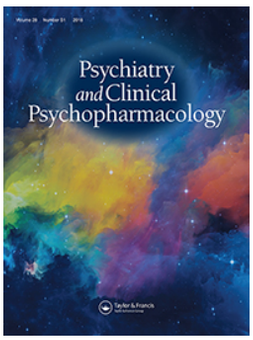

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Addendum

Burak Karakök, Baki Artık, Yusuf Karaer, Vesile Yıldız Kabak, Nilay Şahan, Tuna Çak, Songül Atasavun Uysal, Ebru Çengel Kültür, Ebru Altıntaş, Fatih Baz, Mesut Yıldız & Vahdet Görmez

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ADDENDUM

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Effects of ADHD medication on gross and fine motor skills in newly diagnosed school age ADHD: preliminary results

Burak Karakök[a], Baki Artık[a], Yusuf Karaer[a], Vesile Yıldız Kabak[b], Nilay Şahan[b], Tuna Çak[a], Songül Atasavun Uysal[b] and Ebru Çengel Kültür[a]

[a]Faculty of Medicine, Department of Child and Adolescent Psychiatry, Hacettepe University, Ankara, Turkey; [b]Faculty of Health Sciences, Department of Physical Therapy and Rehabilitation, Hacettepe University, Ankara, Turkey

E-mail address: burak.karakok@hotmail.com

ABSTRACT

Objective: Attention-deficit hyperactivity disorder (ADHD) is the most common neurodevelopmental disorder in school-age children. It is accepted that sensory-motor and attention functions are closely associated and up to two thirds of children with ADHD suffer motor skill problems that adversely affect their social adaptation, peer relations, and academic skