSPECTIVE

(Endokrin Perspektiften Gender Disfori)

Gender dysphoria (GD) refers to the distress that may accompany the incongruence between one's experienced or expressed gender and one's assigned gender. GD should be accompanied by significant impairment in functionality in social, professional and other important areas and should continue for at least 6 months. It is referred to as "Gender Dysphoria" by the American Association of Clinical Endocrinologists and American Psychiatric Association and "Gender Incongruence" by the WHO(ICD-11).

Clinical experience has shown that GD in prepubertal children disappears just before or during puberty. However, it has been reported that up to 15% of GD, which started in the prepubertal period, persists in puberty and afterwards.

The potential effects of prenatal and postnatal androgen exposure on gender identity development in the etiology have been blamed. Genetic factors were also thought to be effective in GD, but while monozygotic twins were found to have significant results, but not dizgotic twins. The relationship between GD and specific genes was investigated, but no statistical significance was found in the studies.

Most of the transgender individuals had no disorders of sex development(DSD); therefore, endocrine examinations should be requested according to history and detailed physical examination in children and adolescents who apply to endocrinology outpatient clinics with the request of gender change.

There is no need for treatment in GD which starts prepubertal. In adolescents with puberty (Tanner 2-3), gonadotropin releasing hormone-(GnRH) analogue(a) treatment is initiated to suppress puberty if the diagnosis is definite. GnRHa treatment is mainly used in the field of pediatric endocrinology to suppress the signs of puberty in early puberty. The effects of GnRHa treatment on spermatogenesis and oocyte maturation are reversible. This provides additional time for adolescents with GD to discover the gender identity that they feel and express without worrying about changes in puberty and unwanted secondary sex characteristics.

The second stage is the addition of sex steroids to the treatment after 16 years, and the third stage is "gender reassignment surgery" after 18 years of age and the continuation of sex steroid treatment.

Puberty suppression with GnRHa treatment

GnRHa treatment may be initiated intramuscularly or subcutaneously with leuprolide acetate/tryptothelin acetate.

If GnRHa treatment is unavailable, in transwomen and transmen, medroxyprogesterone acetate is either oral or intramuscular; in transwomen, oral spirinolactone, oral cyproterone acetate or oral finasteride treatments may be considered.

Puberty induction with sex hormone treatment

It is recommended that sex hormone treatment be started around the age of 16 after the necessary criteria are met.

Induction of puberty with female-(MTF) sex hormone treatment

For female induction of puberty-(MTF), 17 β-estradiol (oral, transdermal or parenteral) is preferred.

Induction of puberty by male-(FTM) sex hormone treatment

Testosterone esters such as intramuscular/subcutaneous testosterone cypionate/enanthate/undecanoate are used for male induction of puberty-(FTM).

Surgical treatment

For surgical treatments, individuals must be over the age of 18, with GD persisting, living for 12 months with a new gender, and receiving sex hormone treatment. Other surgical treatments other than mastectomy have irreversible effects on fertility.

Gender Affirming Multi-modal Medical Care of Transgender Youth: Case Examples of One Female to Male Transgender, One Male to Female Transgender

Ayşe Burcu Erdoğdu

The number of gender diverse and transgender youth presenting for treatment area increas ing. Transgender development in children and adolescents often occurs in the context of diverse psychiatric symptoms or diagnoses preceding, co-occurring with, or following the onset of the atypical gender identity variations. The role that the child psychiatrist has in the ongoing mental health treatment of these youth can be life-saving when the care is approached with carefully.

Also this is a population with unique medical needs; it is essential that workers in that area like social work, psychology, mental and behavioral health care, and medicine should work together as allies. Expertise in all domains is crucial when making diagnostic, formulation, and treatment decisions in concert with youth and their families Unfortunately, for many child and adolescent psychiatrists or other specialists there is huge deficit gap in their education and training regarding working with gender variant and transgender youth. In order to build collaborative multidisciplinary teams, it is necessary for child and adolescent psychiatrists to grow in competency in working with gender variant and transgender youth.

In Turkey, there is no highly specialized center for GD in children and adolescents, and children and adolescents with symptoms of GD can be admitted and followed by any local child and adolescent psychiatry clinic. Marmara University Pendik Education and Training Hospital has multidisciplinary council including child and adolescent psychiatrist, pediatric endocrinologists, pediatric surgeons, and clinical psychologists In this section, we will present pyschiatric and multidisciplinary follow up of two transgender young people during their gender affirmation.

Canem Kavurma

Farkında Ebeveynlik Nedir?

Bishop ve arkadaşları (2004) bilinçli farkındalığı geçmiş zamanda olan ya da gelecek zamandaki olası olay ve duyguların etkisine kapılmadan mevcut bulunulan anı kabul etmek ve onaylamak olarak tanımlamışlardır (1). Bilinçli farkındalık üzüntüye neden olan duygu ve düşüncelere dengeli şekilde yaklaşmayı ve böylelikle kabullenmeyi sağlar. Eğer bunu yapamazsak olumsuz duygu ve düşüncelerle aşırı özdeşleşiriz. Aşırı özdeşleşme olumsuz duygu ve düşüncelerin içinde kendimizi kaybetmemize neden olur. Bunun sonucunda ise yaşadıklarımızı net bir şekilde algılayamayız (2). Bazen de hoşumuza gitmeyen durumları ve duyguları görmezden geliriz. Bu şekilde hep olumlu olanlara yönelmeye çalışırız. Ancak hayatın içinde hem üzüntü hem de mutluluk vardır. Olumlu, olumsuz veya tarafsız herşey geçicidir (3).

Ebeveynlikte farkındalık ise basitçe tepki vermek yerine çocuğun davranışlarına düşünceli bir şekilde karşılık vermektir. Şimdiki anda gerçekten meşgul olmak ve geçmişten, gelecekten gelen duyguların veya travmaların ebeveynin tepkilerini yönlendirmesine izin vermemesidir. Ebeveyn öfke ve hayal kırıklığı ile de zaman zaman yanıt verebilir; ancak bu tamamen otomatik olanlardan ziyade daha bilinçli bir yerden gelir.

Farkında ebeveynlik dinleme, yargısal olmayan kabul, duygusal farkındalık, öz denetim ve merhamet olmak üzere beş bileşenden oluşur (4). Farkında ebeveynlik ile ebeveyn-çocuk iletişimini geliştirilir, ebeveyn memnuniyeti arttırılır. Bunun yanında aşırı hareketlilik, saldırganlık, depresif duygular, stres ve kaygı azaltılır (5).

Çocuklar için farkında ebeveynliğin sosyal karar vermede yardımcı olduğu gösterilmiştir. Yapılan araştırmalarda karar verme ve duygusal düzenleme ile bir bağlantılar ortaya çıkarılmıştır. Bu nedenle, bu tür ebeveynliğin teşvik edilmesi ile duyguların anlaşılması ve kabul edilmesi kolaylaşır ve çocukların önemli yaşam becerisi üzerinde çok küçük yaşlardan itibaren çalışmalarına yardımcı olabilir. Farkında ebeveynlik fiziksel istismar gibi potansiyel kötü muameleyi bile azaltabilir. Yapılan araştırmalarda farkındalık stratejileri kullanan ebeveynler arasında çocuk istismarında bazı azalmalar olduğunu göstermiştir (7).

Sonuç olarak; farkında ebeveynlik ebeveyn tutumlarında değişiklik yaptığı gibi, çocuklarda da dikkat eksikliği ve hiperaktivite bozukluğu, depresyon ve anksiyete bozukluğu semptomlarında etkilidir.

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PANEL

Mindful Parenting in Child and Adolescent Psychiatry

Mindful parenting for children and adolescents with ADHD

Öznur Bilaç

Manisa Celal Bayar University, Departmen of Child and Adolescent Psychiatry

Attention deficit hyperactivity disorder (ADHD) is a highly prevalent disorder in children. Its prevalence was estimated about 5-10% in world. ADHD children have difficulties in relationship with others and are socially immature. They lack the adequate interpersonal sensitivity skills for age and have low awareness of emotions, behaviors and intentions of others. To date, there are two evidence-based treatments for children with ADHD, medication (mostly stimulants) and behavioral treatments. However, both have limitations. The most used form of behavioral treatment is behavioral parent training. However, ADHD is highly heritable and a diagnosis of ADHD of parents is a predictor of non-response to this behavioral parent training. There is a growing body of research on the effectiveness of mindful parenting for children and adolescents with psychopathology. In families of children with ADHD, the parent–child relationship is often severely disturbed. First, due to the ADHD behavior of the child, parents can become less patient, pay more attention to disruptive behavior and act more impulsively. This is called "parental overreactivity". Parental overreactivity is predictive of externalizing behavior of the child . Mindful parenting is a form of mindfulness training and is defined as: ''paying attention to your child and your parenting in a particular way: intentionally, here and now, and non-judgmentally'' . In Mindful Parenting, parents learn to pay attention to their children non-judgmentally, increase awareness of the present moment with their child, and reduce automatic (negative) reactions to the child. Also, by doing daily meditation practice, parents learn to take care of themselves and bring calm into their family. In this presentation, the literature on the mindful parenting for children and adolescents with ADHD will be discussed.

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Title of Panel: MİNDFUL PARENTİNG İN CHİLD AND ADOLESCENT PSYCHİATRY

Subject of Conversation: MINDFUL PARENTING IN CHILDREN AND ADOLESCENTS WITH ANXIETY DISORDER

Dr. Öğretim Üyesi Halil KARA – Aksaray Üniversitesi Tıp Fakültesi Çocuk ve Ergen Ruh Sağlığı ve Hastalıkları AD.

The rationale for evaluating this subject was to understand a potential strategy to decrease the rising prevalence of child and adolescent mental health disorders. (1) Children are confronted with an increasing amount of choices every day, which can be stressful. Decision-making skills may be one of the most important "21st century skills" that children need to master to ensure success. Many aspects of decision-making, such as emotion regulation during stressful situations,develop in the context of mother-child interactions. (2) The key features of mindful parenting appear to be emotional awareness, emotional regulation,attention regulation, intentionality and non-judgmental acceptance. The studies indicated that cultivating a more mindful way of parenting is associated with reduced stress, anxiety, and depression. (3) Children of parents ,who practice mindful parenting, also had fewer behavioral problems and enhanced positive interaction with their parents. (4) Through this approach, cognitive and behavioral therapy applications can become more efficient, especially in children with anxiety disorders. In this context,mindful parenting methods and evaluation of effects in children and adolescents with anxiety disorders will be a horizon for pediatric and adolescent psychiatrists.

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Oturum Başkanı: Moderatör: Caner Mutlu

Dr. Öğr. Üyesi Ayla UZUN ÇİÇEK

Panel Başlığı: Mindful Parenting in Child and Adolescent Psychiatry

Title: Mindful Parenting in Parents of Children with Autism Spectrum Disorder

Abstract: Autism spectrum disorder (ASD) is characterized by difficulties in communication and social interactions and, restricted, repetitive, and stereotypic patterns of behaviors, which affect daily living tremendously. In recent years the prevalence rate of ASD is rapidly rising. ASD is a lifelong complex neurodevelopmental disorder for individuals, but also for their parents and, the impact of having a child with ASD on the family system is gigantic. It is known that parents of children with ASD have higher levels of stress, anxiety, depression, somatic complaints, and burn-out than parents of typically developing children. Moreover, there is a positive relationship between parental stress and children's behavioral problems. Therefore, as more families are faced with ASD, seeking for new and/or improved interventions not only for the children but also for the parents is a major research priority. However, despite the dramatic increase and the extremely high costs, hardly any evidence-based interventions are available for children with ASD. Few interventions directly target parents, of these, Mindfulness-based interventions are increasing in popularity. One of these techniques is the Mindful Parenting Approach, which refers to intentionally and non-judgmentally paying attention to one's child and compassionately reflecting on one's parenting ability. Mindful parenting is grounded in the parent's awareness of him- or herself, his reactions and experiences, and general mindfulness skills. These mindfulness skills are then applied to the relationship with the child as a way of relating to the child, accepting the child, and paying closer attention to the child's cues. Mindful parenting refers to parents in bringing moment-to-moment awareness intentionally to the parent-child relationship. Such parenting practices involve listening with full attention, communicating non-judgmental acceptance, cultivating emotional awareness, developing self-regulation to avoid automatic behaviors, and expressing compassion. The suggestion is that interventions such as Mindfulness-Based Stress Reduction (MBSR) and Mindfulness-Based Cognitive Therapy (MBCT) can increase emotional clarity by reducing depressive rumination and preventing a downward spiral of negative thoughts. Previous studies of Mindful Parenting training have found effects on improved parent-child relationships, reduced parental stress and over-reactivity, decreased parental internalizing and externalizing symptoms, and improved co-parenting. It is also associated with reduced behavioral problems in children with ASD. In this presentation, it is aimed to present mindful parenting approach in the parents of children and adolescents with autism spectrum disorder in the light of the literature.

Keywords: Mindful parenting; autism spectrum disorder; parents; parent-child relationship

Mindful Parenting in Children and Adolescents with Depressive Disorder

Dr. Öğr. Üyesi Seda Aybüke SARI

Mindfulness is defined as the process of paying attention to the present moment with all the bodily sensations, thoughts, emotions and no judgement. Mindfulness requires an open, accepting, warm, tolerant and patient attitude while focusing on the present. Mindful parenting is a special parenting approach that develops a positive and safe parent-child relationship and contributes to the well-being of adolescents. Mindful parenting is a parenting style that involves being fully involved in the parent-child interaction, approaching the child with non-judgmental acceptance and compassion, improving self and child's emotional awareness and self-regulation efforts to choose appropriate parenting behaviors. In the studies, parents receiving mindfulness training showed a reduction in stress and depression levels, improved parental satisfaction and parent-child relationships; and their children showed less aggression, more adaptability, and more social behavior.

Major depression is the most common psychiatric disorder worldwide. In adolescence, the frequency of depressive disorder is increasing and girls are at higher risk than boys. Depression during adolescence increases the risk of depression in adulthood. It is known that there are several familial risk and protective factors in the development of depression in adolescents. Parental depression, inability to appropriate parenting (poor parenting quality), parental rejection and excessive control are associated with the higher rates of depression in adolescents. On the other hand, high quality and warm parenting, less parental control, adequate emotional participation are associated with less depressive feelings in children. Examining the literature, there are not many studies investigating the effects of mindfulness and mindfulness-based treatments on adolescent depression; however, there is evidence that these interventions significantly reduce the symptoms of depression in adolescents. In this presentation, the effects of mindful parenting on depression in children and adolescents will be discussed.

Panel: RUHSAL GELİŞME VE RUHSAL İYİLEŞME YOLCULUĞUNDA ÇOCUKLARIMIZIN SAĞLIKLI YÖNLERİNE BAKIŞ

KRONİK HASTALIKLARI OLAN ÇOCUKLARIN VE AİLELERİNİN RUH SAĞLIĞI

Prof Dr Banu Anlar

Kronik hastalıklar, süresi en az 6 ay olan, uzun süreli tıbbi bakım ve tedavi gerektiren, kalıcı iz ya da sakatlık bırakabilen ve nörolojik hastalıklar açısından düşünüldüğünde de genellikle uzun yıllar boyunca özel eğitim ve fiziksel rehabilitasyon gerektiren hastalıklardır. Çocukluk döneminde sıklıkları %10-20 olarak bildirilmektedir.

Çocukluk ve özellikle ergenlik çağlarında yaşıtlarına benzeme istek ve çabası güçlüdür. Böyle bir dönemdeki çocuk farklılığını algılayabilir, görünüşte farklılık olmadığında dahi, sürekli tedavi ve izlem gerektiren durumundan dolayı kendisini bağımlı ve yetersiz hissedebilir. Buna karşın araştırmalar hastalığa karşı olumsuz duyguların ve depresyon belirtilerinin çoğunlukla ebeveynde, hasta çocuktakinden daha belirgin olduğunu ortaya koymaktadır. Ailede stres düzeyi diğer ailelerden fazladır: tartışmalar, eşler arası sorunlar, çocuğun sağlığıyla ve gelecekle ilgili kaygılar, sürekli bakımın getirdiği duygusal, ekonomik, fiziksel ve zamansal yük, suçluluk duygusu katkıda bulunur. Birçok çalışmada yaşam kalitesi hastalığın şiddeti, belirtilerin ağırlığı, birden fazla sağlık sorununun bulunması, hastaneye yatış sayısıyla orantılı biçimde diğer ailelerden daha düşük bulunmuştur. Fiziksel görünümü ve kapasiteyi genellikle etkilemeyen bir kronik nörolojik hastalıkta: epilepside bile kaygı, depresyon, uyku bozuklukları, aile sorunları görülmektedir. Anne-baba hasta çocuğa karşı korumacı, sınır koymayan, sağlıklı çocuklarındansa fazla sorumluluk bekleyen bir tutum içinde olabilirler.

Ancak sağlıklı çocuk-hasta kardeş ilişkisi birçok araştırmada olumlu bulunmuş, okul uyumu, ders başarısı, arkadaş ilişkileri diğer çocuklardan belirgin fark göstermemişse de kendisinin de hastalanacağından korkma, hasta kardeşe ayrıcalık tanındığını düşünme, kendisine fazla sorumluluk yüklenmesi, kardeşine-ebeveynine öfke, hasta kardeşiyle tartışma, şiddet gösterme ve suçluluk duyma açısından ebeveyn ve hekimin duyarlı olmaları gerekir.

Pandeminin getirdiği sorunlar: ekonomik güçlük, ailede hasta, izole veya kaybedilmiş bireylerin bulunması, geniş aile desteğinin azalması, sağlık hizmetine ulaşamama eklendiğinde kronik hastalıklı çocuklar çoğunlukla gereksiz bir korkuyla, diğer çocuklardan daha fazla korunmakta ve ailece izole olunmaktadır. Annenin korkuları kaygı düzeyleriyle bağlantılıdır: örneğin nöbet sıklığının Covid'le ilişkisi olmadığı halde sık nöbet geçiren çocukların anneleri enfeksiyon bulaşmasından daha fazla korkmaktadır. Tüm çocukları etkileyen hastane deneyimi, özellikle hastaneye yatış, karşısındaki kişinin yüz ifadesini görememe, sesleri anlayamama, yoğun bakım yatışlarında yakınlarından ayrılma özellikle nörolojik hastalığı bulunan, anlaması, algısı kısıtlı çocukta daha belirgin olacaktır. Öte yandan pandemide olumlu ve rahatlatıcı yönler de bulunabilir: bazan yorgunluk, masraf, gerginlik kaynağı olan hastane randevularının iptali, herkesle birlikte sosyal kapanmaya girme, çocuklardaki tüm enfeksiyonların azalması gibi.

Kronik hastalıklarda olağan dışı dönemlerde daha da artan kaygı düzeyinin azaltılması için bilgilendirme, "tele-sağlık" ve "tele eğitim" yoluyla çocuk ve ailesiyle bağlantı kurularak görüşme etkin bir yöntem olarak önerilmekte, birçok ülkede sağlık ödeme kapsamına alınmaktadır.

20 Mayıs 2021 Perşembe Workshop (salon 5) 15:00-16:30

Çocuğun Gözüyle Bakabilmek: "In My Shoes" Bilgisayar Destekli Görüşme Yönteminin Tanıtılması

Konuşmacılar: İlkiz Altınoğlu Dikmeer[1,2] ve Mine Cihanoğlu[1]
[1] Türk Psikologlar Derneği
[2] Çankırı Karatekin Üniversitesi Psikoloji Bölümü

Çalıştayın amacı bilgisayar destekli görüşme yöntemi olan "*In My Shoes* (*IMS*)" programını tanıtmaktır. Bu amaçla; programın geliştirilme süreci, kanıta dayalı araştırma bulguları ve kullanımından söz edilecektir. *In My Shoes*, bireylerin kendilerine rahatsızlık veren, konuşmakta zorlandıkları konuları uzmanlara aktarabilmelerine yardımcı olabilecek bilgisayar destekli bir görüşme programıdır. Yaygın olarak çocuklarla çalışan uzmanların kullandığı bir program olmakla birlikte zihinsel kapasitesi ya da rahatsızlığı nedeniyle kendini yeterince ifade edemeyen ergen ve erişkinlerle de başarılı bir şekilde kullanılmaktadır. Çocuklarla çalışma deneyimine sahip, görüşme yöntemlerini bilen profesyoneller tarafından eğitimini aldıktan sonra kullanılabilir. Program Türkçe dahil birçok dile çevrilmiştir ve birçok ülkede çeşitli gruplarda kullanılmaktadır. Dokuz bölümden oluşan *IMS*, çocuğun/bireyin kendi başına uygulayacağı bir program değildir, uzman tarafından yürütülmesi gerekir. Çocuğun demografik özelliklerini ve ailesini tanıtabileceği giriş bölümünden sonraki üç bölüm duyguları tanıma, duygularla olayları eşleştirme ile ilişkilidir. Sonraki üç bölümde çocuk, yaşadığı olumsuz olayları mekân ve kişilerle eşleştirebilir. Son iki modül somatik deneyimler ve olumsuz deneyimler ile ilgilidir.

20.05.2021 WORKSHOP/ÇOCUKLAR VE AİLELER İÇİN UMUT IŞIĞI PROGRAMI

Nahide DOĞRUCAN

Çocukluk döneminde sağlıklı gelişimi olumsuz etkileyen risklere maruz kalmak, gelişimde geri dönülemeyecek etkiler bırakmaktadır. Kişinin gelişimsel yönünü değiştiren bu riskler önceden öngörülebilinirse, alınacak tedbirler sayesinde engellenebilir. Birleşmiş Milletler Çocuk Haklarına Dair Sözleşme'nin çeşitli maddelerinde de (Madde 3: Çocuğun yararına önceliğin verilmesi ilkesi, Madde19: Suiistimal ve ihmalden korunma hakkı gibi) değinildiği gibi, çocukları onlara zarar verebilecek tehlikeli durumlardan koruma sorumluluğu devlete verilmiştir. Devletin çocuklara yönelik risklerin gerçekleşmesini önleme görevi, ancak devlet kurumlarının, sivil toplum kuruluşlarının işbirliği ve bu konunun kamuoyu tarafından benimsenmesiyle yerine getirilebilir.

Çocukların esenliklerini desteklemek, bir yandan onların gelişimini yaralayabilecek her türlü riskten uzak büyümelerini sağlamayı, diğer yandan da gelişimi destekleyecek her türlü hizmetin nitelik ve nicelik açısından güçlendirilmesini içermektedir. Dolayısıyla, birçok gelişmiş ülkede özellikle çocuklara yönelik riskleri önceden fark edebilecek ve gerekli adımları atabilecek mekanizmalar kurulmuştur. Ortak amaç, başta ihmal ve istismar olmak üzere, karşı karşıya kalabilecekleri her türlü riske yönelik kapsamlı önleme mekanizmalarıyla çocukların gelişimine olumsuz etki yapabilecek durumları engellemektir. Uygulamada sadece risklere odaklanmak ve riskleri azaltmaya çalışmak, günümüzde önleme çalışmaları bakımından yeterli görülmemektedir. Risklerin azalmasının ya da ortadan kalkmasının, sağlıklı gelişimin güvence altına alınması anlamına gelmediği görülmüştür. Bu yaklaşım, çocuk haklarının temel ilkeleri tarafından da desteklenmektedir. "Çocuğun yararına önceliğin verilmesi" ve "çocuğun esenliğinin desteklenmesi" ilkeleri de yalnızca risklere odaklanmayıp, olumlu gelişimin desteklenmesi gereğine vurgu yapmaktadır. Daha bütünsel bir yaklaşım benimsenmekte ve çocuğun temel yaşam becerilerini (sağlıklı ilişki kurabilme, özdenetim, duygu denetimi gibi) destekleyici çalışmalar yapılarak, riskli durumlar karşısında daha "dayanıklı" olmasını sağlamak hedeflenmektedir. Çocuğa ya da gence bütünsel bakan ve onun sağlıklı gelişimi için gereken koşulların oluşturulmasına odaklanan bu bakış açısı, önleme çalışmalarını şekillendirmektedir.

Çocukların gelişimlerini olumsuz yönde etkileyebilecek her türlü riskten koruma anlayışı, öncelikle gelişimi olumsuz yönde etkileyen koşulları önceden tespit etmeyi ve müdahaleyi de içermektedir. Önleme aşamasında yeterli müdahale yapılamadığı durumlarda karşımıza kötü muameleye maruz kalmış çocuk ya da gençler çıkmaktadır. Bu durumda geri dönüş olanağı kalmamakta, müdahale (rehabilitasyon /iyileştirme) ise çok daha zor hale gelmektedir.

Çocuk koruma alanında sunulan hizmetler doğaları itibariyle genellikle çok sektörlü bir çalışma yapmayı ve bu çalışmalarda koordinasyonu gerekli kılmaktadır.Bu da kurumların birbirleriyle olan paylaşımlarını ve desteklerini arttırmayı,görevlerini, yetkilerini, kapasitelerini, sınırlılıklarını anlamalarını , hizmet sunumunda yenilikçi modellerin geliştirilmesini ve uygulayıcıların bilgi ve becerilerini arttırmayı gerekli kılmaktadır..

Hope for Child and Family Program /Çocuklar ve Aileler için Umut Işığı Programı merkezi İngiltere'deki Child and Family Trainning(http://www.childandfamilytraining.org.uk/)tarafından geliştirilen ve Çocuk İstismarını ve İhmalini Önleme Derneği tarafından materyallerinin Türkçe çevirisi yapılan ve modüllerin eğitimlerininin yaygınlaştırılması planlanan;çocuk korumada değerlendirme,analiz ve müdahale için oluşturulan kapsamlı bir kaynaktır.. Çocuk refahı hizmetlerinin sunumunda, çocuklar ve ailelerle çalışırken

değerlendirme, planlama, analiz, müdahale ve ölçme için kanıta dayalı yaklaşımlar, kaynaklar ve değerlendirme araçları sunmaktadır. Bu programın amacı çocukları,gençleri, aileleri ve onlarla çalışan uygulayıcıları güçlendirmek ve güçlüklerin üstesinden gelmelerine yardım etmektir.

Her biri farklı sayıda modülden oluşan 10 müdahale rehberinden oluşmaktadır.Bunlar;

- Giriş ve genel bakış
- Katılım ve hedef belirleme
- İstismarcı ve ihmalkâr ebeveynliği değiştirme
- Çocukların ve gençlerin sağlık, gelişim ve iyi oluşunu desteklemek
- Bağlanma, sorumlu ve olumlu duygusal ilişkilerin desteklenmesi
- Olumlu ebeveynliği desteklemek
- Çocuklarla ve gençlerle çalışmak: Duygusal ve travmatik tepkileri ele almak
- Çocuklarla ve gençlerle çalışmak: Yıkıcı davranışların ele alınması
- Ailelerle çalışmak
- Çocuk cinsel istismarı ile çalışmak.

Her bir modül içeriğinde uygulayıcılar için bilgilendirici notlar,kullanabilecekleri yapılandırılmış materyaller , egzersizler,broşürler bulunmaktadır.Bu müdahale rehberleri, çocuk koruma alanında çocuklar ve ailelerle birlikte çalışan uygulayıcıların çalışmalarını desteklemek ve arttırmak için tasarlanmıştır.

KAYNAK

http://www.childandfamilytraining.org.uk/

http://www.unicef.org.

Panel Adı: Dijital Çağda Çocuk ve Ergenlerin Ruhsal/Zihinsel Sağlığı

Konuşma Konusunun Adı: İnternet Oyunu Oynama Bozukluğu ve Psikososyal Risk Faktörleri

Konuşmacının Adı: Uzm. Dr. Çağatay ERMİŞ

İnternet Oyunu Oynama Bozukluğu ve Psikososyal Risk Faktörleri

Son yıllarda hayatımızın vazgeçilmezleri arasında yerini alan internet, televizyon, cep telefonları, video oyunları ve tüm teknolojik ürünlerin getirdikleri kolaylıkların yanında bazı sorunlara da yol açtığı söylenebilir. Dolayısıyla psikiyatri literatüründe davranışsal bağımlılık ile ilgili bildirimlerin artmasına bu alanda daha çok çalışılmasına yol açmıştır. Amerikan Psikiyatri Birliği tarafından 2013'te yayımlanan Ruhsal Bozuklukların Tanısal ve İstatistiksel El Kitabı-5 (DSM-5)'in üçüncü kısmında İnternette Oyun Oynama Bozukluğu (İOOB); 'İleri Araştırma Gerektiren Durumlar' başlığı altında sınıflandırılmıştır. DSM-5, İOOB'nin halk sağlığı açısından ciddi bir öneme sahip olduğunu; bu nedenle de "İnternet Kullanım Bozukluğu", "İnternet Bağımlılığı" ya da "Oyun Bağımlılığı" olarak da kullanılan bu kavramın ayrı bir bozukluk olduğunu kanıtlayacak araştırmalara ihtiyaç duyulduğunu vurgulamaktadır. İOOB; aşırı derecede oyun oynama ve oyun oynama konusunda aşırı zihinsel meşguliyet, çekilme, tolerans ve kontrol kaybı belirtileriyle birlikte, ilişki, iş veya eğitim olanaklarını internet oyunları sebebiyle tehlikeye attığı ve kaybettiği bir durum olarak tanımlanmaktadır. İOOB; Dikkat Eksikliği ve Hiperaktivite Bozukluğu, Major Depresif Bozukluk ve Sosyal Anksiyete Bozukluğu gibi birçok psikiyatrik hastalık ile sıklıkla eşhastalanım göstermektedir. Yapılan çalışmalarda ayrıca yalnızlık, saldırganlık ve duygu düzenleyememe gibi psikososyal risk faktörlerinin de İOOB gelişiminde önemli rol oynadıkları gösterilmiştir. İOOB tanı ve tedavisinde psikososyal faktörlerin belirlenmesi ve bu faktörlere yönelik tedavi yaklaşımlarının uygulanması önemlidir. Bu sebeplerle İOOB ve ilişkili psikososyal risk faktörleriyle ilgili alanda çalışan klinisyenlerin farkındalığının artması, hastalığa erken müdahale şansını arttırmaktadır.

Panel Adı: **Pediatrik Organ, Doku ve Hücre Transplantasyonlarının Psikososyal Etkileri**

Konuşma Adı: **Pediatrik Organ Transplantasyonunun Psikososyal Etkileri**

Sunan Esin Özatalay

Moderatör: Esin Özatalay

Organ transplantation is increasingly being seen as the preferred treatment for several life threatening disorders of childhood. In general, organ transplantation includes the preparation of transplantation, coping with acute or chronic illnesses until the appropriate organ is found, transplantation and post-transplant follow-up. Lung, heart, heart-lung, kidney, liver, pancreas, pancreas-kidney and small intestine can be transplanted as a solid organ and the tissues that can be transplanted are the heart valve, cornea, bone, skin, tendon and bone marrow. The first kidney transplant occurred in 1954 from a donor after circulatory death. In Turkey, the first successful organ transplant was performed in 1975 by Professor Dr. Mehmet Haberal and his team. Organ transplantation at Akdeniz University for the first time as kidney transplant was performed in 1982. The aim of the psychiatric evaluation of organ transplantation is to determine the selection of the recipient and donor candidates, the mental problems observed in the recipient and the donors during the transfer process and the effects of these problems on the quality of life. Thus, one of the goals is to prevent possible organ rejection with early interventions and to improve the quality of life of patients. Pre-transplant psychiatric assessment includes; evaluation of knowledge and motivation about transplantation process of patient and caregivers, the relationship between patient and caregivers, developmental and neurocognitive evaluation of patient, history of psychiatric disease and substance use, psychosocial factors and social support of patient and family. All kinds of information should be explained according to the developmental level of the child. Psychiatrists also involve in coping with neuropsychiatric complications of organ transplantation such as delirium. Psychiatric intervention during the transplantation process is important to provide psychosocial support for problems within the transplant team and in their relationship with the patient and the caregivers. After transplantation process, patients and families experience psychological stress. In fact, organ transplantation saves children from a fatal disease, but it results as a chronic health problem. After transplantation, patients undergo a process that requires lifelong clinical monitoring, protection from infections and immunosuppression. In this process, clinicians should be aware of depression, anxiety, post-traumatic stress disorder, conduct disorder in patients and also anxiety and depression in parents.

Psychosocial Impacts of Pediatric Organ, Tissue and Cell Transplantations

Psychosocial Impacts of Liver Transplantation:

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Liver transplantation (LT) has been accepted as a standard treatment of pediatric liver diseases that can lead to acute liver failure or progress to end-stage liver disease. New studies have begun to focus on the physical, psychological and psychosocial aspects of LT with the prolonging expectancy in recipient life. Long-term well-being of the transplanted patient depends on a range of pretransplant and posttransplant factors including adherence, quality of life (QoL), and psychosocial adjustment. To date, there are not many studies investigating psychopathology and QoL in pediatric LT candidates, but it was found to be associated with anxiety, depression, post-traumatic stress disorder (PTSD), and impairment in QoL in adult patients. Pediatric LT candidates are often aware that they are going to receive an organ from a dead person or a lobe of a liver from a family member, and may feel guilty for the cadaveric donor or anxious about the live donor's health. After the patient has been placed on the waiting list for transplantation, the time to transplantation can be long and stressful, especially if a cadaveric transplantation is planned, and this process may also lead to anxiety and depression in children and their families. During the post-transplant period, many children and adolescents report fatigue and may present signs of depression and anxiety. PTSD was also found to be high in pediatric LT recipients. Pediatric LT recipients are often isolated from their peers and may have difficulty in sustaining peer relationships. The physical adverse effects of the treatment may negatively effect the sense of self, constituting a basis for psychiatric disorders, especially for adolescent patients. Non-adherence to treatment can be seen and may lead to disease-related complications. Returning to school may be difficult because of prolonged treatment-related absences, leading to an impairment in social and academic adjustment. QoL was also found to be lower in these children than in the general population and generally not differentiated from children and adolescents with other chronic illnesses. Healthcare providers serving this population need to be trained to recognize the core symptoms of main psychiatric disorders, and should direct adolescents for professional assistance if needed, ensuring the identification and treatment of any possible psychopathology. Strategies such as education programs focusing both on the transplant process and follow-up, and easy access to a social worker or a consultant are also imperative.

Pediatrik Organ, Doku ve Hücre Transplantasyonlarının Psikososyal Etkileri

Pediatrik Renal Transplantasyonun Psikososyal Etkileri

Arif ÖNDER

Böbrek nakli, son dönem böbrek yetmezliği bulunan hastalarda, gerek erişkin gerekse çocuk yaş grubu olgular için en uygun tedavi seçeneğidir. Çocuklarda böbrek nakli sonrası 5 yıllık sağkalım oranları %90'a yaklaşmıştır. Sağkalım oranlarındaki artışla beraber artık hastanın yaşam kalitesi ve ruhsal durumu üzerine olan ilgi artmıştır. Böbrek nakli olan çocuklar nakil öncesi, nakil sırasında ve nakil sonrasında birçok ruhsal zorluk yaşarlar.

Pediatrik böbrek nakli öncesinde çocuk psikiyatrisi uzman değerlendirme istemlerinin başında nakle uygunluk gelmektedir. Genel olarak aktif madde kullanımı, aktif psikotik bulgular ve intihar planı varlığı organ nakline engel olarak görülse de her organ nakli biriminin farklı kriterleri mevcuttur. Nakil uygunluğunu değerlendirirken hasta ve ailesinin organ nakli konusundaki bilgi düzeyi ve motivasyonu değerlendirilmelidir. Ayrıca nakil öncesi tedavi uyumu nakil sonrası tedavi uyumunun en önemli göstergelerindendir. Çocuğun ve ailesini geçmiş ve şimdiki psikiyatrik öyküsü ayrıca değerlendirilmelidir. Aile içi ilişkiler, ailenin ekonomik ve sosyal durumu ve tedavi ekibi ile ilişkisi değerlendirilmelidir. Nakle uygunluğun yanında nakil öncesi çocuğun ruhsal sorunları ile ilgilenmek, çocuğu ameliyata ruhsal açıdan hazırlamak ve mevcut ruhsal sorunları tedavi etmek için çocuk psikiyatrisi uzmanına ihtiyaç vardır. Organ nakli, nakli anlamlandıramayan bir çocuk için cezalandırma olarak görülebilmektedir.

Nakil sonrası sıklıkla gelişebilen travma sonrası stres bulgularını ve diğer ruhsal sorunları tedavi etmek ve ilaç uyumunu sağlamak için rutin çocuk psikiyatrisi görüşmelerine ihtiyaç vardır. Nakil sonrasında sürekli immunsupresif kullanma zorunluluğu, düzenli takipler çocukta otonomi kaybına yol açabilir. Organ reddi daha büyük çocuklar için ciddi bir anksiyete sebebidir. İmmunsupresif ilaçlar yan etki olarak anksiyete, depresyon, sedasyon, görsel işitsel varsanılar, diğer psikotik bulgular, artmış iştah, mani, hipomani ve paranoyaya yol açabilir. Ergenlik döneminde ortaya çıkan karşı gelme bulguları ilaç reddine yol açabilir. Bu da organ reddine neden olabilir.

Bunun yanında başarılı bir böbrek nakli büyüme gelişme geriliği, diyalize gitme zorunluluğu gibi böbrek yetmezliği bulgularını azaltarak ruhsal anlamda destekleyici olabilir. Pediatrik nakil hastalarında diyaliz hastalarından daha iyi fiziksel ve psikososyal sağlık bildirilmektedir. Genel olarak yaşam kaliteleri nakil öncesi döneme göre daha iyi, ancak sağlıklı yaşıtlarından kötü bulunmuştur. Yüksek retransplantasyon oranına rağmen, çocuklarda böbrek nakli verimli ve doyurucu bir hayata kavuşmaya olanak sağlamaktadır. Çalışmalar, çoğunlukla tatmin edici istihdam oranları ve karşı cinsle yüksek oranda olumlu ilişkiler ortaya koymaktadır.

Sonuç olarak pediatrik böbrek nakillerinde nakil öncesi ve sonrasında çocuk ergen psikiyatrisi uzmanlarının daha fazla görev alması çocuğun sağ kalımı ve ruhsal durumu üzerinde ciddi fayda sağlayacaktır.

Panel adı: Pediatrik Organ, Doku ve Hücre Transplantasyonlarının Psikososyal Etkileri

Konuşma adı: Pediatrik Kemik İliği Naklinin Psikososyal Etkileri

Sunan isim: Özge GİZLİ ÇOBAN

Hematopoietic stem cell transplantation, also known less specifically as bone marrow transplantation (BMT), is used in the treatment of many life-threatening diseases such as pediatric hematologic malignancies, metabolic disorders and immunologic deficiency diseases in children. Although BMT's success rates increase, it still carries a significant risk of emotional, social, cognitive, and family functioning. The BMT process affects every member of family unit. Pediatric patients may experience anxiety, depression, low self-esteem, social and behavioral problems, and post-traumatic stress reactions. In addition, BMT patients were found at higher risk for developing delirium than the general hospitalized patient. Children under the age of 5 usually tend to withdraw and distress caused by illness may lead to regression in the child. Separation from the family and fear of being abandoned in a hospital, the biggest concern of school-age children. Adolescent patients interprete the isolation protocol as a loss of freedom, an intrusion and control of their privacy and may react with frustration, anger, depression. Physical side-effects of the treatment regimen such as hair loss, weight gain, hirsutism, and acne may lead to lose self-esteem which could constribute to psychiatric disorders especially for adolescent patients. Siblings are often the best stem cell donor candidates for the patient. The psychological impact of BMT on parents is two-fold because mostly two family members, the ill child and the healthy donor sibling, may be part of the BMT process. BMT was found associated with depression, anxiety, and post-traumatic stress disorder(PTSD) in the parents. Donor siblings were reported to express ambivalence and irritable feelings during tissue-typing processes and also they experience anger, guilt, withdrawal, and feel responsible for the success of the transplantation. After tissue typing, matched siblings may feel proud of being a donor. However unmatched siblings may experience feelings of jealous, guilt, loneliness and unimportance. The nondonor siblings were found to have signs of depression and PTSD. Interventions with cognitive behavioral technics, improving social skills and emotional well-being of sick child as well as siblings are recommended. It is also crucial to improve communication in family members and decrease parental anxiety and depression. In conclusion, it is important to provide psychosocial support that target the unique needs of these patients and their families.

"PANEL: Pediatrik Organ, Doku ve Hücre Transplantasyonlarının Psikososyal Etkileri"

Doku ve Diğer Solid Organ Transplantasyonlarının Psikososyal Etkileri

Hicran Doğru

Organ nakli uygulamaları tüm dünyada ve ülkemizde artmakta ve hastaların bakım ve izlem olanakları da gelişmektedir. Organ nakli, genel olarak nakil hazırlığı, hastalıkla başa çıkma, nakil operasyonu ve nakil sonrası izlem gibi süreçleri kapsamaktadır. Psikiyatrist bu ekibin hem nakil öncesinde hem de nakil sonrasında yer almakta ve hastaya destek ve sağaltım sunmaktadır.

Solid organ nakilleri, hayati risk taşıyan pediatrik hastalar için giderek artan bir tedavi hattı haline gelmiştir. Bu nedenle uzamış sağkalım ile, nakil alıcılarının uzun vadeli sonuçlarını araştırmak klinisyenler için önem kazanmaktadır. Ayrıca transplantasyon sonucu beden algısında önemi olan yüzler ve eller gibi organların değişmesi karmaşık etik sorunları da beraberinde getirmektedir. Nakil öncesi yaşam kalitesi ölçeklerine bakıldığında akciğer ve kalp alıcıları en kötüsünü, karaciğer alıcıları orta dereceyi ve böbrek alıcıları da belki de diyaliz desteği nedeniyle en iyi derecede yaşam kalitesi puanlarına sahiptir. 1 yıllık sağkalım için de bu durum geçerlidir.

Pediatrik solid organ nakli erişkin nakillerine göre nispeten nadirdir. Bir araştırma raporuna göre, Amerika Birleşik Devletleri'ndeki yıllık solid organ nakli alıcılarının % 8'inden daha azı 18 yaşın altındadır (2). Küçük çocuklar için kan grubu uyumunun yanı sıra organın boyutu da önemli olduğu için organ bulabilmek daha uzun süre gerektirse de, nakil sonrası 5 yıllık sağ kalım erişkin hastalar ile benzerdir (2).

Kalp, akciğer, dalak, ince bağırsak, ekstremite ve yüz nakilleri doku ve solid organ nakilleri kapsamında değerlendirilmektedir. Psikiyatrik sorunlar özellikle yüz ve ekstremite nakli için kritik olabilir. Klapheke, el nakilleri ile ilgili yazdığı yazında ellerin insan psikolojisinde ego olgunlaşmasında, beden imajında ve kimlik duygusunda önemli bir yeri olduğunu belirtmiştir(3). Ayrıca, "farklı bir ben" olarak algılanan doku nakilleri maalesef beden imajının bozulması, benlik algısının bozulması, anksiyete ve depresyona sebep olabilir.

Freud egonun öncelikle bedensel ego şeklinde oluştuğunu bu nedenle el-yüz gibi solid organların beden imajında ve kimlik duygusunda önemli bir rol oynadığını belirtmiştir. Yüz, yaşam, yaşam, aşk ve iş dünyasında kritik erotik ve agresif işlevlerle birbirine hizmet eder ve yüzün önemi, potansiyel kaybının uyandırdığı büyük dehşet hissi ile kanıtlanır. Nakil sonrasında cilt dokusu ve saç paterni görülebilen nakiller diğer nakillere nazaran belirgin bir şekilde hastanın psikolojik olarak bu dokuyu kabullenmesini zorlaştıracaktır.

Beden-imaj adaptasyonun değerlendirilmesi hastanın nakil ile ilgili motivasyonu ve nakil sonrası beklenti-düzeyinin değerlendirilmesi, kişilik organizasyon becerileri dikkate alınarak ego güçlülüğü, başa çıkma becerileri ve yaşayacağı psikolojik problemlerin ötesinde beklenen hayat kalitesindeki konforun değerlendirilmesi ve nakil ekibinin nakil sonrası hastanın karşılaşabileceği avantajlar ve dezavantajlar konusunda bilgilendirilmesi gerekmektedir.

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Psikiyatrik Bozukluklarda Yaşam Kalitesi

Dikkat Eksikliği Hiperaktivite Bozukluğunda Yaşam Kalitesi

Doç. Dr. Ümit IŞIK

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Dikkat Eksikliği Hiperaktivite Bozukluğu (DEHB), dikkatsizlik, hiperaktivite ve dürtüsellik belirtileri ile karakterize, okul çağı çocuklarında en yaygın görülen nörogelişimsel bozukluklardan biridir. Bozukluğun görülme yaygınlığı ülkeden ülkeye farklılık göstermekle birlikte, ülkemizde yapılan çok merkezli bir çalışmada %12.39 olarak tespit edilmiştir. DEHB belirtileri çocukluk dönemiyle sınırlı kalmayıp, sıklıkla ergenlik ve erişkinlik dönemlerine de uzanır ve çoğunlukla KOKGB (Karşıt Olma Karşıt Gelme Bozukluğu), DB (Davranım Bozukluğu), depresyon ve anksiyete gibi diğer ek psikiyatrik bozukluklar DEHB tanısına eşlik etmektedir. DEHB, okul başarısında düşüklük, aile ve akran ilişkilerinde sorunlar ve antisosyal davranışlar gibi yıkıcı davranım sorunlarında artma ile ilişkilidir. Uzun dönemdeki istenmeyen sonuçlarının arasında artmış madde kötüye kullanım riski, iş olanaklarında azalma ve suça ilişkin etkinlikte artma bulunur. Bu nedenlerle DEHB, çocuk ve ergenin gelişiminin tüm basamaklarında ciddi sosyal, akademik ve psikolojik yetersizliklere yol açmaktadır. Bu yetersizlikler kişiler arası ilişkilerde, aile içi ilişkilerde bozulma ve ruhsal iyilik halinin olumsuz yönde etkilenmesi ile sonuçlanabilmektedir. Sonuç olarak DEHB'de, yaşamın hemen her alanında görülen yetersizlikler sonucu; fiziksel, psikolojik, sosyal ve akademik işlevsellik boyutları ile tanımlanan yaşam kalitesinde düşme söz konusudur.

Bozukluğun bu "psikososyal boyut"u, bu boyuttaki yeterlilik ve yetersizliklerin saptanması, seyrin izlenmesinde giderek klinik belirtiler kadar önem kazanmaktadır. Süreğen bir bozukluk olan DEHB'nin yaşam kalitesi üzerine olan etkisinin ölçülmesi; bu bozukluğun psikososyal boyutunun değerlendirilmesini, gidişin tanımlanmasını, DEHB tanısı alan çocuk-ergenin yaşadığı çevrenin, toplumsal girişimlerin ve ulusal sağlık politikalarının yeniden gözden geçirilmesini kolaylaştırabilir. Bu sunumda DEHB tanılı çocuk ve ergenlerde yapılmış yaşam kalitesi çalışmaları gözden geçirilecektir.

Psikiyatrik Bozukluklarda Yaşam Kalitesi

OSB'de Yaşam Kalitesi

Mehmet Akif CANSIZ [1]

1 – Uzman Doktor, Çocuk ve Ergen Ruh Sağlığı ve Hastalıkları, T. C. Sağlık Bakanlığı Manisa Şehir Hastanesi

Autism Spectrum Disorder is a neurodevelopmental disease which is a lifelong disorder that causes dysfunction in many areas with its clinical features. The most important features of this disorder which make it more difficult to recognize are the deterioration in adaptation skills and the lack of social communication. At present, there is no model that completely treats autism. Behavioral, educational and psychopharmacological treatments are available for various symptoms. This situation causes difficulties in various areas throughout lifespan.

The Constitution of the World Health Organization (WHO) defines health as "A state of complete physical, mental, and social well-being not merely the absence of disease. It follows that the measurement of health and the effects of health care must include not only an indication of changes in the frequency and severity of diseases but also an estimation of well being and this can be assessed by measuring the improvement in the quality of life related to health care. Health-related quality of life is considered when evaluating the quality of life in chronic diseases such as autism. Very few of the patients with autism spectrum disorder have the ability to gain self-living skills and maintain social relationships during adulthood. Impairment of functionality in autism is seen in many areas such as speech, fine motor skills, crude motor skills, self-care skills, non-verbal communication skills, academic skills and emotional regulation skills. In addition, because of its neurodevelopmental nature, different problems may arise in each stage of development, so the quality of life assessment is also different. Although individuals defined as high-functioning autism are thought to have better quality of life compared to other autistic individuals, higher insight characteristics may impair their quality of life.

Functional impairment is also observed in caregivers and families of individuals with autism. This is both genetic predisposition and interaction. This in turn has a detrimental or restorative effect on quality of life.

Since autism is a chronic disease and affects individual, family and social quality of life, institutional approaches should be taken into consideration in order to improve the quality of life in these areas. The Constitution of the Republic of Turkey and international agreements have recognized rights were attributed responsibility to individuals and institutions on this issue. Although various regulations allow individuals with autism in this area, there are still limitations on this issue.

Panel Tarihi: 20 Mayıs Perşembe 16:45-18:15

Panel Başlığı: Psikiyatrik Bozukluklarda Yaşam Kalitesi

Moderatör: Ümit Işık

Yaşam Kalitesi ve Çocuk & Ergenlerde Anksiyete Bozuklukları

Necati Uzun*

***Doktor Öğretim Üyesi, Necmettin Erbakan Üniversitesi Meram Tıp Fakültesi Çocuk ve Ergen Ruh Sağlığı ve Hastalıkları Anabilim Dalı**

Anksiyete bozuklukları çok eski çağlardan itibaren çeşitli yazınlarda belirtilen insanlık tarihi kadar eski psikiyatrik bozukluklardan birisidir (1). Çocukluk ve ergenlik döneminde oldukça sık görülen bir bozukluk grubu olan anksiyete bozuklukları, okul başarısı, sosyal yaşam ve yaşam kalitesi gibi birçok alanda belirgin bozulmalara neden olabilmektedir. Çocuk ve ergenlerde görülme sıklığı % 6-20 arasındadır (2). Sosyal anksiyete bozukluğu, yaygın anksiyete bozukluğu, ayrılık anksiyetesi bozukluğu, panik bozukluk, selektif mutizm, özgül fobi ve agorafobi gibi alt tipleri bulunmaktadır (3). Kızlarda erkeklere göre daha sık gözlenmektedir (4).

Yaşam kalitesi teriminin evrensel ölçüde kabul edilen tek bir tanımı bulunmamaktadır. Bireylerin yaşam kalitesi eğitim, gelir düzeyi gibi nesnel ölçütler yanında kendisinin subjektif olarak özümsediği çeşitli faktörlerin etkileşimi ile ortaya çıkan bir durumdur (5,6,7). Yaşam kalitesini değerlendirirken bireyin deneyimlediği birçok karmaşık durumun yaşam kalitesi üzerine olan göreceli etkilerini de hesaba almalıyız. Bu durum da yaşam kalitesini çok boyutlu bir yapı olarak anlamamız gerektiğini göstermektedir (8,9).

Anksiyete bozukluklarının her ayrı alt tipi hem tek başına hem de fiziksel ve kronik çeşitli rahatsızlıklara sahip bireylere komorbid olarak doğrudan, hem de çocuk ve ergenlerin ebeveynleri üzerinden dolaylı olarak birey yaşam kalitesine çeşitli olumsuz etkilerde bulunabilmektedir (10,11,12). Panik bozukluğu olan bireylerde yapılan bir araştırmada panik bozukluğa sahip bireylerin %35'inin kendini fiziksel açıdan kötü hissettiği, %38'inin ise duygusal olarak kendilerini kötü hissettiklerini göstermiştir (13). Ayrıca Sherbourne ve arkadaşlarının yaptıkları bir araştırmada panik bozukluğu olan bireylerin işlevselliklerinde kısıtlılıklarının olduğu ve yüksek psikolojik stres yaşadıkları bulunmuştur (14). Schneier ve arkadaşlarının sosyal anksiyete bozukluğu olan bireylerde yaptıkları bir araştırmada bireylerin hayatlarının bir döneminde eğitim, meslek yaşamı, aile ve evlilik yaşamı, akran ilişkileri gibi alanlarda en azından orta düzeyde sorunlar yaşadığı, bu sorunların günlük yaşam kalitesini olumsuz yönde etkilediği ve intihar düşünceleri ve davranışlarına sürüklediğini bulmuşlardır (15). Kessler and Frank yaygın anksiyetesi olan bireylerin iş yaşamlarında yüksek düzeyde işlevsellik kayıpları yaşadığını göstermişlerdir (16).

Sonuç olarak anksiyete bozuklukları çeşitli şekillerde bireyin yaşam kalitesine olumsuz etkilerde bulunmaktadır. Bu nedenle anksiyete bozukluklarının tanınması ve tedavi edilmesi bireyin yaşam kalitesini artırarak günlük işlevselliğine önemli katkılar sunacaktır.

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Quality of Life in Mood Disorders

Uzm. Dr. Serdar KARATOPRAK

Mood disorders are common and have a lifetime prevalence as 20%. In other words, one in five individuals suffers from mood disorders. The World Health Organization reported that mood disorders (bipolar disorder and major depressive disorder) are one of the important factor leading to significant disability among young adults. Depression which is the most common mood disorder is recognized as the leading cause of non-fatal disability in the worldwide. Therefore, mood disorders cause large economic burden. In United States, the economic burden of major depressive disorder was estimated as $210 billion in 2010. Improving the quality of life of patients with depression may contribute to decrease this economic burden by increasing treatment compliance and response.

Quality of life (QoL) defined by the World Health Organization as how people perceive themselves within the whole culture and value judgments, in relation to their goals, expectations, standards and interests. QoL is not a disease-specific concept, and health-related quality of life, defined as perceived health, is used to explain the impact of the disease on one's life. QoL is a broad concept with emotional, cognitive, behavioral and physical components. Individuals with mood disorders have disturbances in many or all of these areas, therefore in studies it has been showed that QoL is low in individuals with mood disorders. There is significant evidence that individuals with mood disorders have poorer QoL than people with other many psychiatric disorders and chronic medical conditions. In addition, it has been shown that despite the improvement in the QoL of depression patients via treatment, the QoL is still lower than the general population, and that the deterioration in the QoL of bipolar patients continues even in remission periods.

Mood disorders significantly impair the functionalities in components of the QoL such as physical health, psychological health, social functionality. It has been shown that depression may decrease QoL by reducing psychological well-being, damaging role functioning and disrupting patients' material and social support. Depression also contributes to the development of various chronic medical diseases, such as heart disease and diabetes mellitus, leading to a further reduction in QoL. Depressive symptoms have been found as main determinant of functionality also in bipolar disorder patients. It is stated that depressive episodes cause more functional impairment than hypomanic/manic episodes. It has been also shown that cases already with bipolar II disorder have a similar QoL pattern as bipolar I cases. In addition, neurocognitive impairment, experiencing more episodes, type of pharmacological agent used, the number of previous hospitalizations are also determining QoL in bipolar disorder patients.

In this presentation, QoL and associated factors in mood disorders will be reviewed.

Keywords: Quality of life, major depression, bipolar disorder, mood disorder

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PANEL: PSİKOTERAPİLER ve BİLİŞ

Çocukluk Çağı Anksiyete Bozukluklarında Bilişsel Süreçler

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Kaygı ya da anksiyete, tehdit veya tehlike karşısında duygusal, davranışsal ve fiziksel alanlarda otomatik olarak ortaya çıkan birtakım değişiklikler ve bunların öznel yaşantılarını tanımlamak için kullanılan bir terimdir. Anksiyete bozukluklarının etiyolojisine yönelik birçok farklı yaklaşım bulunmaktadır. Genetik, gelişimsel, çevresel ve psikolojik etkenlerin karşılıklı etkileşimlerinin etiyolojide rol oynadığı düşünülmektedir. Son zamanlarda anksiyete bozukluklarını araştıran kuram ve araştırmalar, bilgi işleme modellerini temel alarak anksiyetenin bilişsel temelini anlamak üzere bilişsel içerik ve bilişsel süreçlerin incelenmesine odaklanmıştır.

Bilişsel kuram, yetişkinlerde olduğu gibi çocuk ve ergenlerde de, rahatsızlık yaratan duyguların büyük ölçüde işlevsel olmayan inançlar tarafından belirlendiğini varsaymaktadır. Akılcı olmayan düşünceler ve bilgi işlemedeki çarpıtmalar, yetişkinlerde olduğu gibi, çocuk ve ergenlerde de kaygı yaratabilir. Kendall'ın (1985), çocukluk kaygılarına yönelik kuramına göre, patolojik korku ve kaygı, tehlike ve ölüm temaları çerçevesinde örgütlenmiş bilişsel şemaların sürekli olarak aşırı etkin olmasından kaynaklanmaktadır. Aşırı etkin olan bu şemalar, bilgi işleme kaynaklarının sürekli olarak tehditle ilişkili bilgiye odaklanmasına yol açmaktadır. Anksiyete bozukluğu olan çocukların mevcut durumları, gerçekte olduğundan daha tehlikeli ve korkutucu algılamalarına neden olan bilişsel çarpıtmalara sahip oldukları vurgusu yapılmıştır. Çocuk olası bir tehdit, yabancı ya da belirsiz bir durumla karşılaştığında bu işlevsel olmayan şemalar bilgi işleme sürecini yönetir ve kaynakları tehlike ilişkili bilgiye odaklar. Tehlikeye karşı artmış odaklanma, farklı bilişsel yanlılıklar şeklinde ortaya çıkabilir. Örneğin alınan bilginin işlendiği evrelerden kodlama evresinde, kaygılı çocuklar dikkatlerini tehlikeli uyarana kaydırma eğilimindedir **(dikkat yanlılığı)**. Yorumlama evresinde, kaygılı çocuklar bellekten tehlike ile ilişkili bilgileri daha çok çağırma **(bellek yanlılığı)** ve belirsiz uyaranlara daha fazla tehlike atfetme **(yorumlama yanlılığı),** tehdit edici durumlarla başa çıkma yeteneklerine ilişkin düşük beklentilere sahip olma **(yargılama yanlılığı)** eğiliminde olup, durumları gerçekte olduğundan daha tehlikeli olarak değerlendirirler. Ortaya çıkan bu bilgi işleme yanlılıklarının, problemin devamlılığında da etkin olduğu bildirilmektedir.

Bu sunumda çocuk ve ergen anksiyete bozukluklarında bilgi işleme sürecinin birer parçası olan dikkat, bellek, yorumlama ve yargılama işlevlerinde ortaya çıkan bilgi işleme yanlılıklarından söz edilecektir.

Psikopatolojiler ve Biliş

Sosyal Medya Aşırı Kullanımı ve Biliş – Prof Dr Ayhan Göngöloğlu

Dünyada üç milyar insan, yani toplam nüfusun yüzde 40'ı sosyal medya kullanıyor ve giderek daha da yaygınlaşıyor. Son dönemde korona virüsünün sosyal hayatı neredeyse sıfıra indirmesi ile sosyal medyada geçirilen süre artışı açık bir şekilde görülmekte. Elbette sosyal medya kullanımının sadece olumsuz değil, olumlu etkileri de bulunmaktadır ancak özellikle çocuklarda ve ergenlerde olumlu yönlere karşın olumsuz etkilerinin daha fazla olabileceği kabul edildiğinden sosyal medya kullanım süresinin kontrol altında tutulması önemlidir. Çünkü aşırı sosyal medya, daha da doğrusu ekran maruziyeti elbette beynimizi etkiliyor ve bir değişim geçiriyoruz. Öğrenmenin altında yatan ve çocuklarda ve ergenlerde çok önemli bir kavram olan nöroplastisite bu değişimi açıklayan temel fonksiyon olarak karşımıza çıkmakta. Yapılan birçok çalışmada aşırı sosyal medya kullanımı ile bellek ve dikkat başta olmak üzere bilişsel fonksiyonlar üzerine doğrudan olumsuz etkilerinin olduğu gösterilmiştir. Bir de bu doğrudan etkilere ek olarak dolaylı olumsuz etkiler de tanımlanmaktadır. Örneğin Michele Borba ve arkadaşları tarafından yapılan çalışmada üniversite öğrencilerinin, 30 yıl önceki akranlarına kıyasla yüzde 40 daha az empati kurdukları ileri sürülmekte ve bu durumun sosyal medya üzerinden arayüz kullanılarak ilişki kurmaya bağlanmaktadır. Bu sunumda sosyal medya hakkında kısa bilgi verildikten sonra sosyal medyanın bilişsel fonksiyonlar üzerine doğrudan ve dolaylı etkileri hakkında yaşamamız gereken kaygılardan bahsedilecektir.

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İnternet oyunlarıyla ilişkili psikolojik sorunlar giderek artmakta ve artık küresel bir sorun olarak kabul edilmektedir.2013'te, İnternet oyun bozukluğu (Internet Gaming Disorder-IGD) DSM-5'in III. Bölümünde yer almıştır. Bu vesileyle ayrıntılarını anlayabilmemiz için daha fazla çalışmaya ve izleme ihtiyacımız olmasına rağmen IGD, psikiyatrik terminolojide bir ruh sağlığı bozukluğu olarak anılmaya başlanmıştır. Bu panelde IGD ile ilişkili bilişsel faktörlerin çalışmalar ışığında anlatılması planlanmıştır. Bu bağlamda IGD'nin bilişsel-davranışsal modelleri, oyundaki ödüllerin değeri ve gerçekliliği hakkındaki bilişler, dijital oyun oynama davranışı ile ilgili uyumsuz ve esnek olmayan kurallar/bu kurallarla ilişkili bilişler, benlik saygısı ile ilgili ihtiyaçların oyun sayesinde sağlanabileceğine dair aşırı güven ve bilişler, sosyal kabul görürlüğü arttırmak için oyun oynamak ile ilgili bilişler son çalışmalar ışığında ele alınacaktır. Son olarak IGD ile ilişkili bilişler ışığında Kumar ve/veya madde bağımlılıklarında etkili olduğu randomize kontrollü çalışmalarla gösterilmiş 3 önemli terapi yaklaşımının (Karar verme aşamasında gelecek odaklı düşünebilmeyi sağlayan kısa-motivasyonel müdahaleler; yoksunluk semptomlarına yönelik kriz müdahaleleri; madde/ kumar bağımlılığının gelişmesine neden olan bilişsel süreçlerin kontrolü ve baş etme becerilerinin geliştirilmesine yönelik bilişsel-davranışsal terapi yöntemleri) IGD'de kullanımına yönelik çalışmalara yer verilecektir.

Panel Başlığı: Özgül Öğrenme Bozukluğunda Biyobelirteçler

Konuşma Konusu: Özgül Öğrenme Bozukluğu Olan Çocuklarda Serum Beyin Kaynaklı Nörotrofik Faktör (BKNF) Düzeyi

Konuşmacı: Doç.Dr. Gülser Şenses Dinç
Ankara Şehir Hastanesi, Çocuk ve Ergen Psikiyatrisi Kliniği

Özgül öğrenme bozukluğu (ÖÖB), çocukluk çağında sık görülen ve çeşitli alanlarda işlev kaybı yaratan nörogelişimsel bir bozukluktur. ÖÖB etiyolojisinin çok faktörlü olduğu bilinmekle birlikte bu konudaki bilgiler kısıtlıdır. Burada, ÖÖB tanılı çocuklarda ÖÖB patofizyolojisinde sorumlu olabileceği düşünülen beyin kaynaklı nörotrofik faktör (BKNF) serum düzeyinin belirlenmesine ilişkin araştırma sonuçlarımız sunulacaktır. Araştırmamıza 7-12 yaş aralığındaki 30 ÖÖB tanılı çocuk ile 30 sağlıklı kontrol çalışmaya dâhil edilmiştir. Çocuklara, Okul Çağı Çocukları için Duygulanım Bozuklukları ve Şizofreni Görüşme Çizelgesi-Şimdi ve Yaşam Boyu Şekli, Wechsler Çocuklar İçin Zeka Ölçeği-gözden geçirilmiş formu (WISC-R), Öğretmen Bilgi Formu ve Özgül Öğrenme Güçlüğü Bataryası uygulanmıştır. Bulgularımıza göre, ÖÖB tanılı çocuklarla sağlıklı kontrollerin serum BKNF düzeyleri arasında fark bulunmamıştır. ÖÖB grubunda BKNF düzeyi ile WISC-R puanları ve okuma hızı arasında korelasyon saptanmamıştır. Sonuç olarak, araştırmamız ÖÖB ve BKNF arasındaki ilişkiyi inceleyen ilk araştırma olarak ön veriler sağlamıştır. Homojen fenotip içeren geniş örneklemli ileri çalışmaların yapılmasına gereksinim bulunmaktadır.

Panel Adı: Özgül Öğrenme Bozukluğunda Biyobelirteçler

Başlık: Özgül Öğrenme Bozukluğunda Genetik Belirteçler

Sunumu Yapacak: Prof Dr Özden Şükran Üneri

Kurumu: İstanbul Gelişim Üniversitesi Psikoloji Bölümü Öğretim Üyesi

Özgül Öğrenme Bozukluğu (ÖÖB), eğitimle ilgili becerilerin kronolojik yaş ve zeka seviyesine göre beklenen seviyenin belirgin derecede altında olması ve bu duruma bağlı olarak işlevselliğin, günlük yaşam etkinliklerinin ileri derecede bozulması ile karakterize, nörogelişimsel bir bozukluktur. Okul çağındaki nüfusun yaklaşık% 5 ila% 15'inde görülmektedir. ÖÖB etiyolojisi tam olarak bilinmemekte, genetik, epigenetik ve çevresel etmenlerin bir arada bozukluğun oluşumunda rol aldığı düşünülmektedir.

Etiyolojiye yönelik olarak yapılan çalışmalarda ÖÖB olan çocukların birinci derece akrabalarında ÖÖB olmayan çocukların birinci derece akrabalarına oranla okuma güçlüklerinin 4-8 kat, matematik alanında güçlüklerin ise 5-10 kat daha sık görülmekte olduğu bulunmuştur. 90'lı yıllarda elde edilen veriler ile bozukluğun %30-40'ının genetik yapıdaki değişikliklerden kaynaklandığı düşündürmekteydi. Ancak İnsan Genom Projesi ve genetik teknolojide yaşanan gelişmelerin etkisiyle 2000'li yıllarda yapılan nicel-genetik araştırmalar ile, okuma, matematik veya yazma bozukluklarındaki varyansın %30 ila %80'inin kalıtsal faktörlerle açıklanabileceği gösterilmiştir. Ayrı ortamlarda büyüyen tek yumurta ikizleri üzerinde yapılan çalışmalarda ise, okuma bozuklukları için eş hastalanım oranı %68 olarak saptanmıştır. Tüm bu, veriler genetik ve özgül öğrenme güçlükleri arasında yüksek bir korelasyon olduğuna işaret etmektedir.

Öğrenme güçlüğünün hangi genlerle ilişkili olduğunu inceleyen çalışmalarda araştırmacılar, 1, 2, 3, 6, 11, 13, 14 ve 15. kromozomlara odaklanmıştır. Özgül öğrenme sorunları ile en çok ilişkili bulunanların 2'nci, 6'ncı ve 15'nci, kromozomlar olsa da çalışma sonuçlarına göre bu bozukluğu açıklamada tek bir genin yeterli olmadığı anlaşılmaktadır.

Yazında özgül öğrenme bozukluğu ile ilgili olarak yapılan moleküler genetik çalışmalarının az sayıda olması dikkat çekicidir. Bu çalışmalarda DYX1-9, ROBO1 ve DCDC2 gibi aday genlerin okuma güçlüğü duyarlılığında rol oynadığı öne sürülmüştür.

Ülkemizde Çelik ve arkadaşlarının (2016) yapmış olduğu tek nükleotid polimorfizmi (SNP) çalışmasında rs2274305 SNP'nin dikkat eksikliği hiperaktivite bozukluğu birlikteliği olan özgül öğrenme bozukluğu için risk etkeni olabileceği, rs2274305 SNP'nin kız çocuklarda özgül öğrenme bozukluğu açısından risk etkeni olabileceği, rs11100040 SNP'nin özgül öğrenme bozukluğu için risk etkeni olabileceği rs4234898 SNP'nin ise risk etkeni olmadığı sonucuna varılmıştır.

Sonuç olarak alan yazında özgül öğrenme bozukluğunda genetik faktörlerin araştırıldığı aile çalışmaları, ikiz çalışmaları ve moleküler genetik çalışmalar incelendiğinde hastalığın etiyolojisinde genetik yatkınlığa dair çok güçlü kanıtlar olduğu görülmektedir. Ancak ortak görüş tek başına genetik faktörlerin bozukluğu tam olarak açıklayamadığı, gen çevre etkileşimine ağırlık veren hibrit modellerin hastalık etiyolojisini açıklamada daha uygun bir model olduğu şeklindedir. Halen hastalığın genetik etiyolojisinin anlaşılmasına yönelik olarak verilerin artışına gereksinim bulunmaktadır.

Clinical Neurophysiology in Specific Learning Disorders

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Specific learning disorders (SLD) are a group of neurodevelopmental disorders characterized with difficulties in reading, spelling, or both that are unexpected in relation to age and other cognitive abilities and sociocultural opportunities.

Phonological difficulties are referred as core deficits in SLD and are apparent in poor behavioral performance on phonological and verbal memory tasks. During such tasks abnormal patterns of brain activation are shown in brain imaging studies whereas neural time course differences are shown in studies using electroencephalography (EEG) and magnetoencephalography (MEG). Event-related potentials (ERP) are very small time locked voltages in EEG, responding to specific stimuli sensory, motor or cognitive. ERP provide safe and noninvasive approach to study psychophysiological correlates of cortical processes. In adults, ERP consists of P1, N1, P2, and N2 responses. They occur at approximately 50, 100, 150, and 200 milliseconds after the stimulus. Thus, ERP reflects cortical information processing in intervals as short as milliseconds, which can be associated with particular operations such as sensory encoding, responses and working memory.

ERP studies in SLD frequently focus on implicit phonological processing. ERP responses to spoken words and non-words reveal selective processing anomalies at a prelexical phonetic and a lexical level. In previous studies, the N1 component of the ERP was shown to be sensitive to lexical effects. Auditory abilities are studied more specifically using a response called the mismatch negativity (MMN). The MMN is typically measured in an oddball paradigm where the response is automatically obtained with infrequent, discriminable deviant stimulus, the "oddball" during repetitive auditory stimulation with a frequent standard stimulus. The size, latency and distribution of this detection of the "oddball" may reflect the properties of auditory short-term memory activated by the standard and deviant stimuli. Both general differences in ERP morphology using auditory stimulation tasks and specific phonological MMN effects are investigated in ERP studies.

Visual word processing can also be investigated in ERP studies. The N1 component of the ERP has been reported to be sensitive to orthographic vs. non-orthographic strings. This sensitivity to orthographic strings is not evident in preschoolers, becomes evident even after a short training and consolidated after formal reading training. This neurophysiological sensitivity, manifested in adults as negative deflection typically over left occipitotemporal regions at about 170 msec, is believed to reflect fast perceptual specialization for orthographic strings.

With growing evidence in understanding the nature and different components of SLD it may become possible to develop personalized interventions that target the specific patterns of weaknesses that impair learning reading and writing.

PSİKOPATOLOJİLER VE BİLİŞ

OBSESİF KOMPULSİF BOZUKLUKTA BİLİŞ

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Obsesif kompulsif bozukluk (OKB), tekrarlayıcı ve istemsiz gelen düşünceler ya da imgelemeleri içeren obsesyonlar ve tekrarlayıcı karşı konulamaz davranışlar şeklindeki kompulsiyonlarla kendini gösteren nöropsikiyatrik bir bozukluktur. OKB'nin etiyolojisini açıklamada bilişsel modeller büyük ölçüde kabul görmüştür. OKB'de bilişsel süreçlerin klinik görünüm ve prognozda da etkili rol oynadığı düşünülmektedir. Bu sunumda; OKB'de bilişsel ve üstbilişsel süreçleri değerlendiren araştırma sonuçlarının gözden geçirilmesi amaçlanmıştır. Bu alanda yapılan nörokognitif çalışmalar; dikkat, bellek ve yönetici işlevler gibi bilişsel süreçler ve üst-biliş üzerine odaklanmıştır. Çalışma sonuçları değerlendirildiğinde; OKB'deki dikkat ve bellek süreçlerinde yanlı veya seçici bir işleyişin olduğu ve bu yanlılığın obsesyon ve kompulsiyonlarla ilişkili tehdit edici uyarıcılara yönelik olduğu, OKB'de özellikle yanıt inhibisyonu, kurulumu değiştirme ve bilişsel esneklik gibi bazı yönetici işlev performanslarının sağlıklı kontrollere göre düşük olduğu sonucuna varılmıştır.Ayrıca OKB'de görsel-uzamsal algı/bellek süreçlerinde tedaviden bağımsız olarak bir patoloji olduğunu iddia etmişlerdir. Bu sonuçlara ek olarak, çocukluk çağı başlangıçlı OKB de gözlenen görsel /uzamsal bellek sorunlarının, OKB'nin erişkin dönemde de devam etmesi ve kötü prognozu ile ilişki olduğu öne sürülmüştür. Üstbilişe ilişkin çalışmalarda OKB hastalarının özellikle belleğe duyulan güven açısından sağlıklı kontrol grubundan farklılık gösterdikleri ve hatalı üst bilişsel inanışlara sahip oldukları gösterilmiştir. OKB tanılı olguların bilişsel süreçlerine ilişkin farklılıkların bilinmesi uygun psikoterapotik yaklaşımların belirlenmesi açısından önem taşımaktadır.

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Nörogelişimsel Bozukluklar Kapsamında Dil Bozukluğu

Dil Bozukluğu ve Nörokognisyon

Esen YILDIRIM DEMİRDÖĞEN

Dil bozukluğu(DB); temel özelliği kavrama ve dili üretmedeki yetersizlikler sebebiyle dili öğrenme ve kullanmada sorun olan, hem sözel hem yazılı iletişimde hem de işaret dilinde defisitler görülebilen çocukluk çağının sık görülen nörogelişimsel bozukluklarından biridir.

Etiyolojisinde genetik faktörler, nörobiyolojik faktörler ve çevresel faktörler sorumlu tutulmakta ve kümülatif risk modeli olarak isimlendirilen, risk faktörlerinin birleşerek konuşma ve dil bozukluğu açısından riski artırdığı model desteklenmektedir. Nörobiyolojik faktörlere bakıldığında; geleneksel modeller, dil ile ilgili beyin bölgelerinin serebral korteksin temporal ve frontal lobları ile bağlantılı olması nedeniyle dil ile ilgili sorunların kortikal kaynaklı olabileceğini ortaya koymuştur. Dil edinimi ile ilgili karmaşık öğrenmeyi ele alan daha karmaşık modeller ise subkortikal yapıların(örn., dorsal striatumun kaudat çekirdeği gibi) rol oynadığını öne sürmektedir.

Özellikle son 20 yılda DB ile ilgili araştırmalar DB'de kognitif özellikler ve yürütücü işlevler üzerinde odaklanmıştır. Yapılan bu araştırmalarda DB tanılı çocukların inhibisyon, çalışma belleği, dikkati sürdürme ve dikkatin görevlere kaydırılması gibi birçok yürütücü işlevde problemlere sahip olduğu gösterilmiştir. Bu problemlerin sadece verbal görevlerde değil, non-verbal görevlerde de görülmesi, DB'de genel bir yürütücü işlev defisiti olduğu şeklinde yorumlanmıştır. Ek olarak DB tedavisinde yürütücü işlev defisitlerini de hedef alan müdahalelerin hem dil becerileri hem de yürütücü işlevlerde önemli gelişmeler sağladığını ortaya koymuştur. Bu bilgiler doğrultusunda mevcut sunumda DB-yürütücü işlev ilişkisinin kapsamlı şekilde ele alınması planlanmıştır.

Panel Adı: Nörogelişimsel Bozukluklar Kapsamında Özgül Dil Bozukluğu

Sunum Adı: Bilingualizmin nörobiyolojisi ve dil üzerine etkileri

Bahadır Turan, Sağlık Bakanlığı

Ingilizce karşılığı "bilingualism" olan iki dillilik terimi, Latince "iki" anlamına gelen "bi" ve "dil" anlamına gelen "lingua" sözcüklerinin birleştirilmesiyle oluşturulmuştur. Bu terim, W. Field'ın "İki Dillilikte Anahtar Kavramlar" adlı kitabında "genel olarak iki dile sahip olma, iki dille konuşma ya da iki dilli olma durumudur" şeklinde tanımlanmaktadır. İki dillilik ve çok dillilik (multilingualism) kavramları genel olarak iki ya da daha çok dilin anlaşılması, işlenmesi ve üretilmesi çalışmalarıyla ilgilidir.

Birden fazla dil konuşmak, o esnada konuşmak istenilen dil ve hedefte olmayan dil arasında bir ayarlama yapılmasını, böylece dilin doğru kullanılmasını sağlayan bir kontrol sistemi gerektirmektedir. Beynin dil kontrolünü nasıl yönettiği ile ilgili merak, bilingualizm üzerine yapılan çalışmaların majör odağı olmuştur. Dil kontrolünün altında yatan kognitif süreçler belirli bir dilde konuşma isteğini, hedeflenen cevabın seçimini (istenilen dildeki kelime), hedeflenmeyen dildeki kelimelerin engellenmesini ve konuşmayı muhtemel müdahalelere karşı izlemeyi (diğer dildeki uygun aday kelimeler), bunun yanı sıra diller arası geçişleri kapsamaktadır.

Tüm bu süreçleri yürütücü işlevler ile yakın ilişkisi olan kortikal ve subkortikal beyin bölgelerinin oluşturduğu bir ağ idare etmektedir. Bu ağ, dACC/pre-SMA kompleksi (yani, dorsal anterior singulat korteks/pre-supplementary motor alan), sol prefrontal korteks, sol kaudat (LC) ve bilateral inferior parietal bölgeden oluşmuştur ve sağ prefrontal korteksten, talamustan, bazal ganglionda bulunan putamenden ve serebellumdan gelen inputları da kapsamaktadır. Bu sunumda bu bölgelerin her birini ve bu bölgelerin işlemlerine dayanan veriler tartışılacaktır.

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PANEL: Nörogelişimsel Bozukluklar Kapsamında Özgül Dil Bozukluğu

KONU: Ekran Maruziyetinin Dil Gelişimi Üzerine Etkisi

KONUŞMACI: Mehmet Akif Akıncı

Effect of Screen Exposure on Language Development

The American Academy of Pediatrics (APA) recommends parents to avoid television for children under the age of two, because it would disrupt the parent-child interaction. İnstead of media exposure they advise parents to focus on interactive play for appropriate children development (1). In a study, 90% of parents report that their children under 2 years of age watch some kind of electronic media.

The first 3 years of life is characterized by rapid brain development. It is known that environmental factors such as intensive screen exposure negatively affect language development in this period. In a study, it was found that young children interact less with their parents when they watch television or video, and there is a relationship between delayed language development and screen exposure. In a study including 119 infants, the screen exposure time of children was found to be 3.29 hours on average and it was shown that children who watched TV over 2 hours per day had low communication scores (2).

The noise and visual stimulation of TV programs in the background are known to be distracting for children. It is stated that screen exposure in the background also has a negative effect on language development (3). When used appropriately, the media can contribute to daily life. Otherwise, the media can replace many important activities such as face-to-face interaction, time spent with the family, play outdoors, exercise, sleep and adversely affect children's language development.

The American Academy of Pediatrics (APA) recommends that the use of media under the age of 2 should be avoided, and parents should create their own family media plan. APA also recommends that parents who wish to promote digital media to an 18-24 month old child, should select high-quality programs that the child can understand what they see and watch it together. If the child between two and 5 years of age is going to watch the screen, it is recommended to limit it to 1 hour per day with quality programs (4).

Keywords: children, speech delay, language development, screen exposure, media

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Panel başlığı: Nörogelişimsel Bozukluklar Kapsamında Özgül Dil Bozukluğu

Konuşma Konusu: Dil Bozukluğunun Erken Tanısı ve Yapay Zekâ Uygulamaları

Konuşmacı: Doç. Dr. İbrahim Selçuk Esin

Dil bozukluğuna, hem biyolojik hem de çevresel faktörler gibi çok çeşitli olası faktörler katkıda bulunabilir. Biyolojik faktörler arasında doğum ağırlığı, emzirme süresi, yenidoğan hastalıkları, doğum sırası ve ailede belirli dil bozukluğu öyküsü yer alır. Çevresel faktörler arasında ise ailedeki kardeş sayısı, anne-baba eğitimi, sosyoekonomik durum ve iki dilli bir dil ortamı sayılabilir. Gebelik yaşı <37 hafta, düşük doğum ağırlığı (1500 ile 2499 g arasında) ve çok düşük doğum ağırlığı (doğum ağırlığı <1500 g) gibi bazıları literatürde sürekli olarak dil bozukluğu için risk faktörleri olarak ortaya çıkmaktadır. Dil bozukluğu olan çocukların sonraki yaşamda dil bozukluğu, sosyal ve davranış sorunları ve okuryazarlık (okuma ve heceleme) açısından önemli bir risk altında olduklarını gösteren önemli bir literatür vardır. Bu nedenle, erken teşhis ve müdahale çok önemlidir. Müdahale gerekmediği durumlarda ise, normal aralığa doğru ilerleme olup olmadığını belirlemek için bir takip değerlendirmesi yapılmalıdır.

Klinisyenin, gerek dil bozukluğuna neden olan risk faktörlerini gerekse dil bozukluğu ile ilişkili ilerde oluşabilecek sorunlara yönelik riskleri bilmesi gerekir. Yapay zeka uygulamaları veri tabanlı analizler içerir. Bu nedenle risk faktörleri içeren veriler üzerinden yapılacak yapay zeka analizlerinin elde edeceği başarı düzeyinin de yüksek olması beklenir.

NÖROGELİŞİMSEL BOZUKLUKLAR KAPSAMINDA DİL BOZUKLUĞU ÇOCUKLUK ÇAĞI DİL BOZUKLUKLARININ GÜNCEL SINIFLANDIRILMASI, PROGNOSTİK FAKTÖRLER VE ERKEN MÜDAHALE

Prof.Dr. Esra Özcebe

Hacettepe Üniversitesi Sağlık Bilimleri Fakültesi, Dil ve Konuşma Terapisi Bölümü

Dil bozukluğu, günlük yaşamdaki iletişimi bozan veya öğrenme ortamlarında engel oluşturan bir ifade olarak kabul edilmektedir. Gelişimsel dil bozukluğu (GDB), bilinen nörolojik, duyusal, genetik veya bilişsel bir etiyolojiye bağlı olmadan dil bozukluğunun olması durumudur. Gelişimsel dil bozukluğu altta yatan beyin hasarı, işitme kaybı, mental retardasyon ya da diğer medikal durumlar ile açıklanamamaktadır. 'Gelişimsel' terimi edinilmiş ya da bilinen bir biyomedikal nedene bağlı olmadan, çocukluk çağında gelişim sürecinde ortaya çıkan bir durum olduğunu ifade etmektedir. Biyomedikal durumla ilişkili olan dil bozuklarının ise 'X'e bağlı dil bozukluğu' olarak sınıflandırılması kararına varılmıştır. Çocuklar 5 yaşında iken herhangi bir biyomedikal nedene bağlı olmayan alıcı ve/veya ifade edici dil problemlerinde gelişimsel dil bozukluğu tanısının konulabildiği belirtilmektedir. Gelişimsel dil bozukluğu tanı kriterinin sağlanmadığı durumlarda GDB geliştirme riski olan çocuklar için 'Gelişimsel Dil Bozukluğu Riski (rGDB)' terimi kullanılmaktadır.

Gelişimsel dil bozukluğu ile ilişkilendirilmiş biyolojik ve çevresel risk faktörleri bulunmaktadır. Bu faktörler çocukların dil becerileri ile ilgili çok güçlü durumlar olmasa da dil bozukluğu olan çocuklarda tipik gelişimi olan çocuklara göre daha sık olduğu görülmüştür. Bu faktörler ailede dil bozukluğu ya da disleksi öyküsü, erkek cinsiyet, düşük sosyo-ekonomik düzey, düşük ebeveyn eğitim düzeyi, ihmal ya da istismar varlığı olarak belirtilmiştir.Dili anlama becerisinde ve jest kullanımında güçlükler ve/veya ailede dil bozukluğu öyküsünün bulunmasının gecikmiş konuşmanın dil bozukluğu olarak devam etmesi için risk faktörü olduğu belirtilmiştir.

Erken dönemdedil gecikmesi olan çocukların ileriki yaşlarda dil becerilerinde problemler yaşadıklarını, okuduğunu anlama becerilerinin geride olduğunu ve disleksi tanısı aldıklarını gösteren çalışmalar vardır. Bugüne kadar yapılan araştırmalar çocukların dil problemlerinin ileriki yaşlarda devam edip etmeyeceğini bilmenin zor olduğunu belirtmektedir. Bu nedenle dil ve konuşma gelişimindeki erken dönem uyarı işaretlerinin olması durumunda nöralplastisite ve kritik dönem göz önünde bulundurulmalıdır. 'Bekle ve gör' yaklaşımı yerine interdisipliner çalışma prensipleri dahilinde gelişimsel dil bozukluğu riski olan çocukların iletişim, dil ve konuşma becerilerinin desteklenmesine yönelik aile temelli yaklaşımlar ile takip ve terapi önerilmektedir.

Panel Adı: Prenatalden Postanatale, Zihinden Kucağa; Bağlanma

Konuşma Adı: Anne-Bebek Etkileşiminin Nörobiyolojik Sonuçları

Konuşmacı: Zehra Hangül

Erken yaşam deneyimlerinin psikososyal ve nörolojik gelişim açısından önemi uzun yıllardır bilinmektedir. Erken dönemde yaşanan deneyimlerin ileri yaşlardaki deneyimlere göre daha etkili olmasının temelinde 3 ana neden yatmaktadır; ilki hızlı büyüme, nöronal proliferasyon ve plastisitenin bebeklik ve erken çocukluk döneminde daha yoğun olması, ikincisi glukokortikoid reseptörü gibi stres hormon reseptörlerinin beyinde bu dönemde daha fazla olması üçüncüsü ise beyin gelişiminin hiyerarşik bir şekilde gerçekleşmesi nedeniyle kendinden önceki yapıda meydana gelen sorunların sonraki yapıları da etkilemesidir. Bebeklik ve erken çocukluk döneminde yaşanan deneyimlern büyük çoğunluğu ebeveynlerle etkileşime dayalı olduğundan anne-bebek etkileşiminin yaşam boyu süren etkileri olabilmektedir.

Duyarlılığı düşük olan ebeveynlerin çocuklarında sempatik aktivasyonun ve kortizol reaktivitesinin daha yüksek olduğunu gösteren çalışmalar bulunmaktadır. Ayrıca, anne varlığının çocukta prefrontal korteksin amigdala üzerindeki topdown regülasyonunu indüklediği, bu sayede annenin bir stres tamponlayıcı olarak görev yaptığı ileri sürülmektedir (Gee 2014). Artmış anne bakımının uzamsal bellek ve öğrenme gibi hipokampal işlevlerde artışla ilişkili olduğu, olumsuz ebeveynliğin ise hipokampal hacimde azalma ile ilişkili olduğu gösterilmiştir. Ebeveynliğin ventral striatum ve prefrontal korteks arasındaki bağlantıların olgunlaşmasına etki ederek ödül sistemini de etkilediği bildirilmiştir. Ebeveynle kurulan ilişkinin epigenetik değişikliklere yol açtığını ve bu değişikliklerin sonraki kuşaklara aktarılabildiğini gösteren hayvan çalışmaları bulunmaktadır.

Anne-bebek etkileşiminin bu önemli etkileri göz önüne alındığında özellikle riskli gruplarda erken dönemde yapılacak müdahalelerin, ebeveyn eğitim programlarının sağlıklı nesiller yetiştirilmesine katkı sağlayacağı düşünülebilir.

Panel adı:Prenatalden postnatale, zihinden kucağa; Bağlanma

Prenatal bağlanma: Efsane mi? Gerçek mi?

Doç.Dr.Aylin Özbek
Dokuz Eylül Üniversitesi Tıp Fakültesi
Çocuk ve Ergen Ruh Sağlığı ve Hastalıkları Anabilim Dalı
Öğretim Üyesi

Sunum Özeti:

Son yıllarda bağlanma ilişkisinin intrauterin dönemde başladığı ileri sürülmekte, anne ve doğmamış bebeği arasında kurulan bağlanma ilişkisine 'prenatal bağlanma' adı verilmektedir. Doğum öncesi dönemde, annenin bedeninde meydana gelen değişiklikleri benimsemesi, olumlu duygularını henüz doğmamış olan bebeğine aktarabilmesinin prenatal bağlanmanın temellerini oluşturduğu öne sürülmektedir. Prenatal bağlanma düzeylerinin bebeklik ve erken çocukluktaki gelişim ve sağlığa etkilerine ait çok sınırlı kanıt bulunması prenatal bağlanmanın varlığı ile ilgili tartışmaların süregitmesine neden olmaktadır.
Bu sunumda prenatal bağlanma kavramı tanıtılarak, tartışmaya açılacaktır. Prenatal bağlanma düzeyini etkileyen etmenler, bunların fetüsün iyilik haline etkileri, yeni doğan dönemine yansımaları ele alınacaktır. Ayrıca erken çocukluk ve okul öncesi dönemde gelişime, duygusal ve davranışsal özelliklere etkileri ile, bu dönemlerde sergilenen ebeveyn tutumları ve okul öncesi bağlanma stilleri ile ilişkisi çalışma ekibimizin verilerinin de yer aldığı yazın eşliğinde sunulacaktır.

PANEL / "BEBEK RUH SAĞLIĞI KOMİSYONU" ETKİNLİĞİDİR
Prenatalden Postanatale, Zihinden Kucağa; Bağlanma

Effects of mother's relationship with her parents on prenatal process and attachment

Doç. Dr. Damla EYÜBOĞLU

Attachment is defined as the emotional bond that is established with another. Nowadays, it is accepted that attachment begins in the prenatal process. Prenatal attachment can also be described as the parent's emotions, perceptions, and behaviors related to the unborn child. There are lots of things affecting the quality of attachment between mother and child. One of those is the mother's bonding between herself and her mother. Secure attached women, who experienced early sensitive, warm, and responsive relationships with their mothers, have been shown to be sensitive and affectionate towards their children, even during pregnancy. The findings in the literature significantly support the attachment intergenerational transmission theory advanced by Bowlby, showing how mothers' attachment to their parents, especially their mothers, plays an essential role in their future parenthood. Another issue about attachment is that well established bonding between mother and child is an important protective factor on future well-being.

Process of Assesment, Diagnosis and Interventions in Infant Mental Health From An Example of Infant Mental Health Outpatient Department

BEBEK RUH SAĞLIĞINDA KLİNİK DEĞERLENDİRME VE TANI ARAÇLARI

Tuğba MENTEŞE BABAYİĞİT

Bebekler mutlaka yaşlarına uygun, yapılandırılmış, yöntemler kullanılarak bakımverenleri ile birlikte değerlendirilmeli ve gerektiğinde multidisipliner olarak tedavi edilmelidir. Değerlendirme; mevcut semptomlarla ilgili gelişimsel, ilişkisel ve biyolojik bir bakış açısı içermeli ve ikili veya üçlü etkileşimlerin gözlemleri ile geçerli tarama araçlarından toplanan verileri içermelidir.

Klinik belirti ne olursa olsun, kapsamlı bir değerlendirme her zaman çocukta, ebeveynlerde ve hatta geniş ailede gözlemlenen sosyokültürel tüm faktörleri içerir. İdeal olarak, değerlendirme süreci birden çok kaynaktan gelen bilgileri entegre etmelidir. Bunlar aşağıdaki şekilde sıralanabilir:

- Birincil bakımverenler ile yapılan görüşmeler

- Farklı ortamlarda çocuk-birincil bakımverenin ilişki ve etkileşim paternleriyle, aile dinamiklerinin, çocuk oyun ortamının gözlemlenmesi

-Standardize değerlendirme ölçekleri

-Çocuğun gelişimsel ve duyu-motor değerlendirmeleri.

-Aile ile ilgili diğer kurum ya da kişilerden alınan gözlem raporları (çocuk doktoru, kreş öğretmeni)

Klinik değerlendirmeden sonra, kapsamlı değerlendirme için standardize ve yarı yapılandırılmış görüşmeler, değerlendirme ölçekleri, gelişimsel durum değerlendirmesi için de belirlenmiş ölçütler kullanılır. Bebek ve küçük çocukların değerlendirilmesinde kullanılan başlıca ölçekler şu şekildedir: Ages and Stages Questionnaire-ASQ, The Ages and Stages Questionnaire-ASQ Social Emotional ASQ-SE, Child Behaviour Checklist for ages 1,5-5, Preschool Age Psychiatric Assessment- PAPA, The Parenting Stress ındex-Short From PSI-SF.

Crowell Prosedürü ise, küçük çocuk ve bakımverenleri arasındaki etkileşimi ve bağlanma davranışını değerlendirmek için kullanılabilir. Anne-çocuk ilişkisini ve annenin çocuğuna yönelik tasarımlarını değerlendiren bir diğer değerlendirme aracı ise Zeanah, Benoit ve Barton tarafından 1986 yılında geliştirilmiş olan anne-babanın çocuğa ilişkin tasarımları görüşmesidir (AÇİT) . Klinisyen gözlemine ek olarak, bebeklerin ve küçük çocukların bilişsel gelişimini değerlendirmek için bazı ölçüm araçları kullanılabilir. Bunlar ise şu şekildedir; Ankara Gelişim Tarama Envanteri (AGTE), Denver II, Bayley Scales of İnfant Development, Vineland Adaptive Behaviour Scales, Wechsler Preschool and Primary Scale of Intelligence. Bebeklik ve çocuklukta görülen zihinsel ve gelişimsel sorunlar üç farklı tanı sisteminde yer almaktadır. (DSM-5, ICD, DC 0-5). Klinisyenin bebeklerde ve erken çocuklukta zihinsel ve gelişimsel sorunları teşhis etmek için kapsamlı klinik değerlendirme sonrasında tanı sistemlerini kullanması, formülasyonu daha bütünsel hale getirmektedir.

General Framework of Infant Mental Health Unit

BEBEK RUH SAĞLIĞI ÜNİTESİNİN GENEL İŞLEYİŞİ

Merve ÇIKILI UYTUN

Ankara Üniversitesi Tıp Fakültesi Çocuk ve Ergen Ruh Sağlığı ve Hastalıkları Anabilim Dalımızda 1995 yılında kurulmuş ve ülkemizde bebek ruh sağlığı alanında disiplinler arası ekip çalışmasının gerçekleştirildiği ilk birim olma özelliğini taşımaktadır. Birimimizde bölümümüze başvuran 0-5 yaş arası hastaların ilk olarak ebeveynleri ile bir çocuk psikiyatri doktoru tarafından psikiyatrik ve psikometrik değerlendirmeleri yapılmaktadır. Ardından bebek gözlem polikliniği için bir randevu planlanan hastalara, bebek ruh sağlığı biriminde, 3 öğretim üyesi, 1 araştırma görevlisi doktor, psikolog ve hemşiremizden oluşan bebek ekibi tarafından Crowell prosedürü ve diğer müdahaleler uygulanmaktadır. Crowell prosedürünün ardından Global Anne-Bebek İlişkisi Değerlendirme Ölçeği (Parent–İnfant Relationship Global Assessment Scale, PIR-GAS) ile bebek-ebeveyn ilişkisi değerlendirilmektedir. Ayrıca Duygusal Ulaşılabilirlik (Emotional Avavailabilty Scale-EAS) puanları, iki eğitimli kişi (bir psikolog ve bir çocuk ve ergen psikiyatristi) tarafından değerlendirilmektedir. Otizm Spektrum Bozukluğu tanısı düşünülen çocuklara ek olarak Çocukluk Otizm Derecelendirme Ölçeği (CARS) uygulanmaktadır. Bu prosedür, bebek ruh sağlığı biriminde değerlendirilen tüm hastalara uygulanan rutin bir değerlendirmedir. Ayrıca, Anne-Babanın Çocuğa İlişkin Tasarımları (AÇİT) görüşmesi, Etkileşim Rehberliği, Ebeveyn Çocuk Etkileşim Terapisi (Parent Child Interaction Therapy- PCIT) gibi değerlendirme ve müdahale programları gerçekleştirilmektedir. Birimimizde eğitim ve araştırma etkinliklerine de yer verilmektedir. Preschool Age Psychiatric Assesment – Erken Çocukluk dönemi için yapılandırılmış psikiyatrik değerlendirme görüşmesinin ekibimiz tarafından Türkçe çeviri, geçerlilik ve güvenilirlik çalışması yapılmaktadır. Erken çocukluk döneminde otizmle ilişkili araştırmalarda ünitemizde sürdürülmektedir.

PANEL: Process of Assesment, Diagnosis and Interventions in Infant Mental Health From An Example of Infant Mental Health Outpatient Department

- Clinical Interventions in Infant Mental Health Practice

Esra Yürümez

According to attachment theory; attachment security and social skills related with the perception of self and others, are established with the responsiveness and sensitivity of mothers during interactions with their infants. During the constitution of attachment relationship, caregivers' inappropriate or insufficient responds to the cues and signals of children are known to be responsible for poor socio-emotional outcomes. However, parental responsiveness and sensitivity are suggested to be able to change and improve. Starting from this point of view; various form of interventions are being developed to help parents to be more capable at reading their children's cues and supplying their developmental needs.

The interventions encouraging improvement in mother-infant relationship are focusing on the reciprocal interaction and emotional climate rather than on either the mother, the infant or their behaviours separately.

The transactional model of the relationship of the mother and infant, who is affecting and being affected by the mother and in turn is influencing and being influenced by the broader social and cultural contexts, is offering oppurtunities for both nurturing and and supporting this early relationships. Especially in order to reach the families difficult to engage, the treatment approaches sensitive to caregivers' strengths and inviting them to take an active role in the constitution and evaluation of their relationship treatment.

The most known approachments are psychoeducation, Parent Child Interaction Therapy, Child Parent Psychotherapy, Circle of Security, Video-Feedback and Attachment and Biobehavioral Catch Up programmes. Among the evidence based interventions, the ones using video-feedback are mostly recommended as preventive programmes, for the mothers with insecure attachment styles and babies with difficult temperament. Interventions focusing on internal representations and working models of caregivers may be indicated for mothers with insecure attachment or postpartum depression/personality disorders and for children with insecure attachment. Home-visiting programmes are usually prefered or added for high-risk families with presence of severe psychopathologies of caregivers. Parenting programmes which may include psychoeducation, provide manualised interventions in order to enchance the parents to ensure the support for the emotional and behavioural development of their children.

PANEL

Process of Assesment, Diagnosis and Interventions in Infant Mental Health From An Example of Infant Mental Health Outpatient Department

Pre-School Age Psychiatric Assessment Interview (PAPA): Application and Clinical Use– Gökçe Yağmur EFENDİ

Araştırmalar, duygusal ve davranışsal bozuklukların okul öncesi çocuklarda oldukça yaygın olduğunu göstermektedir. Okul öncesi çocuklarda psikopatoloji geçici olmak yerine genellikle ergenliğe (hatta erişkinliğe) devamlılık gösterir. Okul öncesi dönemdeki bozuklukların sonraki çocuk gelişimi üzerinde olumsuz etkileri olabilir. Bu nedenle bebek ruh sağlığı alanında normal gelişimi tehdit edebilecek faktörlerin belirlenmesi önemlidir. Ruh sağlığı alanında belirtileri tarama ve bozukluklara tanı koyma amacı ile çeşitli ölçekler ve yapılandırılmış/yarı yapılandırılmış görüşmeler kullanılmaktadır. Tüm tanı görüşmeleri dört görevi yerine getirmek için tasarlanmıştır: Görüşmecilerin konuyla ilgili tüm bilgileri toplayabilmesi için bilgi kapsamının yapılandırılması, ilişkili bilgilerin toplanma yollarının tanımlanması, tanının ilişkili tüm bilgiler toplandıktan sonra konulması ve ilişkili bilgilerin tanı koymak için bir araya getirildiği sürecin yapılandırılması. Bilgi toplamanın iki ana yöntemi görüşmeci temelli ve yanıtlayıcı temelli olarak isimlendirilmiştir. Kapsamlı tanımlar veren ve görüşmecilerin yargıda bulunmasını gerektiren PAPA gibi görüşmeler, yelpazenin görüşmeci temelli ucunda bulunmaktadır. Duke Üniversitesi Gelişimsel Epidemiyoloji Merkezi, çocukluk, ergenlik ve genç erişkinlikte psikopatolojinin değerlendirilmesine yönelik birbirleri ile tutarlı bir yaklaşım kullanan 3 görüşme geliştirmiştir. CAPA (Çocuk ve Ergen Psikiyatrik Değerlendirmesi) 1986 yılında geliştirilmiştir ve çocuklar (9-17 yaş) ve ebeveynlerinden bilgi toplar. YAPA (Genç Erişkin Psikiyatrik Değerlendirmesi) 1998 yılında, 18 yaş ve üstü kişiler için geliştirilmiştir. PAPA ise başlangıçta 2 ila 5 yaş arası çocuklar için geliştirilmiştir, ancak 9 yaşına kadar olan çocuklar için kullanılmıştır. PAPA'da semptomların tanımları verilmiştir. Görüşmeci, ebeveyn tarafından sağlanan bilgilere dayanarak kodlama ile ilgili kararları verir. Görüşmecinin, semptomların tanımları karşılayıp karşılamadığına karar verene kadar sorgulama yapması gerekir. PAPA, dünyada bebek ve küçük çocuklarda ruhsal bozuklukların araştırılmasında kullanılmaktadır ve ülkemizde geçerlilik ve güvenilirlik çalışması gerçekleştirilmektedir.

YEME BOZUKLUĞU TANILI OLGULARDA SOSYAL BİLİŞTE NE DEĞİŞMEKTE?

ANOREKSİYA NERVOSADA SOSYAL BİLİŞ VE EMPATİ

Dr. Gonca Özyurt

Anoreksiya nervosa gençlerde genelde diyetle başlar, sonrasında ise gençler seçici yeme, tek başına yeme, kalori hesabı yapma, lokmaları bölerek yeme gibi davranışlar geliştirir. Giderek alınan kalori ve besin çeşitliliği azalır, olması gereken tartının altına iner. Beden ağırlığı düşük olsa da kilo almaktan aşırı korkar. Bu korku tartı kaybıyla hafiflemez. Anoreksiya nervosa tanısı olan gençler endişelerini dile getirmezler, her şey daha sağlıklı olmak içindir. Yine gençlerde mükemmelliyetçilik, katılık, kesinlik ve rekabet edebilirlik kişilik özellikleri arasındadır. Anoreksiya nervosa,psikiyatrik bozukluklar arasında ölüm oranı en yüksek olandır. Benlik saygılarının düşük olduğu ve zayıf sosyal ilişkiler kurdukları bildirilmektedir. Anoreksiya nervosanın tedavisi ise tartışmalıdır. Gençlerle kalıcı ve etkin işbirliği kurmak, terapide gencin kendi duygularıyla ilişki kurması, duygusal gereksinimlerini tanımlayabilmesi çok önemlidir. Bu durumda gencin öncelikle duyguları ve dolayısıyla kendi duygularını tanıması/anlamlandırabilmesi gerekmektedir. Diğerlerinin inançlarını ve niyetlerini anlayabilme aracılığıyla onların davranışlarının anlamını çıkarabilme yetisi olarak da tanımlanan sosyal biliş alanında güçlükleri vardır.Çalışmalarda anoreksiya nervosa tanısı olanların kişiler arası ilişkileri yorumlamada güçlüklerinin belirgin olduğu; daha az empati yapabildikleri; kognitif empati özelliklerinin zayıf olduğu gösterilmiştir. Anoreksiya nervosa tanısı olan gençlerde yapılan fonksiyonel görüntüleme çalışmalarında ise sosyal bilişle ilgili beyin bölgelerinde daha az aktivasyon saptanmıştır. Sosyal bilişsel becerilerdeki zorlukların hem hastalığın gelişiminde hem de tedavisinde önemi büyüktür. Sosyal becerilerin geliştirilmesi, hastalığın tedavisinde faydalı olabilir

Panel Adı: Yeme Bozukluğu Tanılı Olgularda Sosyal Bilişte Ne Değişmekte?

Konuşma Adı: Bulimia Nervoza'da Sosyal Biliş ve Empati

Konuşmacı: Zehra Hangül

Bulimia Nervoza (BN) tıkınırcasına yeme atakları, kilo alımını önlemek için kusma, laksatif kullanımı, aşırı egzersiz, oruç gibi telafi edici davranışlar ve kilo ve/veya vücut şekliyle aşırı uğraş ile karakterize bir bozukluktur. Ergenler arasında yaşam boyu yaygınlık %0.9, bir yıllık prevalans ise %0.6 olarak bildirilmektedir. Etyolojide genetik, çevresel ve psikolojik faktörler rol oynamaktadır.

Başkalarının duygularını, niyetlerini ve inançlarını algılama ve anlama, bu bilgiyi sosyal davranışa rehberlik etmek için kullanma becerisi anlamına gelen "sosyal biliş" transdiagnostik bir fenomen olup pek çok psikiyatrik bozuklukla ilişkilendirilmiştir. Zihin kuramı, sosyal algı,duygu tanıma ve duygu işleme gibi alt komponentleri bulunan sosyal bilişi yeme bozukluklarında araştıran çalışmaların büyük çoğunluğu anoreksiya nevrozada yürütülmüştür. Bulimia üzerinde yürütülen az sayıda çalışmada ise aleksitimi oranı daha yüksek, empati becerisi daha zayıf olduğu gösterilmiştir. Emosyonel işlemleme ile ilgili araştırmalar BN'li bireylerde emosyon tanıma güçlükleri; kızgın olmayan yüzleri kızgın olarak yorumlama eğilimi, emosyon regülasyonunda güçlük bildirmişlerdir.

Nörogörüntüleme çalışmaları da self regülasyonla ilgili (frontostriatal) ve duygu işlemleme ile ilgili (amigdala) beyin bölgelerinde farklılıklar bildirmektedir. Ancak bu farklılıkların sebep mi yoksa hastalığın sonucu mu olduğu konusu belirsizdir.

Sosyal bilişin BN'daki yeri, etyolojiye, semptomatolojiye ve prognoza olan etkilerinin aydınlatılabilmesi için ileri araştırmalara ihtiyaç duyulmaktadır.

Çocukluk Çağı Obesitesinde Sosyal Biliş ve Empati

Doç. Dr. Yusuf ÖZTÜRK*

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Obesite, Dünya Sağlık Örgütü tarafından sağlığı bozabilecek anormal veya aşırı yağ birikimi olarak tanımlanmaktadır. Eksojen obesite, altta yatan hastalığın yokluğunda ortaya çıkan ve hastaların çoğunu açıklayan obesite vakalarını ifade eder. Obesite, Mental Bozuklukların Tanısal ve İstatistiksel El Kitabı'nda (DSM-5) klinik ilginin odağı olabilecek Diğer Diğer Koşullar altında sınıflandırılmıştır ". Ancak DSM-IV (APA 2000) ve DSM-5 (APA 2013) 'de Yeme Bozuklukları altında sınıflandırılan "Aşırı Yeme Bozuklukları" olanlarda obesite görülebilir. Obesite, bipolar bozukluk, majör depresif bozukluk, travma sonrası stres bozukluğu gibi diğer psikiyatrik bozuklukları olan hastalarda görülebilir. Bazı araştırmalar, obesitenin duyguları düzenlemenin ve işlemedeki zorluklar ile ilişkili olduğunu ve olumsuz duygu deneyimi ile duygusal yeme arasındaki bağlantıyı gösterdiğini göstermektedir. Duygusal yeme kavramı, aslında Bruch'un psikosomatik teorisinden kaynaklanmaktadır; yiyeceğin, muhtemelen erken öğrenme deneyimlerinden dolayı, açlığı diğer rahatsız edici iç koşullardan ayırt edememesinin bir sonucu olarak, sıkıntıya bir yanıt olarak görülmesi olarak tanımlanmıştır. Diğer çalışmalardan da aşırı kilolu ve obez kişilerin genellikle duyguları yaşama ve ifade etmenin zorluğunu tanımlayan aleksitimi konusunda daha yüksek puan aldıkları bilinmektedir. Duyguların yüz ifadelerini tanıma yeteneği, kendini ve başkalarını anlamada büyük önem taşır. Obesite tanılı bireylerde yüz ifadelerini tanımakla ilgili tutarsız bulgular bildirilmiştir: Baldaro ve ark. Sırasıyla sekiz ila 15 ve 16 yaşındaki çocuklarda duyguları okuma yeteneği araştırmıştır. Resimlerde sunulan duyguların yüz ifadelerini ve videolarda sunulan duyguların sözel olmayan ifadelerini çözme becerisi obesite tanılı çocuklarda normal kilolu veya orta kilolu çocuklarla karşılaştırıldığında azaldığı tespit edilmiştir. Bununla birlikte, başka bir çalışmada, normal kilolu ergenlere ve ergenlik öncesi çocuklara karşı obesitesi olan bireylerde böyle bir fark gözlenmemiştir. Percinel ve arkadaşları, obesitesi olan çocukların Yüzler Testi ve Gözlerdeki Zihni Okumada daha düşük puan aldığını bulmuşlardır. Ayrıca duygusal düzenleme becerilerinde test ve daha büyük zorluk yaşadı. Bu panelde çocukluk çağı obesitesinde sosyal bilişler tartışılacaktır.

YEME BOZUKLUĞU TANILI OLGULARDA SOSYAL BİLİŞTE NE DEĞİŞMEKTE?

TIKINIRCASINA YEME BOZUKLUĞU'NDA SOSYAL BİLİŞ VE EMPATİ

Dr. Serkan TURAN

Sosyal Biliş ve empati; bireyin yeme bozukluklarında sosyal işlevselliğindeki eksikliklerini kavrayabilmek için önemlidir. Yeme bozukluğu olan bireyler, vücudundan görünüm bozuklukları, fiziksel sağlık durumları, tedavi ihtiyacı ve durumlarının davranışsal sonuçları hakkındaki başkalarının düşünceleri kavrama ve kabul etme konusunda ciddi zorluk yaşarlar. Tıkınırcasına Yeme Bozukluğu tanılı olgular yalnızca duygu düzenleme ile ilgili problem yaşamamakta olup aynı zamanda duygusal tanımlamada güçlükler çektiğini belirtmekle birlikte interoseptif farkındalık düzeyleri de bozulmaktadır. Tıkınırcasına yeme atakları sırasında, duyguları idare etmede doğru stratejilerden mahrum olarak ifade edilmekte ve tıkınırcasına yemenin, tam tersi bir şekilde işlenmemiş negatif duygularla mücadele edebilmek için bir strateji oluşturabileceği teorisini öne sürülmektedir. Tıkınırcasına Yeme Bozukluğu hastaları arasında sürekli değişen yeme tutumu olan duygusal yeme, tıkınma atakları arasında aleksitiminin yüksek seviyeleri ve düşük empati kabiliyeti ile bağdaştırılmaktadır. Bundan dolayı, tıkınırcasına yemenin, bireyin veya diğer bireylerin duygusal durumlarının tespit edilmesinde ve iletişiminde başarısızlık, tepki önleme stratejilerinin planlanması veya bu iki yönün bir birleşiminin bir neticesi olarak patolojik bir davranış olabileceği düşünülmektedir. Tıkınırcasına Yeme Bozukluğu tanılı çocuk ve ergenlerde sosyal bilişsel kabiliyetleri ile empati becerilerinin incelenmesinin, olguların tedavisi ve psikopatolojinin seyri düşünüldüğünde önem taşımaktadır.

Pandemide bebek olmak

Prof.Dr. Koray KARABEKIROGLU

Pandemi dönemi her yaştaki bireyler için psikolojik pek çok yük getirmiştir. Erken çocukluk dönemindeki bireyler ise belki de en kritik şekilde olumsuz etki altında kalan gruplar arasında ilk sırada sayılabilir. Bu sunumda özellikle 0-5 yaş dönemindeki çocukların bu süreçte yaşadıkları psikososyal stres etmenleri ve çözüm önerileri üzerinde durulacaktır. Örneğin, aylar boyu evde kalmak zorunda kalmak bazı çocuklar için faydalı olabilse de çoğu çocuk, fiziksel/cinsel/duygusal istismar, ihmal, ebeveynler arası şiddete maruz kalma, ailenin sosyoekonomik güçlüklerinin artması, ev içi stresörler gibi çoklu travmalar yaşama riski altındadır. 0-3 yaş arasındaki dönem, çocuklar için temel güvenin oluştuğu, sağlıklı bağlanmanın geliştiği dönemdir. Bu dönemin sonrasında, hem motor hem de dil gelişimi hızlı bir şekilde ilerler, özerklik duygusu kazanılır ve çocuk sosyalleşmeye başlar. Oyun oynamak, bu yaş grubu çocuğun etrafı ile ilişki kurma, etkileşim sağlama, kendi duygu ve düşüncelerini anlatmasının en temel yollarından biridir. Daha az sosyal etkileşim çeşitliliği, daha az hareket ve açık hava aktivitesi, daha az fiziksel temas, maske yüzünden mimikleri görememek her biri risk faktörleri arasında sayılabilir. Daha fazla TV, tablet, telefon veçevrim içi platformların kullanımındaki artış, çocukların uygunsuz içeriğe maruz kalma ve istismara uğrama gibi riskli durumlarla daha çok karşı karşıya kalmalarına neden olabilmektedir. Kendisinin ve aile üyelerinin enfekte olacağı korkusu, sosyal izolasyon, koronavirüs nedeniyle aile bireylerinin kaybedilmesi, ebeveynin işsiz kalması gibi çeşitli travmalardan tüm çocukların kısa ya da uzun vadede etkilenmesi muhtemeldir. Araştırmalar, 2 yaş kadar küçük çocukların bile çevrelerindeki değişikliklerin farkına varabildiklerini göstermektedir. Küçük çocuklar ebeveynlerinin yaşadıkları stresi hissederler; ancak yetişkinler ya da daha büyük çocuklar gibi duygularını ifade edemezler. Küçük çocuklar kaygılarını, karşı gelme davranışı, öfke nöbetleri gibi ebeveynlerin yaramazlık olarak yorumlayabilecekleri şekillerde gösterebilirler. Bu yaşlarda bilişsel/duygusal gelişim henüz tamamlanmadığı için çocuklar duygularını ağlayarak, kızarak, küserek, kendilerine ve oyuncaklarına zarar verici davranışlarda bulunarak ifade edebilirler. Özellikle küçük yaş grubu çocuklar anne-babalarına defalarca aynı şeyleri sorarak onlardan cevap bekleyebilirler ve bu sayede güvenlik arayışına girebilirler. Böyle durumlarda, çocuğun konu hakkında ne kadar bilgi sahibi olduğu mutlaka değerlendirilmeli ve çocuğun yaşına/ bilişsel durumuna uygun bilgilendirme yapılmalıdır. Küçük çocuklarda, oynanan oyunlar veya çizilen resimler aracılığıyla çocuğun duygu ve düşüncelerine dair bilgi sahibi olunabilir. Salgın hastalıktan korunmaya yönelik olarak özel eğitim okullarının kapanması özel gereksinimi olan küçük yaş çocukların gelişim süreçlerini daha da olumsuz etkiler. Düzenli terapi seansları kesintiye uğradığı için uyum davranışlarında daha çok sorun yaşayabilirler. Sağlık ve tedavi hizmetlerine erişmede yetersizlik ve güvensizlik bu çocukların süregiden tedavilerinin aksamasına ve bu süreçten daha olumsuz etkilenmelerine neden olabilecektir.

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Panel: Pandemi Gölgesinde Ruh Sağlığı

Başlık: Pandemide Çocuk Olmak

Konuşmacı: Doç.Dr. Burcu Akın Sarı

COVID-19 dünyada ilk görüldüğü tarih olan Aralık 2019'dan sonra hızla tüm dünyaya yayılan ölümcül olduğu kadar ruh sağlığını da olumsuz yönde etkileyen bir pandemi olmuştur. Ülkemizde ilk vaka 11 Mart 2020 tarihinde görülmüş o zamandan sonra 3 aylık bir karantina dönemi, okul kapanmaları, özel eğitim kurumlarının eğitim verememesi, çocukların dışarı çıkmasının sınırlandırılması gibi çok ciddi sonuçları da beraberinde getirmiştir. Çocuklar için çok şey değiştiği gibi, toplumun onlara verdiği mesajlar da değişmiştir. Çocuk ruh sağlığı uzmanları bu dönemde değişik tecrübeler edinmişlerdir. Polikliniklerde görülen hastaların tanısal özellikleri değişmiş, çocukların COVID'i algılayışları farklı farklı olmuştur. Sunum içinde bu değişikliği açıklayacak olan iki çalışmanın verileri paylaşılacaktır. Buna göre OKB, yeme bozuklukları artış göstermiş, ÖÖG ve Zihinsel yetmezlik olgularının polikliniğe ulaşımlarının zorlaştığı tespit edilmiştir. Ayrıca sağlık çalışanlarının çocuklarının COVID'le karşı karşıya kaldıklarında engellenme hissettikleri, bölme ve entellektüelizasyon savunma mekanizmaları ile başa çıkmaya çalıştıkları düşünülmüştür. Bu yaşananları detaylı şekilde değerlendirmek ileride yaşanacak zorlu yaşam olaylarının atlatılmasında da rehber olacaktır.

Başlık: Çocuk ve Ergen Psikiyatrisi Alanında Yapay Zeka Modellemesi

Miraç Barış USTA

Ondokuz Mayıs Üniversitesi Çocuk ve Ergen Ruh Sağlığı ve Hastalıkları

Özet: Tıp disiplinleri içerisinde çocuk psikiyatri bilimi hasta hakkında detaylı veri toplaması ile özel bir yerde bulunmaktadır. Aile, öğretmen, psikolojik danışman ve hekimlerin direk gözlemleri, nöropsikolojik test verileri, tıbbi kayıtlar, görüntüleme sonuçları, gelişim öyküsü ve anketler toplandığında bir hasta için elimizde önemli bir veriyi bulundurmaktayız. Aynı zamanda bu verilerle çocuk ile ilişkin uzun dönemli tahminler yapmak, klinisyenden standart olarak beklenen beceriler içerisinde bulunmaktadır. 21. yüzyılda bilgisayar bilimlerinin ilerlemesi ile veri işlenmesi konusunda önemli gelişmelere tanık olmaktayız. Bunlardan en önemlisi olarak sayılan yapay zekâ ve alt birimlerinden biri olarak sayılan makine öğrenmesi sağlık araştırmalarında artan şekilde kullanılmaktadır. Makine öğrenmesi kısaca, geçmiş gözlemlerden elde edilen verilerden gerekli modeller kurarak geleceği tahminleyen ve buna yönelik müdahalelerin etkinliğini ölçen yapay zekâ algoritmalarıdır. Bu kursda yeni nesil teknolojilerin çocuk psikiyatrisi klinik pratiğindeki yeri ve uygulamaları gözden geçirelecektir ve bir klinik veri setinde uygulaması kursiyerler ile paylaşılacaktır.

EMOTIONAL DYSREGULATION AND ANXIETY DISORDERS

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ABSTRACT:

Emotion involves the coordination of physiological reactions, memory, cognitive appraisals, and behavior. Emotional regulation can be defined as having control not only over how and when, but also the intensity and positive/negative valence with which, emotions are felt, experienced, and expressed.

Emotional regulation difficulties also play a role in many other psychiatric conditions, including anxiety disorders (AD) and mood disorders, specifically major depression in youth and bipolar disorder throughout the life span (2).

An increasing number of studies has shown that emotion dysregulation plays a key role in relation to childhood anxiety (3).

In the context of AD, fear and anxiety are the primary relevant emotions from which emotion regulation needs to be distinguished. Fear/anxiety is an organism's defensive response towards potential sources of danger, involves physiological, overt-behavioral, and cognitive indicators, and is neurologically-oriented around the amygdala. Emotion regulation refers to attempts to alter an emotional experience, can involve specific overt-behavioral and cognitive strategies, and is neurologically-oriented around Prefrontal cortex (PFC)and functionally-related neural structures.

Consistent with hypotheses, general emotion dysregulation was associated with reports of chronic worry and with AD status (1).

According to the emotion dysregulation model, AD is marked by experiencing emotions quickly, easily, and with high intensity.

İndividuals with AD emotional experience may become dysregulated through a set of processes that involve 1) heightened intensity of emotional experience; 2) poor understanding of emotions (e.g., relative inability to identify discrete emotions and use them as a source of knowledge); 3) negative reactivity to one's emotional state (e.g., fear of emotion); and 4) maladaptive emotional

management responses (4)

İndividuals with AD have emotional reactions that occur more easily, quickly, and intensely than is the case for most other people (i.e., heightened emotional intensity). They may frequently experience strong negative affect, which may be elicited by situations that are not as evocative for other people. Consistent with the research showing that higher levels of emotional intensity are associated with greater emotion expressivity (Gross & John, 1997), individuals with AD may also express more of their emotions, especially negative emotions, than most other people.

Individuals with AD may also have difficulty identifying primary emotions such as anger, sadness, fear, disgust, and joy, and instead experience their emotions as undifferentiated, confusing, and overwhelming (i.e, poor understanding of emotions). In this way, persons with AD fail to access and utilize the adaptive information conveyed by their emotions. Given

strong emotional responses and a poor understanding of them, individuals with AD may experience emotions as aversive

and become anxious when they occur (4).

İn conclusion maladaptive patterns of emotion regulation characterize individuals with anxiety disorders. Emotion regulation may also amplify the effect of emotional reactivity on anxiety disorder symptoms or may involve behaviors that directly increase risk of problem development. Accordingly, these data compliment experimental research demonstrating that emotion regulation techniques can augment or diminish fear/anxiety and related psychopathology (1).

Key words: anxiety, childhood, depression, emotion dysregulation

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Douglas S. Mennin, and David M. Fresco; Emotion Dysregulation in Generalized Anxiety

Disorder: A Comparison with Social Anxiety Disorder; *Cognitive Therapy and Research, Vol. 29, No. 1, February 2005; 89–106*

The name of the panel: Emotion Dysregulation as a Transdiagnostic Factor in Childhood Psychiatric Disorders **(**Çocukluk Çağı Psikiyatrik Bozukluklarında Transdiagnostik Bir Faktör Olarak Duygu Düzenleme)

The name of the presentation: General Approach to Emotional Dysregulation and Emotional Dysregulation in ADHD **(**Duygusal Düzenleyememe ve DEHB'deki Duygusal Düzenleyememeye Genel Bir Yaklaşım)

Dr. Helin YILMAZ KAFALI

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ABSTRACT:

Emotions and their regulation are related to various interconnected processes, including biological, psychological, cultural, and interpersonal domains. Better emotional regulation skills in children are associated with better peer relationships, enhanced prosocial behaviours, and social competence [1]. Emotional dysregulation (ED) is defined as problems in monitoring, evaluating, or controlling an emotional reaction [2]. There have been lots of studies demonstrating relationship between ED and internalizing and externalizing psychopathology in childhood.

Attention deficit and hyperactivity disorder (ADHD) has been related to increased emotional reactivity/negativity and problems in emotional regulation. 25% to 50% of children/youths with ADHD show difficulties in emotional regulation. Intriguingly, ED is one of the main reasons of functional impairment in children with ADHD. Children with ADHD and emotion dysregulation have significantly a higher impairment in family life, peer relationships, occupational attainment, and academic performance than those with ADHD alone. Children with ADHD exhibit a moderate impairment in emotion recognition, emotion regulation, and empathy and a large impairment in emotional reactivity. Dysfunctions in the bottom-up (amygdala, orbitofrontal cortex, and ventral striatum) and top-down systems (the medial and ventrolateral prefrontal cortex, dorsolateral prefrontal cortex, anterior cingulate cortex) contribute to emotion dysregulation in ADHD.

In this session, it will be aimed to be discussed the mechanisms of emotion generation and emotion regulation; and the prevalence and effects of emotional disyregulation among children with ADHD.

Key words: ADHD, emotion dysregulation, emotion regulation, irritability.

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Binay Kayan Ocakoğlu

İstanbul Başakşehir Çam ve Sakura Şehir Hastanesi / Çocuk ve Ergen Psikiyatrisi A.B.D.

Panel Adı: Çocukluk Çağı Psikiyatrik Bozukluklarında Transdiagnostik Bir Faktör Olarak Duygu Düzenleme

Emotional Regulation in Depression and Suicidal Behavior

Depression is a serious mental health problem during adolescence because it is prevalent, and it increases the risk of suicide and interferes with youth's life. Emotion regulation has been investigated in many research and proposed as an underlying mechanism or transdiagnostic construct in many psychopathologies including depression. Major depressive disorder has two main affect characteristics which are increased negative affect and decreased positive affect (American Psychiatric Association, 2013). Individuals with MDD are defined by greater instability of negative affect (Houben, Van Den Noortgate, & Kuppens, 2015) and diminished reactivity to positive and negative stimulus (Bylsma, Morris, & Rottenberg, 2008) . Due to these affective components in depression, emotional regulation has gained attention in previous research. It is thought that inability to down-regulate negative affect leads to vulnerability for depression. While some maladaptive strategies used in emotion regulation such as self-blame, rumination and catastrophizing are associated with depressive strategies, useful strategies like positive reappraisal, positive refocusing and putting things into a broader perspective are linked to lower depressive symptoms (Joormann & Quinn, 2014). In addition, suicidal behavior is associated emotional difficulties. Studies have demonstrated that some spesific strategies of emotional regulation like Strategies, Nonacceptance, and Impulse are linked to suicidal ideation (Rajappa, Gallagher, & Miranda, 2012).

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The effect of early traumatic experiences on emotion regulation and emotion regulation in Post Traumatic Stress Disorder (PTSD)

Çiğdem Yektaş

Üskudar University, School of Medicine, NP Hospital
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Emotions are complex processes that are essential for survival and adaptation. Childhood traumatic experiences affect emotional informational procesess. Studies in children with histories of trauma show enhanced attention to and difficulty in disengaging from emotional stimuli. Behavioral alterations observed in trauma-exposed children may relate to changes in underlying neurobiological processes. There are evidence for trauma-exposed cihldren showing greater amygdala response to emotional conflict, reduced ability to regulate emotional conflict, failure to engage amygdala– pregenual cingulate cortex (pgACC) regulatory circuitry, and ineffective dorsolateral prefrontal cortex (DLPFC) engagement. Studies show that early-life adversity is associated with reorganization of neural circuits that enhance processing of salient emotional stimuli. Altered processing of emotional information may underlie or potentiate emotion regulation deficits reported in individuals with histories of early-life trauma. Early-life trauma exposure is a potent risk factor for so many psychiatric disorders including posttraumatic stress disorder (PTSD). Difficulties in emotion regulation are salient among childhood abuse survivors and distinguish them from adult-onset trauma victims unlike PTSD symptom severity, which is similar across childhood abuse and adult-onset trauma survivors and make significant contributions to functional impairment as well as PTSD symptoms. Emotion regulation (ER) has been identified as a critical factor in the development and maintenance of posttraumatic stress symptoms and a strong association between severity of PTSD symptoms and emotion regulation difficulties has been shown.

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Specific Learning Disorders and Auditory Processing: What is the nature of the association?

Tuna Çak Esen

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Specific learning disorders (SLD) are a group of neurodevelopmental disorders characterized with difficulties in learning to read and spell in spite of adequate conventional instruction, normal intelligence, sociocultural opportunity and no obvious sensory deficits.

A deficit in "phonological processing skills" is the predominant etiological view on SLD. This view proposes that literacy problems result from a core cognitive deficit specific to the representation and processing of speech sounds namely, phonemes. Phonological processing skills consist of three main components, phonological awareness-phoneme identification/discrimination, verbal short-term memory and rapid automatized naming. Phonological awareness is the conscious ability to identify and manipulate individual phonemes; verbal short-term memory codes auditory information for temporary storage and rapid automatized naming is needed for efficient retrieval of phonological information from long-term memory. On the other hand, "auditory temporal processing theory" argues the core of SLD should be placed at a more basic sensory level and that phonological problems may result from a more fundamental deficit in the basic perceptual mechanism: auditory temporal processing. There is specific level of auditory processing relevant for speech perception and phonological processing which is called temporal processing. Temporal processing mainly refers to the ability to perceive stimuli that are presented in very rapid succession as different. With regard to speech perception and auditory temporal processing, several event-related potential and magnetoencephalography studies demonstrated deficient neurophysiologic processing in adults and children with SLD. The auditory temporal processing theory has also been facing growing criticism that high-level sensory problems are usually only observed in a relatively small subgroup of SLD and does not always seem to imply to the pathophysiology. In our collaborative work with the Hacettepe University Audiology Department we attempt to investigate the relationship between these skills among school age children with SLD.

Panel Adı: Özgül Öğrenme Bozukluğunda Temporal İşitsel İşlemleme

İşitsel Temporal İşlemleme Nasıl Değerlendirilir?

Doç. Dr. Meral Didem TÜRKYILMAZ

Hacettepe Üniversitesi Sağlık Bilimleri Fakültesi Odyoloji Bölümü

İşitme duyumuzda yürütülen tüm bilinçli ve bilinçsiz operasyonlar, santral işitme sinir sistemi aktiviteleri altında yer alır. Bu işlemler algısal bir olayın üretiminden, işlenmesinden, bir spektrum, zaman ve lokasyonda çözülmesini ve diğer algısal olaylardan ayıt edilmesini sağlayacak tüm aktiviteleri içerir. Santral işitme sistemi (SİS) birçok gelişimsel ve patolojik durumdan etkilenen, hem basit ve sözel olmayan uyaranları, hem de dil gibi oldukça karmaşık uyaranları tanımlayan ve ayırt eden, birçok nöral yollardan oluşan bir sistemdir. İnsan işitme algısı için, belli bir takım kuralları ve prensipleri izleyen santral işitme sisteminin çok boyutlu olarak değerlendirilmesi, sistemi etkileyen mekanizmalar ve eşhastalanım bozukluklar açısından çok önem taşımaktadır. Eşlik eden hastalık ve semptomlar için multidisipliner yaklaşım ve konsültasyonlar uygun rehabilitasyon ve müdahale yöntemleri açsından önem taşımaktadır. Eşlik eden hastalık yada semptomlardan biride özgül öğrenme bozukluklarıdır. Özgül öğrenme bozukluğu tanısı alan çocuklarda dil gelişiminde gecikme, harf-ses ilişkisini öğrenmede güçlük, sözcükleri ve harfleri karıştırma, gürültülü ortamlarda anlama problemleri gibi işitsel işlemleme alanında güçlükler de görülebilmektedir. Daha önce yapılan birçok çalışmada, özgül öğrenme bozukluğu olan çocukların günlük hayattaki konuşmalar ve kompleks sesler ile ilgili işitsel ipuçlarını işlemleme yeteneğinde güçlük çektikleri vurgulanmış ve bu güçlüklerin çocuklardaki işlemleme bozuklukları ile ilgili olabileceğini bildirilmiştir. Özgül öğrenme bozukluğu olan çocukların genellikle temporal işlemleme becerilerinde eksiklikler gösterdiği ve temporal işlemlemedeki bir eksikliğin ise, çocukların başarılı bir fonolojik işlemleme becerilerini göstermesini engelleyeceği belirtilmektedir. İşitsel sistemde temporal işlemleme, akustik sistemin belirli zaman içinde (sinyalin temporal zarfı) akustik sinyalde olan değişimleri işlemleme ve temsil edilmesini belirtmektedir. Temporal işlemleme becerisi, keskin ve kısa olan geçici akustik olayları (seslenim başlangıçı/voice onset ve sessiz/consonant sesler) işlemleme becerileridir. Yeterli bir işitsel algı için iyi bir temporal rezolüsyon gereklidir. Bunun için, binaural ipuçlarının işlenmesi için gerekli miktarda mikrosaniyeye; temporal senkronizasyonun işlenmesi için gerekli milisaniyeye; konuşma geçici uyaranların ve voicing/seslenim bilgisinin işlenmesi için onlarca milisaniyeye; prosodik ve suprasegmental ipuçlarının işlenmesi için de yüzlerce milisaniyeden saniyelere kadar süre/zaman gereklidir. Temporal işlemleme, sistemin zaman skalaları arasındaki geçişleri ve tüm zaman skalalarından gelen bilgileri uniform işitsel algı yaratabilmek amacı ile integre edebilme becerisidir. Multidisipliner bakış açısı ile özgül öğrenme bozukluğu tanısı alan çocuklarda temporal işlemleme bozukluklarının doğasını, nedenlerini saptayabilmek ve değerlendirebilmek, bu çocuklarda görülen farklı işitsel profillerin tanımlanması, tedavi ve müdahale programlarının belirlenmesi açısından önem taşımaktadır.

Panel Adı: Özgül Öğrenme Bozukluğunda Temporal İşitsel İşlemleme

Özgül Öğrenme Bozukluğu Olan Bir Grup Çocukta Hacettepe Üniversitesi Odyoloji Bölümü Deneyimi

Dr. Öğr. Üyesi Filiz Aslan

Hacettepe Üniversitesi Sağlık Bilimleri Fakültesi Odyoloji Bölümü

Özgül öğrenme bozukluğu (ÖÖB) tanısı alan çocukların, öğrenme güçlükleri ile kompleks ses uyaranlarını ve işitsel ipuçlarını işlemlemedeki zorlukları arasında ilişki olabileceği öne sürülmektedir. Odyolojik değerlendirmeye başvuru sırasında, gürültülü ortamlarda, özellikle sınıf ortamında konuşmaları takip etmede güçlük şikâyeti ile başvurdukları gözlenmektedir. Normal sınırlarda işitme performansı gösteren çocukların, üst düzey dinleme becerilerinin değerlendirilmesinin daha fazla bilgi sağlayacağı düşünülmüştür. Bu çalışmada, özgül öğrenme bozukluğu tanısı alan çocukların eşiküstü işitsel işlemleme, gürültüde konuşmayı tanıma becerilerinin değerlendirilerek, tipik gelişim gösteren çocuklar ile karşılaştırılması amaçlanmıştır. Bu amaç doğrultusunda; çalışma grubuna 6-11 yaşları arasında özgül öğrenme bozukluğu tanısı alan 25 çocuk, kontrol grubuna ise aynı yaş aralığında 25 tipik gelişim gösteren çocuk dahil edilmiştir. Çalışmaya katılan tüm çocuklara, eşiküstü işitsel işlemleme becerilerini değerlendirmek üzere; işitsel sinyalin frekans ve amplitüde bağlı zamansal değişiklikleri değerlendiren Temporal Fine Structure (TFS – zamana hassas yapı) Testi ve Temporal Envelope (TE- sinyalin zamana hassas zarfı) Hassasiyet Testi kullanılmıştır. Ayrıca gürültüde konuşmayı tanıma becerisini değerlendirmek üzere Ünsüz Ses Tanıma Testi uygulanarak sonuçlar karşılaştırılmıştır. Özgül öğrenme bozukluğu tanısını için çocuklara Wechsler Çocuklar İçin Zekâ Ölçeği - Dördüncü Baskısı (WISC-IV) testi uygulanmıştır ve eşiküstü işitsel işlemleme ile gürültüde konuşmayı tanıma becerileri ile arasındaki ilişkiler incelenmiştir. Çalışma sonucunda eşiküstü işitsel işlemleme testlerinde ve gürültüde konuşmayı tanıma testinde, özgül öğrenme bozukluğu tanısı alan çocuklar ile kontrol grubundaki çocuklar arasında anlamlı farklılık bulunmuştur ($p<0,05$). Diğer yandan eşiküstü işitsel işlemleme testleri ve gürültüde konuşmayı tanıma testi ile zekâ testinin toplam puanı ve alt testleri arasında istatistiksel olarak anlamlı ilişki bulunmamıştır. Çalışmanın bulguları doğrultusunda, özgül öğrenme bozukluğu olan çocukların eşiküstü işitsel işlemleme ve gürültüde konuşmayı tanıma becerilerinin etkilendiği gözlemlenmiştir. Katılımcı sayısının az olması, diğer özgül öğrenme bozukluğunun değerlendiren testlerin çalışmaya dahil edilmemesi nedeniyle sonuçların tüm Özgül öğrenme bozukluğu tanısı alan çocuklara genellenmesi mümkün değildir. Ancak özgül öğrenme bozukluğundan şüphelenilen çocukların değerlendirilmesinde, eşiküstü işitsel işlemleme ve gürültüde konuşmayı tanıma becerilerinin içinde olduğu bütüncül bir değerlendirme yaklaşımının gerekliliği ortaya konmuştur. Özellikle gürültüde konuşmaları takip etmede zorlukları olan çocukların terapi süreçlerine, işitsel işlemleme becerilerini destekleyecek rehabilitasyon uygulamalarının dahil edilmesi önerilir.

Panel adı: Temporal Auditory Processing in Spesific Learning Disorder

Moderator: Prof. Ebru Çengel Kültür MD, Hacettepe University, Faculty of Medicine, Child and Adolescent Psychiatry Department

Keywords: spesific learning disorder, temporal processing

Paneldeki bölümüm:

4.Discussion about the difference in temporal auditory processing in spesific learning disorder

Assist. Prof. Dilek Ünal ; Hacettepe University, Faculty of Medicine, Child and Adolescent Psychiatry Department

Spesific learning disorder(SLD) is a neurodevelopmental disorder commonly seen with other psychiatric diseases. The need of a biological marker arises from the challenge in diagnosis process especially in the case of psychiatric comorbidities. The important finding of the study is the difference in auditory temporal processing which seems to be promising for differential diagnosis according to the results of the presented study. However, due to the high SLD and Attention Deficit Hyperactivity Disorder (ADHD) comorbidity in the study group, it is not clear if the difference can be attributed to only SLD as temporal auditory processing deficits had been shown in ADHD patients before. Adding that, the poor performance in understanding speech in noise may be related to distraction in ADHD and important for all of the disrupted learning processes in learning disorder. The heterogeneity of the small patient groups according to the diagnosis, psychosocial factors are confounding factors when analyzing the results of the studies in this field. As the time is a critical factor in neurodevelopment, children with SLD should undergo a complete multimodal examination to identify their specific difficulties and needs for treatment as soon as possible. This evaluation may also enlighten the way to identify different patient groups and develop prevention strategies for children who are carrying some risk factors for SLD.

Konuşmacı: Doç. Dr. Özhan Yalçın

Konferans başlığı: Pandemide Artan Tedaviye Dirençli Duygudurum Bozukluklarına Yaklaşım ve Tedavi

Moderatör: Burcu Akın Sarı

Tarih ve Saat-Yer: 21 Mayıs 2021, 13:15-14:45, Salon 3

Pandemide Artan Tedaviye Dirençli Duygudurum Bozukluklarına Yaklaşım ve Tedavi

ÖZET

Bu konferansta tedaviye dirençli majör depresyon, bipolar afektif bozukluk, şizoafektif bozukluk ve siklotimi'den bahsedilecek, yaklaşım, tedavi önerileri, gelecek için araştırma konularından bahsedilecektir. Psikoterapötik yöntemlerin kısa sürede ayrıntılı olarak anlatılması mümkün olmadığından daha çok psikofarmakolojik tedaviler üzerinde ve günlük pratik uygulamalar üzerinde durulacaktır. Pandeminin kendine özgü koşulları nedeni ile çocuk ve ergenlerde majör depresif bozukluk sıklığı ve bu bozuklukla ilişkili tedavi direnci artıyor olabilir. Pandemi koşullarının neden çocuk ve ergenlerde depresif süreçleri ve tedavi direncini arttırdığı konusundan ayrıntılı olarak bahsedilecektir. Tedavi edilmemiş veya yeterince iyi tedavi edilmemiş depresyon çocuk ve ergenlerde suisidalite, gelecekte artmış komorbidite ve suisidalite, daha ağır intihar girişimleri ve erişkinlikte belirgin işlev kaybı, kimlik sorunları, sağlık ile ilgili harcamalarda artış, daha çok ebeveynlere bağımlı halde yaşamaya yol açabilir. Pandemi sürecinin kısıtlayıcı özellikleri, sirkadien ritm ve davranışsal aktivasyon üzerine bozucu etkisi şizoafektif bozukluk, siklotimi ve özellikle de bipolar afektif bozukluğun daha erken başlamasına, çocuk ve ergenlerde daha sık görülmesine, daha fazla tedavi direncine ve daha kötü prognoza yol açabilir.

21. 05.2021 /13.15-14.45

PANEL BAŞLIĞI

Pandemi Döneminde Psikosoyal Destek ve Telepsikiyatri Uygulamaları

Konuşma Başlığı:

İzmir Dr.Behçet Uz ÇRS "Psikososyal Destek Modeli"

Doç.Dr. Ayşe Kutlu

SBÜ İzmir Dr. Behçet Uz Çocuk Hastalıkları ve Cerrahisi EAH

Doğal afetlerden farklı olarak pandemiler sıklıkla uzun süreli belirsizlik, karışıklık ve aciliyet duygusunu beraberinde getirir ve ruhsal travmanın şiddetini daha da belirginleştirirler. Yaşamakta olduğumuz COVID-19 pandemisi, benzeri görülmemiş bir psikolojik stres yaratmaktadır.

Tüm yetişkinler karşı karşıya kaldığı duygusal stres faktörleriyle başa çıkmakta, aynı zamanda hastalığa daha fazla maruz kalma riski, iş yükleri, aşina oldukları çalışma ortamından çok farklı bir uygulama ortamı, maddi güçlükler yanında ailesine ve çocuklarına yönelik de yoğun stres ile karşı karşıyadırlar. Aileler ayrı kalmak, bulaş riskini ailesine taşımak, hatta yakınlarını ve hastalarını kaybetmenin ek stres yükünü taşımak zorunda kalmaktadır.

Fiziksel mesafeler insanların ruhsal dayanıklılığını arttıran ve koruyucu olan sosyal destek kaynaklarına ulaşmayı da güçleştirmektedir. Bütün bu zorlayıcı süreçler ruh sağlığında bozulma riskini beraberinde getirmektedir. Yüksek düzeyde stres, çaresizlik ve travma sonrası stres bozukluğu gibi psikolojik tepkilerin sağlık personelinde sık gözlendiğine dair çalışmalar mevcuttur. Salgının bir yılı aştığı bu süreçte psikiyatrik tedaviye devam eden hasta, özel gereksinimi olan gruplar, hiç başvurusu olmayan her yaş dönemi çocuk genç ve ailelerin dönem dönem değişen okul, arkadaş sosyal ortam aile büyükleri ile olan iletişimlerinin azalması yanında sınav sistemlerindeki değişimler, ölümler, hasta olma gibi uzun süredir devam eden stresörlerle mücadele ederken destek kaynağı olan ebeveynler ve diğer sosyal çevrenin ve profesyonel yardım ve desteğe ulaşmayı azaltmış ve güçleştirmiştir.

Ülkemizde bu güçlüklerle başetmeye destek olmak amaçlı gerek sağlık çalışanlarına ve çocuklarına gerekse topluma yönelik merkezi yönetim veya sivil toplum kuruluşlarının telepsikiyatri temelli uygulamaları hızla organize olmuş ve başarılı sonuçlar elde etmiştir.

Bu konuşmada SBÜ İzmir Dr. Behçet Uz SUAM Çocuk ve Ergen Ruh Sağlığı ve Hastalıkları Kliniği olarak salgın başlangıcından yaklaşık 1 ay sonra hastanemiz çalışanları ve çocuklarına ve tüm halkın ulaşabilmesini sağlamak amacıyla telepsikiyatrik yaklaşımın sunulabildiği psikosoyal destek modelini sunulacaktır. Gönüllü bir ekiple başlatılan bu sistem için Sağlık Bakanlığı İzmir İl Sağlık Müdürlüğü İzni alınmıştır ve bakanlığın güvenli online görüşme desteği sağlamasıyla halen destek vermeye devam etmektedir. Bu sisteme hastane çalışanları bir google docs anketi ile başvurabilirken halkımız bu amaçla atadığımız ve duyurduğumuz sabit telefon numarası aracılığıyla başvurabilmektedir. İki grup için farklı triaj sistemi sonrası telefon, online görüntülü veya yüzyüze görüşme olanağı sağlanabilen bu projenin sonuçları ileriki dönemlerde her tür afet için hastane temelli psikosoyal destek modellerinin geliştirilmesi yanısıra alanımızda telepsikiyatri sistemlerinin oluşturulmasında öncü bilgiler sağlayabilecektir.

PANEL: Pandemi Döneminde Psikosoyal Destek ve Telepsikiyatri Uygulamaları

"Kocaeli Üniversitesi ÇRS'de Pandemi ve Telepsikiyatri"

Dr Öğr Üyesi İrem Damla Çimen,

Kocaeli Üni Tıp Fak, Çocuk ve Ergen Ruh Sağlığı ve Hastalıkları AD

Teletıp, 21. yüzyılın başında hızlı bir gelişim gösteren bilişim teknolojileri ve telekomünikasyon aracılığıyla uzak mesafeden tıbbı hizmet sunumudur. Telepsikiyatri ise teletıbbın ruh sağlığı alanına uyarlanmış biçimidir. Telepsikiyatride, ruhsal değerlendirme ve tedavi videokonferans gibi haberleşme teknolojileri aracılığıyla sunulmaktadır. Herkes tarafından kolay ulaşılabilir olması, en önemli özelliklerinden biridir. Taşınabilir bilgisayarların ve akıllı telefonların yaygınlaşması ile iki yönlü, ucuz, güvenilir iletişim sistemlerinin geliştirilmesi, telepsikiyatrinin istenen yer ve zamanda uygulanabilmesini sağlamıştır. Bu uygulama özellikle hareket kabiliyeti kısıtlı olan, mesafe engeli nedeniyle hastaneye ulaşma ile ilgili sorun yaşayan hastalar için yararlı olabilmekle birlikte Covid 19 pandemisi gibi enfeksiyonun damlacık yoluyla bulaştığı durumlarda koruyucu olmaktadır. Covid 19 pandemisi nedeniyle bir çok hastanenin uygulamalarında farklılıklar meydana gelmiştir. Bu sunumda Kocaeli Üniversitesi Tıp Fakültesi Çocuk Ergen Psikiyatri AD tarafından Covid 19 pandemisi sırasında enfeksiyon yayılımını azaltabilmek adına polikliniklerde ortaya çıkan uygulama değişikliklerinden bahsedilmektedir. Ayrıca telepsikiyatri deneyimimiz sonucunda gördüğümüz avantajlar ve dezavantajlar da vurgulanmaktadır. Telepsikiyatri alanında deneyimlenen tecrübelerin paylaşılması ile uygulamaların gelişmesi sağlanacaktır. Uygun teknolojinin geliştirilmesi, yasal düzenlemelerin yapılması, psikiyatristlerin, hastaların ve kuruluşların memnuniyetlerinin sağlanması sayesinde telepsikiyatri kullanımının artacağı düşünülmektedir.

Panel: Pandemi Döneminde Psikosoyal Destek ve Telepsikiyatri Uygulamaları

Konuşmacı: Tuğba Eseroğlu Söylemez

Telepsikiyatrinin Avantajları ve Dezavantajları: Başkent Üniversitesi Çocuk Ruh Sağlığı Kliniklerinden Deneyimler

Özet

Teletıp, hastaların coğrafi olarak sağlık hizmeti merkezinden uzakta bulunduğu durumlarda klinik tıbbi hizmetin sağlanabilmesi için teknolojinin kullanımı amacını taşır. Teletıpın bir alt dalı olan telepsikiyatri uzun süredir kullanılmakla birlikte, COVID-19 pandemisinin tüm dünyada yarattığı değişen koşullar ve kısıtlılıklarla birlikte artan bir ihtiyaç alanı haline gelmiştir. Telepsikiyatri hizmetlerinin erişkinlerde kullanımının faydalı olduğunu gösteren çok sayıda çalışma vardır, çocuklar ve ergenlerde kullanımını destekleyen kanıt temelli çalışmalar da giderek artmaktadır. Çok sayıda çalışma, çocuk ve gençlerde telepsikiyatri yöntemiyle güvenilir tanısal görüşmeler yapılabildiğini göstermiştir (1). Hatta bazı durumlarda (otizm spektrum bozukluğu, yoğun anksiyetesi olan hastalar, acil servislerden konsültasyonlar gibi) yüz yüze görüşmelerden daha iyi sonuçlar alınabileceği düşünülmektedir (2,3). Telepsikiyatri ile grup, bireysel ve aile terapileri yapılabilmektedir. Ancak kanıta dayalı farmakolojik tedaviler açısından Türkiye'de ilgili yasal mevzuat henüz bulunmamaktadır.

Telepsikiyatri avantajları ile heyecan uyandırıcı olsa da bir takım sınırlılıkları ve hasta mahremiyetinin ve kişisel bilgilerin korunumu gibi konularda duyulan bazı endişeler nedeniyle konu hakkında daha kapsamlı kılavuzlara, yasal düzenlemelere ihtiyaç duyulan bir alandır. Bu sunumda pandemi döneminde çocuk psikiyatrisi kliniğinde telepsikiyatri ile ilgili deneyimlerimizin diğer sağlık profesyonelleriyle paylaşımı, telepsikiyatrinin avantaj ve dezavantajlarının tartışılması amaçlanmaktadır.

Anahtar Kelimeler: çocuk, ergen, ruh sağlığı, telepsikiyatri, teletıp

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Panel Adı: Pandemi Döneminde Psikososyal Destek ve Telepsikiyatri Uygulamaları

Sunum Adı: Pandemi Döneminde Sağlık Bakanlığı Telepsikiyatri Uygulamaları: ÖÇDS ve RUHSAD

Bahadır Turan, Sağlık Bakanlığı

Sağlık Bakanlığı bünyesinde Sağlık Hizmetleri Genel Müdürlüğü, Otizm, Zihinsel Özel Gereksinimler ve Nadir Hastalıklar Dairesi olarak Türkiye'deki 1 milyondan fazla sağlık çalışanının ve çocuklarının ruh sağlığı ihtiyaçlarını desteklemek için tele-sağlık uygulamalarını yerel psikososyal destek ekipleri ile birleştiren ve görüntülü görüşmelerden acil müdahalelere kadar hizmet veren; özetle sağlık çalışanlarına psikiyatrik yardım sağlamayı amaçlayan bir sistem oluşturmuştur. Bu amaçla geliştirilen Ruh Sağlığı Destek Sistemi (RUHSAD), Türkiye'deki sağlık çalışanları ve çocuklarına psikiyatrik yardım sağlamak için tasarlanmış bir sistemdir ve tele-sağlık uygulamalarını yerel psikososyal müdahale ekiplerinin hizmetleriyle birleştirir.

Her ne kadar sağlık çalışanlarının çocukları bu dönemde belki de diğer çocuklara göre daha çok etkilenmiş görünmekte ise de tüm bu krizden görece daha fazla etkilenme olasılığı yüksek bir grup daha göze çarpmaktadır. Ne yazık ki, zihinsel özel gereksinimleri olan çocuklar ve aileleri, bu tür afetler sırasında özel gereksinimleri olmayan akranlarına kıyasla ek fiziksel, psikolojik ve eğitimsel güçlükler nedeniyle daha fazla risk altındadır. Pandemi dönemi ile birlikte bu çocukların yüz yüze seanslara dayanan rutin psikiyatrik hizmetlerinin sekteye uğrayabileceği ve bu durumun çocuklar ve aileleri için mevcut yüklerinin daha da artmasına neden olabileceği düşünülerek Özel Çocuklar Destek Sistemi (ÖÇDS) isimli bir sistem geliştirilmiştir. ÖÇDS, COVID-19 salgını ile evde kalması gereken zihinsel özel gereksinimi olan çocuklar ve aileleri için oluşabilecek davranış problemlerine yönelik multidisipliner destek sağlamak için tasarlanmış bir sistemdir. Sistem RUHSAD ile benzer şekilde, tele-sağlık uygulamalarını yerel psikososyal müdahale ekiplerinin hizmetleriyle birleştirir.

Bu sistemler, COVID-19 salgını sırasında hem sağlık çalışanları ve yakınlarında hem de özel gereksinimleri olan çocuklarda oluşabilecek sorunları ele almak için bütüncül bir yaklaşım benimsenen, çok aşamalı, çok disiplinli, tele-sağlık temelli bir yaklaşımın hızlı bir şekilde oluşturulmasının mümkün olduğunu göstermektedir. Erişkin psikiyatristleri, Çocuk ve ergen psikiyatristleri, davranış danışmanları ve saha ekiplerinden oluşan bir ekiplerin, olası sorunların çoğunu ele alabileceği de bu sistemle gösterilmiştir. Bu sunumda RUHSAD ve ÖÇDS sistemlerinin geliştirilme süreci ve verilen hizmetin dökümünden bahsedilecektir.

Çocuk ve Ergenlerde Bipolar Afektif Bozuklukta Prodromal Belirtiler

Doç. Dr. A. Güven Kılıçoğlu

Giriş

Prodrom: tanı kriterlerini karşılamadan önce, kişinin önceki yaşantı ve davranışlarından sapma olduğu dönemdir. Prodromal SCH ve Attenuated Psychosis Syndrome'ye (APS) göre tanı öngörebilirliği düşük ve daha kısa sürme eğiliminde olabilir-tartışmalı. DSM 5'te ileri araştırma gereken durumlar altında APS yer alır ama prodromal mani BAB yer almamaktadır.

Prodromal SCH'ye göre prodromal BAB'ta daha az spesifik bulgular ve daha yaygın belirti kümesi olabilir o yüzden Prodromal SCH'a göre şüphelenmek daha zor olup, OKB bulguları, suisidalite, düşünce ve iletişim sorunları, depresif DD, konsantrasyon-bellek bozuklukları, anerjia, fiziksel ajitasyon, yorgunluk afektif instabilite psikotik mani prodromu için daha belirleyicidir.

BAB olan ergenlerin %50'sinde 14 yaş öncesi prodromal belirtiler: daha epizodik ve değişken olma eğilimindedirler. Şüphelenmede en temel ve önemli şey AİLEDE BAB ÖYKÜSÜ'dür.

Prodromal mani bulguları + Ailede BAB: BAB %58, Prodromal mani bulguları + ailede BAB yok: BAB %36, Çocuk ve ergen depresyonu + uyku boz, anksiyete, SAB, YAB, panik bozukluk, travma, DEHB, duygusal labilite, somatik yakınmalar, siklotimik mizaç: BAB riski daha yüksek olduğu bildirilmektedir.

Premorbid dönemde çocuklar önce uyku bozuklukları ve anksiyete bulguları yaşadıkları bildirilmektedir. Puberte ile beraber minör depresif bulgular, strese aşırı duyarlılık, orta ergenlikte tekrarlayıcı majör depresif epizodlar (bazen karma özellikler eşlik edebilir. Genellikle 3 yıl sonrasında hipomani-mani atağı ve BAB tanısı aldığı bildirilmektedir.

Prodromal mani içinde eşik altı manik bulgular, yarışan düşünceler, artmış enerji ve amaca yönelik davranış, aşırı konuşma, hiperseksüelite mani gelişimi için daha belirleyici olabilir.

Tedavi

Omega 3-placebo-Double blind-randomised: 7-14 yaş prodromal mani, subsyndromal BAB. Depresif bulgularda düzelme > eşik altı eleve duygularda düzelme.

2 VPA çalışması olumlu- açık uçlu: Prodromal manisi olan ergenlerde 12 haftalık valproat tedavisi: tüm bulguları özellikle de depresif bulguları azaltmıştır, %78 düzelme, CGI, HAM-D, YMRS düzelme.

Ketiapin, Omega 3, VPA kullanılabilecek seçenekler arasında

Konuşmacı: Doç. Dr. Özhan Yalçın

Konferans başlığı: İKİLİ KONFERANS-Şizofreni ve Bipolar Afektif Bozuklukta Prodromal Dönem

Konu Başlığı: Prodromal Şizofreni ve Tedavi Yaklaşımları

Moderatör: Neslihan İnal

Diğer konuşmacı: Ali Güven Kılıçoğlu

Tarih ve Saat-Yer: 21 Mayıs 2021, 15:00-16:00, Salon 2

Prodromal Şizofreni ve Tedavi Yaklaşımları

ÖZET

Çocuk ve Ergen Psikiyatrisi Kliniklerinde daha çok "Prepsikoz" olarak adlandırılan, şizofreninin olası prodromal belirtilerine, klinik prezentasyonlarına ve tedavi yaklaşımlarına belki de erişkin psikiyatristlerinden daha çok çocuk ve ergen psikiyatristleri hakim olmalıdır. Bu bulgular çok farklı şekillerde karşımıza çıkabilir ve kafa karıştırıcı olabilir. Belli kişilik bozuklukları, disosiyatif bozukluklar, travma ile ilişkili bozukluklar, OKB, anksiyete bozuklukları, bipolar afektif bozukluk, psikotik depresyon, madde kullanımı ile de karışabilirler veya birlikte bulunabilirler. Bu sunumda prodromal şizofreni ile ilişkili; *epidemiyoloji, terminoloji, tanı kriterleri, premorbid dönem bulguları, ayrıntılı olarak prodromal dönem bulguları, nöropsikolojik bulgu ve defisitler, değerlendirme, genel yaklaşım, ayırıcı tanı, komorbidite, MCDD-MDI gibi otizm/şizofreni arasında yer alan sınır bozukluklar, mizaç, kişilik özellikleri, diğer risk faktörleri, genetik, nörobiyoloji, organik değerlendirme, ilişkili nörotransmitterler, madde kullanımı eş tanısı, duration of untreated psychosis (DUP), duration of untreated illness (DUI) terimleri ve klinik önemleri, psikoterapötik yaklaşımlar, psikofarmakolojik yaklaşımlar, nöroprotektif önlem alma, gelecek vaat eden tedavi yöntemleri, OSB—psikoz birlikteliği ve prodromal şizofreni ile ilişkisi, etik ve klinik uygulamalar için öneriler, psikoza dönüş için belirleyici ve prognostik faktörler, intihar için risk faktörleri, OKB komorbiditesi ve içgörüsü az olan OKB olguları ve şizoobsesif bozukluğa dönüş* üzerinde durulacaktır.

Diğer Kurumlarla Yaşanan Zorluklar

GÜLSEDA AYRANCI

Çocuk ve Ergen ruh sağlığı; Aile ve Sosyal Hizmetler Bakanlığı, Milli Eğitim Bakanlığı, Adalet Bakanlığı, Gençlik ve Spor Bakanlığı ile ilişkili olup bu alandaki mevzuatlara ve çalışma prensiplerine hakim olmamızı gerektiren bir bilim dalıdır. Çocukların ve ailelerinin gelişimsel ve ruhsal olarak iyi olması mesleki açıdan önemsenmesi gereken bir konudur. Çocukların yaşadığı alanların şartları ve o alandaki çalışanlar ile iletişimimizin olması, avantaj ve dezavantajlarının öğrenilmesi bilgi dağarcığımızı arttırır. Bize başvuran ailelere yol gösterici olabilmek için çözüm yollarını bilmek, desteğe ihtiyacı olan ailelerin işlerini kolaylaştırır. Özel gereksinimli çocukların ve ailelerinin yaşadığı zorluklar bu konuda fazla olabilmektedir. Her çocuğun okul öncesi ve okul döneminde eğitim alma hakkı uluslararası hukuka göre engellenemez. Özellikle özel gereksinimli çocuklarda kaynaştırma ve bütünleştirme esas amaç olmalıdır. Bu konferansta okul öncesi eğitime kayıt yaptırılmak istenen bir olgunun ÇÖZGER'den sonra değişen raporlama süreci ile ilgili olup bakanlıktaki mevzuat ve yönetmeliklerin buna yönelik eşzamanlı değişmemesi sonucu çıkmıştır. Bu sorunlar yaşanırken aileler ve hekimler olarak hangi basamaklardan geçilmesi gerektiğine ve nasıl çözülebileceğine değinilecektir.

Panel Adı: İKİLİ KONFERANS ve İNTERAKTİF TARTIŞMA: Sahada Yaşanan Güçlükler, Zorluklar ve Güçlü Olduğumuz Alanlar

Panel Tarihi: 21 MAYIS 2021 - CUMA - 2. GÜN **Saat:** 15:00 – 16:00

Konuşma Konusunun Adı: Bir İlçede Çocuk ve Ergen Psikiyatrisi Uzmanı Olmak

Konuşmacının Adı: Uzm. Dr. Dicle Büyüktaşkın

Moderatör: Prof. Dr. Elvan İşeri

Bir İlçede Çocuk ve Ergen Psikiyatrisi Uzmanı Olmak

Devlet hizmeti yükümlülüğü (DHY); mezun olan, uzmanlığını tamamlayan ya da yan dal uzmanlığını tamamlayan tabiplerin, Sağlık Bakanlığı tarafından atandıkları yerlerde belli süreler boyunca görev yapması zorunluluğudur. Atanılan yerler il merkezleri ya da ilçeler olabilmektedir. Süreler yerlerin özelliklerine göre 300 ila 600 gün arasında değişmektedir. DHY ile ilgili merak edilenlerin, atanılan yerdeki çocuk ve ergen psikiyatrisi uzmanı sayısı, günlük görülen hasta sayısı, hasta başına ayrılan süre, randevu sistemi, kullanılan testler, adli vaka yönetimi, hastaların başvuru nedenleri (adli değerlendirmeler – Çocuklar için Özel Gereksinim Raporu (ÇÖZGER)– psikopatolojiler), tanılar, yataklı servis ihtiyacı olan hastaların sevki, icap ve idari şef nöbetleri hakkında olduğu görülmüştür. Merak edilen bu konular bölgeden bölgeye farklılık gösterebilmekte ve bölgenin özelliklerinden etkilenmektedir. ÇÖZGER sürecine giren çocuk ve ergenlere tanı koyma aşamasında ve psikiyatrik bozuklukları olan hastaların takibinde öğretmenlerle, rehberlik ve araştırma merkezleriyle, adli değerlendirme ve adli bildirimler sürecinde sosyal hizmet uzmanları ve savcılıkla, yatışı gereken hastaların yönetiminde çocuk ve ergen psikiyatrisi yataklı servisi bulunan merkezlerle, diğer tıbbi durumların eşlik ettiği durumlarda pediatri uzmanları ile iletişim halinde olmak ve multidisipliner bir yaklaşım uzmanlık sürecinde büyük önem taşımaktadır. Bir ilçede çocuk ve ergen psikiyatrisi uzmanı olarak çocuk ve ergenlerin ruh sağlığını olumlu yönde etkilemek ve çalışma şartlarının oluşturduğu zorluklarla baş etmek için multidisipliner bir yaklaşımla birlikte ailelere ve hastalara verilen psikoeğitim ön plana çıkmaktadır.

PANEL ADI: Covid 19 Pandemisi'nde erken dönem ev karantinası sürecinde Çocuk ve Aile Araştırmaları

SUNUM TARİHİ: 21 MAYIS CUMA 16.15-17.45

Konuşma Adı:

-COVID-19 Pandemisi'nde Erken Dönem Ev Karantinası Sürecinde Ruhsal Belirtiler

Uzm. Dr. Hatice Ünver

Marmara Üniversitesi Pendik Eğitim Araştırma Hastanesi Çocuk ve Ergen Ruh Sağlığı ve Hastalıkları Kliniği, İstanbul

Koronavirüs hastalığı-2019 (COVID-19) salgını yaklaşık bir yıldır tüm dünyada global bir sağlık krizi olmaya devam etmektedir. Ülkemizde ilk vakanın 11 Mart 2020'de görülmesinin ardından hastalığın yayılmasını önlemek amacıyla her seviyedeki örgün eğitime ara verilmiş, sokağa çıkma yasağı uygulanmış ve günlük hayatta kısıtlamalara gidilerek ev karantinası dönemi başlamıştır. COVID-19 hastalığının ilk kez duyulup, dünyaya yayılmaya başladığı bu erken dönemde hastalık hakkında yeterli bilgi sahibi olunamaması, tedavi ve hastalık seyrinin öngörülememesi, vaka-ölüm sayılarının hem ülkemizde hem dünyada takip edilmesi her yaştan bireyin tehdit algısını arttırmıştır. Çocuk ve ergenlerin daha önce deneyimlenmemiş böylesi bir dönemde ruhsal olarak etkilenebilecekleri düşünülmüştür. Sürecin belirsizliği, günlük rutinlerin bozulması, hastalık bulaşma korkusu, sınıf arkadaşları ve öğretmenleriyle yüz yüze iletişim kuramama, evde kişisel alan eksikliği, ekonomik zorluklar ve aile bireyleri arasında ev içi şiddete varabilen iletişim sorunları gibi stres faktörlerinin çocukların bu dönemdeki baş etme becerilerini etkileyerek ruhsal hastalıklar açısından daha incinebilir olmalarına yol açabileceği çalışmalarda gösterilmiştir. Bu dönemde yapılan ilk çalışmalarda; bu yaş grubunun ruhsal olarak etkilendiği, yalnız kalamama, sürekli birine ihtiyaç duyma, dikkat dağınıklığı, sinirlilik, pandemi hakkında sorular sorma, uyku düzensizliği gibi ruhsal belirtiler gösterdikleri ifade edilmiştir. Anksiyete, uykusuzluk, depresif belirtiler ve somatik yakınmalar en sık saptanan diğer ruhsal belirtilerdendir. Bu sunumda ülkemizde uygulanan erken dönem ev karantinası döneminde hem aile bireyleri hem çocuk ve ergenlere uygulanan çevrimiçi anket çalışmalarının sonuçlarının paylaşılması amaçlanmıştır. Ayrıca ev karantinası döneminde şikayetleri başlayıp, karantina bitiminin ardından polikliniğe benzer ağır bir metabolik tabloyla ile başvuran anoreksiya nervosa vakalarının klinik belirtileri ve seyirleri tartışılacaktır.

Anahtar kelimeler: COVID-19 pandemisi, ev karantinası, çocuk, ergen, ruhsal belirtiler

Panel: COVİD 19 PANDEMİSİ'NDE ERKEN DÖNEM EV KARANTİNASI SÜRECİNDE ÇOCUK VE AİLE ARAŞTIRMALARI

Pandemi Sürecinde Ergenlerde Siber Zorbalık, Başa Çıkma Yöntemleri ve Ailenin İnternet Kullanımı ile İlgili Tutumları

Dr Öğr Üyesi İrem Damla Çimen, Kocaeli Üni Çocuk ve Ergen Psikiyatri AD

Başta internet olmak üzere bilgi ve iletişim teknolojileri, insanların her geçen gün artan, bilgiye ulaşma, bilgiyi saklama ve paylaşma, başkalarıyla kolaylıkla iletişim kurma gibi ihtiyaçlarını karşılayarak yaşamda gittikçe önemli bir yere sahip olmuştur. Yapılan araştırmalar ergenlerin de cep telefonu, internet ve bilgisayarları içeren bilişim ve iletişim teknolojilerini yoğun bir biçimde kullandığına işaret etmektedir. Ergenler arasında elektronik iletişim teknolojilerinin bu şekilde yaygın kullanımı, bir çok alanda fayda sağlamasının yanında siber zorbalık denen bir zorbalık türünün de ortaya çıkmasına neden olmuştur. Siber zorbalık; e-posta, cep telefonu, mesajlaşma, sosyal ağ, web siteleri, sohbet odaları ve anlık mesajlaşma gibi teknolojiler aracılığıyla başka bir kişiye zarar vermek amacıyla yapılan, tek bir kişi veya bir grup insan tarafından gerçekleştirilebilen, tekrarlanan, kasıtlı bir eylemdir. Geleneksel zorbalığın aksine siber zorbalık, yüz yüze görüşme için fiziksel bir yer gerektirmezken zorbalığı yapan kişinin ismi ve kimliği belirsiz olabilmektedir. Siber zorbalık her an ortaya çıkabilmektedir, ayrıca mesajların ve görüntülerin de geniş bir kitleye, hızlı bir şekilde dağıtılmasına imkan verebilmektedir. Teknolojik gelişimin hızı artmaktayken, son zamanlarda bu gelişmeyi farklı bir boyuta taşıyacak küresel bir olay yaşanmaktadır. Covid-19 virüs salgını, dünya üzerinde başta sağlık alanı olmak üzere eğlence, ekonomi, ulaşım ve eğitim alanlarında oldukça geniş bir yelpazede toplumsal değişimlere yol açmıştır. Ülkemizde de 11 Mart 2020 tarihinde ilk pozitif vakanın tespit edilmesiyle başlayan bu süreçte 3 Nisan 2020 tarihinden itibaren 0-18 yaş arası çocuk ve ergenlerin dışarı çıkmaları sınırlandırılmış ve sokağa çıkma zamanları konusunda kısıtlamalar getirilmiştir. Sınırlamalar dönem dönem değişse de ergenler bu dönemde daha çok evde kalmış, okullarına online olarak devam etmiş ve evde geçirdikleri vaktin önemli bir kısmını internet ve sosyal medya hesaplarında geçirmeye başlamışlardır. Pandemi sürecinde teknoloji kullanımının siber mağduriyet oranlarını da etkileyeceği düşünülmekle birlikte çalışmaya başlarken yazında ergenlerde pandemi sürecinin siber zorbalığa etkisi üzerine yapılmış bir çalışmaya rastlanmamıştır.

Çalışmamızda Covid 19 pandemisi sürecinde siber mağduriyetin ergenlerde görülme yaygınlığı, sosyodemografik ve pandemi süreci ile ilgili ile özelliklerle ilişkisinin araştırılması, ergenlerin siber zorbalıkla başa çıkma yöntemlerinin incelenmesi, siber mağduriyetin ailelerin internet kullanımı konusundaki tutumları ile ilişkisinin saptanması amaçlanmıştır. Çalışmada; Sosyodemografik Veri Formu, Siber Zorbalık Ölçeği, Siber Zorbalıkla Başa Çıkma Ölçeği, Aile İnternet Tutum Ölçeği kullanılmıştır. Çalışmaya polikliniğimize başvuran, 12-18 yaş arası, 142 ergen alınmıştır. Ergenlerin %69'unun siber mağdur, %61.3'ünün siber zorba olduğu saptanmıştır. Siber mağduriyet ile anne yaşı, ergende psikiyatrik tanı olması, internet erişim içerik şekli, ailenin cep telefonu ile ilgili önlem alması, pandemide ebeveynin çalışma şekli ve uyku düzen değişikliği gibi başlıklarla anlamlı ilişkiler bulunmuştur. Siber mağdurlarda ailenin internet ile ilgili tutumunun daha çok ihmalkar tarzda olduğu ve en sık çevrim içi güvenlik yöntemleri ile baş etmeye çalıştıkları gözlenmiştir. Çalışmanın sonucunda ÇRS polikliniklerine başvuran hastalarda mutlaka siber mağduriyetin sorgulanması, ailelerin de bu konuda farkındalık kazanması, ailelerin önlem alma yöntemlerinin sorgulanıp ergenlerle siber mağduriyet ile nasıl baş edebileceklerinin konuşulması, ailelerin çocuklarıyla daha açık ve yakın ilişki kurmasının sağlanması gerektiği saptanmıştır.

Kronobiyoloji Bağlamında COVID-19 Sürecinin DEHB ve Otizm Tanılı Çocuklara Etkileri

Halit Necmi Uçar

Özet

Bir insanın uyuma-uyanma saatleri de dahil olmak üzere sirkadiyen ritim tercihini etkileyen kişilik özelliği kronotip olarak adlandırılmaktadır. Sabahçıl, akşamcıl ve ara tip olmak üzere üç tipi tanımlanmıştır. Akşamcıl kronotip, dikkat eksikliği hiperaktivite bozukluğunda (DEHB) anksiyete ve depresyon belirtileri, duygusal ve davranışsal sorunlarla ilişkili olabilir. Diğer yandan sabahçıl tip, DEHB'de depresif belirtileri, dikkat sorunları ve suça yönelik davranışları azaltabilir. DEHB ve kronotip arası ilişkileri değerlendiren çalışmalarda akşamcıl tipin erkeklerde dışa yönelim ve dikkat eksikliği sorunlarını arttırdığı görülmüştür. COVID-19 pandemisi süreci nörogelişimsel bozukluk tanılı çocukları çeşitli yönlerden olumsuz olarak etkilemiştir. Özellikle evde kalma dönemleri bu riskli grupta uyku problemleri, sinirlilik ve bozukluk belirtilerinde artışa sebep olmuştur. Bu panelde bu dönemin DEHB ve otizm spektrum bozukluğu (OSB) tanılı çocuklara olan olası etkilerini kronobiyoloji ve uyku bağlamında araştıran iki çalışma özetlenecektir. İlk çalışmada, COVID-19 salgını sırasında DEHB tanılı çocukların kronotip tercihi / uyku sorunları ile belirti şiddeti arasındaki ilişkinin araştırılması ve pandemi sürecine verilen tepkiler ile DEHB belirtilerinin şiddeti arasında ilişkide aracılık yapabilecek kronotip tercihi / uyku sorunlarının değerlendirilmesi amaçlanmıştır. Bu tek merkezli kesitsel çalışmanın örneklemini 76 DEHB'li çocuk ve ebeveynleri oluşturmuştur. Travma semptomları Çocukların Olaya Tepki Ölçeği (CRIES-8) ile değerlendirilmiştir. Uyku alışkanlıkları Çocukların Uyku Alışkanlıkları Anketi (CSHQ) kullanılarak değerlendirilmiştir. Kronotip, Children's Chronotype Questionnaire (CCQ) kullanılarak değerlendirilmiştir. Akşamcıl grup ile akşamcıl olmayan grup arasında CRIES-8 ve CSHQ skorlarında önemli farklılıklar görülmüştür. DEHB olan çocukların CRIES-8 skorları, CCQ ve CSHQ skorları ve DEHB belirtilerinin şiddeti ile ilişkiliydi. Arabuluculuk analizlerinde uyku sorunları; CRIES-8 puanları ile DEHB belirtilerinin şiddeti ve CCQ puanları ile DEHB belirtilerinin şiddeti arasındaki ilişkide tam aracı faktör olarak bulunmuştur. Bulgularımız, kronotipin, COVID-19 salgını sırasında DEHB'li çocukların evde hapsedilmesinin olumsuz etkileri üzerinde önemli bir rol oynadığını göstermektedir. Pandemi döneminde ev ortamına hapsolmuş genç DEHB ve DEHB olmayan çocukların bilişten davranışına giden yolda uyku sorunlarının tam aracılık rolünün daha fazla değerlendirme gerektirdiği düşünülmüştür. Diğer çalışmada, COVID-19 salgınının ev hapsi ve sosyal izolasyonu sırasında OSB tanılı çocukların kronotip tercihi / uyku sorunları ile belirti şiddeti arasındaki ilişkiyi araştırmak amaçlanmıştır. Bu çalışma, OSB tanısı almış, 4-17 yaşları arasında ilaç kullanımı olmayan 46 çocuğu içermektedir. Otizm Davranışı Kontrol Listesi (AuBC), Çocukların Uyku Alışkanlıkları Anketi (CSHQ) ve Çocukların kronotip anketi (CCQ), COVID-19 zorunlu ev hapsi öncesinde ve sonunda çocukların ebeveynleri tarafından doldurulmuştur. Ev hapsi sırasında OSB'li çocuklar, normal duruma kıyasla daha yüksek kronotip skorları, yani akşam kronotipi, uyku problemleri ve otizm semptom skorları bildirmiştir. Ev hapsi dönemindeki OSB'li çocukların kronotip skoru ve uyku sorunları AuBC skoru ile ilişkili bulunmuştur. Otizm semptomlarının şiddeti ile kronotip skoru arasındaki ilişkiye OSB'li çocukların evde hapsedilme dönemindeki uyku sorunları aracılık etmiştir. Pandemi döneminde evde sınırlandırılmış OSB'li çocukların daha büyük örneklerinde uyku problemlerinin ve kronotipinin aracı etkisinin rolünü doğrulamak önemlidir. Uyku sorunları ebeveyn eğitimi, farmakoterapi ve psikoterapötik müdahaleler ile kontrol altına alınabilirse, OSB'li çocuklar üzerindeki ev hapsinin etkisi azaltılabilir.

Panel Adı: Ülkemizden ve Alanımızdan COVID-19 Araştırmaları

Konuşma Konusunun Adı: Yeni Koronavirüs Hastalığı 2019 (COVID-19) Pandemisi sırasında Dikkat Eksikliği ve Hiperaktivite Bozukluğu olan çocukların hijyen ve sosyal mesafe kurallarına uyum sorunlarının araştırılması

Konuşmacı: Dr. Öğr. Üyesi Cansu Çobanoğlu

Özet: COVID-19 salgını, tüm dünyada etkilerini göstermekle birlikte, çocukların ve ailelerin yaşamlarını önemli ölçüde değiştirdi. En yaygın nörogelişimsel bozukluklardan biri olan Dikkat Eksikliği ve Hiperaktivite Bozukluğu (DEHB)' na sahip çocuklarda, fiziksel aktivitenin kısıtlanması ile hiperaktivitenin yönetilmesinin zorlaştığı ve sosyal izolasyon ile birlikte karşı gelme davranışlarının arttığına dair bilgilerimiz bulunmaktadır. Aynı zamanda okulların kapanması ve sağlık hizmetlerine ulaşımlarının zorlaşması ile tedavilerinin aksaması ile bu çocuklarda ciddi davranışsal problemlerle karşılaşılabileceği düşünülmektedir. Bu nedenlerle DEHB ile ilişkili sorunların belirlenmesi, bu çocuklara ebeveynlik yapma ile ilgili zorlukları ele almak ve tüm bu süreçte ruh sağlığını korumaya yönelik neler yapılabileceğini öngörebilmek açısından bu çalışmayı planladık. Pandemi sırasında DEHB olan çocuklar konusunda bir literatür taraması yapıldı. Bu amaç ile Ocak 2019-Aralık 2020 tarihleri arasında Trabzon Kanuni Eğitim Araştırma Hastanesi Çocuk Psikiyatri kliniğine başvuran ve DEHB tanısı alan 6-18 yaş arası hasta ve ailelerine ulaşıldı. İçleme ve dışlama kriterleri göz önüne alınarak, onam veren 97 olguya belirli anket ve ölçekler uygulandı. Elde ettiğimiz verilere dayanarak pandemi döneminde DEHB'li çocukların sosyal mesafe ve el yıkama kuralarına uymakta zorlandığı ayrıca okulların kapalı olmasının, temel haklarını kullanamamaları ve sosyal desteklerinin az olmasının da bu çocukların ebeveynlerinin yaşadıkları sorunları arttırdığı görülmektedir. Bu nedenle hem aile hem çocukların artan ihtiyaçları göz önünde bulundurularak gerekli sosyal desteğin sağlanması, aynı zamanda bu çocukların Covid-19 dönemi boyunca da takip ve tedavi süreçlerinin aksatılmaması oldukça önem arz etmektedir.

PANEL ADI: Ülkemizden ve Alanımızdan COVID-19 Araştırmaları

Konu: Covıd-19 Pandemisi Sürecinde Sağlık Çalışanlarının Çocuklarında Anksiyete Düzeyleri ve İlişkili Faktörler

Yazarlar: Uzm. Dr. Leyla Ezgi Tüğen ,Uzm. Dr. Muhsine Göksu, Doç. Dr. Ayşe Burcu Ayaz

Konuşmacı: Uzm. Dr. Leyla Ezgi TÜĞEN

ÖZET

Aralık 2019'da Çin'in Wuhan kentinde ortaya çıkan COVID-19 salgını hızlıca dünyaya yayıldı ve Türkiye'de ilk vaka 11 Mart 2020 tarihinde Sağlık Bakanlığı tarafından açıklandı. Vakaların hızlı bir şekilde artmasıyla birlikte sağlık çalışanları; enfekte olma riski, ailelerine enfeksiyon bulaştırma riski, sosyal izolasyon, yetersiz koruyucu ekipman gibi nedenlerle yüksek oranda psikolojik stres bildirmişlerdir. Bu çalışmada, salgın döneminde yüksek stres altında olan sağlık çalışanların ve çocuklarının kaygı düzeyleri ve ilişkili faktörler araştırmaktır.

Çalışmamızda, 8-18 yaş arasında çocuğu olan sağlık çalışanlarına ve çocuklarına mail ve online iletişim yollarıyla anket gönderdik. Katılımcılar bilgilendirilmiş onam formunu doldurup anketi tamamladılar. Ebeveynlerden, sosyodemografik veriler, Covıd-19 ile mücadelede doğrudan görev alıp almadıkları ve Covıd-19 risk algıları ile ilgili soruları yanıtlamaları ve kaygı düzeylerini belirlemek amacıyla Erişkinler için Durumluk Kaygı Ölçeği (DKÖ)' ni doldurmaları istendi. Çocuklar, okul fobisi ve sosyal anksiyete alt ölçekleri formdan çıkarılan Çocuklar için Kaygı Bozuklukları Öz Bildirim Ölçeği (KAYBÖ)'ni yanıtladılar. Veriler Nisan 2020 ile Haziran 2020 arasında toplandı.

Çalışmamıza 144 sağlık çalışanı ve onların 8-18 yaş arası çocukları katıldı. Katılımcıların genel kaygı düzeyi DKÖ ile derecelendirildiğinde %76,4'ünün puanı kesme puanının (40 puan) üzerindeydi. Covid-19 salgınında doğrudan görev alan katılımcıların DKÖ ve Covıd-19 ile ilgili endişe düzeyleri doğrudan görev almayanlara göre anlamlı düzeyde yüksek bulundu. 146 sağlık çalışanının çocuğu kaygı açısından değerlendirildi ve KAYBÖ'yü eksiksiz dolduran 135 çocuk analize dahil edildi. Ebeveynleri Covıd-19 ile doğrudan görev alan çocukların KAYBÖ somatik/panik puanları ebeveynleri COVID-19 ile doğrudan görev almayanlara göre anlamlı olarak yüksekti. Çocukların KAYBÖ somatik/panik puanı ile ebeveynlerin kaygı düzeyi pozitif olarak korele idi.

Çalışmamızın sonucunda Covıd-19 ile mücadelede doğrudan görev alan sağlık çalışanlarının ve çocukların kaygı düzeylerinin doğrudan görev almayanlara kısyasla daha yüksek olduğu belirlendi. Ebeveynlerin kaygı düzeyi arttıkça çocukların kaygı düzeyi de artmaktaydı. Benzer çalışmalarda, Covid 19 ve daha önceki bir çok salgında sağlık çalışanlarının anksiyete, depresyon ve travma sonrası stres bozukluğu belirtilerinin yüksek olduğu gösterilmiştir. Salgın döneminde sağlık çalışanlarının çocuklarının ruhsal olarak daha hassas bir grup olduğu göz önünde bulundurulmalı ve bu çocuklara yönelik ruhsal bozuklukları önleyici müdahale programları geliştirilmelidir.

Covid-19 Pandemi Sürecinde Çocuk ve Ergen Psikiyatri Poliklinik Başvurularının İncelenmesi

Gözde Yazkan Akgül, Burcu Yıldırım Budak, Burcu Erdoğdu, Buğu Subaşı, Yankı Yazgan

Pandemi sürecinde, çocuk ve gençlerde ruh sağlığı sorunlarında bir artış yaşandığı gözlemlenmektedir. Ancak tüm dünyanın bu sürece hazırlıksız yakalanması nedeni ile ruh sağlığı hizmetlerinin işleyişinde bütünlük sağlamak mümkün olmamıştır. Örneğin ülkemizde pandemi sürecinde bazı hastaneler acil hastalar dışındaki çocuk ve ergen psikiyatri başvurularını sonlandırmış iken, çalışmamıza katılan iki hastanede de olduğu gibi bazı hastaneler esnek mesai çalışma düzeninde ve merkezi randevu sistemi üzerinden hasta kabulüne aralıksız devam etti. Bu çalışmanın temel amaçları 2019-2020 Mart- Haziran ayları döneminde devlet hastanesi koşullarında bakılan hasta sayısı, hastaların sosyodemografik verileri, başvuru şekilleri, başvuru amaçları, klinik tanıları, tedavi durumları ve ilaç kullanım durumlarındaki değişimleri saptamaktır.

Araştırma, Tekirdağ Devlet Hastanesi ve Medeniyet Üniversitesi Göztepe Eğitim ve Araştırma Hastanesi'nde yapıldı. 1 Mart - 30 Haziran 2020 ve 1 Mart - 30 Haziran 2019 tarihleri arasında Çocuk ve Ergen Psikiyatri Polikliniği'nde muayene edilen tüm hastalar çalışmaya dahil edildi. Çalışmadaki veriler, hastanelerin bilgisayar sistemlerinin veri tabanları üzerinden elde edildi. İki devlet hastanesindeki Mart-Haziran 2019 tarihleri arasında çocuk psikiyatri polikliniğine başvuran, yaş ortalaması 9.17±3.99 olan 2183 başvuru ve Mart-Haziran 2020 tarihleri arasında başvuran, yaş ortalaması 10.66±3.99 olan 927 başvurunun verileri çalışma kapsamında değerlendirildi. İstatiksel analiz SPSS 20.0 programı ile yürütüldü.

Toplam 3110 başvurunun 2246'sı vaka, 864'ü mükerrer muayenelerdir. 2246 vakanın %70.5'i (n=1583) 2019'da, %29.5'i (n=663) 2020'de başvurdu. Başvurular sırasında konulan Eksen 1 DSM-5 ruhsal bozukluk tanı oranlarında 2020'de Dikkat Eksikliği Hiperaktivite Bozukluğu, Karşıt Olma Karşı Gelme Bozukluğu, Davranım Bozukluğu, Depresif Bozukluk, Panik Bozukluk, Uyku Bozukluğu anlamlı düzeyde artmaktayken özgül öğrenme güçlüğü ve zihinsel yetersizlik tanılarında azalma saptandı. 2019'da vakaların 47.6%'sına ilaçlı takip, 48.6%'sı ilaçsız takip ve 3.7'si danışmanlık hizmeti verilmekteyken 2020'de ilaçlı takip oranı 63.2%'e yükseldi, ilaçsız takip oranı 33.6%'ya geriledi ve hastaların 3.2%'sine danışmanlık hizmeti verildi.

Pandemi koşulları devlet hastanesi grubunda çocuk psikiyatri başvurularının içeriğini önemli derecede etkilemiştir. Başvuru sayısındaki ciddi düzeyde azalmanın halkın yasaklara uymasının bir sonucu olabileceği ve pandeminin başlaması ile ailelerde oluşan hastalık bulaşma korkusunun çocuklarındaki mevcut psikiyatrik sorunlarının önüne geçmesi olduğu düşünülebilir. Ailelerin daha çok dışa yönelim sorunları ile başa çıkmakta güçlük çektiği bu nedenle de bu bozukluklara sahip çocuklarını takip ve tedaviye devam ettirdiği ve medikal tedavinin de bu takiplerin ayrılmaz bir parçası olduğu saptanmıştır.

COVID-19 pandemisinde Üniveriste Öğrencilerindeki Anksiyete Düzeyleri ve İlişkili Faktörler

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Çin'in Wuhan şehrinde ortaya çıkan Covid-19 salgını tüm dünyayı etkiledi. COVID-19'un yüksek belirsizliği ve düşük öngörülebilirliği akıl sağlığı için bir tehdit oluşturmaktadır. Bu kesitsel anket çalışmasının amaçlarından biri de üniversite öğrencilerinin Covid-19 salgını sırasında kaygı düzeylerini belirlemek ve kaygıyı cinsiyete göre değerlendirmektir. Araştırmanın bir diğer amacı, öğrencilerin psikolojik sağlamlığı ile sürekli kaygı arasındaki belirsizliğe tahammülsüzlüğün aracı rolünü incelemektir. Verilerin toplanması 18-24 yaş arası 768 üniversite öğrencisini içeriyordu. Katılımcılardan veri toplamak için Sosyodemografik Bilgi Formu ile Connor Davidson Sağlamlık Ölçeği, Belirsizliğe Tahammülsüzlük Ölçeği ve Sürekli Kaygı Envanteri kullanılmıştır. Psikolojik sağlamlık, sürekli kaygı, öğrencilerin belirsizlik düzeylerine tahammülsüzlük dahil olmak üzere cinsiyete göre değerlendirilmiş, kadın ve erkek katılımcılar anlamlı farklılık göstermiştir. Erkeklerin psikolojik sağlamlık kadınlara göre anlamlı derecede yüksek iken, kadınların belirsizliğe tahammülsüzlük ve sürekli kaygı anlamlı olarak daha yüksek seviyelerde bulunmaktadır Analizin model test sonuçlarında, belirsizliğe tahammülsüzlük, sağlamlık ve sürekli kaygı arasındaki ilişkiye aracılık etmektedir. Önceki çalışmalar, çalışmanın bulgularını tartışmak için temel bir temel oluştururken, bazı öneriler ve sınırlamalara da değinildi.

Anahtar kelimeler: sağlamlık, belirsizliğe tahammülsüzlük, anksiyete, Covid-19, pandemi

Covid 19 Pandemisi Sürecinde Yaşamsal Değişikliklerin Ergen Ruh Sağlığına Etkisi

Araş.Gör.Dr.Selman Yıldırım

Ergenlik dönemi nörobiyolojik, sosyal ve bilişsel gelişimin en kritik basamağıdır. COVID-19 pandemisi ile ergenlerin yaşamlarında akut ve kronik strese yol açan birçok değişiklik oldu. Bu çalışma ile lise öğrencilerinin depresyon şiddeti, anksiyete ve özgül COVID-19 fobisi ile ilişkili olabilecek pandemiye özgü faktörlere dikkat çekilmesi amaçlanmıştır. Araştırmaya 2020-2021 eğitim-öğretim yılında liseye devam eden 1431 öğrenci katılmıştır. Google formlar aracılığı ile pandemi ile ilişkili çeşitli soruların yer aldığı bilgi formu, COVID-19 Fobi Ölçeği (C19P-S) ve Çocuk Anksiyete ve Depresyon Ölçeği (RCADS) katılımcılar tarafından doldurulduru.

Çalışmanın sonuçlarına bakacak olursak, kızlarda anksiyete riskinin 2.7 kat, depresyon riskinin 2.2 kat arttığı ve COVID-19 fobisi riskinin 3 kat arttığı saptanmıştır. COVID-19 enfeksiyonu nedeniyle birini kaybetmenin anksiyete için 1,7 kat, depresyon için 1,6 kat artmış risk olduğu bulundu. Ayrıca psikiyatrik bozukluğun mevcut olması anksiyete riskini 5,1 kat, depresyon riskini 5,6 kat artırmıştır. Kronik bir hastalığa sahip olmak ise COVID-19 fobisini artıran bir faktör değil, anksiyeteyi 1,6 kat artıran bir faktördü. Pandemi sürecinde arkadaşları ile yüz yüze görüşenlerde anksiyete ve depresyon 1.4 kat daha fazla görülmüştü. Sağlık bakanlığının paylaştığı günlük vaka sayılarını takip edenlerde ise COVİD-19 fobisi 2.3 kat daha fazlaydı.

COVID-19 hakkındaki bilgi seviyesi tüm dünyada artmış olsa da, bu enfeksiyonun uzun vadeli etkileri ve ergenlerin ruh sağlığı üzerindeki sosyal sonuçları belirsizdir. Yüz yüze eğitime başlandığında, okul rehberlik hizmetlerinin öncelikle çocukları COVID-19 ile ilişkili stres semptomları açısından taraması, yüksek risk altında olan çocukların belirlenmesi ve ardından müdahale çalışmalarına başlanması gerekmektedir. Bu çalışmanın sonuçlarına göre, pandemi öncesi dönemde psikiyatrik hastalığı ve kronik hastalığı olan, pandemi nedeniyle kayıp yaşayan, çevresinde enfekte birey bulunan ve pandemi döneminde ebeveynlerinden uzakta kalan çocuklar riskli olarak değerlendirilebilir. Özellikle psikiyatrik bozukluğu olan ergenlerin ruh sağlığını korumak için ruh sağlığı profesyonellerine hızlı ve güvenli erişim sağlayabilecek acil yardım hatlarının oluşturulması ve çevrimiçi destek sağlayan sağlık sisteminin güçlendirilmesi gerekmektedir. Böylelikle yüz yüze temasın zorunlu olarak kısıtlandığı pandemi koşullarında ruh sağlığı korunabilir.

21 Mayıs Cuma 16.15-17.45 PANEL/OTİZM KOMİSYONU ETKİNLİĞİDİR:

Otizm Spektrum Bozukluğunda Yeni Teknolojilerin Kullanımı

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Konuşma Özeti

Günümüzde sürekli gelişen yeni teknolojiler sağlık bilimleri alanında da giderek artan oranda uyarlanmaktadır. Toplumda oldukça yaygın görülen, heterojen ve karmaşık bir durum olan Otizm Spektrum Bozukluğu alanında da bu yeni teknolojilerin kullanımının aslında 1970'lere kadar uzandığı, bununla birlikte, son 5-10 yılda, kullanımının hem araştırmada hem de mevcut uygulamada hızlandığı görülmektedir. Gerek tanı koyma, hastalık alt gruplarını belirleme, gerekse sosyal ve iletişim becerilerini geliştirmek, davranış sorunlarını azaltmak için tasarlanan bu yeni teknolojiler, daha erken ve sübjektif tanı koymaya, bireyin etkileşim süreçlerini, bilişsel ve sosyal gelişimini teşvik etmeye yardımcı potansiyel araçlar olabilir. Otizm Geliştirme ve Araştırma Teknolojisi (DART) dijital teknoloji kullanımını iletişim, eğitim, yaşam becerilerinin geliştirilmesi ve oyun / eğlence olarak 4 başlıkta kategorize etmiştir. Çalışmalarda ağırlıklı olarak teknoloji destekli görsel ve işitsel iletişim için araçlar kullanıldığı görülmektedir. Bu araçlara örnek olarak tabletler, sanal gerçeklik ve artırılmış gerçeklik araçları, interaktif sistemler, ses çıkışlı cihazlar, giyilebilir teknolojiler verilebilir. Bu araçlar aracılı iletişimi ve sosyal etkileşimi iyileştirici dijital oyunlar, avatar ve robotlar, çeşitli enstrümanlar aracılı nesnelerin veya resimli kartların değişimini kullanan özel eğitsel uygulamalar, sosyal iletişimi güçlendirici interaktif terapi teknikleri, videolar kullanarak göz hareketlerinin izlenmesi gibi uygulamalar kullanılmaktadır. Bu teknoloji destekli uygulamalara otizmli bireyler, ebeveynler ve kurumlar giderek daha erişilebilir hale gelmekte ve daha yaygın olarak kullanmaktadır. Bu konuşmada, otizm spektrum bozukluğu olan bireylerin, tanı ve klinik izlemlerine yardımcı olan, iletişimsel ve sosyal becerilerini geliştirmek için kullanılan yeni teknolojik araç ve yöntemler ile bu yaklaşımların ne kadar etkili olduğu, ve çeşitli alan paydaşları uygulamalarıyla başarıya ulaşmak için nasıl kullanılabileceği tartışılacaktır.

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Facing Your Fears: Group Therapy for Managing Anxiety in Children with High-Functioning Autism Spectrum Disorders

Autism spectrum disorder (ASD) is a pervasive developmental disorder that persists throughout the lifespan. Children with high functioning ASDs are at high risk for developing co-occurring mental health conditions, and the risk appears to be higher than for children with typical development. Anxiety disorders are considered as the most common co-morbid mental health condition in this population with about 40% of youth with ASD meeting criteria for an anxiety disorder. Anxiety is one of the biggest challenges faced by children with high-functioning ASD in home, school, and community environments. Cognitive behavior therapy (CBT) is considered the gold standard of treatment for youth with anxiety disorders and more recently, CBT has been modified for youth with ASD and has shown similar success in reductions of anxiety symptoms.

Facing Your Fears (FYF) is a structured program aimed toward youth with high-functioning ASD who need assistance managing anxiety symptoms that interfere with daily life. Developed to address the specific needs and challenges of children between 7-14 years with high-functioning ASD, this CBT program consists of 14 weekly sessions, each lasting 1½ hours, aimed at managing anxiety symptoms. FYF is ideal for small groups of 4–5 children but also effective in one-to-one therapy. This program must be conducted by the mental health professionals who work with children and families in clinical settings.

FYF retains the core components of standard CBT programs, including graded exposure, deep breathing, emotion regulation strategies, and positive cognitive coping, but makes appropriate adaptations for youth with high-functioning ASD. These adaptations take into account the social, emotional, and communicative challenges associated with ASD and are designed to enhance participation and engagement. They include: careful pacing of each session, a token reinforcement program for positive in-group behavior, provision of visual structure and predictability of routine, use of worksheets and multiple choice lists, written examples of core concepts, hands-on activities, an emphasis on creative outlets for expression, a focus on strengths and special interests, multiple opportunities for repetition and practice, video modeling and a specific video activity (e.g., creating movies) and a detailed parent curriculum. Parents are considered to play a central role in the FYF intervention, participating in dyad- and group-based activities with their children and providing structure and support for facing fears at home. In this session, a promising CBT-based group therapy for managing anxiety in children with high-functioning ASD will be discussed in detail.

Familial autoimmunity associated with childhood-onset Obsessive Compulsive Disorder (OCD)

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Obsessive-compulsive disorder (OCD) is a chronic neuropsychiatric disorder with a complex etiology. Epidemiological studies, animal models and case-control studies indicated that immune system might have a rol with in the pathogenesis of childhood-onset OCD, Tourette syndrome (TS) and autism spectrum disorder. Some children may develop a sudden onset or worsening of OCD symptoms after a group A streptococcal (GAS) infection. The postinfectious autoimmune syndrome is called pediatric autoimmune neuropsychiatric disorder associated with streptococcal infections (PANDAS). The studies have suggested that children with OCD and/or tics have a higher rate of maternal autoimmunity than the general population . Familial aoutoimmunity was more common in PANDAS group.

Family studies have reported a higher rate of familial autoimmunity in children with OCD/TS. The most common autoimmune diseases in first-degree relatives have been reported that inflammatory bowel disease, Hashimoto's thyroiditis, celiac disease, psoriasis, type 1 diabetes, idiopathic thrombocytopenic purpura, Sjögren's syndrome, and rheumatic fever. The authors reported that patients with autoimmune disorders (such as systemic lupus erythematosus and rheumatic fewer) in some cases and their first-degree relatives higher rates of comorbid OCD compared with the general population

Recent studies showed that maternal autoimmunity can activate fetal microglia or alter transcription of immune genes in fetüs. Maternal antibodies are transferred during pregnancy. Maternal autoimmunity is an environmental factor that increases severity of neurodevelopmental problem. Current studies suggest that cytokines might have a role in developmental OCD/TS. Uncontrolled activity of proinflammatory cytokines and microglia induce OCD in with genetic vulnerability and neurotransmitter dysfunctions.

OTHER PHENOTYPIC CHARACTERISTICS OF PANS/ PANDAS

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Pediatric acute-onset neuropsychiatric syndrome (PANS) defined a disorder characterized by abrupt-onset obsessive-compulsive disorder (OCD) and/or restricted food intake accompanied with acute neuropsychiatric symptoms after an infectious or environmental trigger. Pediatric autoimmune neuropsychiatric disorders associated with streptococcal infections (PANDAS) is considered a subset of PANS. İt is accepted that PANS is based on clinical criteria as an exclusionary diagnosis with respect to other neurological and psychiatric disorders. Researchers emphasize that comorbid neuropsychiatric symptoms have been described in most patients with PANS. They may manifest the severity and multiple symptoms conditions in the children, including OCD, separation anxiety, emotional labiality, personality changes, deterioration in school performance, ADHD-like symptoms, bedtime fears, irritability and behavioral regression. İn addition, neurologic comorbidities are common, such as choreiform movements, sensory-motor abnormalities, urinary urgency, secondary enuresis and sleep difficulties. İn PANDAS cohort, the most frequent psychiatric comorbidities were defined ADHD, oppositional defiant disorder, depression, separation anxiety disorder, generalized anxiety disorder and enuresis. On the other than, children with PANS symptoms overlap with a variety of psychiatric disorders, such as OCD, ADHD, depression, Tourette's syndrome, and bipolar disorder. İn these cases, Swedo et colleagues stated that the most important clinical feature was ‘‘acute and dramatic symptom onset’’ in PANS/PANDAS. These features differentiate PANS from these psychiatric conditions. Therefore, it is stated that a medical history, including symptoms at disease onset, the presence of psychiatric disorders, exposure to infections, autoimmune and movement disorders and episodes of fever is important collected at evaluation in the cases. The goal of this presentation is to review other phenotypic characteristics of PANS/ PANDAS in the light of the recent literatüre and clinical cases.

PANEL: Otoimmün Beyin Hastalıklarına Psikiyatrik Yaklaşım

Panel Başkanı: Ebru Çengel Kültür

3. sunum: Otoimmün Beyin Tutulumu Yapabilen Sistemik Lupus Eritematozus Hastalığında Hacettepe Üniversitesi Çalışmaları

Konuşmacı: Dr. Ecem Selin Akbaş Aliyev

Sistemik Lupus Eritematozus (SLE) otoimmün bir hastalık olup çocuk ve ergenlerde romatolojik hastalıklar içerisinde sık görülmektedir. Hastalığın neredeyse tutmadığı organ ve doku yoktur. Takip altında olan hastalardan %2'si tanı anında, %25'i ise ilk beş yıl içerisinde beyin tutulumu geliştirmektedir. Lupusun beyin tutulumu nöropsikiyatrik lupus (NPSLE) olarak tanımlanmaktadır, organik beyin tutulumu ve bunu saptayamadığımız non-organik beyin tutulumu bulguları sergilemektedir. Bu durumda SLE'nin beyin tutulumunun klinikte tespit edilmesi çok karmaşık ve zor olmaktadır. Günümüzde Çocuk Romatolojisi uzmanları tarafından kullanılan tanı kriterleri, hastalığın nöropsikiyatrik tutulumunu kapsamlı bir şekilde ele alamamaktadır. İlgili alanyazına bakıldığında bu konuda yapılan çalışmaların yetersiz kaldığı görülmektedir.

Hacettepe Üniversitesi olarak otoimmün hastalık olup beyin tutulumu yapan SLE hastalığı ile bu konuda çalışmalar yaptık. Amacımız hastalık ilerlemeden veya hastalık organik beyin tutulumu yapmadan NPSLE açısından riskli grupları belirleyebilmek oldu. Çünkü biliyoruz ki, birçok otoimmün hastalık gibi SLE'de de organik beyin tutulumu sonrasında hastalığın morbiditesi artmakta ve prognoz kötüleşmektedir. Bu bağlamda, NPSLE gelişmeden böyle hastaları pratikte tespit edebileceğimiz yöntemleri belirlemek ve uygulanabilir olup olmadığını değerlendirmek çalışmalarımızın merkezinde yer aldı. Çocuk Romatolojisi polikliniğinde rutin takipleri yapılmakta olan SLE hastalarından, nöropsikiyatrik tutulumu organik olarak saptanmayan, K-SADS ile psikiyatrik hastalık tanıları dışlanan hastalar çalışma grubuna dahil edildi. Uygulanan WISC-R ve Ped-ANAM değerlendirmelerinden önemli bulgular elde edildi. Birçok hastanın geleneksel görüntüleme yöntemleri ve kriterlerle NPSLE'yi saptayamadığı, organik tutulum gelişmeden de NPSLE gelişebileceği, bazı bulguların NPSLE açısından riskli grupları belirlemede önemli olduğu ve yakın psikiyatrik değerlendirme ve takip gerektirebileceği saptandı.

Sunumda aynı zamanda, kronik hastalık sürecinin ve NPSLE'nin beyin tutulumunun yanında, lupus tedavisinde kullanılan steroid ve diğer immünsupresif tedavilerin de nöropsikiyatrik yan etkileri tartışılacaktır.

Özetlemek gerekirse, sunumda SLE hastalığı için klinisyenler tarafından pratik ve uygulanabilir güvenli testlerin neler olabileceği, hastalığın doğal seyrinde NPSLE gelişmeden riskli grupları belirlemenin doğru ve hızlı yolları, hastalığın karmaşık yapısı içinde kolaylıkla saklanabilen nöropsikiyatrik öğelerin saptanmasında nasıl bir algoritma geliştirilebileceği, SLE gibi otoimmün hastalıkların tedavisinde kullanılan ilaçların nöropsikolojik ve nörobilişsel bulgulara katkısı gibi konular ele alınacaktır.

PANEL: Otoimmün Beyin Hastalıklarına Psikiyatrik Yaklaşım

Panel Başkanı: Ebru Çengel Kültür

1. sunum: Otoimmün Hastalıklarda Beyin Tutulumu

Konuşmacı: Uzm. Dr. Emil Aliyev

Otoimmün hastalıklar otoantikor üretimi ile giden, çoklu organ tutulumu ile seyreden, tedavi edilmezse çoğunlukla progresif seyirli olan bir hastalık grubudur. Genellikle adaptif immünitenin rol oynadığı otoimmün hastalıklarda, Santral Sinir Sistemi (SSS) tutulumu hastalığın takip sürecinde sık görülmenin yanı sıra, tedaviden bağımsız bir şekilde de gelişebilmektedir. Birçok otoimmün hastalık hem çocuk hem de erişkin yaş grubunda SSS tutulumu yapabilmektedir.

Çocuklarda en sık görülen SSS tutulumu ile giden otoimmün hastalıklara Sistemik Lupus Eritematozus, Behçet hastalığı, Multipl Skleroz, Nörosarkoidoz, Optik Nörit, Hashimoto ensefalopatisi, Santral Sinir Sistemi Vasküliti, Otoimmün Ensefalit, Otoimmün ilişkili epilepsi, Nöromiyelitis optika ve Sjögren örnek gösterilebilir.

Otoimmün hastalıkların SSS tutulumu farklı klinik bulgularla ortaya çıkabilmektedir. Baş ağrısı bunlardan en sık görüleni olup neredeyse tüm otoimmün hastalıkların beyin tutulumlarında ilk ve en çok görülen klinik bulgudur. Psikoz, anksiyete, depresyon ve fobi gibi psikiyatrik bulgular, çoğu otoimmün hastalığın nöropsikiyatrik tutulum bulgularındandır.

Nörolojik görüntüleme yöntemleri ile somut olarak gözlemlenen ve otoimmün hastalığın nörolojik tutulumu şeklinde tanı alan hastaların yanı sıra, herhangi organik beyin tutulumu olmadan da nöropsikiyatrik otoimmün beyin hastalıkları günümüzde tanı alabilmektedir. Bu da klasik otoimmün hastalıkların SSS tutulumu ile ilgili kriterlerin tekrardan gözden geçirilmesinin önemini vurgular niteliktedir. Otoimmün hastalıkların nöropsikiyatrik tutulumlarının etiyolojisi ve patofizyolojisinin aydınlatılması, erken tanı ve tedavi prensiplerinin tekrardan gözden geçirilmesi, hastalıkların mortalite ve morbiditesini önemli ölçüde etkilemektedir. Panelin sonraki sunumlarında meslektaşlarım tarafından hastanemizde takip edilen vakalar ve bu konuyu ele alan deneyimlerimizi ifade eden çalışmalardan bahsedilecektir. Çalışmalarımızın ve panelimizin bu konuya eğilen tüm klinisyenlerin önündeki en büyük zorluk olan nöropsikiyatrik tutulumun saptanmasındaki karmaşanın aydınlatılmasına bir nebze de olsa ışık tutacağına inanıyoruz.

PANEL: Otoimmün Beyin Hastalıklarına Psikiyatrik Yaklaşım
Panel Başkanı: Prof. Dr**.** Ebru Çengel Kültür
2.Sunum: Otoimmün Beyin Hastalıklarında Psikiyatrik Değerlendirme
Konuşmacı: Dr.Yağmur Karakuş Aydos

Otoimmün beyin hastalıkları ve psikiyatri arasında nasıl bir örtüşme var? Çocuk Ruh Sağlığı Hekimleri için hangi otoimmün beyin hastalıkları önemli?Otoimmün bir hastalık ilk olarak psikiyatrik bir belirti ile karşımıza çıktığında nasıl bir klinik tablo olur?

Otoimmün beyin hastalıkları oldukça geniş spektrumda psikiyatrik belirtiler ile Çocuk ve Ergen Ruh Sağlığı alanında çalışmakta olan hekimlerin karşısına çıkabilmektedir. Bu merak uyandırıcı,nadir ve karmaşık vakaları, özellikle fiziksel ve mental belirtilerin arasındaki gri bölgede anlayabilmek ve tedavi etmek zorlayıcı olabilmektedir. Bu alandaki çalışmalar erişkin hastalar için bile kısıtlıyken çocuk ve ergen yaş gruplarında günümüzde çok daha az bilgiye sahibiz. Ayrıca gelişmekte ve değişmekte olan bir beyinle uğraşırken her zaman erişkinlere yönelik değerlendirme ve tedavi yöntemlerini doğrudan uyarlamak mümkün olmayabilir. Nadir görülen klinik tablolar olması ve çalışma sayısının kısıtlı olması nedeni ile bu nöropsikiyatrik hastalıkları anlayabilmek için vaka bildirimleri önemli bilgi kaynakları olabilmektedir. Bu nedenle panelimizin bu bölümünde psikoz, duygudurum bozukluğu, davranış değişiklikleri, katatoni, bilişsel bozulma gibi tablolarla ortaya çıkabilen otoimmün ensefalit, multipl skleroz, serebral lupus, hashimato ensefaliti, nöromyelitis optica gibi otoimmün beyin hastalıklarının psikiyatrik değerlendirmesindeki farklı noktaları, ayırıcı tanıda dikkat edilmesi gereken kırmızı bayrak bulguları, prognozu etkileyen faktörleri çeşitli vaka incelemeleri üzerinden tartışmayı hedefliyoruz.

Prof. Dr. Burcu Özbaran

Covid-19 Pandemisi Sürecinde Çocuk ve Ergen Psikiyatrisi Yataklı Servis Yönetimi: Hasta profili, benzerlikler, farklılıklar

Mart 2020'de Dünya Sağlık Örgütü tarafından COVID-19 pandemisi ilanından sonra Ege Üniversitesi Tıp Fakültesi Hastanesi de pandemi hastanesi ilan edilmiş ve birçok servis ve klinik COVID-19 hastaların takip ve tedavisi için düzenlenmiş, her branştan hekim bu servislerde dönüşümlü olarak görevlendirilmiştir.

Bu sunumda, pandeminin ilk karantina döneminde Türkiye'de açık kalan tek üniversite hastanesi çocuk ve ergen psikiyatrisi yataklı servisi olan Ege Üniversitesi Tıp Fakültesi deneyimi ve yatan hasta ve izlem özelliklerine ve yapılan çalışmalara değinilecektir.

Kaynaklar:

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PANEL COVİD-19 Pandemi Sürecinde Zor Vakaların Yönetimi

21.05.2021 / Cuma / 2.gün / Salon 3

Konuşma Konusu: Pandemi Sürecinde Çocuk Ve Ergen Psikiyatrisi Acil Başvuruları Ve Yataklı Servislerin Ülkemizdeki Güncel Durumu

Doç. Dr. Sezen KÖSE,

Ege Üniversitesi Tıp Fakültesi Çocuk ve Ergen Ruh Sağlığı ve Hastalıkları AD

Dünya Sağlık Örgütü tarafından 11.03.2020 tarihinde, akut solunum yetmezliği ile giden COVID-19 (Coronavirus Disease-2019) enfeksiyonu pandemi olarak sınıflandırılmıştır. Ülkemizde pandeminin erken dönem yönetiminde alınan önlemler arasında, 23.03.2020 tarihi itibariyle okullar kapatılmış olup uzaktan eğitime geçilmiştir. T.C. İçişleri Bakanlığı 03.04.2020 tarihli 6235 sayılı genelgesi ile 20 yaş altına sokağa çıkma yasağı getirilmiştir. Çocuk ve gençler eğitimlerini evden sürdürürken bazı aile bireyleri ise işlerini evden yürütmek durumunda kalmış, ailelerin rutinleri ciddi anlamda değişmiştir. Çocuk ve ergenler arkadaşları ile vakit geçiremeyip sosyal alanda belirsizlik ve yetersizlik duyguları içinde kalmıştır. Bu aşamada ruh sağlığın korunması önem kazanmışken, kısıtlama dönemlerinde acil durumlar dışında ruh sağlığı poliklinik hizmetleri de sekteye uğramış, TeleTıp çerçevesinde devam ettirilmiştir. Yapılan araştırmalar; çocuk ve ergenlerde günlük rutinlerin etkilendiğini ve uyku düzeni, beslenme ve iştah değişiklikleri, ekran süresinde uzama gibi değişiklikler, hastalığın kendisine bağlı anksiyete düzeylerinde artış, izolasyon ve karantinaya bağlı depresif belirtilerde artış ve var olan psikiyatrik rahatsızlıklarda artış gibi sonuçlar bildirmektedir. Ancak çocuk psikiyatrisi acil servis başvurularını inceleyen çalışmaya rastlanmamıştır. Ruhsal anlamda acil bir durumun tespit edilmesi sonrası, özellikle hayati tehlike taşıyan intihar girişimi ve ya da çevreye zarar verici davranışları olan olguların yönetimi ciddi önem arz etmektedir. Bu sunumda pandeminin erken döneminde acil servise psikiyatrik yakınmalarla başvuran çocuk ve ergenlerin özelliklerinin incelenmesi ve yatış ihtiyacı olan olguların yönetim süreci ve karşılaşılan zorluklar aktarılacaktır.

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Covid-19 Pandemi Sürecinden Geçerken Mesleğimiz, Deneyimlerimiz, Geleceğimiz

Yeni Başlayan Asistanın Gözünden

Arş. Gör. Dr. Berat Merih YETİM

Covid-19 pandemisinin sağlığın yanı sıra sosyal, duygusal, ekonomik ve eğitim hayatımızı da etkileyen bir süreç olduğu aşikardır. Bu süreç içerisinde, mezuniyet öncesi ve sonrası tıp eğitimi de etkilenmiş ve yeni düzenlemelerle sürdürülmeye çalışılmıştır. Bu sunumda, Covid-19 pandemi sürecinde ilk yıl araştırma görevlisi bakış açısıyla yaşanan zorluk ve deneyimlerin yanı sıra kazanımlar hakkında bilgi verilecektir. Yaşanan zorluklar; farklı poliklinik ve servislerde görevlendirilmek, çalışma saat ve yerlerinin sık sık değişebilmesi, kendi bölümünüzde ve rotasyondayken Covid-19 servislerine çekilme nedeniyle hastalarınızın takip sürecinin aksaması ve hekimlerinin değişebilmesi, planlı literatür, seminer ve tez gibi eğitim aktivitelerinizin aksaması, değişen koşullar nedeniyle ana branşımızda ve rotasyonlarda yeterli kazanım sağlayamamak ve tüm bunlara dair endişelerimizdir. Covid-19 sürecinde önemli kazanımlar da elbette olmuştur. Bu dönemde başlatılan ve düzenli devam ettirilen çevrimiçi eğitimler, kayıtlarına sonradan da rahatça ulaşılabilen ve bireysel seyahat gerektirmeyen çevrimiçi kongreler, COVİD görevlendirmeleri sayesinde farklı bölümlerden doktorların birbirleriyle tanışma, çalışma, kendi bölümlerinin işleyişlerini birbirleriyle paylaşmaları ve bölümler arasındaki dayanışmanın güçlenmesidir. Pandemi dönemindeki Çocuk Ruh Sağlığı bölümü araştırma görevlilerine uyguladığımız bu kazanım ve zorlukları konu alan 147 kişinin katıldığı anketimiz başlıca; ailelerimizin ve kendimizin sağlığı hakkında yaşanan kaygılarımızın olduğu, depresyon ve tükenmişlik gibi bazı ruh sağlığı sorunlarının arttığı, özellikle erişkin psikiyatri rotasyonlarından alınan verimin azaldığı, bazı çevrimiçi BDT gibi eğitimlerin daha olumlu etkilenirken kalan bazı eğitim alanlarının daha olumsuz etkilendiği gibi birçok sonuca ulaşmıştır. Bu sonuçlar, dünya literatüründe tıp eğitimi ve pandemi doktorlarının ruh sağlığı üzerine yapılmış bazı çalışmalarla uyumlu olup sonuçlar değerlendirilirken bu çalışmalarla da desteklenmişlerdir.

Covid-19 Pandemi Sürecinden Geçerken, Mesleğimiz, Deneyimlerimiz ,Geleceğimiz

Covid-19 Sürecinden Geçerken Çocuk Ergen Ruh Sağlığı

Dr Kardelen Akbal, Doç Dr Esra Çöp

Covid-19 , Aralık 2019'da Çin'in Wuhan şehrinde ortaya çıktı ve benzeri görülmemiş bir pandemiye neden oldu. Artmış hasta yoğunluğu, pek çok farklı branştan hekimin covid-19 ile ilişkili birimlerde görevlendirilmesine neden oldu.Çocuk ve ergen ruh sağlığı alanı da bu krizden fazlasıyla etkilendi.Biz bu sunumda Ankara'nın en büyük pandemi hastanesinde çalışan hekimler olarak ,salgının çocuk ergen ruh sağlığı alanına ve asistan hekimlere etkilerini tartışmak,ortak yaşanan zorluklar üzerine çözüm önerileri sunmak istedik.Bunu yaparken diğer kliniklerde de yaşanan sorunları değerlendirmek ve ortak çözüm önerileri geliştirmek adına 147 kişinin katıldığı , bir anket kullandık. Ankette ' Pandeminin çocuk ergen ruh sağlığı uygulamalarını ne yönde etkilediği?' ve 'Yaşanan olumsuz deneyimlerin olumlu hale dönüştürülmesi için neler yapılabileceği' şeklinde açık uçlu iki soru bulunmaktaydı.Ayrıca bu sunumda 'yeni normaller' de poliklinik,servis,klp deneyimlerimizi ve pandeminin asistan eğitimine olan etkilerini tartıştık.

COVID-19 Pandemi Sürecinde Mesleğimiz ve Deneyimlerimiz:

Periferde çalışan bir uzman olmanın zorlukları

Dr.Mehtap EROĞLU

Niğde Eğitim ve Araştırma Hastanesi, Çocuk ve Ergen Ruh Sağlığı ve Hastalıkları, Niğde

COVID-19 salgını bir **kriz** mi? TDK'da kriz, bir ülkede veya ülkeler arasında, toplumun veya bir kuruluşun yaşamında görülen güç dönem, bunalım, buhran olarak tanımlanmaktadır. Başbakanlık kriz yönetim merkezi yönetmeliği 4. Maddesi (b) bendinde, kriz hali "Devletin ve milletin bölünmez bütünlüğü ile milli hedef ve menfaatlerine yönelik hasmane tutum ve davranışların, Anayasa ile kurulan hür demokrasi düzenini veya hak ve hürriyetlerini ortadan kaldırmaya yönelik şiddet hareketlerinin, tabi afetlerin, tehlikeli ve **salgın hastalıkları**n, büyük yangınların, radyasyon ve hava kirliliği gibi önemli nitelikteki kimyasal ve teknolojik olayların, ağır ekonomik bunalımların ve iltica ve büyük nüfus hareketlerinin ayrı ayrı veya birlikte **vuku bulduğu halleri**," olarak tanımlanmaktadır. 5. Maddesinde, kriz yönetimi gerektiren haller arasında tehlikeli ve salgın hastalıklar da sıralanmaktadır.

Peki Covid-19 salgını bir kriz ise, 'kriz zamanlarında neler yapılır ve COVID-19 salgınında neler yapıldı?'. Kriz zamanlarında düzen geçici de olsa bozulur, işler birbirine karışır. Kriz yönetiminde, olası sorun ve tehlikelerin belirlenmesi, uygun çözüm yollarının belirlenmesi, krizle başa çıkabilecek önlemlerin uygulanması gerekmektedir. COVID-19 salgını kriz yönetiminde hastanelerde; ekstra yoğun bakım üniteleri ve enfekte hastalar için ayrı servisler açıldı, personel diğer birimlere transfer edildi. Farklı birimde görevlendirilme, işlerindeki günlük rutinlerin değişmesine neden olan yeni bir durum ve bilinmeyen bir tehdit olması nedeni ile hastane çalışanlarında endişe yaratabilmektedir. Ayrıca hasta sayısında önemli ölçüde artış, personel üzerinde kendisi için daha büyük bir risk algısına neden olmaktadır. Bu durum aileleri için artan bulaşma riski nedeniyle riski azaltmanın yolu olarak sosyal mesafeyi mecbur kılmaktadır. Sosyal mesafe, stres tepkisini hafifletmede önemli olan sosyal desteğin azalmasına neden olmakta ve kişiyi çok önemli bir savunmadan yoksun bırakmaktadır. Algılanan sosyal desteğin, psikolojik rahatsızlığı azaltmada önemli olması nedeni ile; personelin çalıştığı işyeri, COVID-19 pandemisiyle ilgili ruh sağlığı sorunlarını yönetmek ve azaltmak için önemli bir hedefi temsil etmektedir. Daha önceki SARS ve MERS salgınları ile ilgili yapılan araştırmalarda; amirlerden ve meslektaşlardan gelen desteğin koruyucu rolü özellikle vurgulanmıştır. COVID-19 salgını sürecinde yapılan çalışmalarda da, iş arkadaşları arasındaki iyi işbirliği ve iyi takım ruhunun, kaygıyı azalttığı; farklı meslekler arasındaki işbirliğinin sorunsuz olduğunu düşünenlerin daha az kaygılı olduğu gösterilmiştir. Ruh sağlığı için koruyucu önemli faktörler arasında kurumsal destek ve akran desteğinin rolü bildirilmiştir. Bu nedenle personelin çalıştığı işyeri dahil kurumsal destek ve beraber çalışılan kişilerin birbirine desteği son derece önemlidir.

Bu sunumda, COVID-19 salgın krizi nedeni ile çoğumuzun mecburen yaşadığı farklı birimlerde görevlendirilme ve yeni görev yerinde eğitim yetersizliğine bağlı yetkin tıbbi bakım sağlayamama endişesi dışında; aslında yaşanmaması gereken hastane yönetimi ve diğer dahili bölümlerin yaşattığı ek sıkıntılar nedeni ile benim ve mesai arkadaşımın periferde çalışan bir uzman olarak yaşadığımız zorluklar yer almaktadır.

Kovid-19 Pandemi Sürecinden Geçerken Deneyimlerimiz, Mesleğimiz Ve Geleceğimiz

Doç. Dr. Didem Behice Öztop

Ankara Ünv. Tıp Fakültesi Çocuk ve Ergen Ruh Sağlığı ve Hst. AD

11 Mart 2020'de Dünya Sağlık Örgütü (DSÖ) tarafından küresel salgın (pandemi) olarak ilan edilen COVID-19 pandemisi sadece sağlık alanında değil ekonomik, sosyal, eğitim ve psikolojik boyutuyla da etkisini göstermiştir. Beklenmedik bir zamanda ortaya çıkan, halen süreci ve sonuçları belirsiz olan bu süreç sağlık çalışanları da dahil herkes için hastalanma korkusu ve hastalanma riski, kendi yaşamı ve sevdiklerini kaybetme korkusu, sosyal izolasyon ve yalnızlaşma, günlük yaşamı, iş yaşamı ve aile yaşamında ortaya çıkan değişikliklerle ruhsal olarak zorlamaktadır. Pandemi ile birlikte klinik işleyişlerde değişiklik, sosyal mesafe, izolasyon ve iletişimde değişiklikler, tükenmişlik, mezuniyet öncesi ve mezuniyet sonrası eğitimleri ve akademik performansı sekteye uğrarken, toplumun, bireylerin ve çocukların sağlık hizmetlerine ve ruh sağlığı hizmetlerine olan ihtiyaçları artmıştır. Öte yandan zorlu zamanlarda kişisel yetenekleri ve problem çözme becerilerini geliştirme fırsatı, belirsizliği yönetme, yetkinlik odaklı bir eğitime yönelme, yenilikçi öğretim ve eğitim yöntemlerini deneme, krizler için klinik ve eğitim bağlamında hazır olma açısından katkılar sağlamıştır. Pandeminin farklı ortamlarında ve farklı evrelerinde farklı çözümlere ihtiyaç duyulması nedeniyle sanal tıbbi öğrenmenin geçici bir acil müdahale yönteminden kalıcı, daha sürdürülebilir ve etkin bir yönteme dönüşmesi için pandeminin dayattığı uzaktan eğitimin etkinliği kanıta dayalı bir paradigmaya dönüşmesi, uzmanlık dalının çekirdek ve genişletilmiş eğitim müfredatlarına göre uygulama alanları, temel görev ve yetkinliklerini belirlenmesi, yetkinliklere dayalı temel öğrenme deneyimlerinin tanımlanması, uzmanlık eğitiminin takip sürecinde değerlendirme araçlarının geliştirilmesi, em öğrenme-öğretme sürecini hem de öğrenme-öğretme performansını değerlendirmede aktif olarak katılım, gerekli alt yapılar ve verimli kurumsal stratejilerin sağlanması, kullanıcı dostu olan öğretme yöntemleri, güvenli ve kaliteli sağlık hizmeti sunabilmek için tele-tıp, uzaktan eğitim uygulamaları için ise iletişim gelişmeleri ile mevcut öğretim metodolojilerini birleştirmek için eğitimdir.

Uzmanlığa hazır mıyım? Mecburi hizmette bizi neler bekliyor? Karşılaşabileceğimiz sorunlar ve pratik çözüm önerileri

Mahmut Cem Tarakçıoğlu[a], Bahadır Turan[b]

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[b]Sağlık Bakanlığı

Mecburi hizmet (Yasal ifadesiyle Devlet hizmeti yükümlülüğü), 5371 sayılı Kanun ile Sağlık Hizmetleri Temel Kanununa eklenen hükümler uyarınca, 05.07.2005 tarihinden sonra mezun olan, uzmanlığını tamamlayan ya da yan dal uzmanlığını tamamlayan tabiplerin, Sağlık Bakanlığı tarafından atandıkları yere göre değişen 300 ila 600 gün süreyle görev yapması zorunluluğudur.

Ülkemizde çocuk ve ergen ruh sağlığı ve hastalıkları uzmanlarının çoğu diğer uzmanlık dallarında da olduğu gibi mecburi hizmet sonrasında da sağlık bakanlığı çatısı altında çalışmaktadır. Uzmanlık dalımızın kendine özgü şartları nedeni ile özellikle muayene süreleri, verilen tedavi hizmetlerinin döner sermaye komisyonunca değerlendirilmesi başta olmak üzere birçok sorun yaşanabilmektedir.

Çocuk ve ergen ruh sağlığı ve hastalıkları uzmanlarının diğer disiplinlerden farklı olarak bu sürece başlarken dikkat etmesi gereken hususları bilmek ve mecburi hizmet esnasında karşılaşabilecekleri zorlukları tespit etmek; aynı zamanda tabi olduğu kanuna yönelik haklarını bilmek hem klinik pratikte önem arz etmekte hem de yasal sınırların bilinmesi ve buna göre hareket edilmesi açısından kilit rol oynamaktadır.

Bu oturumda hem büyük şehirlerde çalışan uzman hekimlerin hem de perifer bölgelerde sözleşmeli (4924'lü) çalışan hekimlerin hakları ve sınırları, karşılaşabilecekleri tıbbi/teknik imkân yetersizlikleri, görevlendirme süreçleri, idari ve sosyal problemlerinden bahsedilip bunlara çözüm önerilerine değinilecektir.

The Functional and Clinical Significance of Copy Number Variants in Cognitive Deficits, Intellectual Disabilities and Developmental Delay

Dr. Ayşegül SATAR

Subject: Copy number variants in cognitive deficits, intellectual disabilities, and developmental delay

A range of genomic disorders such as those caused by sub-microscopic deletions or duplications of chromosomal regions including 1q21.1, 16p11.2 or 22q11.2 have been associated with the development of conditions such as attention deficit and hyperactivity disorder, autism spectrum disorder, schizophrenia and intellectual disability. These chromosomal abnormalities are termed copy number variants (CNVs), as they change the number of copies of genes contained on the affected area of the chromosome.

Intellectual disability (ID)/Global developmental delay (GDD) affects 1-3% of individuals globally and in at least 30-50% of cases, the etiology remains unexplained. The widespread use of chromosomal microarray analysis (CMA) in a clinical setting has allowed the identification of submicroscopic copy number variations (CNVs), throughout the genome, associated with neurodevelopmental phenotypes including ID/GDD. The altered copy number variants (CNVs) in submicroscopic segments of the chromosome have been identified to be associated with up to 13 to 20 percent of cases of ID.

While there is strong evidence that many CNVs are associated with a high risk of developing neurodevelopmental disorder (ND), including psychopathology, penetrance is often incomplete, and expressivity is variable. This means that while some individuals will display many complex symptoms, others may show few or none. Many adult carriers of incompletely penetrant CNVs in the general population, who have escaped the development of early-onset developmental disorders and are apparently healthy, might still have an increased burden of cognitive or physical impairments. Kendall et al. have performed the analysis of 152,000 subjects in United Kingdom in 2016 and examined the effect of neurodevelopmental CNVs on the cognitive performance of participants. It was found that adult carriers of neurodevelopmental CNVs from the general population have significant cognitive deficits and had lower educational and occupational attainment. However, they cannot receive proper examination and counseling since their clinical problems are most likely caused by the newly found genetic alterations. On the other hand, the study of Stefansson et al., in 2014, has demonstrated that healthy control subjects carrying the CNVs found to be related to schizophrenia perform in mental tests at a level that is between that of schizophrenia patients and population controls. The CNVs do not all affect the same cognitive domains, hence the cognitive deficits that drive or accompany the pathogenesis vary from one CNV to another. These results raise the possibility that the difference between the patients and the control carriers may not be due to a lack of penetrance but instead to variation in expressivity of the CNVs. It also shows that the cognitive abnormalities are not necessarily consequences of the disease, and that the risk of the disease may, at least in part, be mediated through the cognitive abnormalities.

Identifying pathogenic CNVs helps in counseling and prenatal diagnosis if desired. In addition, future studies integrating CNV data and exome sequencing data increase the power to detect disease genes in intellectual deficits and developmental delay.

Yeni ilişkiler ve otizm

Uzm. Dr. Zerrin Topçu Bilgen

Modernizm, bilimi dikkate alır ama post-modernizm almaz. Post modernizm, ne altta yatan olgularla ilgilenir ne de onlarla yüzleşir. Sebep yerine görünüm önemsenir.
Algıdaki bu değişim, insan ilişkilerinde güçlü değişikliklere yol açtı. Narsizm, yalnızlık ve şiddet artmakta. Bayram gibi bir yaşam beklenir oldu. Yas tutma, hayal kırıklığı, travma gibi insan ilişkilerinde yaşanabilecek olumsuz deneyimleri reddetmek olağan hale geldi. Aynı zamanda, modern hayat, geniş aile ve komşulardan oluşan geleneksel ortak yaşamın sağladığı rahatlığı ortadan kaldırdı.
Bu etkenler, çocuklarıyla başa çıkmakta zorlanan, çaresiz, yeni tip ebeveynler yarattı. Onlar da çocuklarını teskin etmeyi, rahatlatmayı makinelerden bekler hale geldiler. Annenin sesi ve dokunuşunun yerini makinenin sesi ve dokunuşu aldı.
Sonuçta ekranlar, çocukların ihtiyaçlarını bastırmak pahasına ebeyvenleri teskin eder oldu. Çocuklar da suskunlaştı, duygulanımlarını yitirdi.
Tüm bunlar, yapısal ve genetik olarak otizme meyilli çocukların, otizmlerini tetikleyen çevresel faktörler olarak düşünülebilir mi?
Bu sunum, "ilişkinin" yukarıda sıralanan faktörlere etkisinin önemini sorgulamaktadır.

ENVIRONMENTAL RISK FACTORS ASSOCIATED WITH AUTISM SPECTRUM DISORDERS

Dr. Öğretim Üyesi Fahri Çelebi

Doğuş Üniversitesi, Fen Edebiyat Fakültesi Psikoloji Bölümü Öğretim Üyesi

Autism spectrum disorder (ASD) is a neurodevelopmental disorder characterized by impairment in social communication with restrictive and repetitive behaviors. The symptom profile and characteristics of ASD are heterogeneous and the etiology of ASD is still unclear. To date most of the studies have focused on genetic factors and up to 15% of the cases can be linked to genetic determinants. Twin and family studies indicate the role of both genetic and environmental factors. However, since the heterogeneous and complex nature of genetic factors and the current insufficient knowledge about the interaction between genes and environment, causal factors are unknown in most of the cases.

Studies investigating the environmental factors have been increasing in recent years. Several prenatal, perinatal and postnatal factors have been claimed in the etiology of ASD including parental age, medication use during pregnancy, smoking and alcohol use, infections, fetal environment, prematurity, low birth weight, vaccinations, toxic exposure (air pollutants, heavy metals, pesticides), diet, nutritional and psychosocial factors. In contrast to the risk factors contributing to the etiology of ASD, potential protective factors (multivitamins, folate, omega 3 fatty acids) have also been proposed. We will describe the environmental risk factors associated with ASD and discuss the potential role of these factors in the etiology of ASD in light of the latest literature.

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Panel Adı: *Otizm Spektrum Bozukluklarında Son Araştırmalar*

Panelist: *Dr. Ahmet ÖZASLAN*

Sunum Başlığı: *OSB'de Multidisipliner Araştırmalar: Genetik ve Metabolik Değerlendirme*

Multidisciplinary Researches in Autism Spectrum Disorder: Genetic and Metabolic Evaluation

Autism spectrum disorder (ASD) is a neurodevelopmental condition characterized by social communication and interaction difficulties and the presence of restricted and repetitive patterns of behaviour, interests and activities and sensory processing anomalies causing functional impairment in social, educational, and occupational domains. The prevalence of ASD was 1/59 and the incidence of ASD increased by an average of 150% between 2000 and 2014 (1).

Although heritability in autism is estimated to be as high as 90%, it has not been clearly identified in many cases due to the heterogeneous and complex genetic factors. Identified genetic causes of autism can be classified as the cytogenetically visible chromosomal abnormalities, copy number variants (CNVs) and single-gene disorders. Using standard medical genetic evaluation techniques, a genetic cause can be identified in 20–25% of children on the autism spectrum. In recent years, chromosomal microarrays have offered high diagnostic ability for the detection of genomic CNVs in clinical diagnostics. CNVs alter the genome structure leading to Mendelian diseases and complex traits, including ASDs. The contribution of CNVs to genomic disorders is not only via *de novo* occurrence, X-linked and recessive inheritance but also through mosaicism, imprinting, digenic inheritance and gene copy number dose dependent effects. It is be important to relate the genes affected with CNVs to clinical and functional phenotypic features. Thus many physician organisations now recommend that every child with ASD receive genetic testing, including chromosomal microarray to detect copy-number variants (2).

Several metabolic disorders have been associated with ASD at a frequency higher than that of the general population. The most acknowledged metabolic disorders are phenylketonuria, classical HCY, Sanfilippo disease, urea cycle disorders, creatine deficiency syndromes, and purine metabolic pathway disorders. Although, the exact rate of autism in patients with inherited metabolic disorders (IMD) is not known, some studies were the reported prevalence of IMD among patients with ASD is 2–5%. The general opinion expressed was that metabolic disorders in ASDs were indeed "low incidence yet high impact." Clinical features such as ataxia, microcephaly, dysmorphic features, seizures and neuromotor growth retardation may be seen in metabolic diseases associated with ASD. Sometimes autistic features can be the initial sign of congenital metabolic diseases. As early treatment of underlying disorder may prevent ASDs, IMDs should be investigated among ASD patients (3).

In this panel, genetic and metabolic screenings for the aetiology of autism in our clinic will also be mentioned.

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Panel Adı: Otizm Spektrum Bozukluklarında Son Araştırmalar

Panel Tarihi: 22 MAYIS 2021 / CUMARTESİ / 3. GÜN **Saat:** 9.00-10.00

Konuşma Konusunun Adı: Otizm Spektrum Bozukluğunda Duyusal Algılama

Konuşmacının Adı: Uzm. Dr. Dicle Büyüktaşkın

Moderatör: Prof. Dr. Elvan İşeri

Sensory Perception in Autism Spectrum Disorder

Autism Spectrum Disorder (ASD) is a neurodevelopmental disorder that begins in early childhood and is characterized by significant deficiencies in social communication and limited, repetitive behaviors and interests. Sensory abnormality, one of the diagnostic criteria of ASD, is quite common. Beside the direct effects of sensory abnormalities, it also affects the social interaction symptoms of ASD. Studies on neurobiology of ASD mostly focus on social, communicative and cognitive issues. However, with the changes in DSM-5 sensory processing has been an important focus in autism neurobiology. One of the main focuses in autism research is to define the common point where different aspects of cognition and sensory process meet. It is questioned which neurobiological differences affect both social cognition and sensory perception that are completely different from each other. Sensory processing begins with a mechanical information, and after getting through the neuronal processes, ends with conscious and unconscious choices of emotional and behavioral responses. The deterioration in any of these steps may lead to deviated sensory processing. Impairment of unimodal sensory processing can affect the core symptoms of ASD and other emotional/behavioral problems. The literature has focused on the fact that somatosensory disorders are prominent in ASD but there are differences in the degree and type. Some studies related to sensory perception showed hypersensitivity or hyposensitivity in ASD, while some studies showed no difference. Behavior related to somatosensory differences such as high pain tolerance, insensitivity to hot or cold, self-harm, dislike of physical contact, and interest to hard surfaces may be seen in ASD. Sensory differences of children with ASD negatively affect their daily lives in many situations such as eating, sleeping, bath time and bed time routines, holidays and collective activities. Therefore, interventions to ASD should also target sensory-related behaviors in order to improve the daily life and social participation of children with ASD. Further research is needed to have a better understanding of the sensory processing in ASD.

Panel adı:Çocuklarda Dil Gelişimi Ve İletişim Bozukluklarına Bütüncül Yaklaşım
Panel Tarihi :22.05.21 cumartesi saat:09.00

Konu adı:Dil Gecikmesi Olan Çocuğa Yaklaşım, Ayırıcı Tanı, İletişim Bozuklukları ve Bir Klinik Örneklem

Dr. Burcu Kardaş

İletişim anne karnında başlar. Bu alandaki sorunlar yaşamın erken dönemlerinde ortaya çıkar. İletişim sorunu ile başvuran tüm olgular ayrıntılı değerlendirilmelidir. Psikiyatrik muayene ve gözlem ardından işitme, genetik ve pediatrik açılardan değerlendirilmelidir.
Dil gecikmesi tespit edilen olguların bir kısmı late talkers -maturasyonel dil gecikmesi olarak adlandırılan olgulardır. DSM-5'te yer almayan bu tanının ayırıcı tanısı yapılırken dikkatli olunmalıdır. Otizm, dil bozukluğu, bilişsel gelişimde gerilik (zihinsel yetersizlik), selektif mutizm, işitme kaybı veya yetersizliği, bilingualizm göz önünde bulundurulmalıdır. Erkeklerde daha sık rastlanır. Alıcı dil ve jest-mimiklerde sorun olmamasına rağmen ifade edici dil alanında yetersizlik mevcuttur. 24-36 ay aralığındaki çocuklarda sıklığı %9 ile %20 arasında değişmektedir. Tedavide bekle-gör yaklaşımı yerine artık erken müdahale önerilmektedir. Her türlü gecikmede dil terapistlerinden destek alınmalıdır.
İletişim bozuklukları DSM-5'te nörogelişimsel bozukluklar başlığı altında incelenmektedir. Dil bozukluğu hem alıcı hem ifade edici dil alanında yetersizlikler olarak kendini gösterir. Etiyolojik olarak net olarak aydınlatılamamıştır. Genetik ve çevresel faktörlerin rol oynadığı düşünülmektedir. Tedavide konuşma terapisi önerilmektedir. Prognoza yönelik yapılan çalışmalarda dil bozukluğu tanılı olguların okul başarılarının daha düşük olduğu, okuma ve yazma alanlarında sorun yaşadıkları saptanmıştır. Ayrıca normal popülasyona oranla daha fazla psikiyatrik komorbidite saptanmıştır. Konuşma sesi bozukluğu daha önce fonoloji bozukluk olarak adlandırılmaktaydı. Yaş ile birlikte sıklığı azalmakta, erkek çocuklarda daha sık görülmektedir. Ayırıcı tanıda nörolojik kökenli bozukluklar düşünülmelidir. Sosyal pragmatik iletişim bozukluğu DSM-5 ile tanımlanmıştır. Dilin toplumsal amaçlı kullanım alanlarında problem vardır. Yeni tanımlandığı için etiyolojiye dair bilgiler mevcut değildir.

Her Yönüyle Dil Gelişimi Ve Dil Gelişimini Etkileyen Faktörler

Melek Hande Bulut Demir

Dil bilginin belli kurallara dayalı sembolik bir sistem içinde aktarılması işlevini gören, bir toplumda yaşayan kişiler tarafından üzerinde fikirbirliğine varılmış semboller ve bu sembollerin nasıl bir araya getirileceğini gösteren kuralların tümüdür. Kişilerarası iletişim sürecinde kullanılırken diğer sembollerin iletişim araçları yoluyla somutlaştırılması gerekir. Dilin sembollerinin sözel ifadelerle seslendirildiği dilin oral ürünü olan motor eylem konuşmadır, pratikte çoğu zaman dil ve konuşma birbirinin yerine kullanılmaktadır. Konuşmaya başlamadan önce sesbilgisel bir kodlama ile düşüncelerimiz bilişsel açıdan kodlanır ve belirli seslere göre kodlanır. Dilin bileşenleri artikülasyon (sesletim), fonoloji (ses bilgisi), gramer (dil bilgisi), semantik (anlam/içerik), pragmatik (kullanımsal) olarak sınıflandırılır. Dil gelişiminin temelleri intrauterin anatomik yapıların gelişimi, duyusal, motor, dikkat, hafıza, öğrenme becerilerinin fizyolojik olarak gelişimiyle başlar.

Prenatal dönemde fetüs konuşmayı ve çevresel sesleri duyma becerisine sahiptir. Bebek doğumdan kısa bir süre sonra insan seslerine ve yüzüne özel olarak ilgi gösterir.Bebeğin ilk bir aydaki sosyal tecrübe ve becerileri pragmatik dil becerilerinin gelişiminde önemlidir.Dört ile altı ay arasında bebek seslerin kaynağını görsel olarak aramaya başlar,insan seslerine çevresel seslerden daha fazla ilgi göstermeye başlar.Beşinci ayda yetişkinlerin görsel bakış çizgisini pasif olarak takip etmeye başlar ve ortak referans geliştirir.Sekizinci ayda bebek aktif olarak nesne gösterir,işaret eder.Dokuzuncu aydan itibaren kelimeleri anlar,ismine bakar. On iki aylıkken tekil komutları alabilir. Bir iki yaş arasında basit soruları yanıtlayabilir. İki yaşında sıralı ikili komutları alabilir. Üç yaşında ne, kim, nerede, neden sorularını anlayabilir. Dört yaşında erişkinlerin konuşmasını anlayabilir, kısa hikayeleri dinleyip basit soruları yanıtlayabilir. Beş yaşında üç- dört aşamalı komut alabilir. Okul öncesi dönemin sonunda metalinguistik farkındalık gelişir. Çocukların alıcı dil becerileri okuduğunu anlamada güçlü bir yordayıcıdır. Bebeğin ilk agulama sesleri dört ile altı hafta arasında belirmeye başlar.Üç ayın sonunda anlamsız sesler, dördüncü aydan itibaren bilabial sesler, beşinci aydan itibaren anlamsız tek heceler, altı sekiz ay arasında babıldamalar kullanılarak iletişim kurulur. Sekiz on aylar arasında bebekler ana dillerinin özellikli seslerini fonolojik olarak gösterirler. Onuncu aydan itibaren bebekler cümle sesi gibi jargon üretmeye başlarlar. İlerleyen aylarda bebek yetişkinlerden duyduğu kelimeleri taklit etmeye başlar. Bir yaşında anlamlı tek kelimeler kurar. On sekiz ay ile iki yaş arasında minimum 20 kelime kullanır. İki yaşında ise kelime hazinesi 200-300 kelimeye ulaşır. İki yaşında spontan iki kelimeli cümleler kurar.Üç yaşında üç beş kelimeli nesnesi fiili olan cümleler kurar. Dört beş yaşlarında erişkin gramerine benzer yapıda detaylı cümleler kurmaya başlar.

Oyuncaklar ilgi duyan çocuklar daha fazla sayıda nesnelerin adını öğrenmekte, yetişkinlerle çok zaman geçiren çocuklar ise daha çok kişiler ve sosyal ilişkilerle ilgili sözcükleri öğrenmektedir. Okul başarısı, çocuklara öykü okunması, annenin ürettiği sözcük sayısı, sözcük uzunluğu, yüksek sosyoekonomik düzey, ilk çocuk olmak, annenin sözcüklerinin niteliği ve karmaşıklığı sözcük dağarcığını etkilemektedir. Dil gelişimini prenatal dönemde annenin sigara, alkol, uyuşturucu kullanması, anormal fetal gelişim, yoksulluk ve bakımsızlık olumsuz etkilerken, postnatal dönemde prematürite ,uyaran eksikliği, düşük gelir düzeyi, düşük eğitim düzeyi, işsizlik, sosyal destek yetersizliği, epilepsi, hipotiroidi, kanser, nörotoksin maruziyeti, istismar ve ihmale uğramış olma, medya maruziyeti, uyku hijyen bozukluğu gibi çevresel faktörler olumsuz etkilemektedir.İşitme sorunları, oral bölge kaynaklı anatomik sorunlar, kromozomal anomaliler, yapısal beyin problemleri ve Landau Kleffner Sendromu dil gelişimini olumsuz etkileyen başlıca tıbbi durumlardır.

Ezgi Şen Demirdöğen

Psychoanalytic Play Therapy

Play has many therapeutic powers as well as its importance in normal child development. The therapeutic power of play expresses the power that positively affects the desired change in the child. The use of play in therapy is the most appropriate way to approach children in a therapeutic relationship. In this safe, nurturing environment, children reveal their experiences, reactions and feelings about their experiences, the things they need in their lives and how they feel about themselves. The use of the game helps to establish a therapeutic relationship, especially with children without verbal expression, and even with older children who are resistant or incapable of expressing their feelings and problems. "Play therapy" is defined as the systematic use of a theoretical model designed by the educated play therapist to create a developmental-based and research-based, interpersonal process to help children to cope, overcome, and achieve optimal growth and development. Play therapy is a safe place where the child is accepted as a person. The game provides a way for the child to express himself, which is a way for children to communicate with adults. In this way, the children learn to express their emotions, change their behaviors, develop problem-solving skills, and learn various ways to relate to others. When children are allowed in a peaceful environment under the supervision of adults, they tell their inner world very well with stories with their toys and materials of their choice. Research has shown that play therapy techniques are effective in treating a wide range of childhood problems, such as behavioral and emotional problems, physical difficulties, and learning disabilities.

There are basically two approaches to play therapy: directive or structured play therapy and non-directive or child-centered play therapy. The main distinction between the two approaches is the role of the therapist In directive play therapy, the therapist designs the activity, selects the playing environment and establishes rules; whereas in non-directive play therapy, the therapist allows the child to choose the play environment, determine the rules, and use play items as they wish. Psychoanalytic play therapy is the most important example of non-directive play therapy in which the therapist's role is relatively passive. The therapist develops a relationship with the participant and works at the person's pace to achieve therapeutic goals. Therefore, the play therapist using a non-guiding approach allows the child to tell the his/her own stories throughout the game. Psychoanalytical play therapists aim to uncover and intervene in the child's unconscious, secret processes or open behaviors by challenging the child's defense mechanisms and encouraging or leading the child in useful ways. Psychoanalytic play therapy intends to go beyond the immediate pain or difficulty and clear the way so that healthy development can resume from where it has been halted or detoured by external trauma or untenable internal conflict (neuro- sis). It also is effective in helping children who have real and significant limitations come to terms with who they are, helping them to develop more secure, adaptable, compensating, and self-accepting ways and attitudes.

Play therapy and limit setting

Oyun Terapisi ve Terapötik Sınırlar

Dr. Mesut Yavuz

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Play therapy refers to a range of therapeutic intervention methods which can help resolve mental and behavioral problems of young children and achieve successful results. Play therapy involves many different techniques including psychodynamic, cognitive, developmental, family oriented, etc. As attention of young is not easily distracted due to their developmental characteristics and for the fact that heir impulse control structures have not yet fully developed, it is not surprising that play therapy has different limitations than other therapy methods applied to older age groups. Hence play is an area where children can express their thoughts, feelings and impulses comfortably it is important for therapist to have an empathic and accepting attitude. In addition, it is important for therapist to establish defined limits in play therapy, to maintain the therapy process work well and to increase the success of treatment for mental and behavioral problems. In this report, the importance of setting limits in play therapy will be discussed in the light of the sensitive relationship between the child's self-expression in play, creativity and setting limits.

The power of play in learning

Mine Elagöz Yüksel

Play is widespread among animals, especially among mammals. The fact that human children have a wider range of play abilities is a sign of cognitive development. Piaget also stated that play has a role in enhancing intelligence and learning*in*the 1950's. There is a relationship in desire to play and desire to learn. Children are active learnersbut adults are expecting them to learn specific content knowledge (e.g., mathematics or reading) or capabilities (e.g., communication, creativity, or collaboration). Play improves children's health and well-being and also provides them with opportunities to explore social roles and to develop cooperative and self-regulatory skills.Also ongoing research explores the role of play in promoting academic skills such as literacy, language and math. Free play, guided play, direct instruction are used to teach children in schools. Free play may not be sufficient where there is a need to learn key content and skills.Guided play is a form of child-directed play with adult support and it is becoming clear that guided play can be an effective teaching strategy. In contrast to direct instruction, in guided play children's actions within the play session are freely chosen by the child and the teacher responds to children's actions and offers open-ended suggestions. Montessori education can be given as a clear example. Emotions have substantial influence on the cognitive processes in humans, including perception, attention, learning, memory, reasoning, and problem solving. Play is known to arouse mostly positive emotions leading to strengthen above mentioned cognitive prosesses. Play activates other brain signaling systems as well, including the neurotransmitter norepinephrine. Norepinephrine is involved in mechanisms of attention, learning and brain plasticity. Though stressors trigger the release of both epinephrine and cortisol, play does not increase cortisol.

The cost of stress:Is it only psychological? The neurobiological projections of stress on memory and learning.

The human study findings about the effect of stress on memory and learning

Dr. Öğretim Üyesi Dilek Ünal

Hacettepe Üniversitesi Tıp Fakültesi Çocuk ve Ergen Ruh Sağlığı Anabilim Dalı

The response to stress is seen in endocrinologic, immunologic, behavioral systems and an adaptive change is observed in brain due to the neuroplasticity caused by stress. The stress effect on behaviour, cognition, brain connectivity, DNA and neuroplasticity has been generally studied with the posttraumatic stress disorder(PTSD)patients in the literature. Although the trauma type, duration, frequency, election criteria for the control groups, and neuropsychological tests differ, the majority of the studies show the disruption in the executive functions and memory processes of the individuals suffering from PTSD. This effect is also observed independent from the psychiatric comorbidities and age effect which is also the case for experiencing early life stress. Neuroimaging studies show functional and structural changes in cingulate cortex, caudate nucleus, medial prefrontal cortex, orbitofrontal cortex, hypocampus, amigdala, insula for adverse early life experiences as well as PTSD. Proinflamatory cytokins, low cortisol levels are also the frequently recurring results among studies evaluating the endocrinologic changes in human suffering from PTSD. These changes are seen to be transmitted along generations via epigenetic expression on neurogenesis, neurotransmission, synaptic plasticity. Postmortem brain analysis also support these findings on molecular expression basis. The molecular and behavioral data acquired from human studies pave the way for animal studies modelling PTSD and trying to understand the molecular mechanisms behind the stress in a complementary way as the stress is inevitable in human life. This effort is also so important for promoting resilience as well as developing new treatments.

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ABSTRACT

The cost of stress: Is it only psychological? The neurobiological projections of stress on memory and learning

Introduction to Stress Response on Memory and Learning: Basic concepts of learning and memory, related brain areas, and stress response through Hypothalamic Pituitary Adrenal (HPA) axis

Sabide Duygu UYGUN

Memory is the ability to keep in mind information and recall. It is classified in temporal and contextual dimensions according to the time period of storage and the nature of the stored information. Temporally, it is divided into short-term (working memory) and long-term memory. The prefrontal cortex is the brain region responsible for working memory that maintains current representations of goal-relevant knowledge momentarily. Information relevant to immediate goals is selectively transferred from short-term memory to long-term memory through medial temporal lobe which is the key component for memory storage. Contextually, long-term memory is classified as explicit or implicit. Explicit memory (declarative memory) is consciously and actively remembered, consists of episodic memory, which includes previous events and personal experiences, and semantic memory, which contains information about general facts. Explicit memory is maintained in medial temporal lobe and association cortices by some processes such as encoding, storage, consolidation, and retrieval. New information is attended and linked to existing information in memory by encoding, an unlimited amount of information is retained over time by storage, the temporarily stored and still labile information is made more stable by consolidation, and stored information is recalled by retrieval. Implicit memory (nondeclarative memory), the other type of memory that the individual is not aware of the process of acquiring and remembering information, consists of some forms such as priming, associative learning (classical and operant conditioning), non-associative learning (habituation and sensitization), and procedural (skills and habits). Priming that depends on neocortex provides easier access to task-relevant information because that information has been used before. Procedural and associative learning proceed gradually with repetition. The striatum is responsible for learning habits and skills. In associative conditioning, emotional responses take place in the amygdala and musculoskeletal responses in the cerebellum. Habituation is a decreased response to the stimulus after the repetitive presentations of a benign stimulus, while sensitization is an enhanced response to any stimulus after the presentation of an intense or noxious stimulus. Non-associative learning occurs through reflex pathways. Stress is a potent modulator of memory and learning as well as many cognitive processes. A few seconds after a stressful life event, the hypothalamus activates the autonomic nervous system (ANS), stimulating the release of noradrenaline from the locus coeruleus. Also, the hypothalamus triggers the Hypothalamic Pituitary Adrenal (HPA) axis and glucocorticoids are released from the adrenal cortex 15-20 minutes after the event. These two stress response systems exert their non-genomic (fast) and genomic (relatively slow) effects differently through their cell-surface or intracellular receptors in the medial temporal lobe and other memory regions. The effects of stress on memory may vary depending on the current stage of memory, such as memory formation or storage, and the timing of exposure to stress, such as before, during or after learning. Stress can also affect each memory process differently, such as encoding, consolidation, and retrieval. The HPA axis appears to play a key role in the regulation of memory and learning, along with ANS in response to stress.

The cost of stress:Is it only psychological? The neurobiological projections of stress on memory and learning.

Aslıhan Bahadır-Varol: Hacettepe Üniversitesi Nörolojik ve Psikiyatrik Bilimler Enstitüsü

Stress related neuroplasticity and neurotrophic factors for learning and memory

Stress causes abnormalities not just in neuronal cells but also in glial cells. Microglia and astrocytes become activated and produce cytokines at these conditions. This activation of the inflammatory response is called acute inflammation. This may trigger innate immune response or adaptive immune response. Innate immune response realizes neuroprotection. However, adaptive immune response causes neurotoxicity and neurodegeneration with the help of pro-inflammatory mediators and activation of other microglia and astrocytes.

Psychological stress causes structural and functional changes in neurogenic region, for example hippocampal cell proliferation is suppressed, in adult brain. This decrease in cell proliferation may be a result of habituation of this situation. Also, stress causes activation of microglia which results in decline in dendritic spine density and increase in synaptic engulfment with the help of increase in pro-inflammatory cytokines and prostaglandins. These lead to a decrease in neurogenesis and dysregulation of glutamate and GABA neurotransmission.

Glucocorticoids can cause increase in glutamatergic transmission which have proapoptotic effect on newly born and immature neuron in the hippocampus. Also, controllable stress may have an impact on increase in neurotrophic factors such as BDNF which leads the increase in proliferation and differentiation in these cells. Those mechanisms have positive impact on neuronal plasticity which has positive correlation with learning and memory processes. Stress also has an impact on the reward pathway which is related to goal-directed and motivated behaviors, decisions, actions, emotions. The reward circuitry`s main component is mesolimbic dopamine system.

Severe stress can be detrimental; on the other hand, controllable stress can have advantages in terms of neurogenesis. It is known that traumatic stress effects each individual differently. While susceptible individuals adapt to stressors poorly, resilient individuals can adapt to threatening circumstances much easily in both physiological and psychological ways. Animal studies indicate that after chronic stress exposure resilient animals have increased number of newly born cells compared to control and stress vulnerable animals. Susceptible and resilient individuals have different transcriptional factors in nucleus accumbens and ventral tegmental area in terms of the reward system.

After being subjected to stress, glucocorticoids will increase. This increase causes elevated levels of excitatory amino acids and a decrease in serotonin concentration. Decrease in serotonin levels causes decrease in BDNF which may lead to cell death, retraction of dendrites, dendritic atrophy and decrease in neurogenesis in hippocampus. All of these effects can cause synaptic density impairment which may lead to dysfunction in learning and memory.

PANEL Şiddet: Tanıklık, Aktarım, Direnç

22.05.2021 / Cumartesi / 3. Gün / Salon 3

Konuşma Konusu: Bir Ebeveyn Diğerini Öldürdüğünde Çocukta Ortaya Çıkan Sorunlar

Doç.Dr. Sezen KÖSE

Ege Üniversitesi Tıp Fakültesi Çocuk ve Ergen Ruh Sağlığı ve Hastalıkları AD

Ebeveynlerden birinin diğeri tarafından öldürülmesi bir çocuğun başına gelebilecek en tahrip edici olaylardan biridir. En sık görülen babanın anneyi öldürmesidir. Ülkemizde 2008 ile 2019 yılları arasında 3185 kadının, 2020 yılında ise 171'i şüpheli toplam 471 kadının öldürüldüğü bildirilmektedir. Bu olaya maruz kalan çocuklar açısından, geride kaç çocuğun kaldığı ile ilgili net bir veriye ulaşılamamıştır.

Çocukluk çağı travmatik kayıpları arasında değerlendirilen ebeveynlerden birinin diğerini öldürmesi durumunda çocuklar, her iki ebeveynini de kaybetmelerinin yanı sıra günlük rutinlerini, yaşadıkları ortamı, evlerini ve aile olmayı da kaybetmektedirler. Bir ebeveyni kaybetmenin verdiği acı ve suç işlemiş olan ebeveynle ilgili utanç duygularının yanı sıra artık normal bir aile yaşantısı olmayacağı duygusu ve hayatlarının artık eskisi gibi olmayacağı gerçeği ile karşı karşıyadırlar.

Çocukların gelişimsel özellikleri ve anlama kapasitelerine bağlı olarak kayıp, ölüm ve yas kavramlarını algılamaları ve travmatik olaylara verdikleri tepkiler farklılaşmakla birlikte ev içi şiddet ve nihayetinde ebeveynlerden birinin öldürülmesi şok ve korku duygularına neden olmaktadır. İlk değerlendirme sırasında, çocukların neredeyse %60'ında orta-şiddetli davranış sorunları, %40'ında emosyonel belirtilerin olduğu, sonraki dönemlerde cinayete tanık olmak ile travma sonrası stres bozukluğunun (TSSB) gelişimi arasında güçlü bir ilişki bulunduğu bildirilmektedir. Somatik şikayetler, tekrarlayan oyunlar, uyku sorunları, hafıza bozuklukları, sosyal geri çekilme, gerileme gözlenen belirtilerdendir.

Birçok olgunun bilişsel retardasyon, patolojik yas ve sosyal izolasyon gibi bozukluklar göstererek tepki verdiği, dalgın olduğu, kopma hissi yaşadığı, şefkat, merhamet ve acıma duygusunda eksiklikler gözlendiği belirtilmektedir. Savunmasızlık, çaresizlik, anksiyete, bozguna uğramışlık ve şaşkınlık hislerinin yanı sıra TSSB belirtileri çocuğun normal yas sürecini de yaşamasını engellemektedir. Travmatik kayıp yaşayan çocukların yaşamış oldukları travma ile ilgili sürekli zihinsel uğraşları olduğundan "kayıp duygusunu" tam olarak yaşayamadığı ve yasın verdiği acının gerilemesinin zorlaştığı bilinmektedir. Kaybedilen kişi bir travma hatırlatıcısı olduğundan, bu çocuklar kayıp sonrası gerçek yaşama uyum sağlama sürecini tamamlayamamaktadır. Ayrıca annelerinin öldürülmesine şahit olan çocukların öncesinde de evde uzun süredir devam eden şiddete şahit oldukları ve ev içi şiddetin etkilerinin de kümülatif olarak çocuğun ruh sağlığını olumsuz etkilediği bilinmektedir. Bu sunumda geride kalan çocukların ruhsal durumları tartışılacaktır.

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PANEL

Şiddet: Tanıklık, Aktarım, Direnç

Ebeveyn Yabancılaşma / Yabancılaştırma Sendromu: *Birsen Şentürk Pilan*

Boşanma süreci hem çocuk hem de ebeveynler için beraberinde uyumla ilgili zorlukları getiren bir süreçtir. Uyum sürecindeki en önemli faktör ebeveynlerin birbirine ve çocuklarına karşı olan tutumlarıdır (1). Ayrılma veya boşanma sonrası çocuğun bir ebeveyni reddi, genellikle ebeveyni görmeye ciddi direnç göstermesi söz konusu olabilmektedir. Bu reddediş patolojik boyutta ise ebeveyne yabancılaşma söz konusu olabilir. Toplum taramalarında boşanmış ailelerin çocuklarının %11-15'inde bir ebeveyne karşı yabancılaşmanın olduğu saptanmıştır(2). Gardner 1985 yılında Ebeveyn Yabancılaşırma Sendromunu (EYS) çocuğun bir ebeveyn tarafından diğer ebeveyne karşı bilinçli ve programlı bir şekilde yabacılaştırılma (beyin yıkama) sürecinin söz konusu olduğu bir bozukluk olarak tanımlamıştır.
Çocuğun davranışlarına göre EYS'yi tanımlayan 8 kriterden söz etmektedir. Bu kriterler şunlardır;
1. Hedefteki ebeveyne karşı iftira kampanyası
2. Hedefteki ebeveyni reddetmek için çocuğa tutarsız, mantıksız, zayıf ve saçma bir mantığa sürükleme
3. Çocuğun yaşantısı ve gelişimsel süreci ile tutarsız ifade, terim ve senaryolar üretilmesi
4. Çocuğun ebeveynlerine karşı ambivalan duygularının eksikliği
5. Hedefteki ebeveynin ret kararının çocuğun kendisi tarafından verildiği iddiası
6. Çocuğun yabancılaştıran ebeveyne karşı koşulsuz otomatik desteği
7. Çocukta belirgin bir suçluluğun olmaması
8. Hedefteki ebeveynin geniş ailesine karşı yayılan kin ve nefret duyguları

EYS'nin bilinmesi ve klinisyenlerin bu konuda daha dikkatli olmaları özellikle mağdur olan çocuklar açısından büyük önem taşımaktadır. Çünkü yaşamlarının ileriki dönemlerinde bu çocuklar ciddi ruhsal sorunlar geliştirebilmektedir.

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Family as a Surrogate Executive System: Attention Deficit Hyperactivity Disorder and its Interactions with Family Functions

The disfunctional executive system: ADHD and reflections in the family system

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Attention-deficit/hyperactivity disorder (ADHD) is a neurobiological disorder characterized by a persistent and impairing pattern of inattentive, hyperactive, and/or impulsive symptoms (1). Deficiencies in basic self-regulatory processes- collectively referred to as executive function (EF), are frequent among children with attention-deficit/hyperactivity disorder (2).

ADHD is a complex condition that affects not only the individual who experiences the symptoms but also the individual's family system. Parents of children with ADHD report more family dysfunction along with family environmental adversity than families of children without a diagnosis. Family dysfunction in relation to communication, problem solving, and relationships has been noted in families with children who have ADHD (4). Examination of associations between family function, parent EF and parenting may be particularly relevant for children with severe ADHD symptoms, who themselves require a great deal of external structure and support, evoke negative responses from caregivers, and whose parents have a genetic likelihood of having EF deficits themselves (5,6).

It is very important that both the evaluation and the treatment plan are made considering the family milieu of the individual. To accomplish this, the clinician must understand the struggles of all the family members, respecting their observations as well as their own unique resources for change.

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PANEL BAŞLIĞI: Ergenlerde madde kullanımı ve ÇEMATEMler: Etiyolojiden tedaviye yaklaşım ilkeleri

KONUŞMA BAŞLIĞI : Bağımlı ergene yaklaşım

22 mayıs

Dr.Öğr.Üyesi Ömer KARDAŞ

Özet

Ergenlik dönemi çocukluktan erişkinliğe geçilen özel bir dönemdir. Bu dönemde ergen bağımsızlık ve kimlik kazanma çabası içindedir. Ergenlik döneminde beyin gelişimi devam etmektedir. Özellikle dürtü kontrolü, karar verme gibi hayati görevleri bulunan prefrontal korteks gelişimini henüz tamamlamamıştır. Bununla birlikte ergen beyninde ödül ile ilişkili bölümler daha aktiftir. Bu nedenle ergen daha kolay bağımlı olur. Psikiyatrik değerlendirmede ergene yaklaşımın özel bir yeri vardır. Eğer karşımızdaki madde kullanımı olan bir ergen ise yaklaşım daha özenli olmalıdır. Damgalanma psikiyatrik hastalıklar arasında önemli bir sorundur. Bağımlı bireyler ise en sık damgalanan hasta gurubudur. Bağımlılıkta damgalanma olumsuz prognoz ile ilişkilidir. Maalesef sağlık çalışanları da damgalama yapabilmektedir. Bu nedenle bağımlı ergenle görüşmede bu konuya öncelikle dikkat edilmelidir.

Bağımlı ergene yaklaşırken bazı temel ilkeler vardır. Gencin bireyselliğine, özekliğine saygı duyulmalıdır. İyi ilişki kurulmalı, empatik yaklaşım sergilenmelidir. Destekleyici olunmalıdır. Gence yöneltilen sorular için mutlaka izin alınmalıdır. Yargılayıcı olunmamalıdır.

Ergen için bir plan oluşturulurken gencin tedavi motivasyonu olup olmadığı değerlendirilmedir. Motivasyonu yoksa "motivasyon artırıcı görüşme" yapılmalıdır. Gencin değişim döngüsündeki yeri belirlenmelidir. Değişim döngüsündeki yerine uygun müdahale seçeneği uygulanmalıdır. Komorbid psikopatolojiler değerlendirilmedir. Bağımlılık ve bağımlılık yapan maddeler hakkında bilgilendirilmedir. Aile, okul ve arkadaş ilişkileri çalışılmalıdır. Gencin zamanı yapılandırılmalıdır. Sorun çözme becerileri artırılmalıdır. Ayıklık dönemini sağlayan ergenler ile tekrarı önleme ve ısrarlar ile başa çıkma çalışmaları yapılmalıdır.

Neurobiology of Substance Addiction in Adolescents - Assoc. Prof. Fatih Hilmi ÇETİN

Ergenlerde Madde Bağımlılığın Nörobiyolojisi –

Doç. Dr. Fatih Hilmi ÇETİN

Chronic use of alcohol, stimulants, and/or opiates leads to progressive changes in brain and behavior. Addiction is the continued use of a drug despite harm, e.g., a loss of behavioral control over drug use. The frontal cortex regulates decision making and other executive functions, such as motivation, planning, goal setting, and inhi-bition of impulses. In contrast, the amygdala, hippocampus, and other limbic structures contribute to emotion, emotional learning, and mood. Persistent use of alcohol and other drugs of abuse result in changes to neurobiology that culminate in a loss of attention, poor decision making, increased impulsivity, and anxious urgency that promotes the progressive loss of behavioral control over drug use. Although it is well accepted that drug intoxication changes neurochemistry ultimately leading to altered behavior, the importance of persistent drug-induced changes in the brain that underlie persistent harmful behaviors has only recently been appreciated. Indeed, drug dependence and addiction involves a disruption of the normal balance between self-control mechanisms and emotional needs. Across drugs of addiction, the progression from abuse to addiction involves increased drug wanting, negative emotional urgency, and diminished behavioral control. Frontal lobe executive function involves the ability to recognize future consequences, choose between good and bad actions (or better and best), override and suppress unacceptable social responses, and determine similarities and differences between things or events. This cortical region also plays an important role in retaining long-term memories associated with emotions derived from the brain's limbic system. These emotions are then modified via the frontal cortex to generally fit societal norms important for individual integration into society. In addition, the frontal lobes also inhibit impulsivity, making predictions that adjust behavior to current rewards when environment changes. Thus, a key element of the behavioral pathology of addiction and substance dependence centers on the loss of frontal–cortical executive behavioral control, increased impulsivity, reduced behavioral flexibility, and a mounting limbic anxiety and urgency. The neurobiology of addiction is complex and high rates of comorbid depression psychopathology suggest common overlapping molecular changes in the brain. Drug-induced induction of brain innate immune genes was initially thought to reflect drug-induced neurodegeneration. However, more recent studies suggest that increased glutamate hyperexcitability in the frontal cortex occurs as well as increased sensitivity to excitotoxicity. Recent research supports a role for innate immune gene induction in altered neurotransmission and neurocircuitry that contribute to the dysfunctional behaviors associated with addiction.

Panel:

22.05.2021 – 10.15 -11.15

"BAĞIMLILIK KOMİSYONU" ETKİNLİĞİDİR.

Ergenlerde madde kullanımı ve ÇEMATEM'ler: Etiyolojiden tedaviye yaklaşım ilkeleri

ZOR BİR VAKAYA FARKLI PENCERELERDEN BAKIŞ

Hazırlayan: Arş. Gör. Dr. Aysel Denktaş

Düzenleyen: Prof. Dr. Nursu Çakın Memik

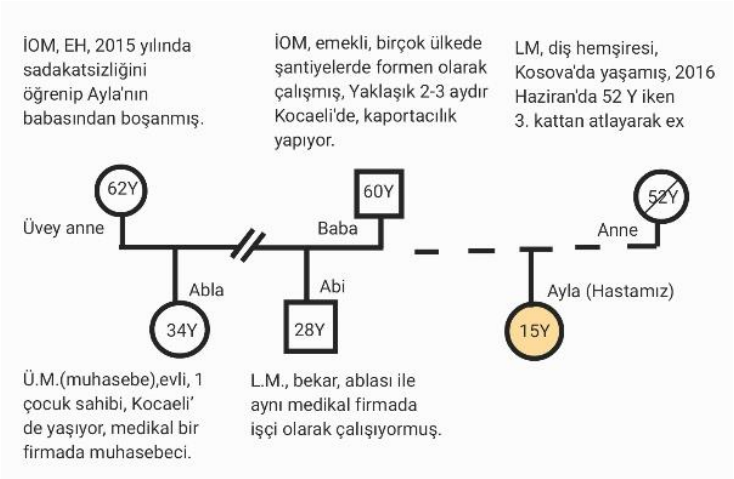
OLGU SUNUMU

Sosyodemografik Bilgiler

Ayla, 15 yaş 3 ay kız hasta, Anadolu lisesi 10. sınıf öğrencisi.

Ocak-Mart 2020 tarihlerinde 2.5 ay gündüz kliniğinde takip edildi.

İzmit'te üvey annesi, abisi ve babası ile birlikte yaşıyor.



Başvuru Şikayeti

Alkol kullanması, annesini özlediğini söylemesi, kendine zarar verme düşüncelerinin olması, herkesin öpüşme videosundan bahsetmesi.

Hikaye

5. sınıf sonuna kadar annesi ile Kosova'da yaşamış. Babası birkaç ayda bir gelir 15-20 gün kalırmış. Annenin vefatından önceki 1 yıllık süreçte 5 kez intihar girişimi olmuş. Ayla annesinin vefatından sonra 1 yıl boyunca 2. teyze ve ailesi ile yaşamış. Bu süreçte nitelikli cinsel istismara uğramış. Kuzeni haftada 2-3 kez Ayla'yı cinsel ilişki için akşam götürür birine verir, sabah alırmış. İstismarlar 6. sınıf boyunca devam etmiş. Ayla'nın 6. sınıfın ilk döneminde 3 kez intihar girişimi olmuş. Teyzede kaldığı 1 yılın sonunda babası Ayla'nın velayetini alıp Türkiye'ye getirmiş.

Türkiye'de 7. sınıfa başlamış. 7. sınıfın 2. döneminde erkek arkadaşı öpüşürken video çekmiş, video okulda yayılmış ve akran zorbalığına uğramış. 8. sınıfta okul değişikliği olmuş. Video bu okulda da yayılmış. 8. Sınıfın ilk döneminde alkol kullanmaya başlamış. Okula giderken alkol alır ve okulda uyuduğu olurmuş. Zamanla alkol kullanımı artmış ve her gün içmeye başlamış. 9. Sınıfın ilk dönemine kadar alkol kullanımı devam etmiş. Bırakmak istemiş ancak bırakamamış. Artık ailesinin öğrenmesini istemiş ve normalden daha fazla alkol almış. Okula gittiğinde bayılmış. KOÜ acil serviste değerlendirilmiş, ÇEMATEM'e yönlendirilmiş ve gündüz kliniği önerilmiş. 2.5 ay gündüz kliniğinde takip edilmiş ve pandemi nedeniyle

gündüz kliniğinin kapatılması üzerine takiplerine poliklinikten devam etmiş. Gündüz kliniğine başladıktan sonra ilk haftalarda suisit girişimi ve KZVD olmuş.

Poliklinik takiplerinde istismar uygulayan kişilerden şikayetçi olmak amacıyla babası ile birlikte Kosova'ya gitmişler. Bu süreç Ayla'yı çok zorlamış. Kosova'dan döndükten sonra irritabilitesinin arttığı, duygu değişimlerinin hızlandığı gözlendi. KZVD ve alkol kullanma isteğinin olmadığı dikkat çekti. İlerleyen süreçte tiyatro ve dans kulüplerinde aktif rol aldığı, derslere düzenli olarak katıldığı, yürüyüşlere çıktığı gözlendi.

Bebeklik ve Çocukluk Dönemi

Anne 42, baba 48 yaşındayken dünyaya gelmiş. Annenin gebeliğinde alkol ve sigara kullanımı olmuş. Doğumda kordon dolanması olmuş, morarması olmamış.

Hareketli, kıpır kıpır, çok akıllı bir çocukmuş. 5. sınıfa kadar dersleri iyiymiş, 6. sınıfta ders başarısı düşmüş. Annenin vefatına kadar annesi ile birlikte uyurmuş.

Ruhsal Durum Muayenesi

Yaşında gösteren, öz bakımı yeterli kız hasta. Duygudurumu distimik, duygulanımı konuşma içeriği ile uyumluydu. Düşünce süreci olağan, içeriğinde alkol kullanması, okulda yaşadığı sorunlar ve annesinin ölümü ile ilgili temalar mevcuttu. Konuşma hızı ve miktarı normaldi. Zekası klinik olarak normal izlenimi veriyordu.

PANEL

Nörogelişimsel Bozukluklarda "Copy Number Variations" CNVs- Yapısal Kromozomal Varyasyonlar

A) How should we evaluate the effect of Copy Number Variations in the Etiology of Autism Spectrum Disorders?

Otizm Spektrum Bozukluğu Etiyolojisinde Kopya Sayısı Değişikliklerinin Etkilerini Nasıl Değerlendirmeliyiz?

Gül ÜNSEL-BOLAT

The etiology of the Autism Spectrum Disorder (ASD) is characterized by the interaction between environment and genetics. The estimated heritability of ASD is ranging from 40 to 80%. Also, the contribution of the genetic effects to the etiology of ASD is higher than most of the other childhood psychiatric disorders. ASD has been associated with many syndromic disorders (e.g., Tuberosclerosis, neurofibromatosis, Rett S., Fragile X, Angelman S.). Also, these studies pointed out that non-syndromic/isolated ASD is characterized by complex genetic contribution including multiple genes and loci. Advances in technical methods of the genetic tests like chromosomal microarrays (CMA) provided more insight into pathways potentially included in ASD pathogenesis. Because it has been shown that ASD is hard to link to a single gene. Copy number variants (CNVs) are structural variations including deletions/duplications affecting the variable number of the genes that depend on the size of the CNVs in the human genome. It was first presented among neurodevelopmental disorders that de novo CNV is significantly associated with ASD. CNVs have been implied in the etiology of ASD as an important contributing factor, especially in recent years. And, studies showed that CNVs are associated with roughly 10% of ASD cases. And, the following step was to understand the pathogenicity of the CNVs. It is important to provide an association between genotype and clinical phenotype to give genetic counseling about the cause of their diagnosis of ASD. While some of the CNVs and their effects are well characterized, studies are still going on to establish ASD specific loci. In this section, we are aiming to present CNV profiles that have applied to our outpatient clinic, the accumulated literature data concerning the genetic events related to ASD and summarize current knowledge about the clinical relevance of CNVs in neurodevelopmental disorders.

B) Significance and Clinical Genetic View of Copy Number Variations in Neurodevelopmental Disorders. What happens to a patient with Neurodevelopmental Disorder that applying Clinical Genetic Department?

Nörogelişimsel Bozukluklarda Kopya Sayısı Değişikliklerinin Önemi ve Genetik Yönü. Nörogelişimsel Bozukluğu Olan bir Hasta Klinik Genetik Bölümünde Neyle Karşılaşıyor?

Hilmi BOLAT

Copy number variants (CNVs) describe submicroscopic deletions or duplications in the chromosome structure, which can involve several genes. CNVs can occur as heritable or de novo. Individual gene mutations or polymorphisms were frequently investigated in psychiatric disorders. However, these studies remained insignificant to associate with clinical phenotype and biological basis. Clinical heterogeneity and polygenic basis of the psychiatric disorders cause difficulties in the direct correlation between individual pathogenic gene mutations and clinical phenotype. CNVs involve altered gene dosages and provide an important opportunity to improve our understanding of the association between genotype and phenotype. CNVs have shown a strong relationship with Neurodevelopmental disorders. For example, 22q11.2 Deletion Syndrome affects about 60 genes and causes psychiatric disorders; intellectual disability (60%), attention-deficit/hyperactivity disorder (41%), autism spectrum disorder (26%), schizophrenia (25%).

Until now, pathogenic CNVs have been associated with Intellectual Disability, Autism Spectrum Disorder, Schizophrenia, and Bipolar Disorder. Over the past 10 years, advances in microarray-based techniques have provided to detect submicroscopic chromosomal abnormalities, CNVs, across the entire genome. Also, a type microarray-based technique, array-comparative genomic hybridization (aCGH), provides an opportunity for the analysis of both single-nucleotide polymorphism (SNP) and CNVs. Microarray-based techniques are more advantageous than classic cytogenetic analysis and FISH analysis. Because the resolution of detection of chromosomal variants is around 5 Mb and copy number changes below 5 Mb may not be shown on routine cytogenetic analysis, unlike microarray-based techniques. On the other hand, FISH is a technique that provides to detect numeric and structural abnormalities, including submicroscopic copy number changes using tagged probes that bind to the only specific chromosome of interest, not to entire genome.

Advances in genomic tools such as microarray analysis to detect submicroscopic chromosomal abnormalities have increased the number of genetic tests that were applied to cases with psychiatric diseases. The genes included in the CNVs are beginning to offer important biological insights and give information to us about brain development and function related to intellectual disability and autism spectrum disorder. Also, understanding pathophysiological mechanisms underlying neurodevelopmental disorders will offer a link between genomic variants and new treatment options. Especially, microarray-based techniques are implied as a first step genetic test for the cases diagnosed with Intellectual disability or Autism Spectrum Disorder. In the near future, microarray analysis will be used as a routine in the clinical practice for most children who are under the care of the child and adolescent psychiatrists.

SÖZEL BİLDİRİLER

S02 - PREVALENCE OF PSYCHIATRIC SYMPTOMS AMONGST REFUGEE ADOLESCENTS IN TURKEY: A CONTROLLED STUDY

Mehmet KARADAĞ[1], Hakan ÖĞÜTLÜ[2],

[1]Gaziantep Ünivesitesi Tıp Fakültesi Çocuk Ergen Psikiyatrisi AD, [2]Ankara Şehir Hastanesi Çocuk Ergen Psikiyatrisi Birimi,

Objective: We aimed to investigate the prevalence of internalized and externalized symptoms and war-related adverse events among a representative secondary school sample of Syrian refugee adolescents, and to compare the levels of depression, anxiety, and stress between Syrian and Turkish children. Method: We included 70 Syrian adolescents, 70 Turkish adolescents to the study. We applied the scales that Depression, Anxiety, and Stress Scales (DASS-42) and Strengths and Difficulties Questionnaire (SDQ). Results: DASS Depression, Anxiety and Stress scores and SDQ Emotional Symptoms, Conduct Problem, Peer Relationship Problems, Total Difficulties scores were significantly different between the two groups and scores in all these problem areas were higher in refugees. Loss of a family member increased depression, stress, and total difficulty, witness to death increased anxiety and stress, experiencing multiple events increased depression, anxiety, stress, and total difficulties. The mother's education year was inversely correlated with SDQ Emotional Symptoms, Conduct Problems, Hyperactivity/Inattention problem scores. Both parents' education years were inversely correlated with SDQ Total Difficulties scores. Conclusions: Refugee adolescents had higher depression, anxiety, stress levels, behavioral problems, peer relationship problems, and general difficulties than Turkish peers. Facilitating refugees' access to mental health services, educating their parents, consulting and monitoring risky children who have especially witnessed death and family member's loss, may contribute to reducing the psychosocial problems of refugee children.

ANAHTAR KELİMELER: Adolescent, Refugee, Trauma, Depression, Anxiety

S03 - Anxiety and depression levels of mothers with children with autism spectrum disorder and intellectual disability: a case-control study

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Objective: Various studies have shown that parental stress increases in neurodevelopmental disorders such as autism spectrum disorder (ASD) and intellectual disability (ID). The aim of this study was to compare the anxiety and depression levels in mothers of children with ASD, ID and healthy controls. Method: Mothers of 31 ASD, 32 ID, and 32 healthy control children were recruited into the study, and completed a demographic information form, as well as the Beck Depression Inventory and Beck Anxiety Inventory. Results: The children's mean age, mother's age, father's age, birth weight, and breastfeeding duration did not differ significantly between the groups ($p > 0.05$). The monthly income of the family was found to be significantly higher in the control group compared to both the autism and ID groups ($F = 8.686$, $p < 0.001$). The results revealed that depression scores were higher in the mothers of the ID group than the control group ($p = 0.043$). Depression levels of the mothers of the autism and control groups were not significantly different ($p = 0.735$). In addition, no significant difference was found in terms of anxiety levels of the groups ($F = 1.845$, $p = 0.164$). ASD and ID groups were considered as a group under neurodevelopmental disorders and compared with the healthy control group. While the depression level of the mothers with children with the neurodevelopmental disorder was higher than the control group ($t = 2.400$, $p = 0.018$), no difference was found between the anxiety levels ($t = 1.264$, $p = 0.209$). Conclusion: These results indicate that mothers with children diagnosed with a neurodevelopmental disorder, especially mothers with children diagnosed with ID, should be screened for depression.

ANAHTAR KELİMELER: anxiety, autism spectrum disorder, depression, intellectual disability, neurodevelopmental disorder

S04 - Sleep problems and related factors in patients with autism spectrum disorder

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Objective: Sleep problems are common in patients with autism spectrum disorder (ASD). The aim of this study was to compare the sleep problems of ASD patients and healthy controls and to determine the factors associated with sleep problems in ASD patients. Method: Twenty-eight ASD cases and 27 age and sex-matched healthy controls were included in the study. Parents were asked to complete the Child Sleep Habits Questionnaire (CSHQ) to determine children's sleep problems, and parents completed the Aberrant Behavior Checklist (ABC) to evaluate children's behavioral problems. In addition, parents completed the Beck Depression and Beck Anxiety Scales. The Childhood Autism Rating Scale was administered by the clinician to assess the severity of autism. Results: No difference was found between the ASD and control groups in terms of sleep problems. In addition, no difference was found between the groups in terms of mothers' anxiety and depression scores. ABC irritability, lethargy, stereotypic behavior, hyperactivity, and total subscale scores were significantly higher in the ASD group than the control group. No correlation was found between the CARS score and CSHQ subscale scores. There was a positive correlation between CSHQ total sleep problem scores and ABC Irritability, Agitation, Crying; Lethargy, Social Withdrawal; Stereotypic Behavior; Hyperactivity, Non-compliance; Inappropriate Speech subscales and total scores. Conclusion: It was found that sleep problems increased as the problem behaviors increased in ASD cases. Reducing problem behaviors in ASD cases may reduce sleep problems in these cases.

ANAHTAR KELİMELER: aberrant behavior, autism spectrum disorder, sleep problems

S08 - Attention deficit hyperactivity disorder symptoms and autistic traits in patients with arachnoid cyst: a case-control study

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Objective: Arachnoid cysts are rare benign neurological tumors, and few exhibit any symptoms. Their known incidence accounts for only 1% of all intracranial space-occupying lesions, and detection is usually incidental. Our knowledge about the relationship between arachnoid cyst and psychiatric disorders is based on case reports. To our knowledge, there is no study examining attention deficit hyperactivity disorder (ADHD) symptoms and autistic traits (ATs) in patients with arachnoid cyst. Method: Forty-two patients with the diagnosis of arachnoid cysts and age and sex-matched 41 healthy controls were included in the study. The parents of the participants were asked to complete the Conners's Parent Rating Scale-Revised Short form (CPRS-RS) and Social Response Scale (SCQ), respectively, in order to evaluate ADHD symptoms and ATs. Results: The mean CPRS oppositional ($t= 4.971$, $p <0.001$), cognitive problems ($t= 4.088$, $p <0.001$), hyperactive-impulsive ($t= 3.088$, $p= 0.003$), ADHD Index ($t= 4.971$, $p <0.001$), and SCQ total ($t= 2.334$, $p= 0.028$) scores were significantly higher in the patients than in the controls. When the arachnoid cyst group was compared in terms of ADHD symptoms and ATs according to the cyst site, no difference was found between the groups. Conclusion: In patients with arachnoid cysts, ADHD symptoms and ATs were higher than controls. Psychiatric evaluations of these cases and the planning of appropriate treatment strategies may contribute to the quality of life of the patients.

ANAHTAR KELİMELER: arachnoid cysts, attention deficit hyperactivity disorder symptoms, autistic traits

S09 - THE ROLE OF THE KYNURENINE PATHWAY IN ATTENTION DEFICIT HYPERACTIVITY DISORDER AND COMORBID DISRUPTIVE BEHAVIOR DISORDERS

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Objectives The aim of this study was to investiga te serum kynurenine pathway metabolite levels, kynurenine pathway enzyme activities and 3- hydroxykynurenine/kynurenine ratio which regarded to reflect neuroprotective activity in medication-free children and adolescents diagnosed with attention deficit hyperactivity disorder (ADHD), those diagnosed with ADHD and comorbid oppositional defiant disorder (ODD), those diagnosed with ADHD and comorbid conduct disorder (CD) and healthy control group Methods A total of 46 treatment-free children with ADHD, 43 children with ADHD+ODD, 33 children with ADHD+CD and 50 healthy controls were included in this study. Schedule for Affective Disorders and Schizophrenia for School Aged Children, Present and Lifetime Version was applied by the researcher. The Children's Depression Inventory , the Screen for Child Anxiety-Related Emotional Disorders and Reactive–Proactive Aggression Questionnaire were applied to the children in order to determine depression, anxiety, and aggression levels. Parents and teachers of the children completed the Turgay Diagnostic and Statistical Manual of Mental Disorders, 4th edition-Based Child and Adolescent Behavior Disorders Screening and Rating Scalefor the assessment of ADHD and disruptive behavior disorders level of the children. The levels of kynurenine pathway metabolites was determined by liquid chromatography-mass spectrometry/mass spectrometry system. Results Multivariate analysis of covariance revealed a significant main effect on both groups for the levels of serum kynurenine metabolites (Pillai'strace V = 0,238, F(15,483) = 2,779, $p < 0,001$, $\eta p2 = 0.079$) and kynurenine pathway enzyme activities (Pillai'strace V= 0.188, F (9,489) = 3,633, $p < 0,001$, $\eta p2 = 0.063$) an effect that was independent of severities of depression, anxiety and aggression, body mass index percentile and demographic variables including age and sex. Analysis of covariance indicated that serum kynurenine levels were significantly higher in ADHD group than in the control group ($p = 0,030$), and serum 3-hydroxykynurenine levels were significantly lower in ADHD and ADHD+ODD groups than in the control group ($p < 0,001$; $p = 0,019$). Analysis of covariance indicated that the enzyme activities, the ratio of kynurenic acid/kynurenine was higher in the ADHD, ADHD+ODD and ADHD+CD groups than in the control group ($p < 0,001$; $p = 0,001$; $p = 0,030$) and the ratio of 3-hydroxykynurenine/kynurenine ratio was significantly lower in ADHD group than in the control group ($p < 0,001$). Conclusions These findings suggest that the high levels of kynurenine and the low levels of 3-hydroxykynurenine in the peripheral circulation and the low ratios of 3-hydroxykynurenine/kynurenine and kynurenic acid / kynurenine may be biomarkers for ADHD. However, our findings do not indicate a relationship between kynurenine pathway metabolities and disruptive behavior disorders coexisting with ADHD.

ANAHTAR KELİMELER: kynurenine, attention deficit hyperactivity disorder, oppositional defiant disorder, conduct disorder, aggression

S10 - THİOL/DİSULFİDE HOMEOSTASİS İN MEDİCATİON-NAİVE CHİLDREN AND ADOLESCENTS WİTH OBSESSİVE–COMPULSİVE DİSORDER

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Objective: The research interest in the etiology of obsessive-compulsive disorder (OCD) in adolescents and relevant treatment methods is increasing gradually. Oxidative stress is defined as deterioration in molecular and cellular functions as a result of loss of balance between the production of free radical or reactive oxygen species and the antioxidant system. Reactive oxygen species (ROS) and reactive nitrogen species (RNS) cause oxidative damage when they exceed physiological levels. Endogenous thiols lose their electrons from sulfhydryl (-SH) groups as a result of oxidation of free oxygen radicals, thus protecting cells against oxidative damage and forming reversible disulfide bonds (-S-S) as a result of these reactions. Recently, thiol / disulfide homeostasis, an indicator of oxidative stress, has been emphasized in psychiatric disorders such as schizophrenia, bipolar disorder, attention deficit hyperactivity disorder. It has been shown in many studies that oxidative stress plays a role in the etiology of OCD. There is no study of thiol/disulfide homeostasis in the world and in our country related to the etiology of OCD. In this study, we aimed to compare levels of serum native thiol, total thiol, disulfide bond levels, disulfide bond/total thiol and disulfide bond/native thiol ratios in patients with obsessive compulsive disorder and healthy controls. Method: Thirty-five patients with obsessive compulsive disorder (medication-free, comorbidity-free) and thirty-two healthy controls were included in the study. Serum native thiol and total thiol levels were measured by enzyme-linked immunosorbent assay (ELISA). Disulfide bonds were calculated as half of the difference between total thiol and native thiol levels. The values obtained were proportioned with each other. Results: As a result of the comparison between obsessive compulsive disorder and control group; serum total tiyol (p=0,025) and disulfide bond (p=0,001) levels, disulfide bond/total thiol (p=0,001) and disulfide bond/native thiol (p=0,001) ratios were significantly higher in the OCD group compared to the control group. And also, there was a positive intermediate correlation between disease duration (months) and total thiol (r=0,431, p=0,01), disulfide bond (r=0,533, p=0,001) levels, disulfide bond/total thiol (r=0,349, p=0,04), disulfide bond/native thiol (r=0,438, p=0,009) ratios. In the patient group, biochemical analysis revealed that the disulfide level (p = 0.05) and the disulfide/native thiol (p = 0.034) and disulfide/total thiol ratios (p = 0.039) differed significantly according to the presence of a family history of psychiatric disorders. Conclusion: We found that native and total thiol levels increased in the patient group compared to the control group, and this increase was statistically significant in total thiol levels. This is due to the fact that high antioxidant levels, such as endogenous thiol levels, may have a protective effect by facilitating the neutralization and excretion of increased ROS (Reactive Oxygen Species) in OCD. In addition, disulfide bond levels, disulfide bond / total thiol and disulfide / native thiol ratios were significantly higher in the patient group. We considered this as an increase in disulfide bonds secondary to increased total thiol and native thiol levels in order to neutralize the possible oxidative stress in OCD. These results suggest that endogenous thiol and disulfide bond levels, which are indicative of oxidative stress, may play a role in the pathophysiology of obsessive-compulsive disorder. More study with the adolescent age group is needed to clarify this relationship.

ANAHTAR KELİMELER: THİOL/DİSULFİDE HOMEOSTASİS; OXİDATİVE STRESS; CHİLD AND ADOLESCENT PSYCHİATRY; OBSESSİVE COMPULSİVE DİSORDER

S11 - COMPARISON OF ATTENTION-DEFICIT/ HYPERACTIVITY DISORDER AND OPPOSITIONAL DEFIANT DISORDER IN TERMS OF GENETIC AND NEUROPSYCHOLOGICAL ASPECTS

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Objectives This study aimed to compare the children with Attention-Deficit/Hyperactivity Disorder (ADHD) and with ADHD + Oppositional Defiant Disorder (ODD) both in terms of candidate genes such as DAT1, DRD4, BDNF, SYN3, and SNAP25 polymorphisms; and also, neuropsychological test profiles. Methods We enrolled 59 children with only ADHD, 42 children with ADHD+ODD and 100 healthy controls aged 8 to 15 years. A semi-structured interview (Kiddie-Schedule for Affective Disorders and Schizophrenia Present and Lifetime Version—K-SADS-PL) was applied to the participants for diagnosing. To obtain molecular genetic data, the DNA genome was extracted from saliva samples of the participants. All the participants were also assessed using a neuropsychological test battery (Central Nervous System Vital Signs -CNSVS) that measures total memory, reaction time, complex attention, cognitive flexibility, and psychomotor speed. Results No significant differences were directly found between the cases with only ADHD and ADHD+ODD in terms of neuropsychological test profiles (all $p>0.05$). However, children with ADHD+ODD, but not those with only ADHD, had significantly worse performance than controls on long term verbal and visual memory tests (respectively; $p=0.012$, $p=0.002$). Children with only ADHD, but not those with ADHD+ODD, got significantly lower scores compared to controls on right- and left-hand psychomotor speed tests (respectively; $p=0.036$, $p=0.007$). GC and AG haplotypes of SYN3 polymorphisms (rs133945 and rs133946) were significantly different between 'only ADHD' and 'ADHD+ODD' groups (respectively; $p<0.02$, $p<0.03$). Whereas, the genetic risk scores of the other genes were not significantly different (all $p>0.05$). Discussion Findings indicate that haplotypes of SYN3 polymorphisms might have a crucial role in ODD etiopathogenesis and the ODD phenotype. However, other genes do not have any distinguishability between ADHD and ODD. Long term memory and psychomotor speed profiles seem to have some differentiation between ADHD and ODD.

ANAHTAR KELİMELER: neuropsychology, molecular genetics, ADHD, ODD, phenotype

S12 - Evaluation of Metacognitive Awareness, Emotional Resilience and Related Factors in Children and Adolescent with Attention Deficit Hyperactivity Disorder

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Objective: Metacognitive skills and emotional resilience are affected in attention deficit hyperactivity disorder (ADHD). In this study, our primary aim was to compare metacognitive awareness and emotional resilience levels of patients with ADHD and healthy controls. Other aim of this study was to investigate the relationship between metacognitive awareness and emotional resilience levels with the frequency of adverse life events, ADHD, anxiety and depression symptoms expressed by parents in patient and control group. Method: The study was carried out between december 2018-august 2019 in Marmara University Medical Faculty Pendik Research and Trainin Hospital Child and Adolescent Psychiatry department. The patient group was conducted 60 ADHD diagnosed 7-14 years old child and adolescent, control group was included age and sex matched 30 child and adolescent without any psychiatric disorder. The patient and control group completed Metacognitive Awareness Scale for Children (MCQ) and Emotional Resilience Scale (ERS). Parents were asked to fill out the List of Adverse Life Events (LALE), DSM-IV-Based Disruptive Behavior Disorders Screening and Evaluation Scale and Revised Child Anxiety and Depression Scale-Parent Form (CADC-P). Results: Metacognitive awareness and emotional resilience were low in ADHD group. Emotional resilience increases as metacognitive awareness increases. As ADHD, anxiety and depression symptoms increase, metacognitive awareness is adversely affected. A similar relationship between metacognitive awareness and emotional resilience levels was fund in linear regression analysis (β=-0.302, p=0.005). Conclusion: It will be important to consider the factors affecting metacognitive awareness and emotional resilience levels in ADHD patients in early period. It is thought that increased metacognitive awareness and emotional resilience may positively affect the treatment and follow-up process and increase coping skills of patients.

ANAHTAR KELİMELER: Attention deficit hyperactivity disorder, adverse life events, metacognitive awareness, emotional resilience

S13 - The Adaptation to Turkish Language, Validity and Reliability Study of Treatment Assessment Scale Parent Form

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Objective: In this study, it was aimed to adapt the Parent Form of Treatment Assessment Scale (TAS-PF) into Turkish and evaluate its validity and reliability. Method: The sample of the study consisted of parents whose children were treated in day treatment. The data of 133 parents who completed at discharge TAS-PF were analysed. The scale was first translated into Turkish and then translated into German, and after translations, the semantic harmony of the scale was obtained. For validity, exploratory and confirmatory factor analyses were performed. Reliability was evaluated by Cronbach's alpha internal consistency coefficient and item-total score correlation coefficients. Results: After the confirmatory factor analyses applied to the original scale, the fit indices of the scale were not at the desired level. KMO index 0.84; in the Bartlett Test, chi-square score was 831.68 ($p<0.001$) and exploratory factor analyses was performed. Modification of 3, 8 and 11 items from the Treatment Course subscale to the Treatment Success subscale was proposed. It was found that the total variance explanatory rate supporting the reconstructed two factors was above 40%, and the fit indices of the scale were more acceptable than the original scale. In the internal consistency analyses, Cronbach's alpha coefficient was 0.88 for the whole scale. In order to improve the fit indexes, 3,7,8 and 10. items were removed from the scale with different structural equation modeling and a new modification was made. The Cronbach's alpha coefficient of the new 7-item scale was 0.88 for the whole scale. Conclusion: All of these results support that the scale adapted into Turkish is a valid and reliable assessment instrument.

ANAHTAR KELİMELER: Treatment assessment scale, parent, validity, reliability, day treatment

S15 - NEUROGLİAL MİRROR OF ADHD EVALUATİON OF S100B, NSE, MBP AND GFAP İN CHİLDREN WİTH ATTENTİON DEFİCİT HYPERACTİVİTY DİSORDER

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Objective: In this study, serum levels of S100B protein, Neuron Specific Enolase (NSE), Myelin Basic Protein (MBP) and Glial Fibrillary Acidic Protein (GFAP) reflecting glial and neural structure were investigated Method: 44 children with ADHD and 37 healthy volunteers were interviewed in the study.The measurement of these proteins in ADHD was for the first time in literature. Participants were selected from children and adolescents aged 6-18 years who had no history of other medical or psychiatric diseases and had not used psychotropic drugs for the last six months. Levels of proteins were assessed by enzyme-dependent immunosorbent assay(ELISA). Results: Serum levels of S100B, NSE and GFAP except MBP were significantly higher than the control group. Conclusion: It can be suggested that the increase in S100B, NSE, GFAP levels may be the mirror of neuronal or glial changes in ADHD. Findings may provide evidence for neuroplasticity or increased chronic glial activation cycle in ADHD. However, the lack of information about these proteins in the cerebrospinal fluid is unclear, and additional studies combined with serial measurements, CSF, genetics, and imaging are needed to evaluate the possible role of glial and neuronal tissue in the pathogenesis.

ANAHTAR KELİMELER: BRAİN, ADHD, GLİA, NEUROİNFLAMATUATUAR PROTEİN, NEUROGLİA, NEURON

S16 - THE RELATIONSHIPS BETWEEN CHILD TEMPERAMENT AND EMOTION REGULATION CHARACTERISTICS, MOTHER'S PARENTING STRESS AND INTERNALIZING PROBLEMS AMONG 8-13 AGES CHILDREN WHO ATTENDED PSYCHIATRIC OUTPATIENT UNIT

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Objective: The aim of the study was investigate the relationship between internalizing problems with temperament and character, parenting stress and emotion regulation to understand the nature of the internalizing problems in children. Method: 33 children who admitted to Gazi University Child and Adolescense Mental Health Department and a private psychiatry center and their mothers were included to study. These children were diagnosed with depression, anxiety disorder or obsessive compulsive disorder. Children completed only Junior Temperament and Character Inventory while mothers completed Demographic Information Form, Parenting Stress Index and Children Behavior Checklist. Results: The study group consisted of 20 (60.6%) female and 13 (39.4%) male. The mean age was 11. According to correlation analysis, internalizing problems are associated with harm avoidance temperament dimension, parenting stress, and emotion regulation level. Additionaly variance analysis showed that gender of the child and parents' psychiatric treatment condition have not significant effect on any of these variables. Finally, regression analysis revealed that harm avoidance temperament dimension and child's experience of change in mood and emotional intensity predicts internalizing problems. Conclusion: The results of this study show that internalizing problems in children can be predicted by temperament and emotion regulation level of children. This study reveals that to prevent child internalizing problems, evaluations of child and parent characteristics gain importance.

ANAHTAR KELİMELER: İNTERNALİZİNG PROBLEMS, TEMPERAMENT AND CHARACTER, PARENTİNG STRESS, EMOTİON REGULATİON

S17 - SOCIODEMOGRAPHIC AND DIAGNOSTIC CHARACTERISTICS OF INPATIENTS IN A UNIVERSITY HOSPITAL CHILD AND ADOLESCENT PSYCHIATRY CLINIC

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OBJECTIVE: The aim of this study was to investigate the inpatients in a child and adolescent psychiatry clinic. Due to the low number of psychiatric hospitalizations in children and adolescents in Turkey, the dissemination of this experience is significant. METHOD: The data was obtained by retrospective scanning of files of the inpatients admitted to the Child and Adolescent Psychiatry Clinic, Gaziantep University Hospital between 2015 and 2019. Data was obtained for 74 patients in total. The diagnoses were made according to DSM-V via psychiatric interviews. RESULTS: 59.5% (n: 44) of the patients were female and the remaining 40.5% (n: 30) were male. The mean age was 14.9 years. The most common diagnoses according to DSM-V were Bipolar and Related Disorders (n: 21, 28.4%), Depressive Disorders (n: 18, 24.3%) and Schizophrenia Spectrum and Other Psychotic Disorders (n: 14, 18.9%) respectively. 33.8% (n: 25) of the patients had active suicidal ideation or plan during hospitalization. In addition, 24.3% (n: 18) of the inpatients received Electroconvulsive Therapy during hospitalization. The most commonly administered psychotropic drugs were antipsychotics (n: 70, 94.6%) and SSRIs (n: 35, 47.3%) respectively. The mean length of stay was 14.1 days. The longest hospitalized patient remained in the clinic for 53 days. There were no statistically significant differences between genders in terms of hospitalization time and age. However, girls had significantly more number of hospitalizations when compared to boys. CONCLUSION: Psychopathologies in children and adolescents are too severe to overlook. As shown in this study, suicidal ideation is quite common in this age group. Therefore, thorough screening of patients is vital to identify those who need hospitalization.

ANAHTAR KELİMELER: Child, Adolescent, Inpatient service, ECT,

S18 - Reliability and Validity Study (Cultural Adaptation) of the Assessment of Identity Development in Adolescence (AIDA) Inventory for Turkish Adolescents

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Objectives: It is observed that adolescents' concerns and search about their real identity during the transition process from childhood to adulthood cause serious problems and occasionally they may lose control over themselves. Early diagnosis and appropriate intervention of mental health professionals is considered to be very important in maintaining the mental health of young people and ensuring that they become a healthy adult. Therefore, the development of psychological tests, scales and interview methods is crucial for both reliable and valid diagnosis and treatment planning, as well as for qualified research. This presentation will introduce the cultural adaptation process (translation, reliability and validity study) of "Assessment of Identity Development in Adolescence (AIDA) Inventory" (Goth, Foelsch, Schlueter-Mueller and Schmeck, 2012) which is considered a reliable and valid self-report questionnaire to assess pathology-related identity development in healthy and disturbed adolescents. Our aim is to obtain an identity profile for Turkish adolescents, and distinguish between adolescent identity crisis and pathological identity diffusion by comparing healthy and clinical adolescent samples Methods: Offer Self–Image Questionnaire (OSIQ) and AIDA were given to 780 high school students from three SES. A clinical sample of 57 adolescents were evaluated by DSM-5 based clinical evaluation, K-SADS, Structured Clinical Interview for DSM-III-R Personality Disorders-SCID-II and they completed AIDA and OSIQ. Results: The total sample consisted of 837 adolescents, 43.7% males and 56.3% females. Age range is 12-18 years (mean 14.9, SD=1.5). Psychometric properties of AIDA is similar to those of original AIDA. Total reliability is .93, two main subtest reliabilities are .83 and .90, and the other subtest reliabilities vary between .65 - .80. In comparisons of the school sample with the clinical adolescents AIDA is found to be capable of distinguishing the two groups significantly from each other (d=1.03, p=.000). ROC analysis was used to further determine the clinical utility of the AIDA and to derive empirical cut-off scores for defining clinically relevant thresholds. For the criterion validity a statistically significant (p<.01) relationship was found between the AIDA and OSIQ scores. Conclusion: Thus, AIDA is established as a reliable and valid instrument to be used in the evaluation of the identity development and in distinguishing the identity diffusion of the Turkish adolescent sample. Additionally identity development norms of the Turkish adolescents are obtained which will avail the usage of the instrument in further research with different samples.

ANAHTAR KELİMELER: Identity, identity diffusion, adolescent

S19 - CHILD MARRIAGES AND RELATED PSYCHIATRIC DISORDERS: A CASE CONTROL STUDY

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CHILD MARRIAGES AND RELATED PSYCHIATRIC DISORDERS: A CASE CONTROL STUDY Objectives Marriage of girls before they have completed their bio-psycho-social development causes many social, psychological and physical problems. The literature generally focuses on the social, sexual and pregnancy related problems of child marriages however, there are few studies that evaluates mental health status of those who are married at an early age. In this study, we aimed to compare the cases who were married at an early age with their peers at the same age and those who were married at an adult age in terms of rates of mental disorder and the severity of mental symptoms. Methods 40 cases who had a marriage before the age of 15 and who were under 18 years old during the assessment, 40 unmarried adolescents of similar age and 40 cases who completed 18 years of age at the time of marriage and who were under 25 years old during the assessment were included in the study. All subjects were evaluated with Schedule for Affective Disorders and Schizophrenia for School-Age Children-Present and Lifetime Version- (K-SADS-PL). In addition, all subjects were evaluated with Beck Depression Inventory (BDI), Brief Symptom Inventory (BSI), The State-Trait Anxiety Inventory I-II (STAI-I, STAI-II), The Coopersmith Self-Esteem Inventory (CSEI) and the Multidimensional Scale of Perceived Social Support (MSPSS). SPSS 16 program was used for statistical analysis. P <0.05 was defined as significance level. Results The rates of depressive disorder (p = 0.022) and Post Traumatic Stress Disorder (PTSD) (p = 0.012) were higher in subjects who were married at an early age compared to unmarried peers. In terms of scale scores, MSPSS's total perceived social support score (p = 0.003) and perceived friend support (p <0.001) and perceived significant other support subscale (p = 0.001) were significantly lower in early marrying cases. When the subjects who were married early were compared with the ones who were married at adulthood, again, depressive disorder (p = 0.004) and PTSD (p = 0.012) were found to be higher in the subjects who were married at an early age. In addition, Beck Depression Inventory (p = 0.006) and STAI-2 persistence anxiety scores (p = 0.036) were higher in cases who were married at an early age. Perceived friend support (p = 0.001) and perceived significant other support subscale (p <0.001) were lower. Conclusion Our study shows that marrying girls before they have completed their bio-psycho-social development have a potantial risk especially for depressive disorder and PTSD and these cases perceive their social support to be lower in many areas. Although child marriages are gradually decreasing in our country, we think that taking necessary measures to prevent early marriage of girls due to their present risks will be important for preventive mental health.

ANAHTAR KELİMELER: child, marriage, early-marriage, psychiatric disorder

S20 - Parenting Attitudes of Mother in Postpartum Period and Related Factors

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Aim: The attachment, which is developed in the first 2 years of life, actually begins much earlier and it is mentioned that there is an attachment between mother and baby even in the prenatal period. The most important part of the attachment begins just before birth and continues to develop in the months after birth. Since the early period after birth is the most intense period of attachment, it is the best time to initiate a positive mother-baby relationship. In this study we aimed to evaluate parenting attitudes of mother in postpartum period and related factors Method: The study was carried on 62 mothers having healthy babies and giving vaginal and c/s birth at Ordu Maternity and Gynecology Hospital. The data were collected by means of survey form and The Postpartum Parenting Behaviour Scale (PPBS). During the first ten minutes after the labor, the observer followed the attitude of the mother towards her baby, and recorded as (+) for existing attitude, as (-) for unavailable attitude. The data were evaluated by using the descriptive statistics, t-test, one way analysis of variance, Kruskal Wallis, Mann Whitney-U, and Pearson Correlation Analysis Results: The average of mother's age was 29,7±6,5 . %24 was normal vaginal birth and %74.2 was c/s birth. PPBS mean score was 5.24±1.11 points. Delivery method (vaginal birth or c/s) and sex of baby were not correlated with PPBS scores. However there was a significant relationship between duration of marriage (r= -.364, p=0.06), number of pregnancy (r=-. 414, p=0,001) and PPBS scores. Conclusion: Our resulsts shows that mode of delivery does not effect mother's parenting attitudes and mother's behaviours doesn't change according to babie's sex. However, parenting behaviors of mothers against newborn babies decrease as the marriage duration increases and the number of pregnancies increases. In order to determine related factors in more detail, larger sample size studies are needed to examine parenting behaviours at birth.

ANAHTAR KELİMELER: Postpartum Parenting Behavior, mother-child interaction, attachment

S21 - SERUM NEUROTENSİN LEVELS, ANXİETY, EMOTİON REGULATİON AND IMPULSİVİTY İN OBESE AND HEALTHY ADOLESCENTS

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Objectives: Neurotensin (NT) is a 13 amino acid peptide with central and intestinal effects. It has an anorexigenic effect . NT closely interacts with monoamine neurotransmitter systems and NT receptor (NTR) 1 and 2 are densely located in structures that are important for anxiety, including the amygdala and hippocampus which are also important brain regions for emotion regulation and impulsivity. In this study, we aimed to evaluate the serum NT level, anxiety, emotion regulation and impulsivity in healthy children and in obese children. Methods: The study included adolescents with a body mass index (BMI)> 95p who presented with weight gain between 12-17 years of age and healthy adolescents with a BMI of 3-85p, similar in age and gender. Anthropometric measurements and serum NT levels' measurement were performed in all cases. Barrat Impulsivity Scale-11 (BIS-11) was used for evaluating impulsivity, anxiety level was measured with the Screen for Child Anxiety Related Disorders (SCARED) and emotion regulation was evaluated by Difficulties in Emotion Regulation Scale (DERS). Results: Sixty-five obese (32 girls, 14,6 ± 1,4 years) and 65 healthy adolescents (32 girls, 14,6 ± 1,5 years) were included in the study. In obese group, BMI, BMI standard deviation score (SDS), NT levels were significantly higher than the control group. Obese adolescents explained more difficulties in emotion regulation, they had higher impulsivity and axiety scores than healthy adolescents. Serum NT level was not related with anxiety, emotion regulation and impulsivity levels. Conclusion: Our results suggest that high NT levels may play a role in the etiopathogenesis of obesity but the relation of NT and impulsivity, anxiety and emotion regulation is not obvious. Obese adolescents experienced more difficulties in emotion regulation, anxiety and impulse control so it is important to keep in mind that obese adolescents, who lived more difficulties in emotional or behavioral control, should apply to adolescent psychiatry clinics

ANAHTAR KELİMELER: Adolescent, anxiety, emotion regulation, impulsvity, neurotensin, obesity

S23 - Adolescent Borderline Personality Disorder and Attention-Deficit/Hyperactivity Disorder: Overlap and Differences in a Clinical Setting

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Objective: We investigated differences between Borderline Personality Disorder (BPD) and Attention-Deficit/Hyperactivity Disorder (ADHD) in terms of co-morbid psychiatric disorders and behavioral problems in adolescents recruited from an inpatient setting (n=550). Methods: We compared adolescents with ADHD, BPD, and ADHD+BPD in terms of co-occurring psychiatric disorders and behavioral problems. We utilized regression to determine which psychiatric disorders predict ADHD and BPD and to test whether BPD symptoms make an incremental contribution to the prediction of psychiatric symptoms over ADHD symptoms. Results: The severity of almost all co-occurring disorders, aggression, self-harm, suicidal thoughts, and substance use were higher in the ADHD+BPD group. ADHD was predicted by Conduct and Oppositional Defiant Disorder. BPD was predicted by Conduct, Oppositional Defiant, Major Depressive and Eating Disorders. Borderline symptoms made an incremental contribution to the prediction of psychiatric symptoms beyond the contribution of ADHD. Conclusion: Results of the current study suggest that there is high co-morbidity between ADHD and BPD in our sample and subjects who met the diagnostic criteria of both disorders demonstrate greater symptoms of numerous psychiatric disorders and behavioral problems. In addition, comparison analysis revealed that particular psychiatric symptoms and behavioral problems (i.e. Eating Disorders, Depression symptoms internalizing disorders and suicidal ideation) are greater in subjects with only BPD than those with only ADHD, indicating that these disorders are related to several different psychiatric problems. Results of the hierarchical regression analysis support that assumption as well; that BPD symptoms have an incremental contribution to total psychiatric symptoms beyond ADHD symptoms. Furthermore, while ADHD was found to be predicted by CD and ODD, BPD was predicted by more diverse psychiatric symptoms including CD, ODD, depression and eating disorders supporting our hypothesis that BPD is related to a broader range of psychiatric disorders compared to ADHD. Findings obtained from this study revealed that severity and comorbidity may be helpful factors in distinguishing between ADHD and BPD in clinical practice.

ANAHTAR KELİMELER: Borderline Personality Disorder, Attention Deficit/Hyperactivity Disorder, Adolescent, Co-morbidity, behavioral problems

S24 - Divergent Mentalization Types in Adolescent Borderline Personality Disorder and Attention-Deficit/Hyperactivity Disorder.

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Introduction Attention-Deficit/Hyperactivity Disorder (ADHD) and Borderline Personality Disorder (BPD) have many similar features that cause difficulties in the differentiation in clinical practice. To this aim, we have focused on the differences in social cognition abilities between these disorders. Several studies reported a close relationship between ADHD and deficits in Theory of Mind -a comparable deficit with Autism Spectrum Disorders-. However, the designs of these studies planned to evaluate the Theory of Mind capabilities of subjects with ADHD. The relationship between ADHD and mentalization was not studied before in adolescents. We aimed to investigate the mentalization capacities and the subtypes of mentalization deficits (i.e. hypermentalization, hypomentalization) in adolescents with ADHD and BPD. We hypothesized that although adolescents with both disorders would demonstrate mentalization deficits, they would have different types of deficits such that ADHD would be related to hypomentalization, and BPD would be related to hypermentalization. Comorbidity between ADHD and BPD results in worse psychosocial outcomes. In particular, individuals with both ADHD and BPD have higher rates of comorbid psychiatric disorders, greater impulsivity, and aggression levels and are more likely to have a history of abuse and neglect in their childhood compared to BPD only subjects. Based on these findings, some researchers suggest that subjects with the clinical appearance of both disorders might be classified in a different group than subjects with BPD or ADHD alone. Based on this literature, as a second hypothesis, we hypothesized that adolescents with both ADHD and BPD would demonstrate greater mentalization deficits compared to adolescents with only ADHD or BPD. Method We compared groups of adolescents meeting criteria for ADHD (n=69), BPD (n=116) and ADHD+BPD (n=57) in terms of their mentalization abilities and styles evaluated using the child eye test (CET) and the movie for the assessment of social cognition (MASC). Additionally, we divided the sample according to gender and conducted partial correlation analyses to test the relationship between CET scores, MASC subscales, and ADHD and BPD symptoms while controlling for participant age. Results Group comparison analyses revealed that ADHD+BPD adolescents had higher "no mentalization" scores than BPD subjects. Correlation analyses revealed that correct MASC scores were negatively correlated with both ADHD and BPD symptoms in girls. In addition, hypermentalization scores were correlated with BPD symptoms in both boys and girls, and hypomentalization scores were correlated with ADHD symptoms in girls. Lastly, CET scores were negatively correlated with ADHD symptoms in girls. Discussion These findings indicate that mentalization deficit patterns in ADHD and BPD are distinct. While ADHD may be related to hypomentalization, instead, BPD may be related to hypermentalization.

ANAHTAR KELİMELER: borderline personality disorder, attention deficit/hyperactivity disorder, mentalization, social cognition, adolescent.

S25 - The Effects of Drug Holidays in ADHD Treatment on Executive Functions and Sleep Problems

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Objectives: There is a debate about whether drug holidays should be given or not due to the side effects of methylphenidate during the treatment of ADHD. Also, there are limited numbers of studies examining the effects of drug holidays on ADHD symptom severity, but no study investigating the effect of drug holidays on executive functions and sleep problems. In our study, we aimed to evaluate executive functions and sleep problems in ADHD patients three times: before treatment, at least 8 weeks after methylphenidate treatment and at least 8 weeks after a drug holiday. Also, we aimed to investigate the effects of drug holidays on executive functions and sleep habits. Methods: Our study was designed as a longitudinal study and was conducted between September 2018 and September 2019 in the Bolu Abant Izzet Baysal University Child and Adolescent Psychiatry Clinic. 51 patients aged between 7-18 years, who were admitted to our clinic between September 2018 and November 2018, diagnosed with ADHD. Stroop test and Clinical Global Impression Scale (CGI) were applied to the subjects before treatment, after treatment and after drug holiday. In the same periods, Conners' Parent Rating Scale-Short Form (CPRS:S) and Child Sleep Habits Questionnaire (CSHQ) to be filled by parents, and Conners' Teacher Rating Scale (CTRS:S) to be filled by the teacher were given. Results: 22 of 51 patients (43%) discontinued the treatment during the follow-up period. 28 patients were included in the assessment after the drug holiday. When the subjects were evaluated with CGI, it was found that the patients received a statistically significant lower score after treatment than the pre-treatment ($p<0.001$), and there was a significant increase in scores after the drug holiday ($p<0.001$). When the CPRS subscale scores were examined, it was observed that there was a significant decrease in the DE subscale after treatment compared to the pre-treatment ($p<0.001$), and no significant difference was found between the subscale scores of CPRS after treatment and after the drug holiday ($p>0.05$). When the Stroop test data applied to the subjects participated in our study were examined, it was found that the duration of completion was shortened in completion of 5 sections of the Stroop test after the treatment compared to the before treatment. After treatment, it was found that they made fewer errors and less correction in Stroop 5 than before treatment ($p=0.005$, $p=0.007$). After the drug holiday, it was observed that they made more errors in Stroop 5 than the after-treatment ($p=0.037$). After the treatment, it was found that there was a significant decrease in the parasomnias subscale score of CSHQ compared to the before treatment ($p=0.026$), and no significant difference was found between the subscale scores of CSHQ after treatment and after the drug holiday ($p>0.05$). Conclusion: Our study demonstrated that the drug holiday given during the summer holiday impaired the executive functions and had no effect on sleep problems. As a result, it would be appropriate for the clinician to decide on a drug holiday by considering the individual profit-loss balance.

ANAHTAR KELİMELER: Methylphenidate, drug holidays, executive functions, Stroop test, sleep

S26 - The Effects of Methylphenidate Use on Sleep Problems in Children and Adolescents with ADHD.

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Objectives: It has been reported in the clinical sample that children and adolescents with ADHD experience 25-55% sleep problems. Studies are reporting that the use of psychostimulants, which are among the first step drugs in ADHD treatment, causes sleep problems. However, the effect of methylphenidate on sleep is unclear. In our study, ADHD symptoms and sleep problems were evaluated in ADHD cases before and after at least 8 weeks after methylphenidate treatment. We aimed to investigate the effects of methylphenidate use on sleep problems in children and adolescents with ADHD. Methods: Our study was designed as a longitudinal study and was conducted between September 2018 and June 2019 in the Bolu Abant Izzet Baysal University Child and Adolescent Psychiatry Clinic. 51 patients aged between 7-18 years diagnosed with ADHD. Clinical Global Impression Scale (CGI) were applied to the subjects before treatment and after treatment. In the same periods, Conners' Parent Rating Scale-Short Form (CPRS:S) and Child Sleep Habits Questionnaire (CSHQ) to be filled by parents, and Conners' Teacher Rating Scale (CTRS:S) to be filled by the teacher were given. CSHQ is a scale that evaluates children that have sleep habits and sleep-related problems, consisting of eight subscales including sleep time resistance, sleep delay, sleep duration, sleep anxiety, night awakenings, parasomnia, sleep-disordered breathing and sleepiness during the day. Results: 22 of 51 patients (43%) discontinued the treatment during the follow-up period. When the subjects were evaluated with CGI, it was found that the patients received a statistically significant lower score after treatment than the pre-treatment ($p<0.001$). When the CPRS subscale scores were examined, it was observed that there was a significant decrease in the DE subscale after treatment compared to the pre-treatment ($p<0.001$). When the CTRS subscale scores of the subjects participated in our study were examined, it was observed that DE and DS subscale scores decreased after the treatment compared to the pre-treatment (p values respectively: 0.014, 0.012). When CSHQ subscale scores were analyzed, after the treatment, it was found that there was a significant decrease in the parasomnias subscale score of CSHQ compared to the before treatment ($p=0.026$) and there was no significant difference in other subscale scores ($p>0.05$). Conclusion: In our study, contrary to studies suggesting that methylphenidate has negative effects on sleep, methylphenidate has not been found to have any negative effects on sleep and has also been found to cause improvement in parasomnia. However, further research is needed to examine the effect of methylphenidate use on sleep, which is carried out in a larger sample, and that is used by objective methods.

ANAHTAR KELİMELER: ADHD treatment, methylphenidate, CSHQ, sleep problems, parasomnia

S27 - The Comparison of Empathic Abilities and Skin Conductance in Children Between Specific Learning Disorder and Healthy Controls.

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Objectives: Difficulties in perceiving nonverbal clues in children with Specific Learning Disabilities (SLD) have been shown in the literature. The number of studies to investigate changes in Electrodermal Activity (EDA) during the detection of nonverbal clues is quite low. The aim of this study was to compare the emotional and behavioral difficulties of children with SLD in the control group, in terms of nonverbal communication skills, understanding emotions, EDA changes and response latencies measured during this time, and to compare the correlations of these changes in terms of empathy levels. Methods: The study was designed as a cross-sectional, prospective study. Our study was carried out between July 2019 and September 2019 in Child and Adolescent Psychiatry Clinics of Bolu Abant Izzet Baysal University Faculty of Medicine. Children with SLD were clinically diagnosed. Clinical Global Impression Scale (CGI), KA-SI Empathy Tendency Scale (KA-SI EIE) Child Form, and Sensing Skills Test of Nonverbal Clues (SSTNC) were used both groups and GSR / Derman @ device was used for electrodermal activity measurement. In the study, a "p" value of less than 0.05 was considered statistically significant. Results: In this study, 31 children diagnosed with SLD and 31 healthy children were included in the study. The mean age was 10.50±1.07 years for the SLD group, 10.06±1.06 for healthy controls. There was no statistically significant difference between the two groups in terms of age, gender or sociodemographic variables ($p>0.05$). In the evaluation of SSTNC results, it was found that children with SLD had more problems in recognizing and interpreting facial expressions, postures, and movements, tone of voice and emotions conveyed by nonverbal clues in social stories than the control group and the correct number of responses were lower in the SLD group (p values respectively 0.001; 0.001; 0.001; 0.005). Prolonged response latencies to picture, video, sound and story stimuli in the SSTNC test were observed in the SLD group compared to controls (p values 0.001; 0.001; 0.019; 0.006). No statistically significant difference was found between the SLD and control groups in terms of EDA changes detected in SSTNC subtests. There was no statistically significant difference between the groups in terms of emotional empathy scores ($p = 0.346$) and empathic tendency scores ($p = 0.127$). There was a statistically significant difference in cognitive empathy ($p = 0.05$). There was no significant correlation between EDA and KA-SI empathic tendency scale ($p> 0.05$). Conclusion: In our study, non-verbal clues perception, empathy, and emotional and behavioral problems were found to be higher in the SLD group than in the healthy control group and these findings are consistent with the literature. In the SLD group, it was observed that the change in skin conductivity during non-verbal cues perception assessment was not different from the healthy control group and our study was thought to contribute to the literature in this respect; however, further studies with larger samples are needed on this subject.

ANAHTAR KELİMELER: specific learning disabilities, electrodermal activity, skin conductance, empathy, nonverbal communication skills

S28 - Psychiatric evaulation of behavioural and emotinal problems in hospitilazied children with oncologic diseases

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Objective:In literature, children with chronic medical problems had shown 2-4 times more diagnosed with a psychiatric disorder (1-3). Moreover, hospitilazation period may increase this risk (4). Consultation-liason studies focused on adult population and, best of our knowledge, there is no studies about child population in our country. Our study aims to evaulate psychiatric disorders in children with oncologic and hematologic diseases. Method:Study included patients examined between 2014-2019 years in Ondokuz Mayis University child hematology and oncology services, patient data analysied retrospectivly. Demografical data, referall cause, medical diagnosis and psychiatric examination and diagnoses had noted. Results: 230 children included in the study. Patients mean age was 10.4± 5.0 and %50.9 were male. The highest diagnosis was B-cell leukemia. The most common consultation cause was depressive symptoms (52.8%). The diagnosed psychiatric disorders adjusment disorder and major depressive disorder. Patients prescribed 49.6% with psychopharmacological agents. Conclusion: Medical and psychiatric treatment syncronia may improve treatment success in children with oncologic diseases. Our study points psychosocial/psychiatric intervention need of these patients and their families in terms of holistic approach to children with oncologic diseases.

ANAHTAR KELİMELER: oncology, children, hospitilaze

S29 - The effect of the season in suicide attempts: A descriptive cross-sectional study

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Objective: It has been shown in studies that impulsive suicide attempts are affected by seasonal content. A peak in spring and summer has been described in suicide attempts in previous research. In this study, the existence of a relationship between suicide features and seasons was investigated in adolescents who applied with a suicide attempt. Methods: The demographic characteristics of adolescents who were admitted to a training and research hospital for a two-year period between 2018 and 2019, who were consulted to the Child and Adolescent Psychiatry outpatient clinic from the Pediatric Emergency Service or Pediatric inpatient clinic were examined retrospectively. Application seasons were classified as calendric. SPSS 17.0 (Chicago Inc., 2008) program was used. The significance level was accepted as $p < .05$ in binary comparisons, $p < .017$ in triple comparisons, and $p < .012$ in quadrilateral comparisons. Results: Data of 124 adolescents were reached. The median age was 15.5 (10-17 years), 83.1% (n = 103) were girls, 16.9% (n = 21) were boys. A psychiatric disorder was found in 50.8% (n = 63) meeting the DSM-5 diagnostic criteria. 44.4% (n = 55) of the cases belonged to 2019 and 55.6% (n = 69) belonged to 2018. Application season distribution of cases due to suicide; 27.4% (n = 34) were in autumn, 26.6% (n = 33) were in winter, 25% (n = 31) were in summer, 21% (n = 26) were in spring. When the relationship between the demographic and clinical variables of the season in which the suicide attempt took place was analyzed, no significant relationship was found between the age, gender, the season in which the adolescent was born and the season in which the suicide attempt occurred ($p > .05$ for all variables). The absence of problems in friend relationships in summer, which were determined as the reason for suicide attempt, was found statistically significant ($\chi 2$ (3) = 24.550, $p < .001$). Conclusion: In the seasons, only a relationship was found between summer and friendship problems and suicide attempt. It is thought that this finding may be related to the fact that schools are on holiday during the summer period.

ANAHTAR KELİMELER: suicide, adolescent, season, impulsive, DSM-5

S30 - Evaluation of Neurotrophic Factor Levels in Children and Adolescents with Anxiety Disorders

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Introduction Little is known about the link between anxiety disorders and neurotrophic factors, especially in children and adolescents. Objectives The aim of this study was to compare the levels of brain-derived neurotrophic factor (BDNF), glial cell-derived growth factor (GDNF), neurotrophin-3 (NTF-3) and nerve growth factor (NGF), fibroblast growth factor-2 (FGF-2), vasoendothelial growth factor (VEGF) in the peripheral circulation of children and adolescents diagnosed with anxiety disorders and the control group. Methods The study group consisted of 43 children and adolescents who did not use medication and diagnosed with anxiety disorder (generalized anxiety disorder, separation anxiety disorder, social phobia) according to DSM-5 diagnostic criteria. The control group consisted of 43 children and adolescents without a major psychiatric disorder or physical disease. The Revised Child Anxiety and Depression Scale-Child and Parent versions were used to both the patient and control groups to determine the symptoms and severity of anxiety and depression. Between 8:30 and 10:00 am, approximately 5 ml of venous blood was collected from both groups. Serum samples were analyzed by enzyme-linked immunosorbent assay and neurotrophin values were determined. Results Serum GDNF and FGF-2 levels were significantly lower and serum VEGF levels were significantly higher in the anxiety disorders group compared to the control group. However, there was no significant difference between the groups for serum BDNF, NGF and NT-3 levels. Conclusions GDNF, FGF-2 and VEGF may play a potential role in the pathogenesis of anxiety disorder in children and adolescents. Further research is needed for the relationship between neurotrophins and childhood anxiety disorders.

ANAHTAR KELİMELER: anxiety disorders, child and adolescent, neurotrophic factors, neurotrophins

S31 - Neutrophil–lymphocyte ratio, mean platelet volume, and platelet distribution width in patients with major depressive disorder undergoing no pharmacological therapy

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Objective: Increasing evidence has highlighted the role of low-grade inflammation in the underlying pathophysiology of major depressive disorder (MDD). Studies suggest that immune mediators can affect neurotransmission, neural activity and neuroendocrine pathways leading to MDD. The neutrophil lymphocyte ratio (NLR) has been considered a simple clinical biomarker of inflammation and has been studied in various medical diseases and neuropsychiatric disorders. On the other hand, platelet-lymphocyte ratio (PLR),which is a new, simple and reliable inflammatory indicator, has been studied less. Mean platelet volüme (MPV) is a readly indicator of platelet activation in the evaluation of prothrombotic and proinflammatory processes in various diseases. The relationship between mood disorders and platelet activity has been reported in several studies. In this study, we aimed to evaluate the NLR, PLR, platelet distribution width (PDW) and MPV levels of outpatients suffering from different levels of major depression. Methods: In this retrospective study, the files of patients referred to a psychiatric outpatient clinic between January 2017 and December 2019 were evaluated. Adolescents who refferred to the outpatient clinic and were diagnosed with major depressive disorder and who did not use psychotropic medication yet were included in the study. Patients with chronic disease, drug use, history of substance use, and obesity were excluded from the study. The severity of depression was assessed DSM-5 Depression Severity Scale Child Form and DSM-5 Level-2 Depression Scale Child Form. Results: Ninety-three depressive disorder patients and 65 healthy controls meeting the study acceptance criteria were included in the evaluation. Of these patients, 111 were female and 47 were male. There was no difference between the groups in terms of age, sex and complete blood count (CBC) parameters such as white blood cell (WBC), neutrophil count, lymphocyte count, platelet count, PLR, MPV and hemoglobin levels. The NLR and PDW of the adolescents with depression were significantly higher than those of the control group (respectively p=0,024 and p= 0,001). A positive correlation between the severity of depression and MPV were determined in the case group (p=0,039, r=0,217). There was a positive correlation between PDW and depression severity in the whole group (p=0,001, r=0,264). Conclusion: The high value of NLR supports the view that inflammation is a critical factor in the etiology of MDD. Nevertheless, according to our obtained data, it is possible to say that inflammation play a role in MDD etiology. Our study showed that the NLR and PDW obtained from simple and inexpensive blood tests were significantly higher in patients with MDD than healthy controls, and it implies that low-grade inflammation probably plays an important role in the pathophysiology of MDD. As a result, we may speculate that neutrophil-lymphocyte and PDW are beneficial for determining the severity of inflammation in adolescent depression. In addition, MPV are associated with the severity of depression, which may be a prognostic indicator for MDD. Prospective studies that consider NLR, PLR, PDW and MDV and other pro-inflammatory markers may provide additional information about the inflammatory process in major depressive disorder in adolescents.

ANAHTAR KELİMELER: depression, inlammation, Neutrophil–lymphocyte ratio, platelet distribution width, mean platelet volume

S32 - Social cognition, social communication, emotion intelligence and emotion regulation may be impaired in adolescents with Specific Learning Disorder: a two center study

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Background: The aim of this study is to compare theory of mind abilities, social responsiveness, pragmatic language, emotional intelligence and emotion regulation skills with controls in patients with Specific Learning Disorder (SLD). Method: This study includes 45 adolescents with SLD between the ages of 12-17 who consecutively applied to İzmir Katip Çelebi University School of Medicine Child and Adolescent Psychiatry and Ödemiş State Hospital. Control group was composed of 64 healthy adolescents who were matched with the SLD groups in terms of age and have clinically normal IQ levels, did not have a psychiatric disorder. All participants completed a battery of tests to analyze their theory of mind abilities, social responsiveness, pragmatic language, emotional intelligence, emotion regulation skills and clinical psychopathologic profile. Results: There wasn't a significant difference in mean age between the SLD group (13.80 ± 1.65 years) and control group (14.23 ± 1.61 years). Adolescents with SLD scored significantly lower than healthy controls on the Children's Communication Checklist-2 (CCC-2), Social Reciprocity Scale (SRS), except the social cognition tasks and the Difficulties in Emotion Regulation Scale (DERS). Various correlations were evident between social cognition tasks, emotional regulation problems, and clinical psychopathologic profile. Conclusions: Adolescents with SLD diagnoses were found to be inadequate in the abilities with respect to the emotional intelligence and, pragmatic language problems than the healthy controls. Based on the results of our study, patients with SLD should be evaluated in terms of pragmatic language and should be directed to intervention programs if deemed necessary.

ANAHTAR KELİMELER: Social cognition, social communication, emotion intelligence, emotion regulation, Specific Learning Disorder.

S33 - Evaluation of Child and Adolescents Living in Institutional Care in Ankara in Terms of Mental Health

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Objectives: In recent years, studies with children and adolescents rared in institutional care have shown that externalizing symptoms such as hyperactivity, aggression, anti-social behavior, as well as internalizing symptoms such as depression, anxiety, and difficulties in emotion regulation are higher than population sample. Although it has been shown in many studies that children in institutional care have a high level of behavioral and emotional problems and have many risk factors that would predispose to the development of mental disorders, studies in our country that examine the mental health of children in institutional care and possible factors that may cause mental disorder are very limited. In this study, it was planned to examine the sociodemographic and clinical characteristics of the children and adolescents in the institutional care of Saray Child Houses Site in Ankara and to evaluate possible mental disorders. Methods: Sample of the study was composed of children and adolescents who were protected under institutional care of Saray Child Houses Site in Ankara and who applied to Ankara Yıldırım Beyazıt University Yenimahalle Training and Research Hospital Child and Adolescent Mental Health and Diseases outpatient clinics between 15.09.2019-15.01.2020 for various reasons. The participants were screened retrospectively for their sociodemographic features, whether they had special needs, and psychiatric diagnoses determined by clinical interview according to DSM 5. Results: Ninety-one children and adolescents rared in institutional care were examined in the study, 82 (90.1%) were boys. It was determined that the participants whose average age was 120.5 ± 24.9 months were under the institutional care for an average of 3.57 ± 2.89 years. It was determined that they applied with the complaints of hyperactivity / attention problems (29, 31.8%), temper tantrums (15, 16.5%), renewal of medical board report for special education (14, 15.4%). Eighty-three (91.2%) of the participants had at least one psychiatric diagnosis and the most common of these diagnoses were attention deficit hyperactivity disorder (51, 56%), mild mental retardation (24, 26.3%), depression (17, 18.6%) and conduct disorders (15, 16.5%). It was determined that there were 46 (50.5%) children with special educational needs, and children with special educational needs have significantly more co-psychiatric diagnoses than those without special needs (p:0.038). Children with special educational needs were found to stay on a significantly longer duration in the institution (p:0.015). Conclusion: In this study, sociodemographic characteristics and psychiatric diagnoses and treatments of children and adolescents in institutional care who applied to child psychiatry were evaluated. It is seen that the vast majority of applicant children and adolescents have multiple psychiatric diagnoses and multiple drug use is chosen for their treatment. It is known that children and adolescents in institutional care have many risk factors that predispose to the development of mental disorders. It is necessary to evaluate the mental health problems of children in institutional care as a holistic, determine the factors that negatively affect their mental health and cognitive development, and generate goal oriented interventions. It also suggests that increase in future studies in this area may contribute to preventive mental health services.

ANAHTAR KELİMELER: Mental Health, İnstitutional Care, Adolescents, Children

S34 - Socio-demographic and clinical features of children referred from primary care with suspicion of autism to a Child and Adolescent Psychiatry Department of a University Hospital

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Objectives: Autism spectrum disorder (ASD) is a complex neurobiological disorder characterized by neuropsychological and behavioral disorders. Cognitive impairment, lack of social skills and stereotypical behavior are the main autistic symptoms that can be seen after a certain age. The diagnosis of autism at an early age is one of the positive prognosis indicators of ASD. In this study, it was aimed to evaluate the sociodemographic and clinical features of the patients who were referred for primary care because of suspicion of autism. Materials-Methods: In this cross- sectional, retrospective study records of children referred for forensic evaluations to our center in between 2018 - 2019 were evaluated. Sociodemograific data form, Childhood Autism Rating Scale, and Ankara Development Screening Inventory were used for evaluations. Data were analyzed with descriptive and non-parametric tests with SPSS 16.0 and p was set at 0.05 (Two-tailed). Results: Within the study period, 23 children were referred to our clinic. The mean age of children 31.0 (S.D. 6.0) months. The mean ages of children's mother and mother were 31.7 (S.D. 3.9), 34.9 (S.D. 3.9) years respectively. 6 children (26.1%) were female. None of the children went to kindergarten. 5 children (21.7%) had a comorbid medical disease. The average score of Childhood Autism Rating Scale was 23.6 (S.D 7.1). 4 of the children (%17.4) were diagnosed with autism spectrum disorder, 8 (34.8%) were diagnosed with a delay in cognitive development, and 11 (47.8%) were delayed in speech. 20 children (87%) were directed to special education. Lack of interest-stimulus was detected in 17 of the children (73.9%). Conclusion: This study aimed to present sociodemographic and clinical variables of children referred from primary care with suspicion of autism. Many of the children were directed to special education. Although very few of the referred children have the diagnosis of ASD, the fact that many of them have special education needs and are directed to special education can be a positive indicator of their prognosis.

ANAHTAR KELİMELER: Autism spectrum disorder, sociodemographic features, primary care,Childhood Autism Rating Scale, special education.

S35 - QUALITY OF LIFE AND COMORBID DISORDERS IN CHILDREN AND ADOLESCENTS WITH TIC DISORDERS

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Objective: The aim of this study was to determine the comorbid psychiatric disorders in children and adolescents diagnosed with tic disorder, to determine whether the quality of life of children and adolescents with tic disorders differed from those of healthy children and adolescents, and to determine whether this difference was associated with the comorbid psychiatric disorders and the severity of tics. Method: The sample of the study consisted of 30 children and adolescents aged 7-17 years who were admitted to Karadeniz Technical University Faculty of Medicine Child Adolescent Psychiatry Outpatient Clinic for the first time and diagnosed Tic Disorders and their children and parents. The control group consisted of 30 healthy children and adolescents that were paired by age and sex with study group and their parents and teachers. All participants agreed to participate in the sudy and children with intellectual disability were excluded. Participants were asked to complete pediatric Quality of Life Inventory (PedsQOL) parent and child forms, Turgay DSM-IV based Child and Adolescent Behavior Disorders Screening and Rating Scale parent and teacher forms, Children's Depression Inventory, Screen for Child Anxiety and Related Disorders, Maudsley Obsessive Compulsive Inventory and Yale Global Tic Severity Scale. IBM SPSS Statistics Base 22.0 package program was used for statistical analysis. Results: Of the 30 children and adolescents with tic disorders who were included in the study, %60 were male, %40 were female and the mean age was 11±2,3. %13,3 of the children and adolescents with tic disorders had provisional tic disorder, %56,7 had tourette syndrome and %30 had chronic motor or vocal tic disorder. 73.3% of children and adolescents with tic disorder had one or more comorbid psychiatric disorders. The most common comorbid disorder was attention deficit hyperactivity disorder (ADHD) with 43.3% and the second one was obsessive compulsive disorder (OCD) with 26.7%. It has been found that children with tic disorders have low quality of life in all areas of their lives, according to both their PedsQOL parent and child form scores. No significant relationship was found between quality of life and tic severity. A negative relationship was found between the intensity of depressive symptoms and the quality of life reported by the parents and the children. There was no significant relationship between the intensity of anxiety symptoms and the quality of life reported by the parent, but a negative correlation was found between the quality of life reported by the child. There was no significant relationship between the intensity of OCD symptoms and the quality of life reported by parents and children. Conclusion: Tic disorders adversely affect the quality of life of children and adolescents in social, emotional, physical and school functioning areas. Functional impairment in children and adolescents with tic disorders is not related to the severity of tics, but to the intensity of comorbid psychiatric symptoms. Therefore, it can be concluded that tics should not be focused solely on children and adolescents with tic disorders, but a detailed evaluation should be made in terms of comorbid psychiatric disorders.

ANAHTAR KELİMELER: TIC DISORDERS, CHILDREN AND ADOLESCENTS, QUALITY OF LIFE, COMORBID DISORDERS,TIC SEVERITY

S36 - The effect of antipsychotic treatment on sleep, cardiac and metabolic parameters in children and adolescents with conduct disorder: 6 months follow-up study

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Objective: Studies have shown several side effects including metabolic, cardiac and neurologic side effects of antipsychotic medications used psychiatric disorders. We aimed to compare the baseline and 6-month follow-up effect of risperidone on sleep, cardiac and metabolic parameters in children and adolescents with CD. Method: The study group consisted of 99 children and adolescents at baseline, 6 months follow-up. The Kiddie Schedule for Affective Disorders and Schizophrenia for School-Aged Children- Present and Lifetime Version (K-SADS-PL) was used in the study for diagnosis. Children's sleep habits and sleep problems were assessed with the Children's Sleep Habits Questionnaire. Blood pressure, pulse per minute, lipid profile, fasting blood glucose were started at 6 months follow-up. P was set at 0.05. Results: 99 patients were included in the study. 44 (44.4%) cases were reached in 3 months of follow-up and 20 (20.2%) cases were reached in 6 months of follow-up. The average age of the patients was 10.58 ± 4.48 years at first evaluation. There was no statistical difference between those who continued to study and drop-out. Risperidone was initiated in 88 cases and aripiprazole in 11 cases. The most psychiatric disorder was conduct disorder (n=29). 43 (43.75%) patients had comorbid disorders. There was a statistically decrease in the CGI score comparing baseline and 6 months follow-up ($p<0.001$). When baseline and 6 months follow-up of risperidone treatment were compared, although there was no statistically difference in the arterial tension, fasting blood glucose and lipid profile ($p>0.05$), there was a statistically increase in the pulse per minute and body mass index ($p=0.040$, $p=0.038$; respectively). There was a significant difference in terms of delay of falling asleep in the same period ($p=0.033$). Conclusion: In our study, 6 months follow-up of cases using antipsychotics; a decrease in disease severity was detected. While no changes were found on metabolic parameters, there was a significant increase in heart rate per minute and BMI. It can be interpreted that 6-month AP use has a positive effect on sleep, especially in delay in falling asleep. Antipsychotic treatment should be followed up with studies with a larger sample and longer follow-up.

ANAHTAR KELİMELER: Conduct disorder, risperidone, children, adolescent, side effects

S37 - EVALUATION OF THE RELATIONSHIP AMONG PATHOLOGICAL INTERNET USE, AGGRESSION AND CYBERBULLYING IN CHILDREN AND ADOLESCENTS

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Introduction: The prevalence of cyberbullying/victimization in children and adolescents has been increased. Attention deficit hyperactivity disorder (ADHD) have been reported to be at risk for this situation. The aim was to evaluate the relationship among pathological internet use (PIU), aggression and cyberbullying /victimization in children and adolescents with ADHD. Methods: Male children (10-18 years old) with ADHD (n=30) and without any diagnosis (n=30) were evaluated according to DSM-5 based clinical interview, Questionnaire of Computer/Internet Use of Children and Adolescents (Children-Adolescent Form and Parnet form), Children's Aggression Scale-Parent Version (CAS-PV), Young Internet Addiction Scale (YIAS) and Cyber Bullying and Online Aggression Survey Instrument (CBOASI). Results: Sociodemographic feetures of the ADHD and healthy control groups were similar. YIAS and CAS-PV scores were higher in the ADHD group ($p<0.05$). There were no differences between two groups in terms of CBOASI score and the frequency of cyberbullying /victimization in the last month ($p> 0.05$). There was correlation between YIAS score and cyberbullying behavior($r=0,267$) and CAS-PV score ($r=0,300$) in all participants ($p<0.05$). There was correlation between physical aggression without provoking subgroup of CAS-PV and cyberbullying in ADHD group ($r=0,419$). There was a correlation between the physical aggression without provoking subgroup of CAS-PV and cybervictimization in the HC ($r=0,402$)($p <0.05$). Discussion: Children with ADHD have higher levels of aggression and PIU than healthy controls, but there is no difference between cyberbullying and victimization. Cyberbullying/victimization is independent of diagnosis. For this reason, it is necessary to create awareness and preventive measures about cyberbullying among all youth.

ANAHTAR KELİMELER: Attention deficit hyperactivity disorder, cyber bullying, cyber victimization, aggression, pathological internet use

S38 - THE VALİDİTY AND RELİABİLİTY STUDY OF BORDERLİNE PERSONALİTY FEATURES SCALE FOR CHİDREN-BPFSFC TURKİSH FORM

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Objective: The aim of this study was to investigate the validity, reliability, and factor structure of the Borderline Personality Features Scale for Children Turkish Form. Methods: The study included 168 patients aged 12-18 years who were admitted to the child and adolescent psychiatry outpatient clinic and 181 adolescents aged 12-18 years from two schools at secondary and high school levels. All participants were asked to fill the sociodemographic data form prepared by the researchers, and the Boderline Personality Features Scale for Children (BPFSFC), Personality Belief Questionaire- Short Form (PBQ-SF), Brief Semptom Inventory (BSI) and Personality Inventory for DSM-V (PID-5) scales. In addition, The Kiddie Schedule for Affective Disorders and Schizophrenia for School-Age Children -Present and Lifetime Version-Turkish Version (K-SADS-PL-T) was administered to the participants in the clinical group. Parents of the participants in the clinical group were asked to complete a Pediatric Quality of Life Inventory (PEDsQL) to determine the quality of life of their children. BPFSFC were re-administered to 41 randomly selected participants from the clinical group five months after the initial assessments. Results: According to the results of criterion-related validation; BPFSFC was positively correlated with PBQ-SF borderline subscale, PID-5 borderline related facets and BSI ın both groups and was negatively correlated with the PedsQL in the clinical group. Also scale was positively correlated with the number of diagnoses and psychiatric symptoms according to KSADS-PL in the clinical group. In the factor analysis conducted to evaluate the construct validity of the BPFSFC; according to both exploratory and confirmatory factor analysis results in both groups, a single factor structure was obtained. The Cronbach's α value of the scale was 0.84 in the clinical group and 0.79 in the control group. The test-retest reliability correlation coefficient of the scale was 0.724. Conclusion: As a result of the statistical analysis, we have found that the BPFSFC is valid and reliable scale to evaluate borderline personality features in Turkish adolescents and could be use in our country. It is thought that the BPFSFC will contribute to the new studies on borderline personality disorder in adolescents.

ANAHTAR KELİMELER: Borderline Personality Disorder, validity, reliability, adolescence, scale

S39 - Treatment of irritability in autism spectrum disorders: A preliminary study

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Objectives: This study aimed to investigate the efficacy and side effects of psychopharmacological treatments used for irritability in autism spectrum disorder (ASD). Methods: The patient folders of the children who were followed up due to ASD between January 2017 and January 2020 were investigated retrospectively. In total 563 patient folders and 1835 attendance records were investigated. From these, 59 ASD patients receiving irritability treatment were included in the study. The Clinical Global Impression Scale was used to assess the severity of irritability. The psychopharmacologic treatments used by participants were investigated in terms of reduction in severity of irritability and side effects. Results: This study was completed with 29 girls and 30 boys. The mean age of participants was 10.0 ± 3.3 years. Irritability severity was determined as low in 16 of participants, medium in 34 and high in 9. For irritability treatment, risperidone was used as first choice by 55.9%. This was followed by aripiprazole (30.5%) and haloperidol (13.6%). The average drug dose was 1.0 mg / day for risperidone, 1.5 mg / day for haloperidol and 3.7 mg / day for aripiprazole. 95.8% of the patients using risperidone reported moderate and high levels of benefit. This rate was 66.7% for haloperidol and 65.5% for aripiprazole. Risperidone provided significantly higher rates of benefit compared to haloperidol and aripiprazole (p=0.023). The side effect rate was 39% in risperidone use, 23% in haloperidol use and 34% in aripiprazole use. The most common side effect was increased appetite observed in 34% after risperidone use and 26% after aripiprazole use. The most common side effect reported after haloperidol use was extrapyramidal side effects at a rate of 15%. The rate of extrapyramidal side effects was determined as 7.8% after aripiprazole use and 2.4% after risperidone use. Conclusion: Irritability, which occurs in the form of self-harm and aggressive behavior towards others, often accompanies with ASD. More than half of individuals with autism have significant irritability, and similar to the findings of our study, irritability is high in nearly 20% of them. Antipsychotics are commonly used to treat aggressive and harmful behavior in children with ASD. However, which antipsychotic is more effective is still a research issue. In this study, the risperidone was determined to provide more benefit compared to haloperidol and aripiprazole. It is reported that the use of antipsychotic causes some side effects such as obesity, extrapyramidal side effects and hyperprolactinemia. There was no difference between the side effect rates of the treatments examined in this study. The most common side effects were increased appetite and extrapyramidal side effects. Irritability and aggressiveness may prevent both educational and social progression and cause significant problems for both the patient and their family. Antipsychotics can reduce these symptoms and may improve the quality of life of both patient and family. However, possible side effects may negatively affect the patient's health in the short term or the long term. We believe that the findings of this study will contribute to the evaluation of the benefit-harm ratio in treatment.

ANAHTAR KELİMELER: Antipsychotic, autism spectrum disorder, irritability, treatment

S40 - Evaluation of the Sociodemographic Characteristics of Victims Applying to the Child Advocacy Center-The First Established Child Advocacy Center Experience

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Objective: Childhood sexual abuse (CSA) is associated with both short and long-term adverse mental and physical health consequences, yet there remains considerable controversy about the prevalence of CSA in the general population. Since CSA is a crime under the law in many countries, when it is exposed, a criminal investigation is launched. Apart from the judicial investigation, professional work of many professionals such as social services and health workers is needed in the process. Child Advocacy Centers (CAC), established for this purpose, are child-friendly centers that ensure that forensic, medical and social procedures are carried out in a center consisting of educated people in this field and in one time, in order to prevent children who have been sexually abused from being subjected to secondary trauma in the process. In this retrospective study, the socio-demographic data of children who have been subjected to forensic sexual abuse in Ankara Child Advocacy Center are examined, and it is aimed to identify the priority groups in the determination of risky groups and intervention studies to prevent sexual abuse and to plan the studies for the recognition of the child who has been abused earlier. Method: Retrospective file records of children and adolescents aged 0-18 years, who were referred to Ankara Yıldırım Beyazıt University Yenimahalle Education Research Hospital Child Advocacy Center between January 2016 and December 2019 by the judicial authorities were examined. The sociodemographic characteristics of the cases, the form of the abuse, the characteristics of the abuser were evaluated by keeping a record form. Results: Of 6350 sexually abused cases, 86.5'i % were girls and 13.5'i % were boys. The average age of the girls was statistically higher than the boys (Girls = 13.55 ± 3.9; boys = 11.03 ± 4.9). 79.5% of the girls who were abused were over 12 years old; 62% of boys were found to be under the age of 12. 22.1% of girls were directed due to early marriage. 14.4% of the cases applied to CAC were incest cases. 86.6% of the cases referred with incest suspicion are girls and 13.4% are boys. While the most common type of abuse in incest cases was non-penetration touch (69.5%), the second line with penetration was found (21.8% in girls; 33.3% in boys). While the most common type of abuse in incest cases is non-penetrating touch (69.5%), sexual abuse containing penetration was found (21.8% in girls; 33.3% in boys) in the second place. Internal and external body examinations were performed in 17.4% of the applicants, and 6.6% were asked for a child psychiatric consultation for mental status assessment. Within the scope of social transactions carried out in CAC, 1261 children (20.8%) were taken into institutional care, and 1041 (17.2%) social studies were organized.Conclusions: In order to accurately inform early recognition, intervention and education programs for individuals with a history of CSA the frequency of sexual abuse must first be precisely quantified. Developing more standardized approaches will be important in order to improve our understanding of the extent of this problem.

ANAHTAR KELİMELER: child sexual abuse, forensic psychiatry, Child Advocacy Center

S41 - Relationships between parental attitudes, psychopathology and gaming disorder in adolescents.

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Objective: Game addiction (GA); children and adolescents that seriously affect the quality of life, restrict social relations, often lead to conflict with parents and peers, reduce the success of the course and self-esteem, increase behavioral problems, reduce personal care and hygiene, prepare the ground for physical discomfort (eye pain, migraine, nutrition) disorders, obesity, sleep problems, scoliosis, musculoskeletal disorders such as carpal tunnel syndrome, etc.) Some of the studies reported full association between ınternet gaming disorder and Attention-deficit hyperactivity disorder (ADHD). The aim of this study was to investigate the effect of the relationship between "Game Addiction " and ADHD symptoms and parental attitude skills on gaming addiction. Method: In our study, 8-18 aged, 30 children who have gaming addiction were included in the study and also 30 healthy control groups were formed. These groups were compared in terms of self-esteem (Rosenberg Self-Esteem Scale), parental attitudes, and the presence of additional psychopathology by a fully structured psychiatric interview, DAWBA(Development and Well-Being Assessment). The following scales were also applied to children; Young Internet Addiction Scale, Buss Perry Aggression Scale. Result: Since our work is still continuing, it is planned to present the latest data at the congress. Parental attitude is also thought to play a role in game addiction. The children of parents with authoritarian attitudes are considered to have more risk in terms of game addiction than their parents with a democratic attitude. Conclusion: Studies showed that the strong influence of parental attitudes and family functioning on the occurrence of GA in adolescents. Children with game addiction should be identified and necessary social support should be provided, behavioral problems should be eliminated, parental attitudes and self-esteem should be regulated, and if there is, treatment of accompanying psychopathology should be arranged.

ANAHTAR KELİMELER: Attention Deficit Hyperactivity Disorder (ADHD), Addictive Gaming, Parental Attitudes, Behavioural Problems

S42 - THE RELATİONSHİP BETWEEN THE CHİLD'S PSYCHOPATHOLOGY AND PARENT'S COPİNG STRATEGİES İN CHİLDHOOD CANCERS.

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Objective: Childhood cancers cover 0.5% to 4.6% of all cancers. An important and integral part of the care and treatment of cancer patients is primary caregivers. Parents tend to over-protect their children with cancer. As the disease progresses, children who initially meet their physical and psychosocial needs are more dependent on their parents in meeting these needs as the problems related to the disease and treatment increase. In this period, the stress of the parents increases, the coping strategies with events disturbs. The aim of this study was to determine the effects of parental attitudes, coping skills and quality of life on a child's hopelessness, depression and quality of life in children with cancer. Methods: Thirty patients with cancer in the age range of 7-18 years and 30 control patients were included in the study. DAWBA which is a fully structured clinical interview tool to describe the psychopathology in children, was performed to parents. In our study, the sociodemographic data collection form was filled by a child psychiatrist. Parent Attitude Scales (evaluates parents' attitudes), Coping Attitudes Assessment Scales (for coping strategies), and Quality of Life Scales were performed to parents.Depression Scale for Children was applied to 7- 13 aged groups to determine the depression levels of children, Beck Depression Scale was applied to children over 13 years of age. Result: Disease makes a larger independent contribution to all psychopathological measures than any other investigated variable. Therefore, cancer patients should be closely followed up in order to identify and timely treat any mental health problems that may arise. Since our work is still continuing, it is planned to present the latest data at the congress due. Conclusions: It is known that anxiety, depression, and overall psychopathology are more frequent in cancer patients compared to controls.

ANAHTAR KELİMELER: Quality of life, Hopelessness, Depression in children with cancer, Parental coping attitude

S43 - Behaviour and sleep effects of otitis media with effusion into the children

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Objective: Otitis media with effusion (EOM) is one of the most common causes of hearing loss in children, is defined as fluid accumulation in the middle ear without the signs and symptoms of acute ear infection. EOM is a common disease in childhood and is often overlooked because it does not present a severe symptom. Children with EOM can be diagnosed and asymptomatic only in routine examinations. Parents may apply with delays in children's speech or poor school grades and performance. Methods: Thirty patients aged 2-10 years were referred to the pediatric psychiatry outpatient clinic with the diagnosis of EOM. Thirty control groups were also included in the study. Parents of children underwent a fully structured psychiatric interview with DAWBA to determine the psychopathology of children. SDQ (strengths and difficulties), CONNERS Parental-Scale-Long-Form, CSHQ (Child Sleep Habits Questionnaire) were also administered to the parents. The SDQ (Forces and Difficulties Questionnaire) aimed to evaluate 5 parameters. Parameters are; Attention-hyperactivity, behavioural-problems, emotional-problems, peer-problems, and social-problems. The Conners Parental-scale-Long-form was used to determine hyperactivity and attention severity. We evaluated children's sleep problems with CSHQ (Sleep Habits Questionnaire for Children) Results: It has been observed that there are problems in language development due to hearing loss in children with EMO. Children with EMO also suffer from attention deficit and hyperactivity disorder, behavioral disorders and sleep problems. This affects children's school performance and learning. Our study has not been completed yet and we plan to share our numerical data when it is completed. Conclusion: It has been shown that recurrent EOM has negative effects on language development, auditory processing, and many other deficiencies. In addition, otitis media was associated with hyperactivity and behavioral problems.

ANAHTAR KELİMELER: Attention Deficit Hyperactivity Disorder (ADHD), Sleep problems, Behaviour problems, Otitis media with effusion

S44 - VITAL EFFECTS AND LONG-TERM SUSTAINABİLİTY OF LITHIUM USE IN YOUTH POPULATION

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Objectives: To investigate some important vital effects such as thyroid, liver and kidney functions and hematological effects of lithium on blood parameters of child and adolescent population up to 3-year follow-up. Method: Collecting 9-year (between 2011-2019) retrospective medical chart records from patient files and electronic laboratory records of a tertiary care psychiatry-teaching child and adolescent psychiatry out- and in-patient clinic, therapeutic lithium monitoring (TLM) levels, liver enzymes, blood urea nitrogen, creatinine, thyroid-stimulating hormone (TSH), free T4 (thyroxine), blood cell count levels were systematically clustered in accord with timely TLM levels. Patients receiving lithium less than two months and having less than two TLM records were excluded from final data analysis. After recording baseline and first months TLM results, considered as the titration phase, a first TLM measurement during every quarter of treatment (as a baseline value, 1st-month value, 3rd-month value, 6th-month value and so on) were included separately until the end of treatment. Biochemical tests and total blood count records for every 4-month duration (e.g a baseline value, a 1st-month value, a 4th-month value, an 8th-month value and so on) were included after the treatment initiation. Additionally, 8th and 12th (a 9-12th-month value for TLM) months of treatment 16th- and 20th-month (an 18-24th-month value for TLM) levels of treatment were grouped together for repeated-measures comparisons. Normal distribution was tested using the Shapiro-Wilk test. Oneway repeated measures ANOVA tests were conducted to detect the differences among baseline, short-term and long-term levels. The paired sample t-test and effect size (Cohen's d) calculations were preferred for blood cell count levels. Finally, Pearson correlation coefficients were calculated for TLM levels and blood parameters for overlapping time frames. Statistical analyses were conducted by using Statistical Package for Social Sciences 24.0 (IBM Corporation, Armonk, NY). Results: Only 24 patients meeting the eligibility criteria were drawn from the TLM database (aged 15.0±2.3, 37.5% female). The most common psychiatric disorder was bipolar spectrum disorders (n=18, 75.0%), followed by attention-deficit hyperactivity disorder (n=8, 33.3%) and intellectual disability (n=3, 12.5%). TSH levels were higher at baseline than those of follow-up time frames (baseline=4.7±1.9 m(IU)/L, 8-12th-month=3.3±2.3 m(IU)/L, 16-20th-month=2.7±1.4 m(IU)/L, p=0.04, Wilks Lambda=0.40) for patients receiving lithium. White blood cells (WBCs), neutrophil counts (NC), and hematocrit ratios (HR) were higher at 4-8th month than those of 16-20th month (For WBC, 4-8th-month=10.06±3.79 10^3/µL vs. 16-20th-month=7.59±2.65 10^3/µL, p<0.01, d=1.9; for NC, 4-8th-month=6.75±3.26 10^3/µL vs. 16-20th-month=4.50±1.94 10^3/µL, p=0.03, d=1.1; for HR, 4-8th-month=39.4±2.9% vs. 16-20th-month=36.3±2.8%, p=0.02, d=1.2, consecutively). Conversely, we did not find any difference for kidney and liver functions among different time frames (p>0.05 for creatinine, blood urea nitrogen, aspartate transaminase and alanine transaminase). In addition, TLM levels were positively correlated with creatinine (r=0.79, p=0.01), TSH levels (r=0.62, p=0.02), WBC (r=0.66, p=0.02) and neutrophil counts (r=0.64, p=0.02) at the first year of the treatment (between 3-12th months). Conclusion: Long term lithium usage might affect thyroid and kidney functions and blood counts. Prospective studies are needed to establish the long-term effects of lithium on the relatively vulnerable youth population.

ANAHTAR KELİMELER: lithium, child, theurapeutic drug monitoring

S45 - Psychiatric comorbidity and demographic characteristics of children and adolescents with anxiety disorders

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Background and Objective: Anxiety disorders are one of the most common psychiatric disorders among children and adolescents. Lifetime frequency of any anxiety disorders is up to 30%. In children and adolescents, anxiety disorders occurs more frequently in females than males. In childhood, specific phobia and separation anxiety disorder are more common than other anxiety disordes subtypes such as generalized anxiety disorder, panic disorder and agoraphobia which are more common during adolescence. Anxiety disorders in children and adolescents are highly associated with other psychiatric disorders. The objective of this study was to examine the prevalence of comorbid psychiatric disorders in children and adolescents with anxiety disorders in a children's hospital and to assess the distribution of comorbidities according to sociodemographic features. Methods: Medical records of patients who applied to the outpatient child and adolescent psychiatry outpatient clinic of Dr. Ali Kemal Belviranlı Women's Maternity and Children's Hospital and who were diagnosed with any anxiety disorders in the past year were reviewed retrospectively. Gender, age, subtype of anxiety disorders, comorbid psychiatric disorders and medical history of participant were analyzed. Results: At least one anxiety disorder was diagnosed in 538 patients. 61.5% (n:331) of these cases were girl and 38.5% (n:207) were boy. The most common anxiety disorders subtype were not otherwise specified-anxiety disorder (NOS-AD) (33.8%; n = 182), generalized anxiety disorder (GAD; 21.3%; n = 115) and social anxiety disorder (SAD; 16.3%; n = 88) respectively. 49.6% (n:267) of the participants had at least one comorbid psychiatric disorders . The most common comorbid psychiatric disorders were ADHD (29.5%; n = 79), another anxiety disorder (22.8%; n = 61) and depressive disorder (22%; n = 59) respectively. Conclusions: In our study gender differences in anxiety disorders were in accordance with the literature. In our study, NOS-AD was the most common subtype of anxiety disorder like several studies in children and adolescents. It is known that anxiety disorders are frequently comorbid with depression and other anxiety disorders. However, it should be remembered that ADHD will often comorbid with anxiety disorders in children and adolescents.

ANAHTAR KELİMELER: anxiety disorders, children, adolescent, comorbidty

S47 - Executive Functions in Adolescents with Gender Dysphoria

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Objectives:In recent years, there has been an increasing interest in the neurobiological background of the Gender Dysphoria (GD). Some studies depicted the co-occurrence of GD and various neurodevelopmental psychiatric disorders such as attention deficit hyperactivity disorder (ADHD) and autism spectrum disorders (ASD), in which executive dysfunction is a common denominator. Executive functions (EF) are considered as higher-order cognitive functions that are required for decision making, problem-solving, and adaptation. Neural correlates of EF mainly reside in networks of the prefrontal cortex with other cortical and subcortical areas. We aimed to examine several aspects of EF in adolescents with GD and establish a comparison with a control group. Method:The sample consisted of 22 individuals with GD and 50 healthy controls (age range 12-18 years). Wisconsin Cart Sorting Test (WCST), Controlled Word Fluency Test (CWFT), Stroop Color, and Word Test (SCWT) were used to assess EF. P≤0.05 was accepted as the statistical significance level. Results:The mean age of the GD and control groups were 14.10±2,37 years and 14.41±2.28 years, respectively. Males outnumbered females (59.7%). Among executive functions, the only difference was detected in the CWFT total word number and SCWT- 5 total duration scores, in which the GD group showed significantly worse performance (p=0.010, p=0.022; respectively). Conclusion:Different aspects of executive functions of adolescents with GD and control groups were compared. The only significant difference was in verbal fluency performance and response inhibition. This result suggests the presence of dysfunction in the integrity of the semantic system, retrieval strategies, self-monitoring, and inhibition of inappropriate responses. Due to the relatively small sample size, our results could be regarded as preliminary, but still promising. More extensive sample sizes are needed to assess the possible neurobiological background of GD.

ANAHTAR KELİMELER: gender dysphoria, executive functions, adolescents, neurocognition

S48 - Evaluation of Emotional Regulation Skills, Quality of Life and Coping with Stress in Children with Diabetes Mellitus Type I

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Objectives: In this study, we aimed to determine emotion regulation skills, quality of life and styles of coping with stress in children diagnosed with type 1 diabetes mellitus between the ages of 8 and 12, who were followed up in the Pediatric Endocrinology outpatient clinic of Düzce University Medical Faculty Hospital to compare the healthy children in the same age group and to evaluate the relationship between the results and the sociodemographic characteristics of the children and families. In addition, we aimed to evaluate the relationship of children and families with their sociodemographic characteristics. Methods: The study included 70 children from 8 to 12 years of age who were admitted to the pediatric endocrinology outpatient clinic between 01.11.2018 and 01.05.2019, followed for at least 6 months with a diagnosis of type 1 diabetes mellitus, and 70 healthy children between the ages of 8 and 12 with similar demographic characteristics and no mental retardation who applied to the general pediatric outpatient clinic. The control groups were matched with the case group in terms of age and gender. Children with type 1 diabetes mellitus constituted the case group, and children without diabetes constituted the control group. The children and their families included in the study were informed about the content and purpose of the study, and an informed consent form was obtained from the families. In order to determine the psychiatric disorders of all children within the study, a clinical interview was conducted using the "Schedule for Affective Disorders and Schizophrenia for School Aged Children/Kiddie-SADS-Lifetime Version". During the evaluation, the sociodemographic data form prepared by the researcher, the Difficulties in Emotion Regulation Scale (DERS), The Pediatric Quality of Life Inventory (PedsQL) and Ways of Coping Inventory (COPE) were applied to the both case and control groups. Results: The mean age of the control and patient groups was 10.2 ± 2.2. There was no significant difference between the groups in terms of gender and age ($p > 0.05$). It was found that children with diabetes in the DERS-impulse subscale, COPE-helplessness subgroup, and PedsQL-physical subgroup experienced significantly more problems than the control group ($p < 0.05$). In addition, child anxiety scale panic somatic subgroup, common anxiety disorder subgroup scores, separation anxiety disorder and total anxiety scores were found to be significantly higher in children with diabetes ($p < 0.05$). In the scales applied to their mothers, significantly higher scores were found in the DERS-nonacceptance subscale, deficits in emotional clarity subscale and impulse subscale, COPE - helplessness subgroup, and Beck Depression Scale among diabetic children compared to nondiabetic children. However, in the entire sample, there were findings that the children were modeling their mothers in emotion regulation, coping with stress, anxiety and depression, however, this relationship was weaker for the diabetic children group. Conclusion: While diabetes control is provided in children with type 1 diabetes, improving the quality of life of the child and eliminating psychiatric problems are essential for diabetes treatment. It is also very important to support parents to be a model to their diabetic children.

ANAHTAR KELİMELER: Diabetes Mellitus Type I, Emotional Regulation, Quality of Life, Coping with Stress

S49 - Attention-deficit/hyperactivity disorder treatment options over a 6-month period: A retrospective cross-sectional study

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Objectives: The characteristics of treatment options recommended for children and adolescents with attention deficit hyperactivity disorder (ADHD) were retrospectively evaluated. Methods: Electronic records of children and adolescents diagnosed with ADHD according to DSM-5, who applied to an education and research hospital between 6th September 2018 and 1st March 2019, were reviewed. The data obtained were analyzed with SPSS 17.0 and $p < .05$ was accepted as significant. Results: The total number of cases within 6 months was 21.893 and 10% (n = 2372) of them were diagnosed or followed by with ADHD. Among them, 31% of cases (n = 736) were firstly diagnosed with ADHD. The mean age was 10.2 ± 3 years and 76.2% (n = 1807) were boys. Boys/Girls ratio was found as 3:1. While 75.3% (n = 1787) of cases had only ADHD, 24.7% (n = 585) of the cases had at least one psychiatric disorder accompanying with ADHD. The most common comorbidity was specific learning disability (10.6%, n = 251). Comorbidity of anxiety and depressive disorder was observed in girls with ADHD ($p = .003$, $p = .005$, respectively) whereas autism spectrum disorder (ASD) and conduct disorder (CD) were found to be significantly higher in boys with ADHD ($p = .041$ and $p = .013$, respectively). Considering treatment options, behavioral treatment methods were applied in 5.3% (n = 125) of subjects with ADHD and pharmacotherapy was recommended in 94.4% of cases. While the most commonly prescribed drugs were psychostimulants (78.1%, n = 1853), non-psychostimulant (atomoxetine) prescribing rate was 14.5% (n = 344), followed by atypical antipsychotics (10.5%, n = 250), selective serotonin reuptake inhibitors-group antidepressants (2.7%, n = 63) and Omega-derived drugs (0.8%, n = 20). In patients with ADHD without psychiatric comorbidity, the rate of applying only behavioral treatment methods was found to be higher than those accompanying comorbidity (6.3% vs. 2.1%, $\chi 2\ (1) = 16.113$, $p < .001$). In ADHD cases with comorbidity, the rate of atomoxetine and/or atypical antipsychotic and/or antidepressant drug use were significantly higher ($p = .040$, $p < .001$ and $p < .001$, respectively). Atypical antipsychotics were found to be higher in boys (11.9% vs. 6.2%, $p < .001$), and antidepressants were higher in girls (4.1% vs. 2.2%, $p = .017$). When the sample was evaluated as a whole, switching from one treatment to another option within 6-month period due to drug side effects or ineffectiveness was found to be occured in 5.7% (n = 135) of the cases. The proportion of switching was found to be significantly higher (2.9% vs. 1.1%, $p = .015$) due to the ineffectiveness of the first treatment option used in boys. Conclusion: The use of psychostimulants as the first choice in the treatment of children and adolescents with ADHD is compatible with the literature. In the presence of comorbidities, the preference of atomoxetine seems to be consistent with the literature. Higher proportion of switching treatment options in boys with ADHD seems to be needed for further studies to be elucidated.

ANAHTAR KELİMELER: child, adolescent, adhd, comorbidity, treatment

S50 - Inhibition, Cognitive Flexibility and Attention Bias in Obese Adolescents: A Controlled Eye-Tracking Study

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Objective: This study aimed to investigate inhibition control, cognitive flexibility and attention bias for food cues by eye tracking in adolescents with obesity and to compare with normal-weight adolescents. Method: This cross-sectional study consisted of 38 adolescents with obesity aged 12-18 years. The control group consisted of 36 adolescents of similar age and sex with normal weight. All children were interviewed by using Schedule for Affective Disorders and Schizophrenia for School-Aged Children- Present and Lifetime version (K-SADS-PL). Adolescents with a psychiatric diagnosis were not included in the study. All subjects were evaluated with the Dutch Eating Behaviour Questionnaire (DEBQ), Barratt Impulsiveness Scale, Youth Self Report (YSR/11-18). Child Behavior Checklist 6-18 (CBCL), BRIEF-parent form was completed by parents. Stroop Color-Word Test ve Trail Making A, B were used to examine executive functions. Attention bias for food cues assessed by SMI iView X™ eye-tracking systems at 500 Hz. The experiment consisted of 28 trials which were including four images per trial (two neutral stimuli, high-calorie food, low-calorie food). Four images were determined as the area of interests (AOIs) within the screen. High and low-calorie foods were determined as food AOIs. Two neutral stimuli were determined as nonfood AOIs. First fixation count, dwell time and first fixation duration per AOIs was measured. Results: There were no significant differences in syndrome scale scores of CBCL and YSR/11-18 between the obese and control groups except for the Withdrawn/depressed subscale. Restricted eating, emotional eating and external eating scores of DEBQ were significantly higher in the obesity group. All of the completion times regarding Stroop Color and Word Test, interference score, and Trail Making A, B were significantly different between the obese and control groups. BRIEF-parent form and Barratt Impulsiveness Scale scores were not significantly different between groups. There was no significant difference between obese and control groups about attentional bias for food cues in the eye-tracking experiment. Obese adolescents directed their first gaze more often toward food and high-calorie food cues than nonfood and low-calorie food cues. There were no significant differences regarding the first fixation duration and dwell time for food cues between groups. Conclusion: The results of our study confirm that there are poor inhibition control and cognitive inflexibility in adolescents with obesity. Although our results provide no empirical evidence for differences in direction bias, duration bias and dwell time bias, all adolescents have an attentional bias for food in both groups. The first fixation counts reflecting early attention processes were significantly higher in adolescents with obesity. Top-down and bottom-up processes have differences in obese adolescents compared to the control group. Considering the difficulties in the treatment of childhood obesity, it is important to improve self-control skills in the treatment of obesity and to establish multidisciplinary intervention approaches. Investigation of decision-making processes that are a part of self-control according to the dual-process model in children and adolescents with obesity may provide a better and more accurate understanding of obesity's neurocognitive profile in future studies.

ANAHTAR KELİMELER: Obesity, Inhibition, Cognitive Flexibility, Eye-Tracking, Attentional Bias

S51 - The Role of Oxidative Stress and S100B Levels in Etiopathogenesis of Pediatric Conversion Patients

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OBJECTIVE: There are no studies in the literature examining oxidative stress levels and S100B levels that may contribute to the etiology of pediatric conversion disorder patients. We predicted that there may be a relationship between the conversion disorder known to be triggered by stressor factors and oxidative stress parameters in the blood and S100B, and we aimed to compare the oxidative stress parameters and S100B protein in blood serum from conversion disorder patients and blood serum from healthy controls to test our hypothesis. METHODS: The study included 37 patients (6 boys, and 31 girls) aged 8-18 years, who were diagnosed with conversion disorder according to DSM-5 diagnostic criteria and 37 from an age- and sex-matched control group. The Childhood Trauma Scale and Dissociative Experiences Scale were applied to both groups. Total oxidant level, total antioxidant level and S100B levels were compared from the conversion disorder and control groups. RESULTS: The mean total antioxidant level was 1.53 ± 0.18 in the conversion group, 1.53 ± 0.18 in the control group, and there was no statistically significant difference between the two groups in terms of total antioxidant level (p = 0.965). The mean total oxidant level was 26,99 ± 12.29 in the conversion group, 23.01 ± 9.32 in the control group, and the total oxidant level was higher in the conversion group, but there was no significant difference between the two groups in terms of total oxidant level (p = 0.228). Mean oxidative stress index values were found to be 1.78 ± 0.88 in the conversion group and 1.49 ± 0.62 in the control group. There was no significant difference between the two groups in terms of the oxidative stress index (p = 0.268). The mean S100B level in the conversion group was 1514.74 ± 2855.0; in the control group, the mean level was 1571 ± 2846.7 and there was no statistically significant difference between conversion and control groups (p = 0.517). CONCLUSION: In our study, the total score of childhood traumas, emotional abuse, emotional neglect and physical neglect subscale scores were significantly higher in the conversion group than the control group. The total scores of the Dissociative Experiences Scale were also significantly higher than those of the control group. There was no statistically significant difference between total antioxidant level, total oxidant level, S100B levels and oxidative stress indices in the conversion disorder and control groups. There was a significant positive correlation between total antioxidant level, S100B and the oxidative stress index of the total oxidant level, and a significant positive correlation between S100B levels and the oxidative stress index. Although the scale scores were significantly higher than the control group, this difference in blood serum values; it was thought that the number of samples was low and because the patients did not apply at the time of the first attack and blood samples were not taken during an acute conversion attack and that patients from different symptom subtypes were included in the same study.

ANAHTAR KELİMELER: Pediatric,Conversion disorder, TAS, TOS, S100B

S52 - Clinical Characteristics Associated with Selective Serotonin Reuptake Inhibitors-Resistant Obsessive Compulsive Disorder in Children and Adolescents

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OBJECTIVE:Selective serotonin reuptake inhibitors (SSRIs) are used as standard in the psychopharmacological treatment of childhood obsessive compulsive disorder (OCD). However, 40-60% of OCD patients fail to respond to SSRIs. In this study, the clinical characteristics of OCD patients who did not respond to SSRI were evaluated. METHODS:The patients who were followed up in our clinic between 01/01/2019-01/12/2019 and met OCD diagnostic criteria according to DSM-5 were evaluated retrospectively. Patients with Yale-Brown Obsessive-Compulsive Scale (CY-BOCS) score>16 were included. In the follow-up, those who showed less than 25% decrease in CY-BOCS scores despite at least two different SSRIs in adequate dose and duration were identified as resistant, and those who showed more than 35% decrease were determined as non-resistant group. RESULTS:Data of 51 cases were evaluated. 23 cases were resistant (%45.1) and 28 cases were not-resistant (%54.9). There was no significant difference between the two groups regarding age and gender (p=.461, p=.788, respectively). Disease duration, CY-BOCS, Clinical Global Impression Scale-Severity and Child Depression Inventory (CDI) scores were significantly higher in the resistant group (p=.004, p=.001, p=.037, p=.003, respectively). In resistant group, sexual obsessions were significantly higher (p=.038). There was no difference in terms of compulsion types. When the cases were evaluated in terms of insight, it was observed that there were significantly more poor insight patients in the resistant group (p=.04). At least one psychiatric comorbidity was found in 12 cases (42.9%) in the non-resistant group and 17 cases (73.9%) in the resistant group (p=.026). Disease duration, CY-BOCS total score and insight were found to be effective for predicting resistance to SSRI treatment. CONCLUSION:Considering that OCD is a chronic and dysfunctional disorder, determining which patients can respond to standard therapies has important clinical consequences. Prospective studies may provide more valuable additional information about the relationship between various factors and treatment outcomes.

ANAHTAR KELİMELER: Adolescent, Child, Obsessive compulsive disorder, Resistant, Selective serotonin reuptake inhibitors, Treatment

S53 - RETROSPECTİVE EVALUATİON OF ADOLESCENT DRUG İNTOXİCATİONS FOLLOWED İN THE İNTENSİVE CARE UNİT

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Objective: Intoxications are among preventable causes of morbidity and mortality among childhood and adolescent emergency diseases. In this study, we aimed to retrospectively investigate the demographic and clinical data of adolescent patients followed up in the intensive care unit for acute drug intoxication. Method: In this retrospective study, demographic characteristics of adolescent patients treated with acute drug intoxication in Malatya Training and Research Hospital intensive care unit (ICU); presence of pre-existing psychiatric illness; length of stay in the intensive care unit; received toxic substance; the reason for ingestion of toxic substances; ıf the type of toxic substance was a drug; form of the drug (tablets, suspensions); single drug or multiple drug; month of poisoning and their comorbidities were recorded. Results: A total of 60 patients (36 girls (60%) and 24 boys (40%)) were included in the study. The mean age of the patients was 16,6 years. 52 (86,6%) of the intoxications were caused by suicide, 3 (5%) by accident and 5 (8,3) by drug overdose. Drug intoxication was detected in 91,6% of the patients. Antidepressant (25%), analgesic (18,3%), antiepileptic (5%), narcotic (5%), antipsychotic (6,6%), antigribal (5%), antibiotic (5%) uptake were determined. 65% of patients had multiple drug intake and 35% had single drug intake. 26 patients (41,6%) were accompanied by at least one psychiatric disease and 4 patients with systemic disease (asthma, hypothyroidism, psoriasis). The mean duration of ICU stay was 2,3 days, and it was determined that intoxications occurred most frequently in winter (35%). One patient received mechanical ventilation support for two days and one patient underwent hemodiafiltration. In our study, no mortality was seen in any patient. Conclusion: In our study, it was found that most of the patients were girls, antidepressants and analgesics were the most common drugs in intoxication and history of psychiatric disorders were found significantly.

ANAHTAR KELİMELER: INTOXİCATİON, ADOLESCENT, İNTENSİVE CARE

S54 - Serum Neurotrophin Levels in Children With Language Disorder

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Objective: This study aimed to investigate whether the serum levels of brain-derived neurotrophic factor (BDNF), glial-derived neurotrophic factor (GDNF), nerve growth factor (NGF), and neurotrophin-3 (NTF3) are associated with language disorder (LD) in young children. Method: A total of 43 children with LD and 43 healthy controls aged 19–60 months were enrolled in this study. The developmental levels of participants were assessed by the Ankara Developmental Screening Inventory (ADSI). The Peabody Picture Vocabulary Test (PPVT) were used to measure receptive language development of children. The degree of developmental levels and receptive language development defined by dividing the ADSI and PPVT scores to chronological age. The Child Behavior Check-List For Ages 1.5-5 was used in order to determine the children's internalizing and externalizing problems. Serum levels of neurotrophins were measured using commercial enzyme-linked immunosorbent assay kits. Results: The mean serum levels of GDNF and NGF were significantly higher, and BDNF and NTF3 were significantly lower in the LD group than in the control group. However, when controlling for the severities of developmental level defined by the ADSI, and internalizing and externalizing problems, logistic regression analyses showed that only lower BDNF and NTF3 levels were related to the presence of LD. In the language disorder group, no correlations between the levels of serum neurotrophins and the ADSI and PPVT scores were observed. However, both serum GDNF and NGF levels were positively correlated with internalizing symptoms and serum NGF levels were positively correlated with externalizing symptoms in the patient group. Conclusions: These results suggest that GDNF and NTF3 may play a role in the pathophysiology of LD in young children. The causal relationship between these neurotrophins and language disorder requires further investigation [This study was financially supported by TUBİTAK (Project No: 119S839)].

ANAHTAR KELİMELER: Language Disorder , Neurotrophins

S55 - Examination of family functioning and parental psychiatric symptoms among preschoolers with attention deficit hyperactivity disorder

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Objective: Attention deficit hyperactivity disorder (ADHD) is a neurodevelopmental disorder characterized by symptoms present before age 12 years. However, generally, its symptoms becoming apparent as early as the preschool years. It is generally diagnosed in school-aged children; however, most parents of children referred for evaluation of ADHD symptoms report the onset of symptoms at four years of age or earlier. The 2016 estimated prevalence of parent-reported ADHD diagnosis was 2.4% in preschool children, increasing to 9.6% in school-aged children (6–11 years), and 13.6% in adolescents (12–17 years). This study aims to investigate family functioning and parental psychiatric symptoms of ADHD preschoolers in comparison with the preschoolers that are referred to child and adolescent psychiatry clinic without any diagnoses. Methods: The cases that are diagnosed attention deficit hyperactivity disorder are compared with the cases that are referred to child and adolescent psychiatry outpatient clinic with some complaints but did not get any psychiatric diagnoses, and advice is given about parenting skills. Ankara Development Screening Tool (AGTE) was applied to all cases. The clinician fulfilled a detailed socio-demographic form. All the parents are assessed with Symptom checklist-90 and family assessment device (FAD). Results: The cases with ADHD consisted 54 preschoolers (62.1%, 44 boys (81.5%)), and 33 non-ADHD preschoolers (37.9%; 23 boys (69.7%)). The mean age of the first group was 59.6 ± 8.2 months; and 57.3 ± 9.4 months among the second group (Z=-1,029, p=0.303). The most common comorbid psychiatric disorder in ADHD group was communication disorders (n=14; 25.9%), developmental delay (n=12; 22.2%), conduct disorder (n=8; 14.8%), impulse control disorder (childhood masturbation behavior, trichotillomania, nail biting or skin picking disorder) (n=7; 13%). From children with ADHD group 45 (83.3%) of them were attending kindergarten, only 19 (57.6%) of the second group ($\chi 2$=-1.923; p=0.008) were attending school. The affective responsiveness subtest scores of FAD were higher in the non-ADHD group (for ADHD group: 2.2 ± 0.3; 6.7 ± 24.7 for the second group (Z=-1.923, p=0.05)). Conclusion: These results show that children with ADHD that are referred to child and adolescent psychiatry clinics are getting preschool education in higher rates. The teachers may be more attentive to the ADHD symptoms in the kindergartens and may canalize the parents to child and adolescent psychiatry clinics. The affective responsiveness of the family members may cause psychiatric symptoms in preschoolers that have no neuropsychiatric disorders.

ANAHTAR KELİMELER: Preschooler, Attention deficit hyperactivity disorder, Child, Family functioning

S56 - EFFECTS OF CAREGİVERS ON THE MENTAL STATE OF CHILDREN WHO TREATED INPATİENT UNİT AT ONCOLOGY

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OBJECTİVE: Economic and social burdens lead to psychopathologies in caregivers, and these affect their children undergoing cancer treatment. In this study, we aimed to evaluate the effect of caregivers on the mental state of children and adolescents who received inpatient treatment for cancer disease. METHODS: In our study 44 patients who received inpatient treatment at Ege University Oncology Hospital between 01.01.2018 and 15.01.2020 were included. The diagnoses of the patients were made according to K-SADS-PL (Affective Disorders and Schizophrenia Interview Schedule for School-Age Children - now and lifelong version) and DSM 5. Symptom Check List - 90 - Revised (SCL-90-R), Parental Attitude Research Instrument (PARI), Hospital Anxiety-Depression Scale (HADS) were applied to the caregivers. RESULTS: There were 44 patients, [24 (54.5%) girls and 20 (45.5%) boys], included in the study. The mean age of girls was 9.20 (± 5.66), and the boys was 9.95 (± 5.16). The most common diagnosis in 26 (59.1%) patients with psychiatric diagnosis were Depressive Disorder (n = 14 31.8%). According to the PARI scale, in the children of caregivers with over-parenting subscale score (mean 43.15 ± 10.90 std) (p = 0.023) and attitude of hostility and rejection score (mean 33.92 ± 9.84 std) (p = 0.023), psychiatric diagnosis was found high. As the education level of mothers decreased, there was a significant increase in the frequency of psychiatric diagnosis in patients (p = 0.20). When the caregiver scale results are examined according to the gender of the patients, the PARI scale, over-parenting (p = 0.01), democratic attitude and equality recognition state (p= 0.018), husband and wife incompatibility (p = 0.040), attitude of hostility and rejection subscale scores (p = 0.013) and depression (p = 0.053), anxiety (p = 0.008) subscales of HADS scores were found to be significantly higher in the caregivers of female patients. The average number of hospitalization days of the patients was found to be 93. As the number of hospitalization days increased, the frequency of psychiatric diagnosis in children increased (p = 0.013). SCL 90 anxiety subscale scores were significantly higher in the caregivers of patients with longer than 93 days of hospitalization (p = 0,024). PARI attitude of hostility and rejection (p = 0.010, mean30.70 ± 7.50std), husband and wife incompatibility subscale scores (p = 0.04, mean 17.00 ± 4.93std), anxiety subscale of HADS scores (p = 0.07, mean 12.11 ± 4.18std), is higher in the caregivers of patients who lie more than 93 days. CONCLUSİON: It has been observed that the children of caregivers with a rigid and protective attitude with low education levels are at risk for psychiatric disorders. A multidisciplinary approach is important to develop psychosocial support strategies for caregivers in oncology patients. The prolonging hospitalization time is an important factor that negatively affects the psychiatric status of both caregivers and patients, the treatment team should notice the need for psychiatric support in such cases.

ANAHTAR KELİMELER: oncology,caregiver,psychiatry

S57 - Investigation of Screen Media Exposure, Internet Gaming Disorder and Related Factors in Children and Adolescents Referred to the Başkent University Faculty of Medicine Child and Adolescent Psychiatry Outpatient Clinic

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Objectives: Prolonged screen exposure poses an important risk factor for both psychiatric and non-psychiatric disorders for children and adolescents. In addition to prolonged screen exposure, today children spend most of their time with computer games. In DSM 5 American Psychiatric Association defined Internet Gaming Disorder (IGD) as a potential diagnosis. However, our knowledge about screen media exposure, computer game addiction, and related factors in children and adolescents is limited. For this reason, in this study, we aim to investigate the possible factors associated with the children and adolescents' screen media exposure and DSM 5 IGD criteria. Method:The study comprised 73 children and adolescents between the ages of 8 and 18 who attended the Başkent University Child and Adolescent Psychiatry Department between 2019 August and 2020 January. Sociodemographic data form included questions about screen media exposure of children and adolescents, IGD symptom list, Child Depression Scale, Spielberger's Trait Anxiety Scale (STAI-2), and Conner's Parent Rating Scale were given. Results: It was determined that 16 (22%) of the participants responded to at least 5 of DSM V IGD criteria and 57 (78%) did not meet these criteria. However, it was found that as the number of meeting DSM 5 IGD criteria was increased, Conner's Parent Rating Scale learning problems subscores were also increased. As the mother's and the father's screen media exposure time increased children's smartphone duration also increased. Conclusion: It was noted that approximately 1/4 of the children and adolescents who applied to child and adolescent psychiatry outpatient clinic for any other reason met IGD DSM 5 criteria. Children and adolescents with predominant attention deficit ADHD should be examined more carefully in terms of internet gaming disorder. Also, controlling the screen time of parents will help limit the screen time of children and adolescents.

ANAHTAR KELİMELER: İNTERNET GAMİNG DİSORDER, ATTENTİON DEFİCİT HYPERACTİVİTY DİSORDER, CONDUCT PROBLEMS

S58 - INVESTIGATION OF DCDC2 AND DYX1C1 GENES ANALIYSIS USING NEXT GENERATION SEQUENCING IN PATIENTS DIAGNOSED WITH SPECIFIC LEARNING DISORDERS - PRELIMINARY RESULTS

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OBJECTIVE: The aim of this study is to investigate the clinical assessment of children and adolescents diagnosed with Specific Learning Disorder (SLD) and the children and adolescents who constitute the healthy control group, and to investigate the possible role of DYX1C1 and DCDC2 genes using the next generation sequence analysis method. METHOD: 61 patients between the ages of 6-12 who were diagnosed with SLD, who applied to our outpatient clinic and 42 controls without any psychiatric diagnosis with psychometric examinations were included.The Specific Learning Disorder test battery was applied to determine the subgroup of the SLD and clinical symptoms in detail. Wechsler Intelligence Scale for Children(WISC-R)was used to determine cognitive characteristics. The Turgay DSM-IV Based Disruptive Behavior Disorder Rating Scale was completed to be filled by parents and teachers. We investigated Next Generation Sequencing method;can detect the variations (mutation, SNP) more accurately by enabling each base in the genome to be read more than once.Necessary permits and ethics committee approval were obtained. RESULTS: A total of 103 people were included in the study 17 male (40.5%) and 25 female (59.5%) in the control group and 37 male (60.7%) and 24 female (39.3%) in the patient group.Reading disorder was found in 96.7%(n = 59) of the patient group, written expression disorder in 93.4%(n = 57), and mathematics disorder in 78.7%(n = 48). Concomitant attention deficit hyperactivity disorder was present in 85.2%(n = 52) of the patient group.There was no statistically significant difference between the control group and the patient group in terms of age ($\chi2$=49,513; p=0,683).There was a statistically significant difference between the groups in terms of DCDC2. The variation rate of the DCDC2 gene in the patient group (59.2%) was higher than the control group (40.8%)($\chi2$=73,073; p=0,043).The DYX1C1 gene variation was almost significantly higher in individuals with reading disorders (57.3%) compared to those without reading disorders (42.7%)($\chi2$=66,446; p=0,072).The DYX1C1 gene variation was 40 (38.8%), 14 (13.6%) and 4 (3.9%) in those with severe, moderate and mild reading disorders, respectively (a total of 58, 56.3%); while it was 45 (43.7%) in those without reading disorder ($\chi2$ = 199,258; p = 0,007).There was a statistically significant relationship between DYX1C1 gene and DCDC2 gene ($\chi2$ = 3122,595; p = 0,000). DCDC2 gene variation was statistically significantly higher in individuals with reading disorders (n:59, 57.3%) than those without (n: 44, 42.7%) ($\chi2$ = 73.465; p = 0.040).There was a significant difference between low verbal scores in WISC-R ($\chi2$ = 2536,083; p = 0,000) and low WISC-R total scores ($\chi2$ = 67,279; p = 0.013) with carrying DCDC2 gene variation. CONCLUSION: This is the first study to investigate the possible role of DYX1C1 and DCDC2 genes in children with SLD diagnosis using the next generation sequence analysis method in Turkish society. It is important to elaborate the effects of candidate genes and indirectly contribute to the phenotype.The data of our study also show that the DYX1C1 and DCDC2 genes are the genes that should be studied in order to elucidate the genetic etiology.

ANAHTAR KELİMELER: DCDC2 gene, DYX1C1 gene, Specific Learning Disorder, Next Generation Sequencing

S59 - The relationship between obsessive-compulsive symptoms and traumatic life events in adolescents

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Objective: The primary aim of this study is to evaluate the possible relationship between obsessive-compulsive symptoms (OCS) and traumatic life events (TLEs) in this clinical sample of adolescents. The secondary objective is to eveluate the relationship between different clinical presentations and severities of OCS and specific TLEs. Methods: The study included 60 adolescents between 12-16 ages, with obsessive-compulsive disorder (OCD) according to DSM-V and 60 adolescents without any psychiatric diagnosis. Sociodemographic characteristics of cases were evaluated with detailed form; in addition, neuropsychological tests were applied to investigate development of ıntelligence and trauma characteristics of childhood. Turkish version of Schedule for Affective Disorders and Schizophrenia for School-Age-Children Present and lifetime version, Children's Yale-Brown Obsessive Compulsive Scale, Children's Depression Inventory and Childhood Trauma Questionnaire-short form were applied in order to assess psychopathology. Intelligence level of patients were assessed with Wechsler Intelligence Scale for Children-Revised. Results: It was determined that there was a strong relationship between TLEs and OCS in adolescents, especially in females. TLEs were associated with all OCS manifestations, most prominently with sexual, religious and harm obsessions. The sexual abuse showed stronger associations with OCS compared with other TLEs. conclusion: Due to limited number of patients, our findings couldn't be generalized to all adolescents with OCS; therefore there is a need for more studies in this area.

ANAHTAR KELİMELER: obsessive-compulsive symptoms; traumatic life events; sexual abuse

S60 - SERUM PROİNFLAMMATORY CYTOKİNE AND VISFATIN LEVEL IN CHILDREN WITH ATTENTION DEFICIT HYPERACTIVITY DISORDER

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Objectives:Attention deficit hyperactivity disorder (ADHD) is one of the most common psychiatric disorders in childhood, characterized by attention deficit, hyperactivity and impulsivity symptoms that are not appropriate for the age and development level of the individual. It is thought that genetic, environmental and biological factors interact and play a role in the etiology of ADHD. Recent studies have emphasized that inflammation may also be involved in the etiology of ADHD. The aim of this study was to investigate the role of inflammatory molecules such as visfatin, IL-6 and TNF-alpha in the etiology of ADHD. Methods:Sixty patients aged between 6-18 years who were diagnosed with ADHD according to DSM-5 diagnostic criteria and 20 healthy controls were included the study. Atilla Turgay DSM-IV Based Screening and Evaluation Scale for Behavioral Disorders in Children and Adolescents, Conners Parents Rating Scale and Conners Teacher Rating Scale were completed by parents and teachers of the children and adolescents included in the study. Blood samples were taken from the patient and control groups for the measurement of visfatin, TNF-alpha, and IL-6 levels between 08: 00-09: 00 in the morning. Serum visfatin, TNF-alpha and IL-6 levels were measured by Enzyme-liked immuno-sorbentassay (ELISA) kits in the biochemistry laboratory. Results: The mean age of the children included in the study was 9.39 ± 2.8 in the ADHD group and 9.57 ± 2.67 in the control group. In our study, visfatin, IL-6 and TNF-alpha levels were not significantly different between ADHD children and healthy controls.When ADHD subgroups (presentation with combined and attention deficit) and control group were compared for visfatin, IL-6 and TNF-alpha levels, statistically significant difference was not found. Conclusion: In our study, no association was found between visfatin, IL-6 and TNF-alpha and ADHD. There are many studies on IL-6 and TNF-alpha in the literature and the results of some studies on this subject are consistent with our data. And also there is no study on visfatin in the literature. As a result; more studies are needed to investigate the relationship between ADHD and inflammation.

ANAHTAR KELİMELER: Attention deficit hyperactivity disorder, IL-6, inflammation, TNF-alpha, visfatin

S61 - A COMPARİSON OF THE RELATİONSHİP BETWEEN PEER BULLYİNG/VİCTİMİZATİON AND EMPATHY, PARENTAL ATTİTUDES, PSYCHİATRİC COMORBİDİTY İN ATTENTİON DEFİCİT HYPERACTİVİTY DİSORDER-DİAGNOSED, 8-12 YEAR-OLD CHİLDREN WİTH AND WİTHOUT SLUGGİSH COGNİTİVE TEMPO

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Objective: Our research aims to determine the relationship between peer bullying/victimization and Sluggish Cognitive Tempo (SCT), empathy, parental attitudes, comorbidity with other psychiatric disorders in ADHD-diagnosed children (8-12 years old) with and without Sluggish Cognitive Tempo. Method: A total of 132 children diagnosed with ADHD based on DSM-5 and aged between 8-12 and clinically normal intelligence were included in the study. Sociodemographic data was obtained from both children and parent(s) who answered the questionnaire the researcher prepared. Parents completed Barkley Child Attention Scale, Griffith Empathy Measure-Parent Form, Turgay DSM-IV-Based Disruptive Disruptive Behavioral Disorders Screening and Rating Scale (T-DSMIV-S) and The Children's Sleep Habits Questionnaire to provide information about their children. They also filled out Brief Symptom Inventory and Alabama Parenting Questionnaire about themselves. Children answered The Olweus Bully/Victim Questionnaire under the researcher's supervision. The Kiddie Schedule for Affective Disorders and Schizophrenia (K-SADS), a semi-structured interview was administered to each child by the researcher. Results: Children with ADHD+SCT were bullied more than children with only ADHD. The severity of SCT was not associated with peer victimization. While depression, generalized anxiety disorder and social phobia were significantly higher in children with ADHD+SCT than children with only ADHD. Two groups did not differ on Oppositional Defiant Disorder (ODD) and Conduct Disorder (CD). There was no statistically significant difference in empathy levels of two groups. Parents of children with ADHD+SCT had more psychiatric problems than parents of children with only ADHD. Parents of two groups were not statistically different from each other in terms of parental attitudes. Among children with ADHD+SCT, bully-victims had significantly lower empathy than those who were neither bullies nor victims. Among children with ADHD+SCT, obsessive compulsive disorder (OCD) was significantly more prevalent in bully-victims than both victims and those who were neither bullies nor victims. SCT severity, ADHD severity, parents' psychiatric problems and parental attitudes were not associated with peer bullying and victimization in children with ADHD+SCT. Conclusion: Our study suggests that comorbid SCT in children with ADHD is positively associated with increased peer victimization. While SCT severity, ADHD severity, parents' psychiatric problems and parental attitudes have been found to be unrelated to peer bullying and victimization in children with ADHD+SCT, our findings hint at the possibility that low empathy and comorbid OCD are among risk factors for being a bully-victim in children with ADHD+SCT.

ANAHTAR KELİMELER: SLUGGİSH COGNİTİVE TEMPO, PEER BULLYİNG/VİCTİMİZATİON, EMPATHY, PARENTAL ATTİTUDE

S62 - THE RELATIONSHIP OF CHILD AND MOTHER'S TEMPERAMENT WITH DISEASE SEVERITY AND COMORBID MENTAL PROBLEMS IN 3-6 YEARS OLD CHILDREN WITH AUTISM SPECTRUM DISORDER

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OBJECTİVES: The aim of this study is to investigate the relationship of child and mother's temperament with disease severity and comorbid mental problems in children with autism spectrum disorder (ASD). MATERIAL AND METHODS: 58 children aged between 3-6 years who were admitted to outpatient unit of child and adolescent psychiatry clinic of the Istanbul Bakirkoy Professor Dr Mazhar Osman Mental Health and Neurological Diseases Training and Research Hospital and diagnosed with Autism Spectrum Disorder according to DSM-5 criteria, were included in the study. The children who were admitted to the pediatric outpatient clinic of Istanbul Süleymaniye Maternity and Childhood Education and Research Hospital were evaluated and 58 children with typical development and matched age and sex were included in the control group. The case group was administered the childhood autism rating scale (CARS) by the researcher. The mothers of all the participants filled out the Children's Behavior questionnaire short form and the Strength and Difficulties Questionniare (SDQ) considering their children, and TEMPS-A temperament assessment scale considering themselves. RESULTS: It was found that the scores of discomfort, perceptual sensitivity, approach, impulsivity, sadness, attentional focusing, smiling/laughter, inhibitory control were significantly lower in the case group compared to the control group. Negative affect, surgency and effortful control scores found to be significantly lower in the case group compared to the control group. Discomfort, inhibitory control and perceptual sensitivity, negative affect and effortful control subscale scores were found to be significantly negative correlated with CARS scores. Activity level and anger/frustration were significantly positive correlated with SDQ total difficulty score while attentional focusing, falling reactivity and soothability, inhibitory control were significantly negative correlated with it. The effortful control subscale was found to be significantly negative correlated with the total difficulties score. It was found that hyperactivity, peer problems and total difficulty scores of SDQ subscale were significantly higher and social behavior score was lower in the case group compared to the control group. Cyclothymic and hyperthymic temperament scores of TEMPS-A were found to be significantly lower in the case group compared to the control group. No relationship was found between TEMPS-A subscales scores and disease severity score in children with ASD. There were a significant positive correlations between TEMPS-A nervious-anxious temperament score and SDQ total difficulty score, and between cyclothymic temperament score and emotional problems and conduct problems scores. CONCLUSION: Findings suggest that preschool children with ASD have different temperament characteristics, that the child temperament may be associated with disease severity and comorbid mental problems, that the mother temperament may be associated with comorbid mental problems, but may not be associated with disease severity.

ANAHTAR KELİMELER: Mother, Children, Temperament, Preschool, Autism Spectrum Disorder

S63 - INVESTIGATION OF FOXP2 GENE BY NEXT GENERATION SEQUENCING ANALYSIS IN PATIENTS DIAGNOSED WITH SPECIAL LEARNING DISORDERS - PRELIMINARY RESULTS

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OBJECTIVE:The aim of this study is to investigate the clinical assessment of children diagnosed with Specific Learning Disorder (SLD) and the children who constitute the healthy control group, and to investigate the possible role of FOXP2 gene using the next generation sequence analysis method. METHOD:55 patients between the ages of 6-12 who were diagnosed with SLD, who applied to our outpatient clinic, and 45 healthy controls without any psychiatric diagnosis with psychometric examinations were included. Schedule for Affective Disorders and Schizophrenia for School-Age Children-Present and Lifetime Version was done for diagnostic screening interview with both groups.The Specific Learning Difficulty test battery was applied to determine the subgroup of the SLD and clinical symptoms in detail. We investigated the relationship between FOXP2 gene by the Next Generation Sequencing method between SLD and the control group.Necessary permits and ethics committee approval were obtained. RESULTS:A total of 100 children were included in the study:17 male and 28 female in the control group and 34 male and 21 female in the patient group.Reading disorder was found in 92,6%(n=50),disorder of written expression in 91,3%(n=49),and mathematics disorder in 77,8%(n=42) of the patient group.There was no statistically significant difference between the control group and the patient group in terms of age(p=0,590).There was a statistically significant difference in terms of developmental language,and the patient group was found to developmental language delay(p=0,041).There was no statistically significant difference between the groups in terms of the FOXP2 gene(p=0.433).When the patients were divided into two groups as those with and without combined heterozygous variation in the FOXP2 gene,10(18,2%) individuals in the patient group had a compound heterozygous variation in the FOXP2 gene,while only 2(4.4%) in the control group had a compound heterozygous variation in the FOXP2 gene.There was a statistically significant difference between the groups(p=0,035).It was determined that 10(83.3%) of those with reading disorders carried compound heterozygous variation in the FOXP2 gene, and 2 (16.7%) of those without reading disorder were found to have compound heterozygous variation in the FOXP2 gene(p = 0.015). Those with compound heterozygous variation in the FOXP2 gene had a 5.875-fold higher risk of reading impairment than those without. CONCLUSION:This is the first study to investigate the possible role of FOXP2 gene in children with SLD diagnosis using the next generation sequence analysis method in Turkish society. The FOXP2 gene is the first gene found to be associated with language and speech disorders in the literature and has been reported to be associated with SLD in the following period.Studies have shown comorbidity between SLD and language disorders and there are studies supporting the development of reading disorders in school age in approximately 35% of children with language disorders in preschool period.SLD disorder is diagnosed during school period and it may be late for proper intervention in many cases.Early diagnosis is important for appropriate intervention in preschool children, especially in children with language disorders.The data of our study also show that the FOXP2 gene is a gene that should be studied in order to elucidate

ANAHTAR KELİMELER: learning disorder, FOXP2, dyslexia

S64 - Traditional School Bullying and Cyberbullying in the Eskisehir Provience of Turkey: Prevalence and Its Effect on Mental Health Problems and Self-Harm Behaviour

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Objectives: Bullying is a prevalent experience that is associated with serious risks among children and adolescents. It is progressively being recognised as a significant problem affecting both victims and perpetrators. Over the last decade there has been increased attention to the association between bullying involvment and mental health problems. The aim of this study is to find out the prevelance of traditional and cyber bullying victimization among middle-high school pupils. Moreover, we aimed to identify effect of bullying on self esteem, psychosocial difficulties, depression/anxiety levels and self harm behavior in children and adolescent. Methods: The study was cross-sectional school based and included 6202 middle-high school students (46% female, mean age=14,4 SD=XX range 11-18) from Eskisehir Province. The participants were selected randomly by multistage stratified sampling. Surveys were administered to pupils in 9 middle and 8 high schools. A 33-item self-report questionnaire adapted from previous studies was modified and used in this study. The questions covered prevalence, type of bullying and socio-demographic data. Three categories of bullying were assessed: perpetration, victimization, and both (victimization and perpetration). In addition, Hospital Anxiety Depression Scale, Strength and Difficulties Questionnaire and Rosenberg Self Esteem Scale were administered to all students. The associations of bullying and assessed parameters were examined in logistic models. Results: Among the victims prevalence of bullying and cyber bullying was 33% and 17%, respectively. About 22% of respondents were bullies, whereas 10% of them were cyber bullies. Bullying was mostly at the 9th and 10th grade pupils. There was no gender diffirecence among victims but more males were bullies. Depression, anxiety and self-esteem scores of pupils who have been bullied, were worse. All subscales and total scales of Stength and Difficulties Scale except prosocial behaviour, were worse in bullied children. Moreover, self harm behaviour were higher in victims. The results reveal that only 25% of victims had talked somebody about being bullied. In addition, the students perceived that only 23,5% of other students and 36,4% of teachers try to counteract the bullying. Conclusion: Our findigns show that bullying and cyberbullying are considerabely prevalent in the educational stage. Bullying victimization could be an important risk factors for externalizing and internalizing disorders including self harm behaviour. Thus, there is an urgent need to implement effective intervention programme that contain parents, teachers and students, to prevent all type of bullying especially in the schools.

ANAHTAR KELİMELER: bullying, cyberbullying, depression, self-harm

S65 - THE TOTAL OXİDANT LEVELS (TOS), TOTAL ANTİOXİDANT LEVELS (TAS), OXİDATİVE STRESS INDEX (OSI), UROTENSİN II LEVELS AND ARGİNASE LEVELS İN THE SERUMS OF ATTENTİON DEFİCİT HYPERACTİVİTY DİSORDER DİAGNOSED PATİENTS AND THE ROLES OF THESE PARAMETERS İN THE ETİOPATHOGENESİS

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Objectives: Attention Deficit Hyperactivity Disorder (ADHD) is a neurodevelopmental disorder whose etiology has not been identified definitely. Neurobiological, genetic and environmental factors are thought to play a role in the etiology collectively. In this study, the role of the total oxidant levels (TOS), the total antioxidant levels (TAS), the oxidative stress index (OSI), Urotensin II levels and Arginase levels in the etiopathogenesis of ADHD have been investigated. Methods: 30 ADHD diagnosed patients, and 30 healthy controls were included in the study. The participants were selected among 6-17 years old children and adolescents who had no other physical or psychiatric disorder history and who had not used any psychotropic drugs in the last six months. Each of the levels of serum TOS, TAS, Urotensin II and Arginase were evaluated with Enzyme-Linked Immunosorbent Assay (ELISA) method, and OSI levels were obtained by way of dividing the TOS levels by TAS levels. The symptom ratings of the participants were assessed by using The DSM- IV Based Disruptive Behavior Disorders Screening Scale. Results: Regarding the TOS, TAS and OSI levels; a statistically significant relationship between the control and patient groups could not be detected. Serum Urotensin-II levels were found to be statistically significantly higher in the patient group [91.46 (78.71-102.56)] than the control group [66.84 (59.68-81.25) (p=0.001) (Cohen's d=0.41)] , and serum Arginase levels were found to be statistically significantly lower in the patient group [2.37(2.28-2.41] in comparison to control group [2.44 (2.36-2.45) (p=0.001) (Cohen's d: 0,41)]. None of these parameters were found to be correlated with gender or age. The scale scores were detected to have a positive correlation with Urotensin II levels and negative correlation with Arginase levels. Conclusion: To better understand the role of oxidative index related these and similar parameters in the ADHD etiopathogenesis, further studies with larger sample sizes are needed to be conducted, which evaluated ADHD subtypes separately and assessed genetic and neurochemical parameters concomitantly.

ANAHTAR KELİMELER: Attention Deficit Hyperactivity Disorder, total oxidant levels, the total antioxidant levels, oxidative stress index, Urotensin II, Arginase

S66 - EMOTIONAL FUNCTIONALITY OF PARENTS OF ADOLESCENTS DIAGNOSED WITH ANOREXIA NERVOSA

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Objective: Anorexia nervosa (AN) is a serious mental disorder in which healthy eating behavior is severely impaired, often beginning in adolescence, leading to difficulties in the physical, emotional and social areas. AN is believed to be caused by the interaction of genetic and environmental factors. Familial factors are thought to a basis for the development of AN, accelerate its development and/or cause it to become chronic. However, the role of familial factors in AN has not been fully elucidated. Considering the effect of the parent-child relationship on the emotional development of adolescents, researching familial factors in AN is an important area that will enable us to obtain potentially enlightening information. The aim of this study is to compare the alexithymic features (difficulty in consciously experiencing, identifying, and describing emotions), depression and anxiety symptoms of the parents of female adolescents diagnosed with AN and without any psychiatric disorders, and to investigate the relationships between these variables. Method: The study enrolled 46 female adolescents aged 12-18 years diagnosed with AN (36 mothers and 23 fathers completed the self-report forms) and age and socio-economic level matched control group of 40 healthy female adolescents (34 mothers and 30 fathers completed the self-report forms). Both the adolescent groups completed the Eating Attitude Test-40, the Toronto Alexithymia Scale-20, the Beck Depression Inventory, and the Child Anxiety and Associated Disorders Screening. The parents completed the Toronto Alexithymia Scale-20, the Beck Depression Inventory, and the Beck Anxiety Inventory. Results: The fathers of the girls in the AN group were found to have more alexithymic features than other parents. Also, a positive relationship was found between the alexithymic characteristics of fathers and daughters with AN. No difference was found between the two groups in terms of mothers about these skills. Besides, no statistically significant difference was found between the mothers and fathers of both groups in terms of depression and anxiety symptoms. Conclusion: The results of this study indicate that fathers should be more involved in the therapy process in adolescents with AN. Unfortunately, the participation of fathers in our study was lower than that of mothers. This result can be interpreted that fathers are less involved in the treatment process in our study group. It is important to increase the number of fathers participating in the study in future research.

ANAHTAR KELİMELER: ANOREXIA NERVOSA, ADOLESCENT, ALEXITHYMIA, EMOTIONAL FUNCTIONALITY

S67 - INVESTIGATION OF SCREEN TIME OF CHILDREN DIAGNOSED WITH AUTISTIC SPECTRUM DISORDER

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Objective: Autism spectrum disorder (ASD) is a neurodevelopmental disorder that starts early in life, characterized by limitations in social interaction and communication, limited interests, and repetitive behaviors. Although many genetic and environmental factors have been investigated in the etiopathogenesis of ASD to date, the mechanism of the formation of ASD has not yet been fully elucidated. However, considered that the interaction of multifactorial factors involving genetics, environment, and gene-environment interaction plays a role in the etiology of ASD and that the role of environmental factors is approximately 50%. Compared with other mammals, the human brain continues to develop rapidly after birth, which increases the impact of environmental factors on brain development. For this reason, the elucidation of the role of environmental factors in ASD is of importance because many environmental factors can be reconfigured or changed. One of the environmental factors in the etiology of ASD is the quality of socio-emotional stimuli in infancy and early childhood, which are critical for the development of socio-emotional skills. In this period, these skills develop especially through mutual communication and interaction with primary caregivers and continue to develop throughout life. It is known that prolonged screen exposure negatively affects the development of these skills in this critical period. This study aims to investigate the duration of screen exposure of children with newly diagnosed ASD, and whether there was a relationship between screen exposure time and ASD severity. Method: The research group consisted of 108 newly diagnosed children with ASD. The severity of ASD (mild-to-moderate autism symptoms (n=64, 59.3%), and severe autism symptoms (n=44, 40.7%)) was determined using the Childhood Autism Rating Scale (CARS). The parents were asked about the number of hours the child spent in front of a screen per day on average, and the total screen time was recorded in the clinical data-sheet in 'hours'. A detailed psychiatric examination was conducted for psychiatric diagnosis. Results: In our study, children with ASD were found to have spent far more time in front of a screen than recommended for this age, the severity of ASD was found to increase as screen time increased, and CARS verbal communication, nonverbal communication, activity level, level of intellectual response, and general impressions items scores were found correlated with screen time. Conclusion: In this cross-sectional study, a significant relationship was found between screen time and ASD severity. However, follow-up studies are needed to prove this relationship, which records the time of exposure to the screen from infancy. Although a causal relationship between ASD and screen time has not yet been proven, the results of our study show that parents need to know more about the potential hazards of their child's excessive exposure to the screen from in the infancy and toddler. Also, the screen exposure time should be included in the routine pediatric and psychiatric assessment, especially for infants, and parents should be provided with appropriate guidance. These interventions will be an important preventive mental health service to support children's socio-emotional development.

ANAHTAR KELİMELER: AUTİSM SPECTRUM DISORDER, CHILDREN, SCREEN TIME, DEVELOPMENT

S69 - Adolescents Who Perform Clean Intermittent Catheterization; Assessment of Factors Related to Psychiatric Comorbidity, Self-Perception and Quality of Life

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Objectives: Clean intermittent catheterization (CIC) is an established treatment modality for children with lower urinary tract dysfunction. It has been shown to be safe and effective since its first introduction and has been widely used by patients from different age groups with voiding dysfunction due to varied etiologies. Although CIC is considered technically easy and safe, it may have a negative impact on adolescent's quality of life, raising some social and emotional issues for teenagers and their parents. Especially in adolescence, when social aspects of life gain importance, the necessity to use catheterization continuously in all areas of life and sometimes needing someone's support for this; makes it difficult for adolescents to cope and can seriously affect their mental state. The aim of this study is to evaluate adolescents aged 12-18 who perform CIC and investigate factors related to psychopathology, self-perception, peer relationships, physical and psychosocial quality of life and to compare them with the healthy control group. Methods: 50 adolescents (25 using CIC, 25 healthy control) and their parents were enrolled into the study . A detailed medical history was obtained from the adolescent and parents, who were referred from the urology outpatient clinic. K-SADS-PL was used to screen and detect psychopathologies. Peer relationships and quality of life of adolesences; were assessed using the The Pediatric Quality of Life Inventory (PedsQL), Peer Relationship Scale, The Strength and Difficulties Questionnaire (SDQ). Piers Haris Self-Concept Scale was used to measure adolescents ' self-esteem. Parents and their perceptions and attitudes about their children were assessed using the General Health Questionnaire, The Strength and Difficulties Questionnaire (SDQ), The Pediatric Quality of Life Inventory (PedsQL) and Parental Attitude Research Instrument (PARI). Results: A total of 50 (25 used CIC-25 healthy control) adolescents including 29 (58%) boys and 21 (42%) girls with a mean age of 13.8 ± 1.6 years (range 12 to 18 years) were evaluated. The groups were similar in regard to socioeconomic status.The mean daily number of catheterizations was 4.2 ± 1.1 for the CIC used group. In the patient group, 40% (n: 10) of adolescents have been diagnosed with a previous or current psychopathology. However, it was found that only 20% (n: 2) of these patients had previously applied to the psychiatry department. The psychopathology rate was 20% (n: 5) in the healthy control group. Results showed that; in the patient group, 64% (n: 16) of adolescents did not share their current medical status with their peers and avoided being in social settings more than their typically developing peers. However; adolescents who performed CIC by theirselves had a better quality of life scores for the physical and social functioning domains. Conclusion: Adolescents using CIC; depending on chronic treatment processes, sometimes experience significant difficulties in daily life and social relationships. Adolescents whose self-care needs are dependent or partially dependent are more risky in this regard. For this reason, regular psychiatric assesment and follow-ups in addition to their urological follow-ups may provide protective effects against possible psychopathologies.

ANAHTAR KELİMELER: clean intermittent catheterization, self-perception, quality of life, adolescents, psychopathology

S71 - MİNDFUL EATİNG, BODY WEİGHT AND PSYHOLOGİCAL WELL-BEİNG İN ADOLESCENCE

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Objective: Determining the relationship between mindfulness and eating behavior among adolescents is important in predicting risk factors and planning treatment of eating behavior disorders. The aim of this study was to investigate the mindful eating and its relationships with psychiatric symptoms in a nonclinical sample of adolescents with different body mass index (BMI). Method: Data of this cross-sectional study were collected from students of three high schools with different sociodemographic levels in Ankara. The participants who had any systemic disease or were receiving a medical treatment that affects appetite or eating were excluded. Height and weight were measured and BMI was calculated. Adolescents were divided into four categories, obese, overweight, normal and underweight according to their BMI percentile (BMI-p). Mindful Eating Questionnare (MES), Dutch Eating Behavior Questionnare (DEBQ), Rosenberg Self-esteem Scale (RSES), Body Attitudes Scale (BAS), Ways of Coping Inventory (WCI), Beck Depression Inventory (BDI), State Trait Anxiety Inventory (STAI) were given. Results: Among 401 participants (237 girls, 59.1%), 16 adolescents (4.0%) were underweight, 295 (73.6%) were normal, 62 (15.5%) were overweight, and 28 (7.0%) were obese. There was no difference in BMI between girls and boys. Underweight group was different from others especially in eating discipline factor of MES, while overweight and obese groups were different from normal group in health and attractiveness of BAS. Emotional eating subscale of DEBQ differentiated normal group from others. Normal and overweight groups differed in TAI and BDI scores. The RSES scores were different significantly in normal and overweight groups even after controlling the effects of depression and anxiety. Conclusion: These results can point the psychological aspects of treatments related with BMI during adolescence. In literature, mainly the effects of being obese over health has been well documented. Being obese, overweight or underweight itselfs are not among eating disorders in DSM-5. However, the psychological risk factors in these groups may suggest the concept of 'eating behavior disorder spectrum'.

ANAHTAR KELİMELER: ADOLESCENCE, BODY MASS İNDEX, EATİNG, MİNDFUL EATİNG

S72 - NEUROPEPTIDE Y, SUBSTANS P AND BRAİN-DERİVED NEUROTROPHİC FACTOR LEVELS IN PATIENTS WITH INTERNET ADDICTION: A NEW APPROACH TO INTERNET ADDICTION WITH DIFFERENT MECHANISMS IN DIFFERENT PSYCHIATRIC TABLES

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Objective: It was known that the impulsivity, compulsivity and social anxiety play a role in the development of ADHD, OCD, social phobia and also internet addiction. Neuropeptide Y, Substance P, BDNF are assessed in psychiatric disorders which also have relationship with addiction. In this study, we aimed to assess the relationship between internet addiction and neuropeptide y, ghrelin, substans p, brain-derived neurotrophic factor levels for understanding different mechanism underliying addiction in attention deficit/hyperactivity disorder(ADHD), obsessive compulsive disorder(OCD), and social phobia. Methods: 55 internet addiction patients aged 8-18 with ADHD(group 1), OCD(group 2) or social phobia(grup 3); who followed in Erciyes University Medicine Faculty Child and Adolescent Pscyhiatry Department were included in this study. Control group(group 4) consisted of 20 healthy children aged 8-18; who have any psychiatric disorder. Patients and control groups were asked to complete sociodemographic data form, Internet Addiction Scale(IAS), Barratt Impulsivity Scale-11(BIS-11), Difficulties in Emotion Regulation Scale-16(DERS-16), Social Anxiety Scale for Children(SASC-R), Leyton Obsessional Inventory-Child Version(LOI-CV). Plasma Neuropeptide-y(NPY), substance-p(SP) and brain-derived neurotrophic factors(BDNF) were measured with elisa kids. Results: We found that internet addiction in ADHD is associated with impulsivity and emotional regulation difficulties; however, emotional dysfunction has no relation with the development of internet addiction in OCD and social phobia. With the increase in BIS-11, SASC-R, LOI-CV total scores, the total scores of IAS increased and there was a positive correlation between them in all four groups. Biomarkers such as NPY, BDNF, SP were not statistically different when compared to the healthy group in 3 groups with internet addiction. As a result of the regression analysis; low NPY plasma level is predictive for internet addiction in OCD, high SP plasma level is predictive for internet addiction in OCD, low BDNF plasma level is predictive for internet addiction in social phobia. Conclusion: This study demonstrated that there is a close relationship between internet addiction and impulsivity in ADHD, compulsivity in OCD and anxiety in social phobia and some neurotransmitters may be predictive for internet addiction associated with these diseases.

ANAHTAR KELİMELER: Internet addiction; attention deficit and hyperactivity disorder; obsessive compulsive disorder; social phobia

S73 - EVALUATION OF ATTENTION DEFICIT HYPERACTIVITY DISORDER AND EPILEPSY COMORBIDITY IN CHILD AND ADOLESCENTS

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Objectives: Recent studies have shown that in children diagnosed with attention deficit hyperactivity disorder (ADHD), epileptic seizures are seen 2-3 times more than the general pediatric population, and the risk of developing ADHD is 2.5-5.5 times higher in children diagnosed with epilepsy. In this study, it was aimed to investigate age and gender characteristics, clinical and laboratory findings, pharmacological treatments, treatment effects and side effects in children with comorbid ADHD and epilepsy. Methods: The study evaluated all patients who were between the ages of 6 and 18, who were diagnosed with epilepsy and ADHD and applied to the Trakya University Faculty of Medicine Department of Child and Adolescent Psychiatry between December 1, 2016 and December 1, 2019. Patients with comorbid intellectual disability or autism spectrum disorder were excluded from the study. Files of all patients were examined in detail, and patient's characteristics (gender/age), epilepsy and ADHD first onset ages, ADHD subtype, ADHD treatments and side effects, seizure type, electroensefalogram (EEG) abnormalities, antiepileptic treatment and seizure frequencies, changes in treatments were recorded. Results: Of the 69 patients included in the study, 53 were male (77%) and 16 (23%) were female. The mean age of the patients was 11.9 ± 2.8 years, the age of diagnosis of ADHD was 7.8 ± 2.3 years, and the age of diagnosis of epilepsy was 5.5 ± 2.7 years. 12 patients (17%) were diagnosed with ADHD before epilepsy findings and 57 (83%) patients were diagnosed after epilepsy. EEG abnormalities were detected in 40 patients (58%).Generalized seizures were observed in 49 patients (71%) and focal seizures in 20 (29%) patients. The most frequently observed seizure types were generalized tonic-clonic (46%), simple partial (16%) and absence (13%). It has been observed that the most commonly used drug for ADHD is atomoxetine (n = 26, 39%) followed by methylphenidate (n = 19, 28%). The most commonly used antiepileptic drugs valproate (n = 24, 35%) and levetiracetam (n = 16, 22%) respectively. No adverse effects were observed in 68% of the patients receiving ADHD treatment (n = 59), and neurological side effects were observed in 24%. Seizures account for 77% of neurological side effects. No significant difference was found between ADHD treatments (methylphenidate, atomoxetine, antipsychotic, combination) to cause seizure as side effect. (p = 0.605) Neurological side effects related to ADHD treatment did not occur in female patients. In addition, the need for treatment change due to side effects, inability to benefit, was significantly higher in boys than in girls. (p = 0.027) Conclusion: ADHD and epilepsy comorbidity is frequently observed in children and adolescents. Factors such as drug interactions, seizure control, antiepileptic drug use, drug side effects should be taken into consideration while continuing treatment for ADHD.

ANAHTAR KELİMELER: ATTENTION DEFICIT HYPERACTIVITY DISORDER, EPILEPSY

S74 - Sleep, chronotype, and comorbid conditions in children with autism spectrum disorders

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Objective: Autism is a neuropsychiatric disorder characterized by severe and sustained impairment in social interaction, deviance in communication, and patterns of behavior and interest that are restricted, stereotyped, or both. Onset is generally before age 3 years" (Kanner, 1992). "Autism spectrum disorder (ASD) and autism are both general terms for a cluster of complex disorders of brain development. These disorders are categorized, in varying degrees, by having problems in social interaction, verbal and nonverbal communication and repetitive behaviors" (Frith, 1991). Sleep problems are twice as common among children with autism as they are among typical children or those with other developmental conditions. People with autism tend to have insomnia. In this study, we investigated the relationship between the severity of autism and sleep chronotype in autism. Methods: 30 patients with ASD who were diagnosed as ASD in our department of child and adolescent psychiatry clinic and 30 healthy children groups between 6-18 years of age participated in our study. We used a structured clinical interview which is K-SADS to evaluate additional psychopathologies. Children's Chronotype Questionnaire (CCTQ), Pediatric Sleep Questionnaire (PSQ) and Childhood Autism Rating Scale (CARS) were administered to parents. CARS Scores 30-37 indicate mild to moderate autism, while scores between 38 and 60 are characterized as severe autism. PSQ provides information about the sleep pattern and sleep problems in children. Results: In patients with ASD, the most prevalent sleep problems respectively were sleep onset difficulties, longer sleep latency, earlier wake-up time and more night awakenings. Sleep problems were also associated with comorbid psychopathology, especially behavioral problems. Additionally, sleep problems were associated with autism severity ($p<0.005$). Children diagnosed with ASD showed more evening chronotypes compared to normal controls. Conclusion: ASD is also frequently accompanied by co-morbid sleep disruption. Research suggests that about 40–80% of individuals with ASD experience sleep problems. It should be remembered that accompanying psychiatric problems will cause these problems to increase even more.

ANAHTAR KELİMELER: Autism, child, chronotype, psychopathology, sleep

S75 - Maternal and Paternal Postnatal Depression and Associated Factors after the NICU Discharge

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Objective The birth of a premature infant is a stressful life event which may cause acute or chronic mental health impairments for parents. Postnatal depression (PND) is one of the most common conditions. Parenting a premature baby is defined as a challenge for both mothers and fathers due to the loss of the control on transition to parenthood, and the fear related to the health, development and survival of the infant. Although the birth of a premature baby may be an emotional trauma for both parents, paternal PND has been less studied. Given this paucity of research in the field the aim of this study was to identify the predictors of both maternal and paternal early postnatal depressive symptoms considering infants' risk status, parents' attachment style and perceived social support. Method This study was conducted between June 2016 and July 2017. After receiving the ethical approval 79 infants who were born preterm (<37 weeks gestation) and referred to the Developmental Pediatrics outpatient clinic for neurodevelopmental follow-up and their parents were included in the study. Neonatal Health Risk Index (NHRI) including 10 neonatal medical risk items were used to categorize the infants with risk status. After receiving written consent from the families, 79 mothers and 79 fathers were given Edinburgh Postnatal Depression Scale (EPDS), Adult Attachment Style Scale (AASS), and Multidimensional Scale of Perceived Social Support (MSPSS) to fill out when their infants' corrected age was 3 months. $p<0.05$ was accepted as statistically significant. Linear regression analysis was performed to determine associated factors with depressive symptoms. Statistical analysis was performed using SPSS 21 software. Results In univariate analysis the relationship between mother and father postnatal depression and other clinical important related factors were evaluated. Maternal and paternal postnatal depression was positively associated with each other (p= 0,014, r=0,353). Additionally, maternal PND was positively associated with NHRI (p= 0,020, r=0,262), avoidant (p= 0,020, r=0,267) and anxious/ambivalent attachment styles (p= 0,008, r=0,304) and inversely associated with perceived social support from friends (p= 0,007, r=-0,309) and father's perceived social supports from family (p= 0,025, r=-0,334), friends (p= 0,002, r=-0,452) and special person (p= 0,035, r=-0,315). Paternal PND was inversely associated with perceived social support from friends (p= 0,012, r=-0,371) and family (p= 0,020, r=-0,346) and secure attachment style (p= 0,024, r=-0,333). Among these associated factors in univariate analyses to determine the most significant factor related to parental depression multivariate regression analyses were implemented for the mothers and the fathers separately. Maternal PND was positively associated with NHRI (p=0,028, R2=0,343, B=2,020) and paternal PND was positively associated with maternal depression (p=0,010, R2=0,144, B=0,224). Conclusion Early PND should be identified and intervention should be implemented taking into account both parents' depressive symptomatology. Our findings underline that as early maternal PND was associated with neonatal health status, paternal PND was also associated with maternal depression. Considering the psychosocial vulnerability of preterm infants, their parents should be screened because the results are not independent of each other.

ANAHTAR KELİMELER: postnatal depression, preterm infants, health status

S77 - Sleep Habits and Chronotype in Children with Specific Learning Disability: A Controlled Study

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Objective: Specific learning disability (SLD) is a neurodevelopmental problem in which educational skills are significantly lower than expected by age and this significantly affects school or work-related success and daily life activities. It affects approximately 5 to 15% of school-age children. As with all neurodevelopmental problems, it is important to address sleep in children with SLD. The optimal level of executive functions is closely related to the duration and quality of sleep as well as its timing. Insufficient sleep leads to serious impairments in the child's social and academic functionality, such as reduced attention, impulsivity, behavioral problems, memory problems, and reduced school success. However, sleep problems in children diagnosed with SLD are not adequately addressed. In this context, we aimed to investigate sleep and sleep problems in terms of chronotype and other clinical parameters (duration, time, sleep disorders, etc.) in children diagnosed with SLD. Methods: 31healthy control groups and 37 patients who were admitted to Selcuk University Faculty of Medicine Department of Child and Adolescent Psychiatry between May 2019 and January 2020 and referred to the health report committee diagnosed with Specific Learning Disability were included in the study. Socio-demographic and clinical data of the participants were obtained by retrospective screening of the files and by telephone interview, by applying "Childhood Time Preference Questionnaire" and "Child Sleep Habits Questionnaire". The data were analyzed with SPPS 20.0 program. Results: 24.3% of the group with SLD is female and 75.7% is male; 45.2% of the healthy control group were female and 54.8% were male and there was no significant difference between the two groups ($p = 0.070$). There was no significant difference between the two groups in terms of average age (SD: 9.7 ± 1.9 years; control: 9.6 ± 1.8 years). The total score of "Child Sleep Habits Questionnaire" was found to be significantly higher in the group with SLD (54.45 ± 7.43) compared to the healthy control group (40.54 ± 5.86) ($p = <0.001$). "Childhood Time Preference Questionnaire" was found to be significantly higher in the group with SLD (30.24 ± 6.36) compared to the control group (26.22 ± 4.73) ($p = 0.005$). There was a significant positive correlation between total sleep score and chronotype scores in the SLD group. ($r= 0.398$, $p = 0.017$) Conclusion: In our study, total sleep scores were found higher in children diagnosed with SLD compared to the healthy control group, and sleep problems are frequently accompanied. In addition, children diagnosed with SLD often tend to be eveningness in terms of chronotype. Since the effect of sleep on executive functions is taken into consideration, it is clear that addressing and treating sleep problems in children with SLD can improve academic performance. In this context, in subsequent studies, it should be investigated how sleep problems affect which executive function and how to treat them.

ANAHTAR KELİMELER: Dyslexia, Specific Learning Disability, Sleep, Sleep Habits , Chronotype

S78 - The Effect of Different Prime Types on Emotion Recognition in Children Diagnosed with Autism Spectrum Disorder

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Objective: The main objective is to examine the effect of the congruency of different prime modalities (visual and aural) and facial emotion in the facial affect decision task (FADT) in the autism spectrum disorder (ASD). Method: Experiment-1 was carried out with 13 children with ASD ($\bar{x}$age = 8.23, SD = 1.87) and 15 control ($\bar{x}$age = 9.00, SD = 1.81). Experiment-2 was carried out with 12 children with ASD ($\bar{x}$age = 9.25, SD = 1.71) and 16 control ($\bar{x}$age = 10.06, SD = 1.73). Each experiment was composed of three stages implemented in different sessions: Semi-structured psychiatric interview and assessment (Schedule for Affective Disorders and Schizophrenia for School-Age Children-Present and Lifetime Version), screening tests (Childhood Autism Rating Scale, Raven's Standart Progressive Matrices Peabody Picture Vocabulary Test), and FADT. In FADT, first, the visual (Experiment-1) or aural (Experiment-2) emotion priming was employed. Then, the participants were given a "YES / NO" decision about the facial stimulus. Results: In Experiment-1 participants with ASD had longer reaction time and lower accuracy rate than controls on the FADT. In both groups, when the target face was happy, the reaction was faster and more accurate than the sad face. Also, the expected congruency effect was not observed when the emotion of the stimulus and target stimulus was the same. In Experiment-2, the difference between groups and the advantage of the happy face was repeated. The longest response time in ASD was seen when the sad aural stimulus was used as priming. The congruency effect was not found in Experiment-2. Conclusions: There is no effect of emotional priming on the recognition performance of control and ASD groups. Sad aural priming affected facial recognition performance, negatively in ASD.

ANAHTAR KELİMELER: Autism spectrum disorder, emotional priming, emotion recognition, emotional prosody

S80 - COMMUNICATION DISORDERS and TEMPERAMENT: A COMPARISON OF TEMPERAMENT CHARACTERISTICS AMONG MOTHERS AND THEIR 3-6 YEARS OF AGE CHILDREN WITH LANGUAGE DISORDER, SPEECH SOUND DISORDER, FLUENCY DISORDER AND TYPICAL DEVELOPMENT

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OBJECTIVE: The aim of our study is comparison of the temperamental characteristics of children with language disorder (LD), speech sound disorder (SSD), fluency disorder (FD) with children with typical development (TD) and their mothers. METHOD: The study group included 3 groups, each having 30 children, between 3-6 years old with LD, SSD and FD who were admitted to the outpatient unit of the Child and Adolescent Psychiatry Clinic of Bakirkoy Prof. Dr. Mazhar Osman Research and Training Hospital. The control group included 30 children with TD between 3-6 years. Psychiatric assessment was established by using DSM-5. Children's temperamental characteristics were determined using The Children's Behavior Questionnaire- Short Form (CBQ-SF) by maternal report and the mothers's temperamental characteristics were determined using TEMPS-A. RESULTS: There were no statistically significant difference between mean scores of maternal TEMPS-A. Children's positive temperamental characteristics decreased and negative temperament characteristics increased while the mothers' TEMPS-A characteristic scores increased. A positive association was found only between the ages of children with FD and TEMPS-A depressive temperament scores of mothers. There was no significant differences in terms of scores of CBQ-SF dimensions between groups. The scores of children with SSD was lower than the other groups in the "Approach" characteristic. In addition, no statistically significant difference was found between the communication disorders groups and the TD group in terms of the temperamental characteristics. CONCLUSION: According to comparison between the presence of temperamental traits in the mothers and children's temperament characteristics, findings suggest that negative temperament characteristics of children with FD interact with the temperament traits of their mothers. Further studies are needed to assess the effects of mother-child interaction and child and mother's temperament characteristics on the course of disorders.

ANAHTAR KELİMELER: Language Disorder, Speech Sound Disorder, Fluency Disorder, Temperament, Children

S81 - the relationship between peer bullying/ victimization and the severity of the disease, the presence of comorbidity, empathy, psychological resilience, parental attitudes in children with tic disorders

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Objective: Our study aims to determine the relationship between peer bullying/ victimization and the severity of the disease, the presence of comorbidity, empathy, psychological resilience, parental attitudes in children with tic disorders (11-16 years old). Method: Between the ages of 11-16; 60 children and adolescents diagnosed with tic disorder, clinically normal intelligence, and 60 children and adolescents with typical development without previous child and adolescent psychiatry applications were included. Sociodemographic information of the case and control group was obtained through a sociodemographic data form prepared by the researcher. The Kiddie Schedule for Affective Disorders and Schizophrenia (K-SADS), a semi-structured interview was conducted and The Olweus Bully/Victim Questionnaire was answered under the researcher's supervision in both case and control group. Disease severity of children and adolescents in the case group was evaluated with the Yale Global Tic Severity Scale (YGTSS). Child and Youth Resilience Measure (CYRM-12), Children Depression Inventory (CDI), Screen for Childhood Anxiety and Related Emotional Disorders (SCARED) were filled out by children and adolescents; Griffith Empathy Measure, Alabama Parent Questionnaire, Turgay DSM-IV-Based Disruptive Disruptive Behavioral Disorders Screening and Rating Scale (T-DSMIV-S), Brief Symptom Inventory were filled out by parents in both case and control group. Results: It was found that children and adolescents with tic disorders participated in more peer bullying and have lower empathy level compared to the control group. There was no difference between psychological resilience and parental mental problems between the case and the control group. There was no correlation between YGTSS score and, comorbidity number, resilience, empathy, parental attitude in cases. While there was no correlation between YGTSS total score and the mental problems reported by the parent in term of hostility and depression; positive correlation was found between YGTSS total score and the mental problems reported by the parent in term of anxiety, negative self and somatization. It was also found that higher number of comorbid psychiatric disorder, higher total score of YGTSS, CDI and SCARED and lower psychological resilience in victims compared to the patients who did not participate in bullying. Conclusion: Findings in our study showed that children and adolescents with tic disorders participate in more peer bullying and have lower empathy level compare to children and adolescents without tic disorders. It also shows that being victim is associated with more comorbidity, low level of psychological resilience, increased tic severity, anxiety and depression symptoms in children and adolescents with tic disorders.

ANAHTAR KELİMELER: Tic Disorders, Bullying, Victimization, Empathy, Resilience

S82 - DEVELOPMENT OF MENTALIZATION IN ADOLESCENTS AND IT'S RELATION TO INTERNALIZING AND EXTERNALIZING PROBLEMS IN TURKISH POPULATION

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Objectives: The study aims to understand the developmental trajectory of mentalization and its relation to adolescent's behavioral and emotional difficulties during the period of high school years. Being part of a wider project, this paper will focus on development of metallization and its relevance to internalizing and externalizing symptoms. Method: With permission from the Ministry of National Education, the study was conducted in 7 high schools from different provinces of Istanbul, with diverse socio-economical profiles and different educational status. In total 1066 students were approached, consent forms were received from 700 and they participated in the study. Among those %91 (n=634) fully completed all the requirements of the study. The implementation was done either in classrooms or conference rooms, according to the conditions of the school. Students were asked to complete the study in two phases, paper-pencil forms and online forms, respectively. The questionnaires included a demographic form, comprising a self-rating for social, academic and behavioral difficulties. Raven Progressive Matrices was used as a measure of reasoning ability. To relate empathy and mentalization abilities, Basic Empathy Scale was included. Internalization and externalization difficulties were examined via the Youth Self Report Questionnaire. To measure mentalization, Reflective Functioning Scale for Youth (version with 25 questions) and "How I feel Questionnaire" were used; Turkish versions of both scales were standardized as part of this study. The participants were high school students from 9th through 11th grade; the mean age was 15,95 (SD=1,00) with a range of 14 to 18.The proportion of girls is high (%76,3) due to the inclusion of "all girl" schools in the profile. Results: To determine the aspects contributing to the internalizing and externalizing symptoms, all the predictors were entered to the regression method (demographic factors, mentalization, self-rating, and empathy). For externalizing difficulties, the regression model was significant F (13, 633)= 40,705 with an R2 of 46. There were several variables significantly contributing to the results. Among the mentalization measures RFQ Excessive Certainty (β=.186, p<. 001), RFQ Confusion (β= .411, p<. 001), and HIF (β= -.224, p<.001), scales were significant predictors of externalizing behaviors. When the internalizing difficulties were examined, the regression model was again significant F (13, 633) = 46,792 with an R2 of 49,5. For internalizing difficulties, all the sub-scores of RFQ-Y scales were significant predictors (RFQ-confusion β=.435, p<.001; RFQ-Interest-Curiosity β=.112, p<.005; RFQ-Excessive Certainty β=.108, p<.005), also the HIF (β=-.157, p<.01). Conclusion: The relations with mentalization scores and behavioral symptoms measured by YSR will be discussed in detail, with a perspective of development of preventive intervention and resilience support strategies for enhancement of youth mental health.

ANAHTAR KELİMELER: MENTALIZING, MENTALIZATION, ADOLESCENT, INTERNALIZING PROBLEMS, EXTERNALIZING PROBLEMS, EMPATHY

S83 - Socio-Demographic Features, Symptoms and Processess of Forensic Reporting of Sexual Abuse Cases That Have Been Reported By One Major Clinic

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Objective: Even though the privacy requires of medical records, it is mandatory to report the sexual abuse cases. But, it is detected that only 15 percent of sexual abuse cases has been reported. Sexual abuse cases mostly does not come to the clinics as they are, they «hide» under another problems and symptoms. In these paper, we want to share our experience of our cases' socio-demographic and sexual abuse-related features, mental health follow-up findings and processess of forensic reporting of sexual abuse cases that we have reported so far. Method: The study included 28 cases that started the forensic reporting process by the physician in the last 2 years, among the patients who applied to the Istanbul Medical Faculty Child and Adolescent Mental Health and Diseases clinic. Clinical file records and prepared forensic reports of these cases were reviewed retrospectively. Results: Mean age of the cases were 10,89±4,50 (min:3, max:17,5). %78,6 (n=22) of cases were girls,%21,4 (n=6) of cases were boys. More than %64,3 of the cases were sexually abused more than once. The abuser was inside family in %17,9 (n=5) of cases, abuser was a familiar in % 85,8 (n=24) of cases. In 67.9% (n = 19) of the cases, sexual abuse was shared with the interviewer at the first meeting. In %53,6 (n=15) of cases victim shared the abusement case, in %39,3 (n=11) of them one of the parents shared. In %39,3 (n=11) of cases, the case was not reported in a proper way despite it was shared with people who have the responsibility to report. %75 (n=21) of childiren were willing to report the case, in %32,2 (n=9) of cases both of the parents were willing to report, in % 46,4 (n=13) of cases only one of them were willing. In %67,9 (n=19) of cases, there were at least one mental disorder. In %39,3 (n=11) of cases PTSD has detected, ın %42,8 (n=12) of them MDD has detected. % 25'i (n=7) of cases have never came back again for polyclinic control after forensic reporting. While reporting the cases, for %17,8 (n=5) of them, protection and sheltering from government has demanded. For %25'i (n=7) of them health reassurance has demanded, for %28,6 (n=8) of them consultancy service has demanded. Conclusion; In childiren and adolescent population, sexual abuse cases can be presented with variousclinical features. Altough it is mandatory to report forensically, healthcare workers who are getting across wtih sexual abusement cases, are confused with dilemmas because of various reasons. Forensic report is so important to prevent repetitive abuses, get social and healthcare support which can be very beneficial to the patient. Therefore, academical, educational and awareness studies are required.

ANAHTAR KELİMELER: Sexual Abuse, Forensic Report, Child, Adolescent

S84 - Psychopathology in Patients with Acute Rheumatic Fever

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Objectives: Acute rheumatic fever (ARF) is an autoimmune condition that is related to streptococcal infection and typically following two to three weeks after group A streptococcal pharyngitis. It occurs most commonly in children and has rheumatologic, cardiac, and neurologic manifestations. Studies showed that psychiatric disorders such as obsessive-compulsive symptoms (OCD), tic disorders, and attention deficit hyperactivity disorder (ADHD) were frequent in rheumatic fever. Methods: Sixteen patients with acute rheumatic fever, aged 8-17 years referred to the pediatric psychiatry outpatient clinic. 9 (56%) of these children were female and 7(44%) were male. The comparison group was designed to match for age and gender and included 32 children without a known physical and psychiatric disease. The Kiddie-Schedule for Affective Disorders and Schizophrenia (K-SADS) was the instrument used to assess psychiatric symptoms. At the same time, Rosenberg self-esteem scale was applied to the patient and control groups. Results: When both groups were compared in terms of psychopathology, significantly more psychopathology was found in children with acute rheumatic fever (p=0.029). The Rosenberg self-esteem results were not significant (0.458). It has been shown that the diagnosis of obsessive-compulsive disorder was found in 12.5 % of the patient group and 6.3 % of the control group. The diagnoses of obsessive-compulsive disorder, attention-deficit and hyperactivity disorder, and depressive disorder were higher frequency in the patient group than in the control group. Conclusion: Identifying clinical psychopathology and initiating appropriate drug therapy or psychotherapy is important in patients with acute rheumatic fever. Because it cannot be neglected that it has an above-normal frequency of psychopathology.

ANAHTAR KELİMELER: Acute rheumatic fever, psychopathology, obsessive-compulsive disorder, Self-esteem

S85 - Diffusion Tensor Imaging Findings in Children with Sluggish Cognitive Tempo Comorbid ADHD

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Objectives: The construct of Sluggish Cognitive Tempo (SCT) is characterized by daydreaming, mental confusion, staring blankly and hypoactivity. Although research investigating behavioral and cognitive characteristics of SCT has become to increase; there is a lack of studies examining biological factors about SCT. The main goal of the current study was to compare diffusion tensor imaging (DTI) findings between SCT cases comorbid with Attention Deficit Hyperactivity Disorder (ADHD) and typically developing controls (TD). DTI provides to understand the structural connectivity of the white matter. Methods: In this study, 24 SCT cases comorbid with ADHD-Inattentive presentation, 18 SCT cases comorbid with ADHD-combine presentation, and 24 TD were included. We applied tract-based spatial statistics to the DTI measures for obtaining fractional anisotropy (FA), axial, radial and mean diffusivity (AD, RD, MD) to explore white matter differences for the whole brain. Results: Comparing SCT and ADHD-Inattentive presentation with TD, we detected increased FA in the bilateral anterior and posterior limb of the internal capsule, bilateral cerebral peduncle and the fornix ($p<0.005$). Comparing SCT and ADHD-Combine presentation with TD, we did not find any differences for all measures ($p>0.05$). Conclusion: Neurobiological differences in ADHD cases are still relatively unexplored. Although ADHD is associated with widespread alterations in white matter structure, our results concluded with more specific regions than previous studies. We suggest that including an assessment for SCT in the neuroimaging studies of ADHD may provide more consistent results.

ANAHTAR KELİMELER: ADHD, SCT, Neuroimaging, DTI, Neuropsychological functioning

S86 - Chromosomal microarrays analysis in the pathogenesis of Autism Spectrum Disorder

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Objectives: Association between environment and genetics characterize the etiology of the Autism Spectrum Disorder (ASD). Copy number variants (CNVs) are structural variations consisting of the deletions or duplications. CNVs have been pointed out as an important contributing factor in the etiology of ASD. In the present study, we are aiming to present CNV profiles of patients with ASD and their parents that have applied to our outpatient clinic and summarize the accumulated literature data concerning the genetic events related to CNVs in ASD. Methods:23 patients applied to the outpatient clinic of the Child and Adolescent Psychiatry Department diagnosed with ASD using clinical interviews according to DSM-V and The Childhood Autism Rating Scale (CARS). Any numerical and structural chromosomal abnormalities were not detected in all patients using classical karyotype analysis. All of the female patients were negative for Rett syndrome and all of the male patients were negative Fragile X syndrome. Chromosomal microarray analysis was performed for cases diagnosed with ASD and their parents. Results: Some of our results supported the previous findings of ASD associated risk factors and also included novel insights. Studies investigating the association between CNVs and ASD found strong evidence especially for six risk loci: 1q21.1, 3q29, 7q11.23, 16p11.2, 15q11.2-13, and 22q11.2. Although these loci were documented to be rare by previous studies with a large sample size, we detected four of these variants in 5 cases diagnosed with ASD (7q11.23 duplication in case 16, 16p11.2 duplication in case3, 15q11.2-13 deletion in case 2 and 8, 22q11.2 duplication in case 3). Furthermore, we detected FHIT and OR2M4 genes that were implied as ASD risk genes in the SFARI database. Conclusion: Advances in technical methods of the genetic tests like chromosomal microarrays provided more insight into pathways potentially included in ASD pathogenesis. Because it has been shown that ASD is hard to link to a single gene.

ANAHTAR KELİMELER: Autism Spectrum Disorder, Genetics, Chromosomal Microarray, Copy Number Variation

S87 - The Impact of Attention Deficit Hyperactivity Symptom Severity on Problematic Smart Phone Use among Adolescents with Attention Deficit Hyperactivity Disorder

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Objectives: In this study, we aim to examine the correlation between smart phone use, as quantified by the Smart Phone Addiction Scale, and Attention Deficit Hyperactivity Disorder (ADHD) symptom severity, as quantified by the Conner's Parent Rating Scale, in children with ADHD. Methods: 98 children with ADHD who presented to Gaziantep University Hospital Child and Adolescent Psychiatry Clinic (including both first visits and follow-ups), between ages 12 to 18 were asked to fill the Smart Phone Addiction Scale whereas their parents were asked to fill the Conner's Parent Rating Scale and the interviewer filled the socio-demographic data form, which included additional questions on smart phone use. Results: Out of 98 children with ADHD, 23.5% were girls and 76.5% were boys. The mean age of participants was 14.35 ±1.65. The mean time of mobile phone use per day was 2.23 ±1.80 hours according to child self-report and 3.25 ±2.65 hours according to parental report. The mean score on the Conner's Parent Rating Scale was 43.47 ±21.19, whereas the mean Smartphone Addiction Scale was 27.67 ±11.16. 90.7% of the children were under medication for ADHD. There was a positive, weak correlation between Smart Phone Addiction Scale and Conner's Parent Rating Scale Total Score (r=0.26, P=0.010) and the subscales learning (r=0.28, P=0.005) and anxiety (r=0,259, P=0,010). Higher points on the Smart Phone Addiction Scale were significantly associated with owning a smart phone (p=0.033), maternal psychopathology (p=0.025) and reporting to use the smart phone most often for surfing the web, social media and playing games (p=0.032). We did not find a statistically significant association for age, gender, ADHD subtype or use of ADHD medication. Conclusions: In this study we found a weak but positive correlation between severity of ADHD symptoms and problematic smart phone use, an impact which has not been explored previously. This correlation was also observed individually with learning and anxiety symptoms associated with ADHD. Increased problematic internet use has already been reported with anxiety disorders; however the association of problematic smart phone use with severity of learning symptoms warrants further research. Smart phone use is an important consideration in adolescents with ADHD at both the first diagnosis and during follow-up and should be a part of the clinical evaluation of ADHD.

ANAHTAR KELİMELER: Attention Deficit Hyperactivity Disorder, Internet Addiction, Problematic Internet Useage, Child and Adolescent Psychiatry

S88 - RELATION OF CYP2C19 POLYMORPHISMS WITH BDNF AND SIALIC ACID; FROM RESPONSE TO RESISTANCE OF ATX TREATMENT IN ADHD

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Objective: Although many genes related to the etiology of ADHD have been previously investigated, the number of studies investigating the atomoxetine used in its treatment at the genetic level is very low. In this study, it was aimed to investigate the effect of different polymorphisms of CYP2C19 genes on the treatment response and their possible relationship with BDNF and sialic acid levels in children and adolescents using atomoxetine due to Attention Deficit Hyperactivity Disorder. Methods: Ninety eight children with ADHD and 75 healthy controls were included in this study. The dose of ATX was started at 0.5 mg/kg/day and the dose was increased at 1 week intervals and titrated at 1.2 mg/kg/day. Response to treatment evaluated 2 months after the beginning of the treatment. DNA samples from peripheral venous blood were replicated by PCR and evaluated by ILLUMINA next generation sequencing method. The resulting fastqs were analyzed with Basespace's Variant Interpreter Program. Results: In cases that did not carry one of the CYP2C19 polymorphism, it was determined that the scores of CTRS and CPRS decreased significantly after treatment compared to baseline. Treatment response was found to be better in those who did not have this polymorphism compared to carriers. When the BDNF and Sialic acid (Sia) levels were compared, it was found to be significantly higher in the ADHD group compared to healthy controls. In addition, BDNF levels were found to be higher in the group that did not respond to treatment compared to responsers. Conclusion: To our knowledge this is the first study assessed the effects of CYP2C19 polymorphisms on ATX treatment in Turkish population and also first study that evaluated relation with BDNF and sialic asit together in the worldwide litherature. Further studies with extensive population are needed to better understand the effects of CYP2C19 polymorphism on treatment.

ANAHTAR KELİMELER: Children, ADHD, atomoxetine, CYP2C19, treatment, BDNF, sialic acid.

S89 - ATTENTION DEFICIT HYPERACTIVITY DISORDER DETERMINATIONS AND AUTOIMMUNITY IN TYPE 1 DIABETES MELLITUS DIAGNOSED CHILDREN AND ADOLESCENTS

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Attention Deficit and Hyperactivity Disorder (ADHD) is a neurodevelopmental disorder that manifests itself with attention deficit and / or hyperactivity and impulsivity and may negatively impact on community, school or work-related activities. Diabetes Mellitus (DM) is a condition which includes disturbances in insulin levels and insulin induced metabolic pathways. Type 1 diabetes is a multifactorial chronic disease that is caused by autoimmune destruction of pancreatic beta cells. Due to humoral and cellular changes in the immune system and inability to develop tolerance to autoantigens, autoantibodies against to the islet cells in the majority of patients are an indication of autoimmunity. The etiology of both diseases is also accused of autoimmunity. Seventy eight patients aged 10-17 years who were followed up for at least 6 months with type 1 DM and treated for at least 6 months were evaluated for sociodemographic characteristics, duration of breastfeeding, and type 1 DM specific laboratory and clinical data. In order to screen for ADHD symptoms, parents were given SNAP-IV (Swanson Nolan Pelham Questionnaire) and Adolescents Form of Adolescent Stress Difficulties Questionnaire. At the end of the scale scan, the risk group for ADHD was clinically clarified on the present DSM-IV axis by performing Kiddie Schedule for Affective Disorders and Schizophrenia Present and Lifetime Version (K-SADS-PL)by the clinician. In our study, groups were similar in terms of age, gender, socioeconomic level, demographic characteristics of parents, environmental factors such as pre-, peri-, postpartum characteristics and duration of breastfeeding. 28,2% of the cases (n = 22) met the diagnosis of ADHD. While this rate was well above the rate of ADHD in the community, it was in accordance with the literature in terms of the rates of ADHD in individuals with type 1 DM. When the distribution of autoimmune markers specific for type 1 DM was examined in groups, islet cell antibody positivity was 88.2% in the group with ADHD, whereas islet cell positivity was 30% in the group without ADHD. There was a statistically significant difference between the groups in terms of islet cell antibody positivity, but there was no difference between anti-insulin antibody and GAD. When the ADHD predictor of islet cell antibody was examined by simple linear regression analysis, SNAP IV was found to be a significant predictor of attention deficit, hyperactivity and total score and the power difficulties questionnaire's attention deficit and hyperactivity scores.

ANAHTAR KELİMELER: ATTENTİON DEFİCİT AND HYPERACTİVİTY DİSORDER, TYPE 1 DİABETES MELLİTUS, AUTOİMMUNİTY, ISLET CELL ANTİBODY,

S90 - Investigation of the Impact of Internet Gaming Disorder on Spinal Biomechanics and Pain in Children and Adolescents: A Pilot Study

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Objective: It is inevitable that musculoskeletal health may be affected negatively in children with internet gaming disorders (IGD) because they spend about 40-80 hours per week on the computer. However, there is no study to examine the effect of IGD on spinal health in children. This pilot study aimed to investigate the impact of IGD on spinal biomechanics and musculoskeletal pain in children. Methods: Fifty-six children with IGD (mean age: 13.98±1.83 years; body mass index (BMI): 22.31±5.09 kg/cm2) and forty-one healthy peers as control (mean age: 14.44±1.32; BMI: 21.97±4.75 kg/cm2) were included in the study. Sagittal, coronal (anterior, posterior) body views were analyzed by 2D, posture analysis system (Body analysis kapture (BAK), Milletrix soft. Italy). The postural parameters were curves (cervical–thoracic–lumbar), head (bi-pupillary, zeugmatic symmetry), shoulder, scapular, and pelvic asymmetries. The Posterior Trunk Symmetry Index was assessed for trunk asymmetry. Visual analogue scale (VAS) was used to determine the severity of musculoskeletal pain at rest and during activity. Results: There were statistically significant differences in craniovertebral angle, shoulder asymmetry and scapular asymmetry between children with and without IGD (p=0.01, p=0.03, p=0.04, respectively). Besides, the mean VAS-rest and the mean VAS-activity scores were statistically higher in children with IGD than healthy peers (p=0.02 and p=0.04, respectively). Conclusion: These preliminary findings have reflected that IGD leads to some postural asymmetries and pain in children. These asymmetries might have great potential for developing scoliosis. Not only psychosocial health but also the musculoskeletal health, especially spinal biomechanics, should be evaluated in children with IGD by a multidisciplinary team working. Acknowledgment: This work supported by The Scientific and Technological Research Council of Turkey (TUBITAK), Project No: 118S669.

ANAHTAR KELİMELER: internet gaming disorder, adolescent, children, pain, spine, biomechanical, postural analysis

POSTER BİLDİRİLER

P02 - THE EFFECT OF GESTATIONAL PROBLEMS ON PRESCHOOLERS COMMUNICATION DISORDERS AND GLOBAL DEVELOPMENTAL DELAY

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ABSTRACT Objective: Communication disorders represent the deficits in language, speech, and communication. DSM-5 categorized the communication disorders under five subcategories as language disorder, speech sound disorder, childhood-onset fluency disorder (stuttering), social (pragmatic) communication disorder, and unspecified communication disorder. Some of those have a criterion that emphasizes that the difficulties can not be better explained by intellectual disability or global developmental delay. The studies on preschooler's communication disorders are scarce. Herein, this study aims to assess the preschoolers with communication disorders and to compare them with the cases with global developmental delay in terms of their socio-demographic and gestational characteristics, internalizing and externalizing symptoms, parental psychiatric symptoms, and family functioning. Methods: The 4-6 years old preschoolers and their parents have consisted of the sample of this study. The cases with communication deficits complain are divided into two groups by using Ankara Development Screening Tool (AGTE). The first group was comprised of the preschoolers that have a normal development or a deficit only in the speech development-cognitive skills subtest of the AGTE. The cases with global developmental delay consist of the second group. A detailed socio-demographic form was fulfilled by the clinician. All the cases are assessed with child behavior checklist 4-18, aberrant behavior checklist (ABC), their mothers and fathers are assessed with Symptom checklist-90 and family assessment device. Results: The cases with communication disorder consisted of 43 preschoolers (30 males (69.8%)), and the global developmental delay group was 56 (39 males (69.6%)). The mean age of the first group was 55.8 ±9.6; the second group was 53.7 ±12.4. The most common communication disorder was language disorder (86.04%). CBCL, Scl-90, and FAD scores were statistically not differed between groups. The mothers in the communication disorder group reported significantly higher rates of gestational problems ($\chi 2$= 4.513; p=0.034), especially vaginal bleeding during pregnancy ($\chi 2$= 3.884; p=0.049). The comorbidity rates are higher in the global developmentally delay group ($\chi 2$= 58.371; p<0.001). Conclusion: The results of this study show that the effect of psychiatric symptoms of mothers and fathers and the family functioning is similar in the cases with a communication disorder and global developmental delay. The presences of gestational problems are higher in the communication disorder group. These two disorders are both neurodevelopmental disorders; however, psychiatric comorbidities are higher in the global developmental delay group.

ANAHTAR KELİMELER: COMMUNICATION DISORDERS, GLOBAL DEVELOPMENTAL DELAY,GESTATIONAL PROBLEMS,PRESCHOOLERS

P03 - THE IMPACT OF REFUGEE EDUCATION POLICIES ON THE PSYCHOLOGICAL STATUS OF ADOLESCENTS IN TURKEY: A CONTROLLED STUDY

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Objectives: Integration of refugees into the education system at the resettlement country is a significant issue. We aimed to test how the psychological symptoms changed according to the classroom typology of refugees and any war related symptoms. Methods: This cross-sectional study was conducted during the school year in Mardin, Turkey. Participants consisted of 171 Syrian refugee adolescents and Turkish peers living in the same area and attending a secondary school. The participants completed the sociodemographic data form, war-related traumatic experiences questions, and the Strenghts and Difficulties Questionnaire (SDQ). Results: Syrian refugees had lived for an average of 5 years in Turkey. Number of adolescents who have more than one traumatic experience was 50 (47,6%). As quantified by the SDQ, it has been found that children who experience more than one traumatic event have more psychological problems than those who experienced only one traumatic event in all areas except the social problems subscale. Emotional Problems Subscale, Peer Problems Subscale and Total SDQ scores have shown statistically significant differences according to classroom typology. Conclusion: Experiencing a traumatic moment in war increased the psychiatric symptoms of adolescents as quantified by the SDQ. If refugee children study in the same classes as non-refugee children, their psychiatric symptoms were less frequent.

ANAHTAR KELİMELER: Refugee, adolescent, education, psychological problems, war

P04 - DIFFUSE RASH WITH HIGH DOSAGE OF EXTENDED-RELEASE FORMULATION OF METHYLPHENIDATE

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There are several case reports of skin reaction associated with methylphenidate in children and adolescents in the literature. In this case we present the relationship between itching and diffuse maculopapuler rash with increasing dosage of two different modified release methylphenidate preparations for children and adolescents with ADHD.

ANAHTAR KELİMELER: RASH, METHYLPHENIDATE, CHILD

P05 - Aripiprazole Monotherapy was Effective in the Treatment of Obsessive Compulsive Disorder Comorbid with Behavioral Disorders in Medication Naive Preschool Children

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Aripiprazole Monotherapy was Effective in the Treatment of Obsessive Compulsive Disorder Comorbid with Behavioral Disorders in Medication Naive Preschool Children Introduction Recent literature has demonstrated that preschool children can develop and suffer from distressing Obsessive Compulsive Disorder (OCD) symptoms. OCD is highly comorbid with other psychiatric disorders, particularly with attention deficit-hyperactivity disorder (ADHD), oppositonal defiant disorder (ODD), and anxiety disorders and is associated with more severe symptoms and poor prognosis in preschool children. Data from several studies as well as authors' clinical experience have prompted aripiprazole use in OCD in preschool children. The aim of this study is to evaluate the efficacy and safety of aripiprazole in the treatment of OCD in preschool children. Cases A total of six boys aged 4 to 6 years old were included in the study. OCD, ADHD and ODD diagnoses were made according to DSM-5. Before starting the medication subjects were assessed for the severity of behavioral problems using Clinical Global Impression-Severity Scale (CGI-S), and severity of OCD symptoms assessed using Children's Yale-Brown Obsessive Compulsive Scale (CY-BOCS). Aripiprazole was started at 0.5 or 1 mg/day and increased depending on the clinical response and side effects. Side effects were evaluated using Udvalg for Kliniske Undersogelser Side Effect Rating Scale. Each patient was reassessed for the improvement of OCD symptoms and behavioral problems several times during clinical visits. SPSS 21 program was used for statistical analysis and (p) values <0.05 were regarded as statistically significant. Discussion In the literature, aripiprazole has shown effective as augmentation for the treatment of pediatric OCD in several studies. However, to the best of our knowledge, there have been no controlled studies which investigate efficacy of aripiprazol as monotherapy in pediatric OCD. Related to this topic, there are only a few case reports in the literature showing that aripiprazole monotherapy was effective on OCD symptoms. Selective Serotonine Reuptake Inhibitors (SSRI) are the mainstay pharmacological treatment of OCD in pediatric group, however behavioral disinhibition is a significant problem that especially effects young children. Although aripiprazole was not a first-line therapy option in the treatment of OCD, it was preferred in our cases due to both SSRI-induced behavioral activation and behavioral problems including hyperactivity, impulsivity, irritability and aggressive behaviors accompanying distressing OCD symptoms. In this study. aripiprazole, was found to be an effective and safe treatment for a small sample with preshool OCD symptoms. Aripiprazole is a second-generation antipsychiotic medication which also thought to have anti-OCD properties in relation to its effect on 5-HT1A receptors. Aripiprazole has also FDA approval for the treatment of irritability associated with autism spectrum disorder in patients aged 6–17 years and is widely used. This approach is in line with the Neuroscience-based Nomenclature's (NbN) suggestion that psychotropic drugs should be used in consideration of their biological mechanisms and mode of action rather than indication-based. Although we need controlled studies which investigate efficacy of aripiprazol as monotherapy in pediatric OCD, it may be an effective and safe agent that can be preferred in preschool group.

ANAHTAR KELİMELER: aripiprazole, preschool, obsessive compulsive disorder

P06 - Screen Exposure, Choronotype And Physical Activity in Obese Adolescents: A Controlled Study

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Objective: The aim of this study was to investigate screen exposure, choronotype and physcial activity in adolescents with obesity and to compare with normal-weight adolescents. Methods: This cross-sectional study consisted of 29 adolescents with obesity aged 12-16 years. The control group consisted of 30 adolescents of similar age and sex with normal weight. All children were interviewed by using Schedule for Affective Disorders and Schizophrenia for School Aged Children- Present and Lifetime version (K-SADS-PL). Adolescents with psychiatric diagnosis were not included in the study. All subjects reported duration of sleep, physical activity, television viewing, internet use and completed Youth Self Report (YSR/11-18). Children's Chronotype Questionnaire and Child Behavior Checklist 6-18 (CBCL) were completed by parents. Results: There was no significant differences in internalizing, externalizing, total scores of CBCL and YSR/11-18 between the obese and control groups ($p>0.05$). Obese adolescents spend much more time for television and internet than normal weight adolescents during both weekend and weekdays (<0.001). Although both groups' sleep duration was similar, CCQ's morningness/eveningness scale (M/E) score were significantly higher in the obesity group ($p=0.02$). Chronotypes of the obese and normal weight adolescents were determined respectively as 3.4% and 30.0 % of them were morningness form, 44.8% and 43.3% were intermediate form and 51.7 % and 26.7% were eveningness form ($p=0.014$). Physical activity on leisure time were significantly different between the obese and control groups (<0.001). Conclusion: The results of our study confirm that there is poor physical activity and over screen media exposure in adolescents with obesity. High chronotype scores reflecting evening types were significantly higher in adolescents with obesity. There is no correlation between chronotype scores and duration of screen media exposure. In future studies, it may be important to examine other unhealthy behaviours regarding eveningness chronotype to improve childhood obesity treatment.

ANAHTAR KELİMELER: Obesity, Adolescent, Screen Media, Physical Activity, Chronotype

P07 - COMPARISON THE FOOD COMSUMPTİON FREQUENCY AND NUTRİTİONAL HABİTS OF SPORTSMAN AND SEDANTER WHO ARE AUTİSM WİTH THE SEDANTER AND SPORTMAN WHO ARE İN NORMAL DEVELOPMENT

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1. Dyt. Sidre Özemre Güneş Çocuk Akademi, İstanbul 2. Dr.Dyt. Tuba Kayan Tapan Demiroğlu Bilim Üniversitesi, Beslenme ve Diyetetik, İstanbul 3. Doç.Dr. Şaziye Senem Başgül Çocuk ve Ergen Psikiyatristi Hasan Kalyoncu Üniversitesi, Psikoloji, Gaziantep Objective: To compare individuals with and without sports with autism in terms of height, weight, body mass index, education level of mother and father, duration of breastfeeding, nutritional habits, food consumption frequency, and food supplements. Materials and methods: The sample and control group of the study was taken from a private hospital, an indoor pool complex, a rehabilitation center and a sports complex in Istanbul. Between the ages of 7-25, four different groups were formed from a total of 40 people, 14 girls and 26 boys. Sociodemographic information form, questionnaire form specially prepared for the study and Food Consumption Frequency Form were applied by asking the parents of the children one to one. Results: Average age was 14.5, average height was 159 cm and average weight was 55.5 kg. It has been observed that individuals with autism are uncomfortable with the smell of food compared to healthy individuals. While 40% of individuals with autism are disturbed by lumpy foods, this rate is 15% in healthy individuals. While constipation problem is observed in 30% of autistic patients, it was never detected in healthy people. While the rate of feeding with puree other than infancy is 30% in autistic patients, this has never been seen in healthy individuals. A significant relationship was observed between the educational status of the mother and the orientation of the individual to sports. There was no significant difference between the variables other than this. Other data of the study will be explained and discussed in detail during the presentation. Conclusion and discussion: Individuals with autism are disturbed by the smell and color of the food, and thus, a uniform food obsession occurs; It is reported that they suffer from various nutritional problems such as not being able to use cutlery and switching to solid foods. In our study, it was found that autistic people were disturbed by the smell of food, constipation was more common, they were disturbed by lumpy foods, and there was a significant relationship between the education level of the mother and the referral of children to sports. There was no relationship between breastfeeding and autism. Further studies are needed on this subject.

ANAHTAR KELİMELER: Keywords: autism, nutrition, food supplement, physical activity

P08 - Inpatient Pediatric Consultation-Liaison Psychiatry Services in A Tertiary Referral Center: A Snapshot

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Objective: Consultation-liaison psychiatry is a subspecialty of psychiatry that examines the concurrence of medical and psychiatric conditions; and explores the connection between psychiatric and psychosocial conditions accompanying physical diseases. The purpose of this study was to explicate the particulars of pediatric inpatient cases referred for consultation to the child and adolescent psychiatry department in Ege University Hospital within a one-month period. Methods: In this descriptive study, individual data of pediatric patients admitted to various inpatient units in Ege University Hospital, in whom psychiatric consultations were requested in October 2019 were retrospectively reviewed. Demographics of patients, departments requesting the consultation, reasons for psychiatric consultation, diagnoses of mental illnesses and psychiatric treatment modalities were recorded. Results: A total of 184 consultations were requested from the child and adolescent psychiatry department during the study period, of which, 48 were evaluated on-site in respective inpatient units and are included in this study. 54.2% of the consulted inpatient cases were female and 45.8% were male. The average age of the cases was 11.5 (±4.75) and 56.3% were over the age of 12. A definitive diagnosis was not made for the 35.4% of the cases evaluated in the allotted time period. The most common psychiatric symptom recorded was depressive mood, and the most common diagnosis among the consulted cases was adjustment disorder (29.2%). Medical treatment was issued in 68.7% of the cases. Five cases (10.4%) requiring further psychiatric evaluation and care were transferred to the child and adolescent inpatient unit after medical stabilization. Conclusion: The results of this descriptive study reveals that psychiatric disorders are common in hospitalized patients in a multitude of different inpatient units, despite the limited period of time in which this study was conducted. Pediatric patients hospitalized in inpatient units who required psychiatric consultation appear to be particularly female adolescents (over the age of 12). The variety of consulting departments further emphasizes the importance of inter-disciplinary cooperation in terms of increasing the functionality of patients by treating existing psychiatric problems and supporting the children and their families.

ANAHTAR KELİMELER: Pediatric consultation-liaison, child and adolescent psychiatry, inpatient treatment

P09 - FLUOXETİNE RELATED URINARY RETENTION IN AN ADOLESCENT GIRL: A CASE REPORT

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FLUOXETİNE RELATED URINARY RETENTION IN AN ADOLESCENT GIRL: A CASE REPORT INTRODUCTION: Fluoxetine is an effective and reliable agent used in the treatment of childhood obsessive compulsive disorder and major depressive disorder. While headache and gastrointestinal side effects are common during the use of fluoxetine, some rare side effects such as urinary retention can also be seen. Urinary retention is the inability to empty the bladder completely. We present a case of fluoxetine related urinary retention in a 15 year of girl with symptoms of posttraumatic stress disorder. CASE: A 15-year-old girl was brought to the outpatient clinic by her parents due to dizziness and shortness of breath. According to the parents, she frequently remembered the incident, dreamed of it, woke up from dreaming with a start, was unable to pass the street where the incident occurred, and was easily distracted, and her academic performance declined. After evaluation, the patient was diagnosed with severe PTSD and started on fluoxetine 20 mg / day. At the control examination, we learned that she had experienced difficulty urinating from the first week of drug therapy, that she experienced bladder pressure after urinating, that she had slow urine stream, and that these symptoms had persisted and worsened over the last month. Following consultation, the urology department diagnosed urinary retention and recommended discontinuation of fluoxetine therapy. This was discontinued, and the patient was followed-up without medication. The symptoms improved significantly after fluoxetine discontinuation. In order to treat the PTSD symptoms, sertraline was initiated at 25 mg / day and increased to 50 mg / day after one week. No urinary retention-related symptoms were observed during three-month follow-up, and monthly controls were planned. DISCUSSION: In this case we used naranjo adverse drug reaction probability scale and the test has resulted in 8 points (5-8: probable). it is useful for clinicians to bear in mind that rare side effects such as urinary retention may develop with the use of fluoxetine in terms of early diagnosis and intervention.

ANAHTAR KELİMELER: fluoxetine, urinary retention, posttraumatic stress disorder, adverse drug effect

P10 - A Case Adolescent of Multiple Sclerosis Presenting with Anxiety Symptoms

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Introduction: Multiple Sclerosis (MS) is an inflammatory and demyelinating disease of the central nervous system characterized by focal demyelinating lesions distributed randomly throughout the brain and spinal cord with partial preservation of axons which affects the young population and progresses with attacks and remissions. It is a chronic disease that causes disability. In the clinical manifestation of MS, psychiatric disorders show up very frequently. A case presenting as purely psychiatric syndrome may rarely be a clinical manifestation of MS. Depression, general anxiety disorder, bipolar disease, psychosis and personality disorders are not as rare as is believed in general and may dominate the clinical manifestation. Minor depressive symptoms and anxiety are the most commonly reported psychiatric symptoms. In this case report, the process of receiving the diagnosis of MS of an adolescent with prominent anxiety symptoms is presented. Case: A 16-year-old, 9th-grade female patient. She couldn't go to school last year since she underwent surgery. The principal had said that she would pass the class but 2 weeks before the admission, she learned that she failed the class. After learning that she failed the class, her complaints of feeling restless, intense anxiety about the future, insomnia, and inability to pay attention to the lessons began. She then started to have nausea and vomiting. The performed tests (hemogram, biochemistry, TFT) the patient who was admitted to the Pediatrics outpatient clinic for nausea and vomiting revealed no pathology and Child Psychiatry and Pediatric Neurology consultations were ordered. Her psychiatric examination showed that anxious ideas about school were dominant in her thought content, her affect was mildly dysphoric and anxious. Neurological evaluation was requested to be completed since the patient's anxiety symptoms were accompanied by vomiting. The patient was evaluated by the pediatric neurology and Multiple Sclerosis was diagnosed in the cranial MR of the patient. Conclusion: Clinicians should keep the possible underlying organic causes in mind for patients especially presenting with psychiatric symptoms associated with unexplained neurological findings. Neuroimaging and further investigations, when deemed necessary, can help reveal the underlying organic cause that requires treatment.

ANAHTAR KELİMELER: anxiety symptoms, Multipl Sclerosis, neuroimaging

P11 - CLINICAL PRESENTATION OF TWO CASES EXPERIENCED IN PRIMAL SCENE: CASE REPORT

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CLINICAL PRESENTATION OF TWO CASES EXPERIENCED IN PRIMAL SCENE: CASE REPORT INTRODUCTION Freud suggested that observation or fantasy regarding parental sexual activity is a serious event in the psychic development of the individuals.Freud used the term primal scene to describe the witness of a child to the sexual activity of his/her parents. In this case series, clinical presentations of two patients who experienced primal scene will be presented. CASE 1 A 12-year-old male patient was admitted to our clinic with the complaints of dysphoria, getting angry when his father touches to his mother and sleeplessness.The patient found a used condom in the parents' bedroom a month ago.While inquiring, his mother described the condom as his father's medicine.After this response, he began to follow his parents' bedroom, thought that his father forced his mother to have sexual intercourse and that his mother was hurt.At the first examination, the patient's mood was depressive, his affect was anxious, and sleep time was diminished.The patient's level of knowledge about sexuality was evaluated.Cognitive interview was held on the subject of "Why should sexuality be bad?".For the symptoms of anxiety, sertraline 25 mg 2x1 treatment was started.At the second examination, the patient stated that his complaints reduced but he continued to follow the parents' room.At the third examination, the patient's complaints increased compared to previous examination.The dose of sertraline was increased to 75 and 100 mg gradually.At the fourth examination, there was no complaint of following his parents and being uncomfortable with this issue.The patient was followed up with his current treatment. CASE 2 A 13-year-old male patient was admitted to our clinic with the complaint of showing aggressive behaviors towards his mother. He was frequently getting angry with her and saying "horny woman." He was following his parents' room.The patient found out a condom package in the trash bin.When he asked his mother about the package, he got the answer of 'candy paper'.Later, the accusations of lying started and started to say to his mother like "What a horny woman you are".After that date, he started to watch the parents' room and sleep late. DISCUSSION Freud assumed that direct exposure to the primal scene could be traumatic.He said that children can create more fantastic sexual theories if real information about sexuality is hidden from children.For example, if the children witnessed the primal scene directly, this may cause children thinking that forcing the mother anal penetration and seduction of the father because the mother is a prostitute.In our first case, the mother answered to child's question about the condom as 'medicine of the father'.The patient then began to think that his father forced his mother to have sexual intercourse and that his mother was hurt.In the second case, when the child asked his mother about the condom package, he received the answer of 'candy paper'.Later, he started to think that his mother was immoral and seduced his father.The clinical features of our cases were consistent with Freud's findings.

ANAHTAR KELİMELER: Primal scene,

P12 - DEVELOPMENTAL AND SPEECH DELAY İN A TODDLER WİTH 1P36 DELETİON

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1p36 deletion syndrome comes from heterozygotic deletion of distal chromosomal band on the short arm of chromosome 1. The estimated prevalence of 1p36 deletion syndrome is at between 1:5,000 and 1:10,000 births and female to male ratio is 2:1. The effects of this syndrome vary between individuals. Most likely features of 1p36 deletion syndrome are developmental delay, speech delay, learning problems, hearing impairment, seizures, hypotonia (especially in babies, but it may persist), and heart defects. The syndrome is also characterized by several distinct dysmorphic features, including deep-set eyes, flat nose and nasal bridge, pointed chin, large anterior fontanels, microcephaly and brachycephaly. In this case, we present a 4 years and 11 months old boy, came to clinic with mild developmental delay and speech delay which can not explained by this developmental impairment. His parents are healthy and they have more 3 children who have no symptom as well. In his tests, no hearing loss detected. In neurologic consultancy, we found nystagmus and corpus callosum agenesis at cranial MRI. Additionally he has prominent forehead, long philtrum, asymmetric ears, deep-set eyes and flat nose in his face and fifth finger clinodactyly in his hand. According to history from the parents, he was treated with hypothyroidism up to 2 years ago and he is still under follow-up. Considering that the findings indicated a genetic syndrome, we referred the patient for genetic examination. As a result of the examination, 1p36 gene deletion was detected in our patient.

ANAHTAR KELİMELER: developmental delay, genetic syndrome, 1p36 deletion

P13 - Tic disorder in a toddler girl

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Introduction Tic disorders are neurodevelopmental disorders that are characterized by the presence of motor and / or vocal tics usually begin in childhood. Tics consist of instant repetitive movements and sounds. While the prevalence of chronic tic disorders in children and adolescents is 0.5-3%, the frequency of temporary tics is approximately 5%. In the studies conducted in terms of gender, the male / female ratio was found 3-4 / 1. The beginning age of tics varies between the ages of 2-21. Case A 1 -year -9 -months -old girl was admitted to our clinic with the complaints of blinking eyes which had been occurring for three weeks. The patient didn't have any application to a psychiatry clinic previously and her neurodevelopmental stages were within normal ranges. Her family reported that the blinking happens in one eye, lasts about 1-2 minutes and gradually increase or decrease. Neurologial and ophtalmological assessments revealed no pathological findings. After physical and neurological examinations and observation of tics in a previously taken video, the patient was diagnosed with tic disorder. Because the tics have begun subsequent to a possible viral infection (the family described symptoms of flu at the beginning time of the tics), Antistreptolysin O was requested from the patient for etiology. The result of ASO analysis yielded <49.4. A psychoeducation was given to the family about tic disorders. When the patient was re-evaluated two weeks later, a decrease in tics was observed, however, tics were not ended. Discussion Early tic disorders usually begin between the ages of 2-3 years. When we search the literature, there is a case we report of infancy onset in which tics are observed at four months of infancy. According to our knowledge, there are no cases reported before the age of two except for this reported case. This case report evidences that it is possible that tic disorders can be seen at an earlier age and clinicians should be careful in this regard.

ANAHTAR KELİMELER: tic, toddler, girl, phychiatry, blink

P14 - ASSESSMENT FOR AUTISTIC TRAITS IN SIBLINGS WITH ASD USING CHILD BEHAVIOUR CHECKLIST

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Objectives: Siblings of children with an autism spectrum disorder (ASD) are at greater risk for ASDs themselves as well as a range of related impairments. These sub-treshold impairments pose a risk for siblings to experience social and communication difficulties. As a result, they may have an increased risk of internalization and externalization problems. According to the study of Biederman et al. (2010), that best predicting autistic traits of the Child Behavior Checklist (CBCL) subscales were found as Withdrawn, Social, and Thought Problems. And also CBCL is one of the most comprehensively studied and extensively used instrument in worldwise. Therefore, we aimed to assess the autistic traits among siblings with ASD by using CBCL. Methods: 75 non-autistic siblings of ASD and 76 controls (NC), ranging from 6 to 18 years of age, are matched according to age, gender and sociodemographic characteristics. Sibling group was recruited from Ankara University Faculty of Medicine, Department of Child and Adolescent Psychiatry, where chidren with ASD are being followed up. All children were assessed by using CBCL. Results: The mean age of the siblings was 12.3 ± 3.5 years (range 6–18 years), which consisted of 38 (50.7%) girls and 37 (49.3%) boys. No significant differences were found between the siblings and control groups in terms of age, gender and parental education. In terms of autistic features, subscale scores of Withdrawn (57±6.3 vs. 54.6±5.7, p=0.007), Social (56.1±7.4 vs. 53.1±3.9, p=0.018), and Thought Problems (53.4±5.9 vs. 51.4±3.4, p=0.002) were found to be significantly higher in siblings than in the control group. In addition, Internalization and Externalization Problems subscale scores were significantly higher in siblings than the control group (p=0.001; p=0.013). After that, the relationship between the sub-scale scores associated with autistic features and siblings' internalization and externalization problems were evaluated. In sibling group Internalization Problems scores were positively correlated with Withdrawn, Social, and Thought Problems scores (r = 0.723, r = 0.770, r = 0.570, respectively, p=<0.001). And also Externalization Problems scores were positively correlated with Withdrawn, Social, and Thought Problems scores (r = 0.434, r = 0.688, r = 0.481, respectively, p=<0.001). Conclusion: These findings emphasize the importance of evaluating internalization and externalization problems of the siblings with ASD. Furthermore, it should be kept in mind that siblings, especially who have mental health problems should be examined in terms of autistic features.

ANAHTAR KELİMELER: Siblings, autism, autistic traits, CBCL.

P15 - METHYLPHENİDATE-INDUCED RAYNAUD'S PHENOMENON

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Introduction: Attention-deficit/hyperactivity disorder (ADHD) is characterized by developmentally inappropriate symptoms of inattention, hyperactivity, and/or impulsivity. Raynaud's phenomenon (RP) is a clinical syndrome characterized by recurrent episodes of vasospasm involving peripheral small vessels, triggered by exposure to physical, chemical or emotional stress. In this report, a case of Raynaud's phenomenon induced by a high dose of extended-release methylphenidate treatment will be presented. Case: A 13-year-old boy has been admitted to our clinic with the complaints of inattentiveness, untidiness, and low school success and diagnosed with ADHD. OROS-MPH 27 mg was started for treatment at the first examination, and the dose has been increased to 36 mg/d 4 weeks later because of partial response to the treatment, and a significant improvement has been observed. However, because of a severe loss of appetite and weigh loss, the treatment has been stopped at the end of the first month of the treatment. The patient has re-admitted to our clinic 2 years later with similar complaints, and as a result of ADHD symptoms, he has failed his class for 1 year. Psychoeducation about ADHD was given to the family and extended-release methylphenidate treatment at a dose of 20mg/day was started, and the dose was increased to 30 mg/d at the next visit. ADHD symptoms of the patient was diminished with the current dose of extended-release methylphenidate. However, while there was no side effects with 20mg/d dose, the patient and his family described feeling cold in both her feet and hands starting 1-2 hours after receiving the treatment and going on for 7-8 hours. The coldness in their hands was accompanied by paleness and then redness. The patient described no history of drug allergy or previous rheumatological disease. Considering the symptoms were possibly related to Raynaud's phenomenon, the methylphenidate treatment was terminated and treatment of atomoxetine was started, instead. There were no complaints such as feeling cold and redness on the hands and feet with the treatment of atomoxetine. Discussion: Raynaud phenomenon is a peripheral vasculopathy associated with connective tissue diseases. Methylphenidate inhibits transporter of dopamine and norepinephrine. Furtermore, the mechanisms of MPH include 5-HT1A receptor agonist activity redistribution of vesicular monoamine transporter 2 (Faraone ve ark 2018), all of which result in increased extracellular dopamine and norepinephrine levels. These can lead to constriction of the blood vessels. There was a case-control study of pediatric patients, suggesting MPH-associated RP in children. Cases of dose-dependent raynaud phenomenon as a result of the use of methylphenidate have been previously presented. To the best of our knowledge, this report is the first case that, is not seen raynaud phenomenon while using OROS-MPH-27,36 mg, then seen raynaud phenomenon while using extended-release methylphenidate 30 mg but not 20 mg.

ANAHTAR KELİMELER: ADHD, methylphenidate, Raynaud's phenomenon

P16 - TREATMENT OF EXCESSIVE MASTURBATION IN A CHILD WITH AUTISM SPECTRUM DISORDER AND COEXISTING ATTENTION DEFICIT/ HYPERACTIVITY DİSORDER

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Introduction: Autism spectrum disorder (ASD) is characterized by clinical signs of delayed or abnormal language development, impaired social communication and interaction, restricted and repetitive behavior and interests. Besides core clinical symptoms, it is known that individuals with ASD show more behavioral problems and psychiatric disorders compared to the general population. In this presentation, the effect of methylphenidate on excessive masturbation in a child with ASD and coexisting attention deficit/hyperactivity disorder (ADHD) was reported. Case: A 3-year-4-month-old boy who presented to our clinic with the complaint of not being able to speak and turning around himself, was diagnosed with ASD. His physical and neurological examination was normal and special education was started. At the next visit, it was learned that the child was hyperactive, could not direct his attention enough during the education process and rubbed his sexual area on soft objects. Psychoeducation about behavioral problems that may coexisting autism and childhood masturbation was given to the family and behavioral therapy was initiated. At the following visit, it was learned that he started kindergarten, in addition to his rubbing behavior, he stimulated his genitals with her hand and his parents said that he sweated and flushed during this activity and his hyperactivity continued increasingly. Aripiprazole 2.5 mg/day was started, but the family did not follow the visit for 2 years. When he was six years old, his parents again applied to our clinic. He met the criteria for diagnosis of OSB and ADHD and extended-release methylphenidate treatment at a dose of 10mg/day was started. His hyperactivity and masturbatory behavior significantly decreased with methylphenidate treatment Because his parents could not follow the visit schedule, they had ceased the metylphenidate treatment for 4 months; in this period of time, his hyperactivity and masturbatory behavior was worsened. Methylphenidate treatment was restarted at a dose of 10mg/day. It was observed that there was a improvement in ADHD and the masturbation behavior decreased significantly. (According to the Clinical Global Impression Scale, Disease Severity = 3, Improvement = 3, Side Effect Severity = 1). DISCUSSION: In our case, it was seen that excessive masturbation observed in ASD coexisting by ADHD improved significantly with methylphenidate. Pharmacological interventions, for individuals with ADHD and hypersexuality, theoretically aim to reduce impulsivity and improve self-control. Drugs used in ADHD treatment may provide patients to participate less in rewarding stimuli that can cause excessive masturbation and allow them to focus more on other daily tasks. Another mechanism may be to improve the deficiency of executive functions that are prone to hypersexual behaviors in ADHD with methylphenidate treatment. It has been reported that the use of methylphenidate positively affects the treatment in a case series related to paraphilias. On the other hand, it has been reported that methylphenidate may cause excessive masturbation and hypersexuality in adults and children. It appears that methylphenidate can have both a reducing and an activating effect on sexual behavior. More research is needed to determine the role of methylphenidate in excessive masturbation treatment and to explain its mechanism.

ANAHTAR KELİMELER: masturbation, hypersexuality, methylphenidate,

P17 - PSYCHIATRIC EVALUATION OF A CHILD BRIDE; AN EXAMPLE IN TERMS OF THE CONSEQUENCES OF THE VICTIMIZATION CREATED BY EARLY MARRIAGE

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İntroduction:Every marriage under the age of eighteen is called 'early marriage, child marriage, forced marriages' and girls who are married are called child brides. Marriages that's made in adolescence, the period of growth and development cognitively, psychosocially and physically, contains a lot of risks like a childhood that's left half, depriving the child of his or her educational life and land the child with responsibility for family and child care. Psychiatric disorders are very common in early marriages, the most common of which are reported to be diagnoses of Major Depressive Disorder and Adjustment Disorder. It is also known that suicide attempts and suicidal ideation are more frequent than in the adolescent population. Case:Our case is a 16-years-and-3-months old girl, who is brought to our polyclinic by the forensic medicine about marriage problems. It has been stated by her and her family that she didn't have a problem in her motor development steps, that she was always a weaker student in her school life and that she was always having difficulties about her social skills. Mental status examination showed that she is an adolescent girl that looks physically older for her age. Her thought content was dominated by themes related to marriage. Her ability to abstract was not fully developed and she did not know metaphorical concepts. She was judged quite behind of her peers in social skills, unable to make sense of the concept of marriage. As a result of the intelligence test, it was determined that her kent-EGY score was 73, Porteus score was 61 and overall average was 67. It is reported by us that the age period of the girl adolescent is in the process of separation, individuation and identity acquisition; so she is not sufficient to make sense of the roles of marriage and parenthood; that the adolescence development process is not yet complete and that she is still unable to assume the roles of an adult and due to these reasons, she is unfit for marriage. However, we learned that the girl who applied to our polyclinic checks 4 months later, was married off with religious marriage despite the absence of a court order, was repeatedly beaten by her husband during the marriage process, and was subjected to verbal abuse by her husband's mother for not being able to carry out the marriage. The diagnosis of adjustment disorder leading to depression was considered and treatment was started due to the fact that she started to feel more unhappy and worthless, had difficulty falling asleep, decreased appetite, lack of energy, anger outbursts and symptoms of anhedonia. Discussion:With this case report, we aimed to emphasize that it is important to make the necessary legal arrangements regarding early marriages, to monitor and protect these children due to the current risks to both themselves and their children, and more detailed work is needed on this scope.

ANAHTAR KELİMELER: ADOLESCENT, EARLY MARRIAGE, PSYCHIATRIC EVALUATION

P18 - Epileptic Seizure Due To Long-Acting Methylphenidate Treatment: A Case Report

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Objective: Attention deficit/hyperactivity disorder (ADHD) is the most common psychiatric disorder in children and adolescents with epilepsy. Psychostimulants, such as methylphenidat, are primary care ADHD pharmacotherapy agents(1). However, there are case reports reporting that methylphenidate treatment may be associated with exacerbation of seizure frequency in ADHD and epilepsy patients. Here, we discussed a patient who had a history of epilepsy and had no seizures and antiepileptic medication, and developed epileptic seizures after long-term methylphenidate therapy due to ADHD. Methods: 8-year-old boy was brought to the outpatient clinic by her mother with the complaints of "getting bored while studying" and "excessive mobility". During the interviews it was observed that the attention span was short, mobile and impulsive. According to the information received from his teacher, it was learned that similar complaints were also in school. It was learned that he had epileptic seizures twice before, he used phenobarbital because of his seizures, and his phenobarbital treatment was stopped after 3 years of treatment. It was decided to start methylphenidate treatment for the patient who was considered to have ADHD. Before treatment of methylphenidate, his EEG was normal. The patient was started on 10 mg/day long-acting methylphenidate (Medikinet Retard®) and increased to 20 mg/day. After using 20 mg/day long-acting methylphenidate for 3 months and not getting enough benefit, 18 mg/day long-acting methylphenidate (Concerta®) treatment was started. The patient had epileptic seizure 2 weeks after switching to 18 mg/day long-acting methylphenidate (Concerta®) treatment. The patient's EEG was normal. It was stated by neurology that there may be epileptic seizures due to methylphenidate. Methylphenidate treatment was discontinued. Results: The prevalence of epilepsy is 3-7% in the general population, whereas this rate is estimated to be 12-40% in ADHD patients(1). Although it is reported in the literature that psychostimulants are generally safe to use in patients with epilepsy (2), there are also case reports of epileptic seizures with the use of methylphenidate. There is insufficient data on whether methylphenidate and other psychostimulants elicit de novo (spontaneous) epileptic activity or whether it leads to the development of epilepsy by lowering the seizure threshold on the already existing epileptic background (3). However, rather than the development of a new epileptic seizure, it has been reported that it may trigger the development of seizures on the background of the underlying epileptic activity (4). Conclusion: In our case, a seizure was observed after starting long-acting methylphenidate (Medikinet Retard ®) due to ADHD and switching to another long-acting methylphenidate preaparate (Concerta ®) with different oscillation pattern. In the literature, there is a case report with epileptic seizures after switching from short-acting methylphenidate to long-acting methylphenidate (5). In the light of this information, it should be kept in mind that the use of methylphenidate may trigger seizure activity in those with a history of epilepsy, this may be related to dose increase and / or methylphenidate duration of use, and there may also be differences in the risk of seizures among other long-acting preparations with different oscillation patterns.

ANAHTAR KELİMELER: methylphenidate, epileptic seizure, adhd

P19 - A Case of KBG syndrome

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İNTRODUCTİON:KBG syndrome is a rare disorder that affects several body systems which is characterized by macrodontia of upper central incisors, distinctive craniofacial features such as the triangular face, prominent nasal bridge, thin upper lip, and synophrys, skeletal findings including short stature delayed bone age and costovertebral anomalies, and developmental delay/intellectual disability, sometimes associated with seizures and EEG abnormalities(1). The behavioral issues (autistic findings, masturbating, self-injuring, etc.) are common among patients with KBG syndrome which is associated with ANKRD11genes. Case : A 12-year-old male patient with mild mental retardation who lived with his family was admitted to our outpatient psychiatry outpatient clinic with complaints of hyperactivity and behavioral disorder that persisted for approximately one year. The patient was diagnosed with known epilepsy and in 2016, molecular diagnosis of KBG syndrome. In terms of neurology, he had no history of seizures for about a year and was being followed without medication. The patient had self- and environment-damaging behavior, masturbatory movements, and profanity. In order to treat the patient's behavior disorder, the patient was planned to begin aripiprazole treatment by slow titration. The patient was started on aripiprazole (1 mg/day). After 1 week, he was called for control. When the patient came for control, he stated that he had a seizure after using the family medicine. The treatment was stopped. Discussion: Antipsychotic drugs have been found to increase the risk of epileptic seizures. Among the second-generation antipsychotics, the use of clozapine carries the highest risk of seizure induction, while risperidone, quetiapine, amisulpride, and aripiprazole represent a significantly lower risk. Our patient had seizures despite low titration. This shows us that the risk of seizures should be considered when starting aripiprazole treatment in KBG syndrome and care should be taken when adjusting the dose.

ANAHTAR KELİMELER: KBG syndrome, Aripiprazole, epileptic seizure, behavioural disorder

P20 - Last Stop Penitentiary? Risk factors for conviction among adolescents driven to crime: A single-center, cross-sectional study

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Objective: The main aims of the present study were to determine the psychological problems of arrested and convicted children residing in a legal punishment institution for adolescents, to determine the factors leading criminal offenses and to evaluate the characteristics of children who commit crime for the first time (versus those with recidivism). Method: Psychiatric diagnoses of 90 adolescents aged 12-18 who were residing in a closed penitentiary institution for children and adolescents were evaluated with the K-SADS-PL. The adolescents completed Meaning and Purpose of Life Scale(MPLS), Five Dimensional Wellbeing Scale for Adolescents(FDWS-A), Family Belonging Scale(FBS), Children's Alexithymia Scale(CAS), Beck Depression Inventory(BDI) and State-Trait Anxiety Inventroy(STAI). The sociodemographic features and features of criminal offenses were recorded by the researchers. The severity of crime was scored between 0 and 4, taking into consideration the upper limits of punishments prescribed for crimes according to Turkish Penal Law numbered 5237. Descriptive analyses and bivariate comparisons (among first vs repeat offenders) were conducted. P was set at 0.05 (two-tailed). Results: Mean age of the individuals was 16.6 (S.D=0.7) years. The most commonly committed crimes were theft (n=28, 31.1%), selling illegal drugs (n=23, 25.6%), homicide (n=13, 14.4%), sexual abuse (n=12, 13.3%) and extortion (n=8, 8.9%). Adolescents stated the most important factor leading them to crime is the influence of peers (n=52, 57.8%). The most commonly identified disorders were, Substance Use Disorders (SUD) (n=33, 36.7 %), ADHD (n=30, 33.3%), conduct disorder (n=24, 26.7%), and ODD (n=14, 15.6%). Adolescents with recidivism received shorter educations (p=0.07), initiated criminal offenses at earlier ages (p=0.01), ran away from home more frequently (p=0.001), had higher rates of substance abuse history (p=0.001), and suicide attempts (p=0.03) and they had higher number of friends who committed crimes themselves (p=0.002). Their peers also abused substances significantly more frequently (p=0.02). Among initial offenders, FBS scores were found to be significantly higher than adolescents with recidivism (p=0.05). Conduct disorder (p=0.02), ODD (p=0.05) and SUD (p=0.01) diagnoses were significantly more common in adolescents with recidivism. Those with less severe crimes were likely to be arrested for a shorter duration (Rho=-0.38, p=0.000), have lower experiences of previous incarceration (Rho=-0.34, p=0.001) and lower FDWS-A-overall scores (Rho=-0.26, p=0.013). Those with more severe criminal offenses were more likely to be incarcerated for longer durations (Rho=0.48, p=0.000). Among convicted adolescents who stayed in prison for longer durations (n=6, 17.6%); the rate of anxiety disorders was significantly higher than that in those who were not formally convicted (n=2, 3.6 %, chi-square, p=0.05, Fisher, Phi=0.24). Conclusion: In the present study, psychiatric disorders (SUD, conduct disorder, ODD), education level, peer group, perception of belonging to a family, encountering crime at an early age were important risk factors in the path taking adolescents into prison. Prolongation of the time spent in prison, exerted a negative impact on the psychological well-being of the adolescent and increased the rate of anxiety disorders. Effective policies should be developed by authorities so that both initial and repeat offenses by children and adolescents can be prevented.

ANAHTAR KELİMELER: crime, adolescent, penitentiary

P21 - Sertraline Induced Severe Neutropenia in an Adolescent: A Case Report

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Introduction: Neutropenia which is defined as a neutrophil count below 1500/ml is a rare but potentially life-threatening side effect of psychotropic drugs such as clozapine, the phenothiazines and the tri- and tetracyclic antidepressants. Although antidepressants such as SSRIs are more associated with an increased tendency to bleeding, they have been rarely been reported to cause neutropenia. There are limited case reports of neutropenia due to sertraline in the adult literature. We report here the case of an adolescent who developed severe neutropenia associated with use of sertraline. Case: A 16-year-old boy who was diagnosed with Guillain-Barré syndrome two years ago was hospitalized for physical rehabilitation and decubitus ulcer treatment. He had been treated with teicoplanin 400 mg daily and ceftriaxone 1000 mg daily on account of decubitus ulcer for three weeks. He was consulted us for increased fatigue, anxiety, and depressive symptoms. After antibiotics had been stopped, in view of psychiatric symptoms, sertraline was started at 25mg/day which was later increased to 50 mg/day after 5 days. After 6 days of sertraline treatment, his TLC (Total Leukocyte Count) was found to be 2760/ml, DLC (Differential Leukocyte Count) showed 34.4 % neutrophils, 36.2% lymphocytes and 20.3 % monocytes. Absolute neutrophil count (ANC) was 950/ml, suggestive of neutropenia. Hemoglobin level, platelet counts were normal, and peripheral smear did not reveal any other abnormality. After 24 days of sertraline use, his TLC was found to be 1210/ml, DLC showed 6.6 % neutrophils, 77.7 % lymphocytes and 15.7 % monocytes. Absolute neutrophil count (ANC) was 80/ml, suggestive of severe neutropenia. It was hypothesized that neutropenia is due to sertraline and it was stopped after 24 days of use. After 3 days of discontinuation of sertraline, his ANC was 176/ml. In view of severe neutropenia and associated high risk of infection, he was prescribed subcutaneous Filgrastim (granulocyte colony-stimulating factor) 5mcg/kg/day for 3 days following which his cell counts recovered to a TLC was 6,130/ml and an ANC of 3770/ml. Discussion: This is the first case report of sertraline induced neutropenia in adolescence. There are only five published case reports of neutropenia due to sertraline in adult patients and two of them describe neutropenia due to sertraline combined use of quetiapine or mirtazapine. Several mechanisms have been proposed for hematological side effects of psychotropic agents. Idiosyncratic factors could be one of the major reasons. Another possible mechanisms could be direct toxicity and immune-mediated destruction of neutrophils and/or their precursors in bone marrow. There are no precise mechanisms and approaches regarding hematological side effects to sertraline. Our case may contribute the limited existing knowledge about the hematological side effects of sertraline in adolescence. Drug-induced neutropenia must be considered in a patient with sertraline use who has unexplained neutropenia.

ANAHTAR KELİMELER:

P22 - Psychiatric Approach at Comorbidity of Epileptic Seizures and Psychogenic Nonepileptic Seizures: Importance of Social Support and Starting School

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INTRODUCTION:Psychogenic nonepileptic seizures (PNES) are clinical events that resemble epileptic seizures but are not associated with neuronal discharges. PNES is the most common subtype of conversion disorder. In this article, we discuss a female patient who has both epileptic seizure and PNES. CASE:A 13-year-old girl was admitted to our outpatient clinic with complaints of contraction of hands, turning her head to side, and hypersalivation. She was being followed up in pediatric neurology with epilepsy. Her treatment was carbamazepine and valproic acid. She had absence seizures. She was referred to us because she had seizures that appeared to be different from absence seizures and these were not evaluated as epileptic. It was learned that the patient left school when she was 8th grade. Due to frequent seizures, the family did not want the patient to attend school. Her mood was depressive and moderate anxious. We considered that the patient's episodes other than typical epileptic seizures were PNES. After psychiatric evaluation, she was diagnosed with conversion disorder. Fluoxetine 20 mg/day was started considering depressive mood. Suggestions were made to start school and increase social support. In the initial interviews, the family did not allow her to start school. As epileptic seizures became more frequent during follow-up, fluoxetine was discontinued by pediatric neurology. About four months later, the family was convinced and the case began to school. The depressive mood improved and PNES decreased after the school. She had no PNES for two months. DISCUSSION:In this article, it was aimed to emphasize the improvement of PNES with social support and school enrollment. In addition to pharmacological treatment of children and adolescents with conversion disorder, it may be beneficial to regulate social environments such as family and school.

ANAHTAR KELİMELER: Adolescent, Psychogenic nonepileptic seizure, Social support

P23 - A Situation That Must Not Be Overlooked: Factitious Disorder

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INTRODUCTION:Factitious disorder (FD) is a mental disorder characterized by the intentional falsification of symptoms of physical or psychological illness. In some cases, this may lead to multiple invasive procedures and hospitalization. In FD, individuals use various strategies to simulate the disease. In this article, we reported a girl who was hospitalized with raccoon eyes. CASE:A 12-year-old girl was consulted to our outpatient clinic with periorbital ecchymosis. A week ago, periorbital ecchymosis developed 15 minutes after taking desloratadine and paracetamol. They applied to the pediatric allergy outpatient clinic. She was hospitalized for raccoon eye differential diagnosis. Her mood was moderate anxious. There was no history of chronic disease/trauma. Physical examination was normal. The examinations performed after hospitalizations were evaluated. Biochemistry, complete urinalysis, allergy tests, immunology and ophthalmologic evaluations were normal. Bleeding profile, 24-hour urinary vanillylmandelic and homovanillic acid, abdominal ultrasonography and chest x-rays were requested by pediatric hematology. After these tests, bone marrow aspiration was planned. Before performing these tests, the pediatrician had suspected her strange behaviors. Periorbital ecchymosis were removed with a cleansing solution. Her main motivation was to act as a patient. She had not a goal to primary reward. Therefore, malingering was not considered. As a result of the evaluations, she was followed up with FD. DISCUSSION:FD can cause severe loss of function and unnecessary health cost. Therefore, it is important to know that atypical presentation of FD may be present and to recognize it in the early period. Patients frequently apply to non-psychiatric departments. For this reason, It will be beneficial to have knowledge of FD by other healthcare professionals working in other clinical branches. Early diagnosis of FD will allow patients to receive more accurate and purposeful health care.

ANAHTAR KELİMELER: Child, Factitious disorder, Raccoon eyes

P24 - Atomoksetin Induced Lip and Cheek Biting: A Case Report

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INTRODUCTION:Atomoxetine is the first nonstimulant drug approved for the treatment of attention deficit hyperactivity disorder (ADHD) in patients older than 6 years. Often reported side effects include headache, decreased appetite, nausea, vomiting, abdominal pain, dry mouth, constipation, weakness and drowsiness. In this article, we present an 16-year-old girl who developed lip/cheek biting during atomoxetine treatment. CASE:A 16-year-old girl presented to our clinic with complaints of hyperactivity, impatience, distractibility, short attention span, forgetfulness and inability to organize. She was diagnosed with ADHD. Atomoxetine was initiated because the family did not want to use red prescription medication. The dose was increased to 60 mg/day (1.2 mg/kg/day). She was called for a follow-up visit four weeks later. There was a mild improvement in ADHD symptoms. However, she was reported to biting her lip and cheek. There was no psychiatric disorder to explain the lip/cheek bites. No trigger was detected except for atomoxetine. We considered that she had atomoxetine-associated lip/cheek biting. Atomoxetine was ceased. Two weeks later, lip/cheek biting completely disappeared. The family approved the initiation of methylphenidate. OROS-methylphenidate was started. There were no side effects. DISCUSSION:Lip/cheek biting, a body-focused repetitive behaviors, was classified under the heading "Other specified obsessive-compulsive and related disorder" at DSM-5. Dopaminergic dysfunction is one of the accused factors in the etiology of obsessive-compulsive and related disorders. In our case, lip/cheek biting thought to be related to atomoxetine may be related to the indirect increase of dopamine levels by atomoxetine. As far as we can see, this case is the first case reported to develop lip/cheek biting behavior related to atomoxetine. It is important that clinicians be careful of the unexpected side effects of drugs.

ANAHTAR KELİMELER: Adolescent, Atomoxetine, Lip/cheek biting

P25 - Autism Spectrum Disorder Screening In Younger Siblings of Children Diagnosed with Attention Deficit and Hyperactivity Disorder

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Objective:Autism Spectrum Disorder(ASD) and Attention Deficit and Hyperactivity Disorder(ADHD) are neurodevelopmental disorders which are frequently seen as a comorbidity to each other in child and adolescent population. The aim of the study was to screen Autism Spectrum Disorder (ASD) in younger siblings of children diagnosed with Attention Deficit and Hyperactivity Disorder (ADHD). Methods:We examined the younger siblings of 41 children diagnosed with ADHD according to The Diagnostic and Statistical Manual of Mental Disorders -5 (DSM-5) criterias. ASD risk screening procedure was performed using the Modified Checklist of Autism in Toddlers-Revised (M-CHAT-R) in children between 18-36 months of age and with Autism Spectrum Screening Questionnaire (ASSQ) in children older than 36 months of age. Questionnaires were filled by parents of the children during their outpatient clinic visit. Following that, we also collected the data about the sociodemographic characteristics and developmental stages of participants. Results:The study group consisted of 41 participants (male; n:20 %48.8, female; n:21 %51.2) between 18-67 months of age (mean:44.97 months SD±13.8). Participants at higher risk of ASD were referred to the outpatient clinic for further diagnostic evaluation. We examined the relations or correlations between ASD risk with M-CHAT-R or ASSQ scores and sociodemographic characteristics, neurodevelopmental stages, predominant presentations of ADHD. In this study, the risk of ASD was detected in 6 of 41 participants (%15) and this prevalence rate was higher than the ASD prevalence in the general population (%1.68). In the participants screened with M-CHAT-R (11 out of 41), lower maternal and paternal education levels was significantly associated with higher ASD risk according to screening material of M-CHAT-R (respectively; $p = 0.033$, $p = 0.023$). As for the participants screened with ASSQ (30 out of 41), the presence of any paternal mental disorder was significantly associated with higher ASSQ scores of children ($p = 0.011$). No significant differences were detected among the younger siblings with all of three ADHD presentation types in older children(combined, predominantly inattentive, predominantly hyperactive/impulsive) in terms of ASD risk in M-CHAT-R and ASSQ scores (respectively; p=0.237, p=0,134). Furthermore, there was no association between neurodevelopmental stages (i.e. age of walking, age of first words, age of two words sentences, age of toilet training) and ASSQ scores (respectively; $p = 0.222$, $p = 0.624$, $p = 0.357$, $p = 0.847$). Conclusion:Younger siblings of children with ADHD appear to be at elevated risk of ASD. Clinical monitoring, evaluation and follow up seem to be important in siblings of ADHD because of the etiological overlap. The findings of the study also provide further support for shared familial and etiological mechanisms between ADHD and ASD. Further researches that include more participants are needed to elucidate certain relationship between ADHD and ASD.

ANAHTAR KELİMELER: autism, adhd, comorbidity, screening, risk

P26 - SOCIODEMOGRAPHIC CHARACTERISTICS OF STUTTERS AND CONCOMINANT PSYCHIATRIC DISORDERS

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Objective: Stuttering(fluency disorder) is an interruption in the flow of speaking characterized by atypical rate, rhythm, and repetitions in sounds, syllables, words, and phrases. The goal of this study was to demonstrate the sociodemographic characteristics of school-aged childrens who applied our clinic with complaint of stuttering and psychiatric disorders that occurs consequently. Methods: The study included 31 stutters between the ages of 6-to-15 years (mean = 8.45; SD = 2.36) and their parents.Patients were examined by otolaryngologist and there has not been found any organic etiology. Sociodemographic features of individuals and their families were recorded using a standart sociodemographic form.In this form we also evaluated the onset age and accompanying psychiatric disorders. Results and Conclusion : The study included 31 stutters between the ages of 6-to-15 years (mean = 8.45; SD = 2.36) and their parents. Male gender proportion was higher.(28 boys/ 3 girls) The mean age of mothers was 34.48 (SD=4.63; Min=26 Max=47). The mean age of fathers was 37.1 (SD=4.63 ; Min=30 Max=49) . The mean age of onset of stuttering was 3.83 (SD=1.19 ;range 2 to 7 years).We also collect information about parents psychiatric disorders.According to data there is no correlation between onset of age and family history of psychiatric disorder. In total, 18 (64.3%) of the patients had at least one comorbid disorder. Among the observed comorbid disorders, anxiety disorder was the most concominent diagnose (observed in 21.4% of the patients), followed by attention deficit-hyperactivity disorder (ADHD) (19.3%). Thirdly conduct disorders is observed in 4 patient(14.3%). 10 patients(35.7%) had no comorbid psychiatric diagnoses. The most frequent age of patients appliying the clinic with complaint of shuttering was 7.(38.7%) 35.5 % of patients had early childhood trauma history like stucking in an elevator,loss of parents,having surgeries at early ages. These events might be the trigger of stuttering. According to our findings, there is a relationship between onset age of stutters and child sibling order.19 of them were the first born child(61.3%), 8 of them were the second born child(25.8%),4 of them were the third born child.When harmonic means of age onset for groups of these homogenus subsets are calculated the mean age onset of first born ones was 4.46 ; the mean age onset of second born ones was 3.33 ; the mean age onset of third born ones was 2.50. It was observed that the age of stuttering decreased as the number increased in the sibling order.However, longer follow-up studies should be carried out due to the limited number of patients in this study.

ANAHTAR KELİMELER: Stuttering, Fluency Disorder, Comorbidity, Child

P27 - TREATMENT OF ATTENTION DEFICIT HYPERACTIVITY DISORDER WITH METHYLPHENIDATE IN A BOY WITH TYPE 1 DIABETES MELLITUS: A CASE REPORT

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Introduction: Attention deficit and hyperactivity disorder (ADHD) is an early occurring neurodevelopmental disorder that has been reported to persist into adolescence. ADHD, when present in children with diabetes, presents some compliance problems with diabetes mellitus (DM) management. The beneficial effects of stimulant medications in reducing ADHD symptoms have been well documented. Here, It was presented a child patient with ADHD and type 1 DM who began to adapt to the his diet during methylphenidate treatment. Case: A 7 year-old boy was referred to our outpatient clinic.The boy was 5 years old when he was diagnosed with Type 1 DM. The complaints of boy were hyperactivity, behavioral problems, school failure, inability to concentrate, peer relationship problems and variable compliance with his diet. He frequently would consume excess carbohydrates and was not consistent with his insulin replacement regimen. No problems were described in the perinatal period and at the stages of development. His teacher reported requirement of intervention to address excessive distractibility and hyperactivity in the classroom. Given parent reports concerning the history of his hyperactivity prior to being diagnosed with DM, it was determined that his ADHD symptoms were not the result his variable blood-glucose levels. Based on the information obtained from the clinical interview, parental and teacher reports , and behavioral observations, he met DSM-V diagnostic criteria for ADHD. Oral methylphenidate 20 mg /day controlled delivery form was started. After one month of treatment with methylphenidate, his parents expressed that a dramatic improvement in the symptoms of school failure and difficulty in concentrating. Also after the treatment with methylphenidate(MPH), he began to adapt his diet. Following 6 weeks, the frequency of insulin replacement decreased from a daily average of 5 injections to the daily average of 4 injections. His blood glucose levels were reportedly fairly well regulated. Conclusion: It is clear that children and adolescents with ADHD and chronic illnesses such as DM may be at particular risk for nonadherence to their medical regimens and diets. As illustrated in this case study, methylphenidate can improve adherence behaviors to treatment of DM. However, larger randomized clinical trials are needed to examine the efficacy of methylphenidate for children and adolescents with DM and co-occurring attention and hyperactivity problems.

ANAHTAR KELİMELER: ATTENTION DEFICIT HYPERACTIVITY DISORDER, DIABETES MELITUS, METYHYLPHENIDATE,CHILD PSYCHIATRY

P28 - SPECIFIC LEARNING DISORDER AND ATTENTION DEFICIT HYPERACTIVITY DISORDER IN A CHILD WITH NOONAN SYNDROME: A CASE REPORT

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Introduction: Noonan syndrome is a genetic multisystem disorder characterised with distinctive facial features, developmental delay, learning difficulties, short stature, congenital heart disease, renal anomalies, lymphatic malformations, and bleeding difficulties. Mutations that cause Noonan syndrome alter genes encoding proteins with roles in the RAS–MAPK (mitogen-activated protein kinase) pathway, leading to pathway dysregulation. In affected individuals, intelligence is generally within the normal range. Social difficulties, communication difficulties, attention deficit have been reported in Noonan syndrome. Here, it was presented a child with Noonan syndrome accompained by comorbid attention deficit hyperactivity disorder (ADHD) and specific learning disorder. Case: An 8 year-old boy was referred to our outpatient clinic due to complaints of poor attention, concentration problems, poor academic performance, being exposed to accidents very often and forgetfulness. Same problems occurred in many other situations and were reported by the school teacher as well. Parents also reported that the complaints first occurred while he was 3 years old. Following psychiatric examination, he was diagnosed with Noonan syndrome. There was no familial history of any psychiatric disorder. According to information from parents, teachers and psychometric tests (WISC-R IQ: 80); ADHD and specific learning disorder were diagnosed. 18 mg/day osmotic-release oral system methylphenidate (OROS-MPH) was started and after a month, the OROS-MPH dose was increased to 27 mg/day. Symptoms of attention deficit and hyperactivity were dramatically reduced. Conclusion: This case was presented to emphasize the association of Noonan syndrome, ADHD and specific learning disorder. Clinicians who take care of children with Noonan syndrome must be aware of ADHD symptoms in order to make early diagnosis and provide appropriate treatment.

ANAHTAR KELİMELER: NOONAN SYNDROME, ATTENTION DEFICIT HYPERACTIVITY DISORDER, SPECIFIC LEARNING DISORDER, CHILD PSYCHIATRY

P29 - An Incest Case Resulting in Pregnancy with the Perpetrator Being Unidentified for A Long Time

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INTRODUCTION Incest is the sexual abuse of a child in the family, and involves sexual intercourse by one of the family members with another member of the family, other than the spouse, with the purpose of sexual satisfaction. Data on the prevalence of incest are scarce, as it is often concealed and kept as a family secret. In addition, in incest cases, concerns that the perpetrator who the family needs for economic or social purposes will be convicted and thus, the family's life will become more difficult prevents the incident reporting. In this case report, we will describe the case of a girl who got pregnant as a result of incest relationship, whose pregnancy was detected in the second trimester, and the actual perpetrator was discovered based on the analysis involving the infant. CASE S. was a 15 years old girl. She applied for the first time because she was referred to us by the judicial authorities when she was 24 weeks pregnant. Her pregnancy was found out in the emergency department when she was admitted with the complaints of abdominal pain and nausea. She stated at the session that she was raped by her father's cousin approximately 6-7 months ago and that she could not tell anyone because she was afraid. It was learned that the perpetrator was arrested and imprisoned. During the follow-up, S. was examined several times in our clinic, accompanied by her father. After it was determined that the DNA analysis did not match the DNA of the person accused of raping S., samples were taken from persons who were close to S. and found to be suspicious and DNA analysis was made. During this period, S. continued to come to sessions with her father. The father was pretending to be a very concerned parent, interested in his daughter (S.) and her future. The father was arrested and imprisoned after the samples taken from the father were found to be compatible with the baby's DNA. S. confessed that the person who raped her was her father and stated that she could not confess the fact because she was afraid that something bad would happen to her father. DISCUSSION Children may be forced by the family and the community to deny or not reveal abuse in order to preserve the family structure. In addition, the child may drop the charges in fear of being mocked, not being trusted, accused, and excluded by relatives and friends. Incest usually remains hidden and is only revealed after the child realizes the evil nature of the incident and runs away from home or becomes pregnant. Our patient was sexually assaulted by her father and became pregnant. In incest cases, it should also be considered that when the victim may attempt to conceal the truth with various concerns, the child may have been abused by anyone in her close circle, including each member of her family.

ANAHTAR KELİMELER: incest,pregnancy,sexual abuse

P31 - Narcolepsy in Childhood: Case Report

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Introduction: Narcolepsy is a rare sleep cycle disorder caused by autoimmune destruction of hypocretin-producing neurons. It's characterized by chronic excessive daytime sleepiness and cataplexy. Less common symptoms include hypnagogic or hypnopompic hallucinations, sleep paralysis, vivid dreams, and frequent nocturnal awakening, behavioral changes, obesity, and cognitive impairment. Usually, patients experience some, but not all, of these symptoms. The prevalence rate of narcolepsy in the general population varies from 0.03 to 0.16 percent across different studies. It's known to have bimodal peak age of onset, the major peak at around 15 years of age and a smaller peak at approximately 36 years of age. In this case, our aim is to discuss narcolepsy in a child patient and to review the treatment process. Case: An 8-year-old female patient was referred by a pediatrician to our child and adolescent psychiatry outpatient clinic with complaints of excessive daytime sleepiness, spontaneous sudden dropping attacks, and weight gain. The patient was investigated for organic causes, cranial MRI, neurological examination and EEG were performed and founded within normal ranges. The family had video recorded the falling down attacks which were typically loss of muscle tone triggered by strong emotional stimuli. The patient was diagnosed as narcolepsy/cataplexy. The treatment of the patient was started with 18 mg/day of OROS-Methylphenidate and increased to 27mg/day after 1 month. The patient benefited from treatment with full recovery. Discussion: The clinical heterogeneity and relative rarity of narcolepsy in childhood often lead to misdiagnosis of narcolepsy as depression, epilepsy, and other neurological disorders. Misdiagnosis of children with narcolepsy can interfere with their normal growth and puts them at increased risk of life-threatening accidents. Accurate diagnosis and treatment depend on taking detailed medical histories and being sensitive to the atypical presentations of uncommon psychiatric conditions, particularly in children.

ANAHTAR KELİMELER: narcolepsy, cataplexy

P32 - PHENOMENOLOGY OF OBSESSIVE COMPULSIVE DISORDER IN CHILDREN AND ADOLESCENTS: SAMPLE FROM A UNIVERSITY HOSPITAL

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Background and Objectives: Obsessive-compulsive disorder (OCD) is a disease with heterogeneous features in many respects and shows this variability in terms of phenomenology. We aimed to describe the socio-demographic and phenomenological features of children and adolescents diagnosed with OCD and to investigate the influence of these features on the treatment response. Material and Methods: A retrospective study was carried out with 150 children who had been diagnosed with OCD according to the DSM-5 between 2014 and 2018. The Yale-Brown Obsessive-Compulsive Scale for Children was used for measuring obsession-compulsion subtypes. The severity of the disease (CGI-S) and global improvement (CGI-I) were evaluated using the Clinical Global Impression (CGI) scale. Results: Males constitute 55.3% (n=83) of the participants and the mean age at the first visit to the clinic was 11,9±3.0. The study group was divided into two subgroups - prepubertal-onset (44%) and postpubertal-onset (56%) by accepting age of 12 as the onset of puberty. While the most prevalent obsessions were contamination obsession and aggression, the most common compulsions were washing/cleaning followed by checking. It was found that contamination obsession was observed more frequently in patients with prepubertal-onset, whereas religious obsessions were more frequent in patients with postpubertal-onset. Aggression obsession was more common in children with comorbid anxiety and mood disorders (p=0.022; p=0.047, respectively). Lower CGI-I scores were found to be associated with a lower CGI-S score and a prepubertal age of onset. Conclusion: There are variations in the phenomenology of obsessions with respect to age groups and comorbid mental disorders. Earlier diagnosis and therapeutic interventions in OCD may limit the impairment of mental health of children and adolescents.

ANAHTAR KELİMELER: OBSESSİVE-COMPULSİVE DİSORDER, PHENOMENOLOGY, TREATMENT RESPONSE, SSRI

P33 - FLUOXETİNE-INDUCED, LATE-ONSET ACUTE OROMANDİBULAR DYSTONİA: A CASE REPORT

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INTRODUCTION:Acute dystonia(AD) is defined as acute muscle spasm that suddenly starts with pain in tongue,chin eyes and sometimes the whole body.The pathophysiology of AD,which is a psychiatric emergency isn't clear.In this report,we aimed to describe the diagnosis and long-term treatment process of oromandibular dystonia that occurred 2 months after starting use of fluoxetine 20 mg/g without dose increase in a case with a history of dystonia due to metoclopramide use CASE:A 12-year-old girl,whose was started on fluoxetine 20mg/day due to diagnosis of Generalized Anxiety Disorder(GAD) 2 months ago in another center,was admitted to our outpatient clinic with complaints of sudden onset of trismus,inability to open her mouth.It was learned that the patient had AD due to use of metoclopramide 10mg a year ago.There was no neurological pathology.Diagnosis of fluoxetine-induced AD was considered as a result of psychiatric examination and patient was started on intramuscular biperidene 5mg treatment.Fluoxetine was discontinued and biperidene 2-4mg/day was recommended.Symptoms of the case partially regressed despite with 1 week of oral biperidene treatment,so biperidene treatment was completed to 10 days.After 10 days,her complaints regressed and biperidene treatment was discontinued.Since she rejected medical treatment of GAD,treatment is continued with cognitive behavioral therapy. DISCUSSION:Even though movement disorders due to drug use are mostly associated with antipsychotic use,it is a very rare side effect of less than 1/1000 with SSRI use.Oromandibular dystonia is a very rare form of AD.90% of drug-induced AD occurs within the first 3 days of drug use.In our case,it was observed that the symptoms of dystonia which occurred 2 months after drug use,regressed in a longer period. Although fluoxetine is a safe agent in GAD,history of extrapyramidal system side effects should be questioned beforehand.It should be kept in mind that drug-induced AD may also occur in the later stages of treatment and may last longer

ANAHTAR KELİMELER: ACUTE DİSTONİA,ADOLESCENT,CHİLD,FLUOXETİNE,SSRI,SİDE EFFECTS

P34 - Fluoxetine induced Hyponatremia in an Adolescent

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Introduction: Selective serotonin reuptake inhibitors (SSRIs) are among the most common antidepressants that are increasingly used by young, adult, and elderly patients. Fluoxetine is a SSRI with good efficacy, few adverse effects, long half life, good compliance, and low depression relapse rate after it is discontinued. Side effects can include anorexia, nausea, sedation, tremor, sweating, hypotension and hyponatremia. We report a case of a 18-year-old female started on fluoxetine with subsequent development of hyponatremia potentially relating to this agent. Case: B.C. is 18 years old and she goes to the last year of high school. She referred to our outpatient clinic with complaints such as tremor in hands, fear of failure, test anxiety and overexcitement in some conditions. She had no history of seizure, surgery, or systemic disease. She told that there was no psychiatric disorder in her family. Before her psychiatric treatment her blood tests (e.g. complete blood count, thyroid functions, and electrolytes) had been completed. She was diagnosed with social anxiety disorder according to DSM-5 diagnostic criteria. Fluoxetine was started at a dose of 10 mg/day and then was gradually increased up to 20 mg/day within a week. The patient who applied to the emergency department with the complaints of weakness, fatigue, headache, nausea one week after taking the 20 mg / day dose has a sodium level of 132 mmol/L as a result of his blood tests. The patient treated with intravenous normal saline infusion. Fluoxetine has been discontinued as no other reason could be found to lower the sodium level. Serum sodium level was within normal limits in subsequent controls. Discussion: Many studies as well as case reports have acknowledged hyponatremia and the syndrome of inappropriate secretion of antidiuretic hormone (SIADH) as known side-effects of selective serotonin-re-uptake inhibitors (SSRIs) such as fluoxetine and sertraline [1,2]. The mechanism of SIADH induced by serotonergic and norepinephrine-acting medications is not clear. However, as shown by the present case report, fluoxetine can also cause low sodium level and therefore patients need to be monitored for this possible outcome.

ANAHTAR KELİMELER: fluoxetine, hyponatremia, adolescent

P35 - A Case of Neuroleptic Maling Syndrome With Olanzapine

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A Case of Neuroleptic Malign Syndrome With Olanzapine Elif Gök Tosun*,Esra Bulanık Koç*,Gül Karaçetin Özer* Clinic of Child and Adolescent Psychiatry, University of Health Sciences Bakirkoy Research and Training Hospital for Psychiatric and Neurological Diseases, İstanbul, Turkey Objective Neuroleptic malignant syndrome (NMS) is a life-threatening neurologic emergency associated with the use of antipsychotic (neuroleptic) agents and characterized by a distinctive clinical syndrome of mental status change, rigidity, fever, and dysautonomia. Initially, atypical antipsychotics are considered to be less risky in terms of NMS, and in recent years, with the widespread use of these drugs, NMS cases developing due to atypical antipsychotics have also increased. Case Report A 17years 7month old,female patient who lives with her mother,father and brother. In her medical story, she was diagnosed with mild mental retardation at the age of 9. Her brother had a diagnosis of autism spectrum disorder, while his aunt and father had a diagnosis of bipolar disorder. Psychiatry outpatient applications were made in another hospital with the patient's family, since the patient had reference and paranoid delusions about being followed and talked about. In this clinic, the patient was prescribed olanzapine 5 mg / day and a dose increase of 10 mg / day after 4 days. 11 days after the initiation of olanzapine, he had clinical applications again with complaints of contraction in his arms and was added to his treatment as biperiden 2 mg / day. The next day she started walking leaning forward. The patient was admitted to the psychiatry emergency room with existing complaints, and his examination revealed rigidity, fever(38C) and ck height(402). Blood pressure was measured 100/90 and pulse 118. 5 mg of biperiden was administered intramuscularly in the emergency room. Patient was admitted to the neurology service with a pre-diagnosis of neuroleptic malignant syndrome.The patient's antipsychotic treatment was discontinued. The treatment was arranged as bromocriptine 2.5 mg 3 * 2, 0.9% nacl 1000 cc 3 * 1 and lorezepam 1 mg 2 * 1 to be added in case of agitation. In the 9-day neurology clinical follow-up, the patient, whose fever decreased, tended to decrease in ck value, and whose rigidity decreased, was transferred to the child and adolescent psychiatry clinic with a pre-diagnosis of psychotic disorder. Clozapine was started as 12.5 mg / day and the dose was increased to 200 mg / day with slow titration. Conclusion NMS, which is one of the important and serious side effects of antipsychotic treatment, can occur at any age, and it is generally seen during the young adulthood. Our patient was also young and had a diagnosis of mental retardation as a risk factor and used antipsychotic for the first time. Caution should be exercised when using antipsychotic in children and adolescents. Although atypical antipsychotics have fewer neuroleptic maling syndromes, it should be kept in mind that they can cause fatal side effects such as NMS, especially if there are risk factors. Key Words: Olanzapine, Neuroleptic Maling Syndromes,Clozapine

ANAHTAR KELİMELER: Olanzapine,neuroleptic malign syndrome,clozapine

P36 - AN ADOLESCENT GİRL DİAGNOSED WİTH ANOREXİA NERVOSA: TREATMENT CHALLENGES

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Introduction: Anorexia nervosa (AN), a desire to have a thin body and excessive fear of being fat, is an eating disorder that drives the patient to various unique behaviors in order to lose weight. Serious weight loss and systemic symptoms are observed in these permanently malnourished individuals. This picture, which becomes chronic over time, causes severe psychosocial dysfunctions. A versatile medical and psychiatric approach is necessary in the treatment of AN. Family-Based Treatment and Cognitive Behavioral Therapy are recommended, especially for adolescents and their families. In this case report, it is aimed to share family-based treatment and cognitive behavioral therapy application of an adolescent with eating disorder and to discuss the difficulties encountered in the treatment. Case: Twelve years nine months old girl was referred from the inpatient pediatric service with complaints of anorexia, weight loss. She has lost a large amount of weight (from 48 kg to 34 kg) in one year and (from 40.5 kg to 34) in the last 2 months. She had recently increased irritability and vomiting. During hospitalization, she ate a small amount of food, wanted to walk after meals. She often asked about her weight and appearance. As a result of the evaluations, the diagnosis of AN, restrictive type, and at later stage, purging type was made. Detailed psychoeducation was given to the patient and her family. The patient was given eating recommendations and asked to keep a daily feeding list. Pharmacological treatment was regulated as fluoxetine 5 mg liquid/day and olanzapine 2.5 mg/day and its doses were gradually increased during the treatment process. In addition to cognitive behavioral therapy; adding family-based treatment is planned. The patient and her family's compliance with the therapy increased over time. At follow-up, it was learned that she had gained weight slowly, and she wasn't dissatisfied with it, that she was generally in a good mood and had increased communication with her friends. The patient continues to attend therapy sessions at the outpatient child psychiatry clinic, and it is planned to deepen the cognitive part of therapy sessions. Discussion: Since AN has the highest mortality rate among all psychiatric disorders; diagnosis, treatment and follow-up are important. In order to achieve a successful result in the treatment of eating disorders, it is recommended to get detailed information about the family structures and to follow the family, to use the drug and psychotherapy together, and to provide psychosocial support. In addition to the initial drug treatment in our case, it seems that the application of cognitive-behavioral therapy and family-based treatment increased the success of the treatment. This case report revealed that; a holistic approach is fundamental in patients with AN, the treatment process can be challenging, and AN is a long-lasting disorder that occasionally goes with exacerbations in line with the literature. Although the limitation of the short follow-up period, identifying the factors that make treatment difficult can make a significant contribution to the development of methods of coping with AN.

ANAHTAR KELİMELER: anorexia nervoza, adolescent, treatment

P37 - THE FREQUENCY OF THE ABILITY TO SAYING NO IN CHILDREN IN A MEDITERIANIAN TOWN, TURKEYAND TO EVALUATE THE MEASUREMENT TOOL CAN BE USE AS A DIGNOSTIC TOOL

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Aim: The purpose of this study is determine the frequency of the ability to say no in the last childhood and to evaluate whether the measurement tool can be use as a dignostic tool. Method: Method is designed as two stage. Yield stage planned as a In the first stage, In Tarsus district of Mersin province shcools chosen by accidentialy and with simple way, 395 students, in the age group of 9-11 who came the last period of their childhood, were reached (it is determined as a number of samples required for %80 power and %5 margin of error). In order to evaluate the diagnostic performance of tests , in the second stage of study 15 May 2019-15 Agust 2019, 45 childrenapplyingÇukurova University Faculty of Medicine Department of Child Mental Health Diseases were evaluated. As a result of examination of clinicans, this group who is with a low risk with the ability to say no were evaluated as a matter of fact group. In the study, Personal Information form and the abilitiy to say no scale were used. The validity and reliablity analysis of the scale was made, by determining sensitivity and specificity values with ROC analysis, its diagnostic value was examined. The sensitivity and specificity values of the used scales were determined by ROC analysis. Results: According to the factor analysis results applied to the `` No Saying Scale " scale, it is seen that the scale is collected in two sub-dimensions called rejection and resistance.Cronbach's Alpha values were determined as 0.87 for the rejection dimension and 0.82 for the resistance dimension.A good positive correlation was found between rejection and resistance sub-dimensions. According to the results of the ROC analysis, the cut-off values were found to be 21.5 for rejection sub-dimension and 23.5 for resistance sub-dimension. According to the cut-off values, it was found that 24% of the children have no rejection and 27,6% have no resistance abilty which means that one of every 4 children had a low ability to say no. In the study, it was determined that the levels of the ability to say no in the last childhood children differ according to age and gender. In addition to these factors, family structure, SEL, past serious events have also been identified as factors affecting the situation. Conclution: It has been observed that used scale can be used as a tool to identify children with low ability to say no in field scans.

ANAHTAR KELİMELER: ABİLİTY TO SAY NO, VALİDİTY RELİABİLİTY, DİAGNOSTİC PERFORMANCE, LAST CHİLDHOOD

P38 - A Case Report: Behavioral Problems Related to Brain Tumour

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A case report: behavioral problems related to brain tumour Introduction: There is considerably more information available on the psychiatric symptoms that occur in series on patients known to have brain tumours. Brain tumors are the most common solid tumors in children. Diagnosis and treatment of psychiatric symptoms of brain tumours are challenging. Slow-growing tumours may allow for more adaptive changes in the brain and therefore the tumour is more likely to be 'neurologically silent' and may present only with psychiatric symptoms without general or localising neurological symptoms and signs. Altouth supratentorial tumours are considerably more likely to cause psychiatric symptoms than infratentorial tumours, this case shows that infratentorial tumour manifests as psychiatric disorders. Case: A seven-year-old boy was admitted to our clinic with history of new onset abnormal behaviors characterized by introversion, inable to speaking, inable to making friends, fear of school, forgetfulness, learning problems, lack of attention, balance problems while walking.There was no history suggestive of fever, convulsions or others. The patient is consulted to the neurologist to exclude organic etiology. The CT and MRI examination requested by the pediatric norology service was revealed evidence of brain tumour located in the posterior fossa aquaductus stenosis. The patient was transferred to neurosurgical department and surgical procedure was planned.The pathology report was compatible with Pilocytic Astrocytoma. He was admitted to our clinic after 1 month from the surgical operation without complaints. Conclusion: Most brain tumors present with specific neurologic signs due to mass effect. However, in rare cases may present primarily with psychiatric symptoms. Diagnosis of psychiatric symptoms being secondary to brain tumors starts from having the clinical suspicion. A thorough medical history and physical examination may assist in the diagnosis.It is recommended that brain imaging be performed in all cases of initial psychiatric presentations in patients with suggestive neurological signs or symptoms, such as headaches or seizures, in atypical presentations or changes in the patient's symptoms and symptoms that resistant to treatment.

ANAHTAR KELİMELER: Behavioral problems,Brain Tumour

P39 - FORMATION OF ECCHYMOSIS AFTER FLUOXETINE TREATMENT-A CASE REPORT

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INTRODUCTION: Selective serotonin reuptake inhibitors (SSRIs) are widely used in treatment of depression, anxiety disorders and some other psychiatric disorders. They are reliable drugs in terms of side effects. Moreover, they are known to cause various hematological side effects, including bleeding. There are case reports in literature that fluoxetine may cause ecchymosis like other SSRIs. In the following, it is aimed to discuss a case of ecchymosis due to fluoxetine. CASE: A 5-year-old female patient was admitted to our clinic with the complaint of not talking in several settings. Her complaint was present for about a year. In the psychiatric examination, a diagnosis of selective mutism was put according to the DSM-5 criteria. Fluoxetine 10 mg/day was started. In the second week of treatment, she applied to clinic with complaints of diffuse color changes on the body. As a result of dermatological evaluation, 1 centimeter-sized ecchymotic lesions were detected in the upper part of the leg and in the chest area. There was no hematological disease in the patient's history and family history. There was no additional drug use in the past two weeks. There was no physical trauma. In the blood tests of the patient,complete blood count(CBC), prothrombin time (PT), activated partial thromboplastin (aPTT) time, bleeding time and other lab values were evaluated as normal. For these reasons, it was thought to be related to the use of fluoxetine. Fluoxetine treatment was discontinued. In the control after 2 weeks, ecchymotic areas were observed to disappear. DISCUSSION In the presented case, ecchymosis was observed in the second week of fluoxetine use without any other condition that would cause bleeding tendency. This situation suggests a hematological side effect due to the use of fluoxetine like other cases in the literature. The usual and common side effects of SSRIs are irritability, nausea, and insomnia. They affect platelet functions and may cause hematological side effects. They disrupt platelet aggregation, by reducing serotonin uptake into platelets. There are reports of bleeding after SSRI use in literature that in some cases the bleeding time was prolonged and in some cases it is normal. In our case, the bleeding time was normal. There are more reports about fluoxetine-related ecchymosis in the literature compared to other SSRIs. In the light of these information clinicans should be careful about any signs of bleeding diathesis during follow-up of patients treated with SSRIs

ANAHTAR KELİMELER: Fluoxetine,ecchymosis,child,treatment

P40 - Diarrhea related to OROS-methylphenidate Use - A Case Report

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Introduction : Attention Deficit Hyperactivity Disorder (ADHD), which is predicted to be worldwide prevalent between 5,3 – 7,2 % rates, is one of the most common neurodevelopmental disorders among children and adolescents.1,2 Methylphenidate is frequently used as the first-line treatment for ADHD in children and adolescents.3,4 Gastrointestinal side effects of methylphenidate are well defined in the literature and the most common gastrointestinal side effects are anorexia, abdominal pain and nausea.3,5,6 In this case report, diarrhea after starting due to methylphenidate treatment for ADHD as a rarer side effect is reported. Case : 10 years-old male patient admitted to our out-patient clinic with the complaints of being impetious, forgetful, impulsive and easily disrupted. After clinical evaluation and mental state examination leading to diagnosis of ADHD according to DSM-5 criteria, OROS-methylphenidate treatment is started as the initial dose of 18 mg. Due to diarrhea beginning at the second day of OROS-methlyphenidate treatment and continuing for 3-4 days, the patient was evaluated by pediatric gastroenterologist who found no detectable organic etiology of diarrhea. After our evaluation, OROS-methylphenidate was discontinued in the light of these information. A few days later, patient reported that diarrhea had stopped. After three weeks later; As the patient described a prominent improvement of ADHD symptoms during the short-time he recieved OROS-methylphenidate, the treatment was re-began considering that diarrhea is a very rare side effect of OROS-methylphenidate. The parents reported that once again diarrhea started within a few days of the re-beginning of treatment. Diarrhea seen in this patient is believed to be caused by OROS-methylphenidate treatment, as there was no other drug being used by the patient at that time, no history of bacterial or viral enfection reported, no organic cause of diarrhea found by pediatric gastroenterology evaluation and it was known that diarrhea stopped after discontinuing of treatment before. Treatment with OROS-methylphenidate was permanently stopped for this patient. The family reported that diarrhea stopped within 24 hours. Discussion: It is well-known that methylphenidate may cause gastrointestinal side effects. Most common ones include anorexia, abdominal pain and nausea. Diarrhea, a rarer side effect is seen in this case reported. For this case diarrhea is thought to occur as a rare gastrointestinal side effect of methylphenidate. Although the mechanisms of ileus and anorexia is known for methylphenidate, there isn't conclusive data on the mechanism of diarrhea in the literature. To our knowledge, there are no study explaining the mechanism of diarrhea due to methylphenidate or similar case series. Physicians should keep in mind that diarrhea may ocur due to methylphenidate use.

ANAHTAR KELİMELER: OROS-methylphenidate,diarrhea,case,report

P41 - A SUİCİDE ATTEMPT IN AN ADOLESCENT WİTH ARİPİPRAZOLE: A CASE REPORT

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[1]SAKARYA EĞİTİM VE ARAŞTIRMA HASTANESİ ,

Introduction: Aripiprazole is an atypical antipsychotic and actions as a dopamine partial agonist. Serious adverse events induced by the administration of antipsychotics to children. Neuroleptic malignant syndrome, QT prolongation, leukopenia and suicide attempt are the serious adverse events of antipsychotics. In this case report, suicide attempt in an adolescent patient triggered by the aripiprazole treatment will be discussed. Case: A 16 years old girl applied to the outpatient clinic with the complaints of unhappiness, anhedonia, weakness and irritability. It was learned that the patient did not receive regular psychiatric treatment before. Sertraline (50 mg/day) treatment was started with the diagnosis of depression. Aripiprazole (5 mg/day) was added to the sertraline treatment as an augmentation treatment. 5 days after starting aripiprazole, the patient had auditory and visual hallucinations such as seeing demons and telling her to drink more drugs. Than she attempted suicide by drug overdose. Aripiprazole was discontinued after intensive care treatment of the patient, sertaline was continued. After discontinuation of aripiprazole, hallucinations and suicidal thoughts did not continue. Discussion: Aripiprazole may be asscociated with psychotic worsening because of it's action as a dopamine partial agonist. There are case reports that aripiprazole induces or worsens psychosis and increases suicidal ideation in adults. Our case is important for being an adolescent, because case reports on children and adolescents are limited. It is thought that psychotic symptoms and suicidal thoughts should be kept in mind when starting aripiprazole treatment by the clinicians with this case report.

ANAHTAR KELİMELER: ARİPİPRAZOLE, SUİCİDE ATTEMPT, ADOLESCENT, PSYCHOSIS

P42 - SERTRALINE-RELATED MENORRHAGIA: A CASE REPORT

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INTRODUCTION: Selective serotonin reuptake inhibitors (SSRIs) are the agents of first choice for the treatment of anxiety disorder and depression in children and adolescents. The most common side effects associated with SSRI use include gastrointestinal symptoms (nausea, abdominal pain), headache, dizziness, insomnia and dry mouth. Other rare side effects have been found to be decrease in bone density, neuroendocrine effects (weight gain, dyslipidemia, type 2 diabetes mellitus), hepatotoxicity, extrapyramidal symptoms, serotonin syndrome, tics, and myoclonus. SSRIs have also been associated with bleeding complications. Various bleeding disorders such as ecchymosis, purpura, epistaxis, GI bleeding, intracranial bleeding, prolonged surgical bleeding have been reported in patients using SSRI. In this case report, menorrhagia that occurred after sertraline treatment in a 16-year-old adolescent followed up with anxiety disorder will be presented. CASE: A 16-year-old, 10th grade student female patient presented to our outpatient clinic with the fear of death, fear of developing cancer, and severe anxiety about her relatives getting sick. As a result of the evaluations, the patient who was diagnosed with generalized anxiety disorder was initiated on sertraline 25 mg/g treatment. It was learned during the patient's 1-month follow-up examination that her complaints regressed and she had menorrhagia that lasted 21 days. The patient was referred to the pediatric hematology and obstetrics and gynecology outpatient clinics for the elimination of other medical pathologies. Her blood cell count, hepatic function tests, prothrombin time, activated partial prothrombin time, INR levels, and bleeding time were found to be within normal values. She had no medication other than sertraline and no comorbid disease. The sertraline treatment was discontinued considering the association of SSRIs with bleeding. It was learned during the follow-ups of the patient that her menstrual cycles returned to their normal values (5 days). DISCUSSION: The exclusion of other bleeding causes and the disappearance of menorrhagia in our case after discontinuing sertraline suggested that the possible cause of menorrhagia could be sertraline. Serotonin is secreted from platelets in response to vascular injury and stimulates vasoconstriction with morphological change in platelets, leading to aggregation. Serotonin alone is a weak platelet aggregator. SSRIs inhibit the serotonin transporter that is responsible for the reuptake of seratonin into platelets. In other words, SSRIs can deplete serotonin in platelets, thereby reduce the ability to form clots and increase the risk of bleeding. Other mechanisms of bleeding diathesis induced by SSRI include blockage of calcium mobilization, inhibition of nitric oxide synthase, and drug-induced immune thrombocytopenia. Abnormal bleeding is a potential side effect that poses a major risk for children and adolescents. Considering the prevalence of depression and anxiety disorders and accordingly the use of SSRI, even rare effects can affect a significant number of patients. Therefore, it is of importance that clinicians be careful when questioning side effects and keep bleeding complications in mind.

ANAHTAR KELİMELER: Selective serotonin reuptake inhibitors, sertraline, bleeding complication

P43 - CHILDHOOD TRAUMAS AND DISSOCIATION: A CASE REPORT

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Introduction: Dissociative disorders are characterized by a disruption of and/or discontinuity in the normal integration of consciousness, memory, identify, emotion, perception, body representation,motor control and behaviour. This disorders are frequently found in the aftermath of trauma.In this report, a 16-year-old adolescent case with dissociative symptoms will be presented. Case: A 16-year-old male patient applied to the outpatient clinic with complaint of insomina, hearing voices, and seeing images. Symptoms of the patient initially presented as mechanical voice(engine voice) every night 3 am, than continuing the feeling of someone entering his room, hearing the voices he described as good and bad voice, opening the portal through the wall, the sands he sees on the wall converge at a common point. He was having a headache while this complaints. He speaks with these voices in order to prove to himself that these are not real. Because of these voices, he can't sleep all night, he can't concentrate on his lessons during the day. While bad voice makes disparaging accusations like 'you're ugly, you're idiot, you're incompetent', good voice says 'you're an original person, you're unique'. The fact that both voices hear what they say is that we are your good and your bad sides, you are our synthesis. The first complaints of the case started 7 years ago with imaginary friends. he didn't have any friends around him at the time and his parents were very unconcerned. His friends scoff of him as 'fat, ugly' and his teacher makes derogatory accusations such as 'idiot'. Imaginary friends of the case were than turned as the good and the bad voices overtime due to the stressfull life events (peer victimisation). He was able to control these voices. He had lost control over the voices after stressfull family events including the fight between her parents every day at home, her father's cheating on her mother, her father's sexual messages to another woman read by the case, her mother's leaving the house . The case thought that what he was going through was not real, that he was going through it because of loneliness. In the examination of the case; the affective was restricted, the mood was dysphoric. In the content of thought, there were thoughts about worthlessness, self-dislike. No fugue, amnesia, alter personality were detected in the case. He case was found to have an interest in painting. His drawings, which he brought to the interview, often included facial appearances, mask models and images he saw at night. Sertraline 25 mg, risperidone 0.5 mg, hydroxysine dihydrochloride 12.5 mg were started with the diagnosis of unspecified dissociative disorder. When he arrived for the second interview 10 days later, that he had been sleeping at night and that he rarely heard voices. Discussion: In our case,the complaints of imaginary friends, hearing good and bad voices, inability control these voices, seeing images were evaluated within the scope of dissociative symptoms. The absence of alter personality, fug and amnesia in the case suggested the diagnosis of undefined dissociative disorder.

ANAHTAR KELİMELER: trauma, dissociation, childhood

P44 - 32 days in the psychiatric clinic, and incoming confession; from suicide to Factitious Disorder

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Introduction: Factitious Disorder is a disease defined by the deliberate production or imitation of some physical or psychological signs or symptoms for an assumption of the sick role. In this mental disorder, the person internalizes sick role with an unconscious motivation. It can be seen as an imitation of physical or psychological symptoms, or both types of symptoms, and can lead to excessive clinical interventions. Factitious Disorder's rates of mortality and morbidity are high. The frequency among in-patients is thought to be approximately 1%. The onset is usually in early adulthood and is more common in men. This disorder, which is difficult to make differential diagnosis, tends to be chronical. This case report includes the differential diagnosis and treatment process of a 16-year-old male patient who was referred to the pediatric and adolescent psychiatry clinic with a suicidal attempt and was diagnosed with Factitious Disorder, and is intended to contribute to the literature. Case: A 16-year-old male patient applied to our clinic with complaints of attempting suicide by taking pills, feeling depressed, seeing horrible faces, thinking that someone might harm him, and requesting inpatient treatment. Due to the varied psychiatric symptoms that lasted for 3 years, he was applied to many clinics, but despite regular follow-ups and using a large number of medication at effective doses and periods, there was no clinical improvement. There were stressor factors such as being peer bullied in a chronic manner and his family neglecting the patient while taking care of his little brother. Alcohol or psychoactive substance use is not specified. In his family history, his brother had a diagnosis of severe mental retardation due to resistant epilepsy, his mother had a diagnosis of anxiety disorder, his grandfather had a diagnosis of depressive disorder, his grandmother had a diagnosis of Alzheimer's disease, and his aunt had attemted to suicide. No pathological findings were detected in the physical and neurological examinations, laboratory tests and imaging methods. As a result of clinical interviews, he was followed up with pre-diagnoses of mental retardation, atypical psychosis, clinical depression, and dissociative disorder. Thanks to the long-term clinical observation, psychometric tests, and his confessions about the internalization of the sick role, all existing pre-diagnoses were excluded and the diagnoses of Factitious Disorder and Clinical Depression was made according to DSM-V criteria. Discussion: Patients with Factitious Disorder make numerous hospital applications with different clinical situations. They can be very successful at misleading healthcare professionals. In cases where there is no clinical improvement despite using many pharmacological agents and being treated in many clinics, Factitious Disorder should be considered. Especially in childhood and adolescence, exposure to abuse and neglect may also cause this disease. Detailed history, biopsychosocial formulation and close observation in the clinic are very useful for the diagnosis of Factitious Disorder cases that predominantly occur with psychological signs or symptoms. In this presentation, the differential diagnosis and treatment process of our case is discussed with the help of current literature.

ANAHTAR KELİMELER: Factitious disorder, suicide, peer bullying, neglect, adolescence

P45 - WISC-IV profile in ADHD children. Is it different from Specific Learning Disorder?

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Objects: The aim of this study was to investigate the WISC IV profile in children and adolescents with ADHD and compare it with healthy controls and those with specific learning disorder. Methods: This study consists of 138 children who have undergone WISC IV test at our child psychiatry clinic in the last 3 years and fulfil inclusion criteria. According to the information obtained from the patients' files retrospectively, subjects were divided into 3 groups as healthy controls (n=47), those with specific learning disorder (n=21) and those with ADHD (n=70). Results: The mean age was similar between the 3 groups.The male sex ratio in the ADHD and healthy control group was statistically significantly higher than the specific learning disorder group. A statistically significant difference was found in terms of WISC-IV total score and sub test scores between the groups.While WISC-IV total score mean, processing speed and perceptual reasoning sub test score means were higher in the healthy control group compared to both groups, in ADHD group they were higher compared to specific learning disorder group.WISC-IV working memory sub test score mean was significantly higher in the healthy group compared to both groups; it was similar in ADHD and specific learning disorder groups. WISC-IV verbal comprehension sub test score mean was similar in the healthy control group and ADHD group but both groups' WISC-IV verbal comprehension sub test score mean was statistically significantly higher than the specific learning disorder group. Conclusion: This study suggests significant differences which may be of help to the clinician between ADHD, specific learning disorder and healthy control groups in term of WISC IV sub-scores and total score evaluated. WISC-IV may be important during the evaluation of ADHD and specific learning disorder cases.

ANAHTAR KELİMELER: WISC-IV, ADHD, specific learning disorder

P46 - CASE REPORT: AUTİSM SPECTRUM DİSORDER İN A PATİENT WİTH GAMT GENE DEFİCİENCY

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Creatine deficiency syndrome(CDS) is a metabolic disease with defects in creatine synthesis or transport. It has been associated with 3 gene defects in the literature: GAMT gene, GATM gene, SLC6A8 gene. GAMT gene deficiency is also seen in hypotonia, motor movement, epilepsy, growth retardation, speech disorder, and autism spectrum disorder (ASD). Clinical improvement in neurological findings (especially hypotonia, epilepsy, growth retardation) has been reported with creatinine supplementation therapy. Early diagnosis of this type and initiation of treatment is of great importance for patiens' future life. Therefore, clinicians should keep in mind CDS, which presents with ASD or speech impairment or intellectual disability, or has neurological problems or biochemically low creatine levels. In this case report, we aimed to present clinical improvement with creatinine treatment in an 7-year-old male patient with GAMT gene deficiency and accompanying ASD.

ANAHTAR KELİMELER: Autism, Creatinine, GAMT

P47 - Characteristics of 2-6 years old children applying for speech delay

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Objective: This study was carried out to identify factors that may be distinctive in the diagnosis of children aged 2-6 years who applied to the Child and Adolescent Psychiatry outpatient clinic with speech delay. Method: A total of 101 patients were included in the study after excluding those whose data were missing from 176 patients who applied for the first time between September and December 2018 with a complaint of speech delay. The diagnoses, sociodemographic features, concomitant diseases, and psychometric tests of these patients were retrospectively analyzed from hospital records. Results: The average age of the sample was 42.4 ± 13.3 months, and 68.3% (n = 69) was male. The most common psychiatric diagnoses were intellectual disability (ID; 51.5%), autism spectrum disorder (ASD; 22.8%), developmental language disorder (DLD; 12.9%), psychosocial deprivation (10.9%) and borderline intellectual functioning (5%). In 37.5% of cases, comorbid physical disease was present. Ankara Development Screening Inventory (ADSI) was performed in 65 patients, Stanford Binet in 13 patients, and Early Childhood Developmental Screening in 2 patients. 77.2% of the cases were directed to the Special Needs and Educational Report for Children (ÇÖZGER). Children with intellectual disability, autism spectrum disorder, and developmental language disorder, which are the three most common diagnoses, were compared in terms of sociodemographic and developmental characteristics. There was no statistical difference between the groups in terms of gender. While the average age of the ASD group was significantly lower than the other two groups, the average age in the SD and DLD groups were similar. According to age controlled ADSI linguistic-cognitive subscale scores means, no statistical difference was found between three groups. Also, the accompanying physical disease rates among the three groups were similar. Conclusion: ID, ASD, and DLD are the most common diagnoses in patients admitted to the outpatient clinic. It was noted that the patients diagnosed with autism spectrum disorder (ASD) applied to the outpatient clinic at an earlier age. Accordingly, the accompanying symptoms of social skills are thought to cause increased awareness in families.

ANAHTAR KELİMELER: Speech Delay, Developmental Language Disorder, Autism Spectrum Disorder, Intellectual Disability

P48 - Demographic and clinical characteristics of children aged 0-6 years admitted to a training and research hospital: A retrospective cross-sectional study.

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Objectives: In our study, we aimed to examine the sociodemographic characteristics, complaints, and psychiatric diagnoses of children aged 0-6 who applied to our clinic between 1 September 2018 and 1 March 2019. Methods: Electronic records of patients aged 6 and under who applied to our clinic between the dates specified were reviewed. The cases were grouped as 0-2 years as infancy-early childhood, 3-5 years as preschool period and 6 years as school-age. The data obtained were analyzed with SPSS 17.0 and $p<0.5$ was accepted as significant. Results: The total cases admitted to our clinic was 21.893, and 11% of them (n = 2480) were aged 0-6 with mean age was 4.4 ± 1.5 years. Of 36.1% (n = 896) cases were girls and boys:girls ratio was 1.7. Of 13.3% (n = 329) cases were in infancy-early childhood, 51.9% (n = 1287) were in pre-school age and 34.8% (n= 864) were in the school age groups. Infancy-early childhood group admission was due to obtain health committe report was found to be significantly higher than other groups. Intellectual disabilities (18.5%) and global developmental delay (9.4%) were significantly higher in this age group. Pre-school age group had significantly higher rate of communication disorders (13.8%) compared to other groups. In school-age children, ADHD (29.4%) and anxiety disorders (7.4%) were found to be statistically higher. Conclusion: Roughly one in 10 children who applied to our department belongs to the 0-6 age group and while intellectual disabilities are prominent in infancy-early childhood, speech disorders are higher in the preschool age group, and ADHD in the school-age group. Our findings are consistent with literature.

ANAHTAR KELİMELER: child, 0-6 aged, autism, speech disorders, ADHD

P49 - EVALUATION OF CASES WHO REFERRED TO CHILD AND ADOLESCENT PSYCHIATRY FORENSIC COMMITTEE BECAUSE OF SEXUAL ABUSE IN A UNIVERSITY HOSPITAL

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OBJECTIVE Sexual abuse is defined as "using a child or adolescent who has not completed sexual development yet,by an adult to meet sexual desires and needs by using force,threat or deception ".It is difficult to find a clear statistical data on the frequency of sexual abuse, because sexual abuse in the society remains mostly confidential,so the majority of them cannot be recorded.The average prevalence of child sexual abuse worldwide is estimated to be approximately %11.8.Since the abuse and neglect of children and adolescents cause negative consequences in the short and long term;starting with the family, the smallest building block of society, it is a public health problem that deeply affects the entire society, including it's social institutions, legal systems, education system and business areas.In the researches, it has been found that child abuse and neglect can result in negativities in terms of the child's behavioral, social, cognitive and emotional development.We aimed to investigate the sociodemographic characteristics, psychiatric diagnoses and factors associated with psychiatric diagnoses of children and adolescents who referred to the child and adolescent psychiatry outpatient clinic for forensic evaluation because of being sexually abused. METHOD The files of 92 children and adolescents who referred to Ege University Faculty of Medicine Child and Adolescent Psychiatry Forensic Policlinic between January 2017 and December 2019 due to sexual abuse were evaluated retrospectively. RESULTS In terms of gender,78 (84.8%) of the 92 cases were girls and 14 (15.2%) of them were boys.Mean age of the cases was 14.1±3.88 .When evaluated according to socioeconomic status,55 (59.8%) of them were coming from families with low socioeconomic status,31 (33.7%) of them were coming from families with medium socioeconomic status and 5 (5.4%) were coming from families with high socioeconomic status. There was a psychiatric diagnose in 73.9% (n=68) of them.The most common psychiatric diagnoses were posttraumatic stress disorder (n = 29,31.5%) and major depressive disorder (n = 25,27.2%).It has been found that 98.9% of the abusers were men and 34.8% were family members.It was found that 47.8% of the cases were exposed to more than one sexual abuse. The frequency of psychiatric diagnosis was higher in cases who were abused with penetration,who were abused by more than one abuser,who were abused by a family member and who were exposed to coercion and violence ($p = 0.002$, $p = 0.036$, $p = 0.02$, $p = 0.023$). CONCLUSION When the literature is searched, it is seen that child and adolescent sexual abuse cases have impairments both in the context of psychopathologies and in the sense of emotional, cognitive and daily life reflected in adulthood in both the short and long term. In our study, it was found that the majority of the victims were mentally affected. Determining the factors related to this would be guiding in taking protective measures and in the follow-up and treatment process of clinicians working with victims of sexual abuse.

ANAHTAR KELİMELER: psychiatry,forensic medicine,sexual abuse

P50 - PSYCHIATRIC COMORBIDITY IN HYPEREKPLEXIA; PHENOTYPIC CHANGE FROM INTELLECTUAL DISABILITY TO SPECIFIC LEARNING DISABILITY: A CASE REPORT OF TWO SIBLINGS

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Introduction: Hyperekplexia is a rare hereditary or symptomatic disorder with an abnormal response to unexpected auditory, visual, or tactile stimuli. It can be associated with serious injury from frequent falls, apnea spells, and aspiration pneumonia. Familial hyperekplexia has a heterogeneous genetic background with several identified causative genes; it demonstrates both dominant and recessive inheritance in the α1 subunit of the glycine receptor (GLRA1), the β subunit of the glycine receptor and the presynaptic sodium and chloride-dependent glycine transporter 2 genes. Clonazepam is an effective medical treatment for hyperekplexia. In the literature, no data about the psychiatric comorbidity have been found, except that the patients with hyperekplexia who were followed up since childhood are at risk due to anxiety and neurotism in adulthood. In this article, two sibling cases' -who followed up with the diagnosis of hyperekplexia- psychiatric comorbidities and courses will be presented with the help of literature. Case 1: A 7-year-old female patient, 1st grade student, applied to our outpatient clinic with distraction and perception problem. When the medical history is evaluated; It was learned that she was following up with the diagnosis of hyperekplexia since the neonatal period from pediatric neurology outpatient clinic, using Clonazepam 0.9 (3x0.3) mg/day, her splashes decreased with pharmacotherapy. She had diagnosis of intellectual disability and articulation disorder from December 2018 and she was taking special education and speech therapy. As a result of the evaluations made to the aforementioned, borderline mental retardation, articulation disorder, attention deficit and hyperactivity disorder (ADHD) was diagnosed and special education, speech therapy and pharmacotherapy were recommended. It is planned to follow up the case due to findings related to specific learning disability, and to review it at the end of 1st grade education. Case 2: A 10-year-old male patient, 5th grade student, applied with a purpose of renewal of special education report. When the medical history is evaluated; It was learned that he was following up with a diagnosis of hyperekplexia since 5 months old, using Clonazepam 1.2 mg/day (4x0.3). Between 2012 and 2016, he received special education with the diagnosis of intellectual disability. He was receiving special education with the diagnosis of specific learning disability since 2016. Also he was following up with the diagnosis of ADHD at an another clinic, using short-acting Methylphenidate 15 mg/day. As a result of the evaluations made to the case, specific learning disability and ADHD diagnosis was made, special education support was recommended and pharmacotherapy was planned. Discussion: Although the prognosis in neurodevelopmental disorders is affected by many factors, the phenotypic change in the two presented cases will be discussed in the light of the literature by considering the neurobiological and genetic risk factors.

ANAHTAR KELİMELER: Hyperekplexia, neurodevelopmental disorder, intellectual disability, ADHD, specific learning disability

P51 - PSYCHIATRIC EVALUATION OF YOUTH BEFORE AND AFTER SURGERY WHICH WERE CONSULATED TO THE DEPARTMENT OF CHILD AND ADOLESCENT PSYCHIATRY FOR OBESITY SURGERY: CASE SERIES

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INTRODUCTION:Obesity is a common disease all over the world, and bariatric surgery is also gradually becoming widespread in Turkey. There are studies in the literature about the importance of mental and social assessment in obesity surgery. However, there is not much study on obesity and obesity surgery in adolescence, which is a period of rapid growth and maturation. We aimed to emphasize the importance of evaluating the adolescents who applied to our hospital for obesity surgery in detail, since there is not enough study in adolescent obesity surgery and psychiatric problems before and after surgery affect the results surgery process and outcomes. CASE SERIES:There are 6 adolescents who applied to our hospital and to consult for psychiatric assessment before obesity surgery. The average age (2 girls and 4 boys) adolescence is, 15 years and 8 months. One patient had a history of psychiatric admission, and it was learned that adolescent was diagnosed with depression but did not continue to follow then. No active psychopathology was found in the first psychiatric examination and post-surgery evaluations in this adolescent group. Also "Eating Attitude Test", "Body Perception Scale", "Beck Depression", "Beck Anxiety" were filled out separately before and after surgery. In general, the average score of "Eating Attitude Test" was 51points before and 56 p after surgery, while "Body Perception Scale" was 148p before and 160p after surgery in all adolescents. There was a decrease in the questions of ''I'm worried about getting fat'', ''I always think about eating'', ''sometimes I can't stop eating'' while there was an increase in the questions of ''The thought that I will get fat keeps my mind busy'', ''I feel extremely guilty after eating'', ''I vomit after eating'', and ''I can control myself about food'' in ''Eating Attitude Test'' scale after surgery. It was evaluated that they got higher scores in the questions of appetite, profile, height, posture of my body, weight in "Body Perception Scale" questions after surgery. DISCUSSION:Eating behavior disorders, skipping meals, food selection and junk food consumption are very common during adolescence. Family stress, inactivity, genetic factors, insufficient knowledge of the family about nutrition, social areas, socioeconomic status are among the reasons that cause obesity and affect lifestyle. It is known that there is a relationship between obesity and mental disorders. Studies have shown that people with binge eating disorder, bipolar disorder, major depressive disorder, schizophrenia and other psychiatric disorders may experience high rates of obesity. When obesity does not benefit from dietary intervention and behavioral arrangements, obesity surgery, which is applied, creates important changes in the lifestyle of the person and is entered into a period that requires patient compliance. In adolescents with obesity, psychiatric illness can be seen frequently, and some problems persist after surgery, and sometimes new problems may occur after surgery. Therefore, after these operations, adolescents should be followed up very closely in terms of adjustment problems, their new eating patterns, life stylies, changing body images after surgery, reganinig weight and in common well-being which is more prominent after surgery.

ANAHTAR KELİMELER: obesity, surgery, adolescent,

P52 - Multiple Complex Developmental Disorder: Affective dysregulation, Anxiety, and Delusional Thoughts

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Introduction The concept of Multiple Complex Developmental Disorder is a diagnosis that does not exist in ICD and DSM, which goes with abnormalities in the sub-fields of affective status and anxiety, social interaction, and thought disorder. Case The first application to our clinic by an 11-years and 6 months-old male patient was due to failure in school on 05/2016. The patient applied again after three years and was diagnosed with anxiety and oppositional defiant disorder, and had symptoms of school rejection; these diagnoses were followed up with fluoxetine 30 mg and risperidone 1 mg medication. They took a 5-month break from the follow-up but used their medication as prescribed during this period. The subsequent first application complaints were suicidal thoughts, self-harming behavior, persecutory delusions, irritable mood, disagreement with classmates, and disturbing intrusive thoughts. He said that he wanted to hurt and eliminate himself because of the disturbing, constant, and persistent content of these thoughts. These thoughts were that his father would kill him, his classmates would harm him, and his mobile phone would be damaged. He worried about drowning while showering. He had recurrent door opening and closing, hitting the electronic device's behaviors. The teacher reported that he attributed enmity to his peers and quarreled with them, pushed the desks, and was ready to explode when touched. The patient's current medications were gradually decreased to 10 mg fluoxetine and gradually increased to 3 mg risperidone. A phone interview was made one week after; the next clinical interview was made two weeks after the previous clinical examination. The behavior of opening and closing the door and concern about drowning in the shower continue, and he started asking his mother to rub his feet before bed and take him on her lap when he got angry as new demands. His persisting disturbing thought that his phone will be damaged has diminished, and the thoughts that he will be persecuted by classmates and killed by his father have completely disappeared. Unlike the previous examination, his mood was euthymic, and his affect was appropriate with it. There was no severe affection, hyperactivity, and restlessness, and he could sit in peace during the clinical interview. Discussion Since MCDD diagnosis is not common and anxiety and mood disorders present in the differential diagnosis, it can be difficult to distinguish from the other diagnoses. MCDD children proved to be less disturbed in social interaction, communication, and stereotyped and rigid behavior than children with autism. In contrast, MCDD children were found to be more impaired than children with autism on thought disorders, primitive anxieties, and aggression. It is important to note that it was undetermined whether all cases with a proposed MCDD should be placed within the PDD category and considered as nonautistic PDDs. (Buitelaar JK, van der Gaag RJ 1998).

ANAHTAR KELİMELER: Delusion, Anxiety, Affect Dysregulation, MCDD

P53 - A case of intracranial hypertension due to fluoxetine

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Introduction:Fluoxetine is a member of the antidepressant group that selectively blocks serotonin receptor. It is used in the treatment of many psychiatric disorders, including depression and anxiety disorders. There is FDA approval in various childhood psychopathologies as it is considered safe in terms of side effects profile. Selective serotonin reuptake inhibitors are likely to increase serotonin in the central nervous system, causing anxiety, sleep disturbance, tremors, headaches and anxiety. Common side effects of fluoxetine include nausea, vomiting, agitation and increased motor activation. Although cardiovascular side effects are not common, rhythm disturbance, postural hypotension, and cases of hypertension associated with fluoxetine dose increase have been reported in the literature. Idiopathic intracranial hypertension, also called pseudotumor cerebri, is a disease of women, with intracranial pressure elevation, normal neuroimaging findings and normal cerebrospinal fluid composition. Pseudotumor cerebri; hypo / hyper thyroidism, hypo / hyperparathyroidism, Cushing's disease or some chromosomal disorder such as Down's syndrome and Turner syndrome and observed during growth hormone, vitamin A, tetracycline or corticosteroid treatment. Pseudotumor cerebri may rarely be seen due to drug side effects. Intracranial hypertension formation mechanisms include impaired cerebro spinal fluid reabsorption, parenchymal edema, increased cerebral blood flow, increased cerebro spinal fluid production and venous obstruction. In recent years, inflammatory causes, natriuretic factors, effects of aquaporins on pathogenesis are discussed. Case:In this case report we aim to discuss a 15-year-old patient who developed intracranial hypertension while using fluoxetine due to anxiety disorder. The patient, who was diagnosed with anxiety disorder, started fluoxetine 20 mg / day and used it for 3 days. The patient had complaints of headache, nausea and blurred vision that started after medication use. Headaches were common and throbbing and their severity gradually increased. The patient's vital signs and neurological examination were normal. Magnetic resonance imaging findings were normal. When lumbar puncture was performed on the patient, intracranial pressure was increased and cerebrospinal fluid composition was normal. Discussion: Drug-induced intracranial hypertension is a well-defined entity. In our knowledge, although many drugs have taken part in the development of pseudotumor cerebri, but intracranial pressure increase has not been reported previously regarding the use of fluoxetine.

ANAHTAR KELİMELER: fluoxetine, intracranial hypertension, side effect, pseudotumor cerebri

P54 - ATTENTION DEFICIENCY HYPERACTIVITY DISORDERS RATING SCALE-IV PRESCHOOL TURKISH VERSION: VALIDITY AND RELIABILITY STUDY

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Objectives: The aim of this study was to test the validity reliability of the Turkish version of the Attention Deficit Hyperactivity Disorder Rating Scale-IV Preschool Version (ADHD-DÖ-IV) and toinvestigate the suitability of the scale as a psychometric diagnostic tool for ADHD symptoms in the preschool population. Methods: The control group of the scale adaptation study consisted of parents, relatives and teachers of 400 preschool children who volunteered to participate in the center of Aksaray city. The clinical sample of this study included 76 parents, relatives and teachers who agreed to participate voluntarily who have children aged between 3-6 years of age who met ADHD and destructive behavior disorder according to DSM-V diagnostic criteria and applied to Cukurova University Faculty of Medicine, Department of Child and Adolescent Psychiatry. Sociodemographic Information Form, Hollingshead Social Status Index, ADHD Rating Scale-IV Preschool Version, Renovated Conners Parent Rating Short Form, Renewed Conners Teacher Rating Short Form and Renewed ADHD and Disruptive Behavior Disorder Symptoms Screening and Evaluation Scale were used. As data collection tools; According to the findings, it was concluded that the Attention Deficit Rating Scale-IV Parent and Teacher Preschool Version, which was adapted to Turkish has a validity and reliability measure for examining the preschool attention deficit and hyperactivity symptoms. Results: The preschool version of ADHD-DÖ-IV was found to have a 2-factor structure with an eigen value of above 1.20, explaining 63 of the total variance. DFA compliance index values and standardized regression weights of evaluation of compliance indices of the scale consisting of a total of 18 Item 2 sub-dimensions; are between .64 and .86 for attention deficit and .53 to .79 for hyperactivity/impulsivity. It can be said that the factor structure adapts to the determined model. It was seen that the internal consistency coefficients α = .937 (attention deficit) and α=.908 (Hyperactivity/impulsivity) for the subdimensions, and the total internal consistency coefficient was α=.954. The correlation coefficients between the subscales of the Rating Scale-IV Preschool Version and the Renewed Conners Parental Rating Scale and the mean scores of the total scale scores for the criterion validity study were found to be r = .387 and r=.829 and scale total was found to be r=.864. The findings indicate that the structural validity of the scale is appropriate. According to the estimation values obtained by ROC analysis, students' scores were divided into 2 groups as negative and positive. According to the predicted values, the rate of those who were diagnosed with attention deficit disorder in the screening group was 2.5%, hyperactivity/impulsivity ratio was 15.4% and total ADHD probabilitywas 4.2%. Conclusion: it was concluded that the Preschool Version of the Attention Deficit Rating Scale-IV, which was adapted toTurkish, was a valid and reliable instrument for examining the preschool attention deficit and hyperactivity symptoms, and the diagnostic performance was very high.

ANAHTAR KELİMELER: Attention Deficit Hyperactivity Disorder Rating Scale-IV, validity, reliability

P55 - IS THE 6Q16.1 MICRODELECTION RELATED TO AUTISM AND DEVELOPMENTAL DELAY? A CASE REPORT

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OBJECTIVE:In the genetic examination of a 4-year-old girl with a dysmorphic facial appearance and with autistic symptoms accompanied by developmental delay, a 1.7 mb loss was detected in the 6q16.1p16.3 region and it was aimed to contribute to the literature. CASE:A 3-year-old and 11-month-old girl was referred to our clinic by the Medical Genetics Department due to speech retardation. In the psychiatric evaluation of the patient, motor-mental development was delayed, could only say 2 words, showed his physical appearance at age, had mild dysmorphic findings including frontal prominence, antevert ears, long philtrum, discrete localized teeth, has ataxic gait and feet in while walking, has limited eye contact, imitation skills, language and speech skills were behind his peers, did not receive simple verbal commands, had repetitive behaviors, was sensitive to high voice and peer communication was limited.The patient was diagnosed with "Autism Spectrum Disorder (ASD)", which was accompanied by developmental delay according to DSM-5 diagnostic criteria. In the genetic tests performed because of the dysmorphic features of the patient, the analysis for Angelman Syndrome was found as normal, and a loss of approximately 1.7 MB was detected in the region of 6q16.1p16.3.There are 8 genes identified in this region in OMIM.Class 1 pathogenic variant and Class 2 possible pathogenic variants have been reported in the DECIPHER database. Clinical findings such as mental retardation, hypotonia, and central nervous system lipomas have been reported in these patients. In our clinical evaluation, our case was found to have retardation in motor development and it was learned that there was a history of operation at the age of 1.5 months due to Ureteropelvic Stenosis in the left kidney. CONCLUSION:Nearly 100 cases with mental disability accompanied by neurological and dysmorphic findings with loss in the long arm of the 6th chromosome have been identified in the literature. The cases accompanied by autistic findings are fewer.When looking at a few of these case examples in more detail,10 individuals from 6 families diagnosed with mental disability accompanied by obesity associated with POU3F2 gene mutation, one of the genes in the affected 6q16.1p16.3 region, which similar to our case. In the 6q16.1 region, a case with speech retardation with autistic symptoms similar to our case was reported, but the mutation detected was shown to contain different genes.In addition, a 19-year-old male patient with intellectual disability and autism, including gene mutations of FBXL4, POU3F2, CCNC, COQ3 and GRIK2, which were affected genes in our case, was reported. In the literature, a small number of cases have been reported in the 6q16.1 region, with mental disability, autism and dysmorphic findings. It is clear that more studies are needed in terms of the effects of losses in this region on dysmorphic findings, mental disability and the etiopathology of autism. In the literature, a limited number of cases with deletion in the 6q16.1 region and with dysmorphic findings,developmental retardation and autism have been reported, and it is thought that our case,with similar clinical features and a rare mutation, will contribute to the literature.

ANAHTAR KELİMELER: autism, developmental delay ,child

P56 - Clinical Features in Children with Elimination Symptoms

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Objectives: The aim of this study was to investigate sociodemographic characteristics and related factors in patients with toilet training issues directed to the child development specialists. Methods: Patient files were reviewed by child development specialists. 118 files including patients who are between 3- 12 years and having toilet training issues were recruited. Sociodemographic data, developmental characteristics, concomitant physical and psychiatric symptoms and accompanying psychosocial stressors were recorded. Results: 34.7 % (n: 41) were girls. 66.9 % were between 3-6 years old. When grouped according to age as preschool and school age groups, there were no significant differences in terms of gender, birth weight, mother and father age between groups. While delayed / prolonged toilet training was more frequent in preschool age group, enuresis and encopresis were more significantly frequent in school age group. There was at least one psychiatric problem in both groups. The most frequent psychiatric problems were detected as lack of childbearing rules (64.6 %), eating problems (52.6%), sleeping problems (43%) in preschool age group, and lack of childbearing rules (87.2 %), eating problems (63.1%) and giving harm to self/stuff (44.7 %) in school age group. A stressful life event was determined in 56 children (70.9 %) in preschool age group and 30 children (76.9 %) in school age group. There was no significant difference between two groups in terms of presence of stressful life event. Conclusion: Sociodemographic and developmental characteristics, concomitant physical /psychiatric symptoms and accompanying psychosocial stressors can be initiative or sustaining factors in elimination problems. Therefore, it is important to assess them while handling elimination disorders.

ANAHTAR KELİMELER: Eliminations disorders, psychosocial stressors, child, comorbidity, sociodemographic characteristics

P57 - Functional Constipation and Non-retentive fecal incontinence Comorbidity in Children with psychiatric symptoms

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Objectives: Childhood psychiatric disorders and Childhood functional gastrointestinal disorders are frequently seen in comorbidity patterns. Functional disorder is the definition to the instance of the disruption of regular physiological processes that cannot be determined by a physical examination, advanced diagnostic method, or with any biomarkers. According to Rome criteria, functional constipation and non retentive fecal incontinence are functional disorders that is frequently seen in pediatric patients and oftenly found comorbid with psychiatric disorders. The aim of this study was to evaluate the comorbidity ratio of the signs of functional constipation and fecal incontinence with psychiatric symptoms in the study group of 4-10 aged individuals. Method: The study group was children between the ages of 4-10 who applied to Hacettepe University Child and Adolescent Psychiatry for the first time with any complaints. Control group was selected from the school mates of the study subjects. The study inclusion criteria was defined as following: ages between 4-10, not having any organic or psychiatry disease diagnosis and being free of any psychiatric drug usage. All subjects were questioned with sociodemographical information, Conners's Parent Rating Scale-Revised Short form (CPRS-RS), Strengths and Difficulties Questionnaire (SDQ), functional constipation and non retentive fecal incontinence part of Pediatric Gastrointestinal Symptoms (QPGS) based on Rome III Criteria (QPGS-RIII) Results: The study group was consisted of 244 test and 202 control subjects with a total sum of 446 children. Mean age was found as 7.48±1.92. Both study and control group boy over girl ratio was 2/1. There was no statistically significant difference was found between groups for gender, age, and sibling counts. In controls, mother age was found higher comparing to study group (p 0.028). Single parent family was found higher in test group comparing to control group (p 0.033). Parental education levels were found higher in control group comparing to test group (p 0.001). The test groups CPRS-RS and SDQ scores were found higher comparing to control group ($p<0.001$). Pediatric gastrointestinal symptoms Questionnaire was evaluated for functional constipation and non-retentive fecal incontinence defining questiones and test group had higher scores comparing to control. Test group functional constipation diagnostic criteria score was significantly higher comparing to test group (p 0.002). The difference between test group and control group for non-retentive fecal incontinence were not statistically significant. Conclusion: Functional constipation and non-retentive fecal incontinence symptoms were more frequent and emotional, internalising scores was found higher in psychiatry service applicants comparing to control group. Childs with functional constipation and non-retentive fecal incontinence findings was more in search of psychiatric care/help therefore there is a need for a prior research in the diagnosis of constipation and incontinence for these patients at the beginning of treatment management. A likely underlying social issue should always be kept in mind and medication for these patient is important that should always be done with caution for the side effects in the prevention of aggravation of the existent difficulty.

ANAHTAR KELİMELER: Functional Constipation, Non-retentive fecal incontinence, Child Psychiatry, Psychiatric Symptoms

P58 - Psychotic disorder in a Child with Autism spectrum disorder: A Case Report

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Introduction: Recent studies have shown that individuals with an autism spectrum disorder (ASD) are at an increased risk of developing psychosis. Diagnosing psychosis in such individuals can be challenging when they present with symptoms at a young age. A careful history and thorough assessment are essential for proper diagnosis to avoid mislabeling certain behavioral problems encountered among children with ASD. We present the case of a 12-year-old child with atypical autism who developed psychotic symptoms that led to a diagnostic dilemma. Case : A12-year-old male patient, who was in the seventh grade of school , living with his family, was brought to our child and adolescent psychiatry outpatient services by his parents with complaints of tantrum, screaming, crying, throwing things, talking to himself, talking about imaginary friends, inability to attend school. The follow-up and treatment arrangements were made in different child and adolescent psychiatry clinics of the patient who were diagnosed with atypical autism, but recent complaints started one year ago. His past medical and family history were unremarkable. In the laboratory tests, EEG and MR reports revealed no pathological findings. The patient's detailed history of early development and mental state examination revealed the diagnosis of Atypical autism and Atypical psychotic disorder. Discussion: A recent literature review suggested that is a link between ASD and the psychosis spectrum disorders in various retrospective and long-term follow-up studies. Distinguishing symptoms of psychosis from other symptoms of ASD is critical for optimal treatment in this challenging group of pediatric patients. In cases of ASD, a careful and detailed history of early development and course of illness should be obtained to identify or rule out any symptoms of psychosis, as there is a strong link between schizophrenia and ASD. With this case report, it is aimed to review the differential diagnosis, common and different clinical features of these two psychopathologies.

ANAHTAR KELİMELER: Autism, psychosis, early onset, child

P59 - Evaluation of patients applying to Special Health Requirement Child Clinic

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Objective:The aim of the present study is to identify the diagnoses of patients who referred to a Special Health Requirement Children Outpatient Clinic. Method: Subjects were recruited from the outpatient clinic for Child and Adolescent Psychiatry at the Ondokuz Mayıs University Medicine Faculty. A total of 208 child and adolescent were enrolled in this study. All children consist of patients who applied to the Special Health Requirement Children Outpatient Clinic between December 2019 and February 2020. Results: The study group consisted of 136(66.0%) male and 70(34.0%) female. The mean age was 8.48 ± 3,81 years. The most common diagnoses are learning disorders, ,global developmental delay, intellectual developmental disorder, autism spektrum disorders. Comorbid diagnoses were found in 52.9 percent of all cases and they were mainly in the attention deficit hyperactivity disorder (ADHD) group. Conclusion: To know the most common diagnoses, diagnosis differences within genders and possible diagnoses for certain age groups will be useful for improving child and adolescent psychiatry services.

ANAHTAR KELİMELER: child, special health needs, psychiatry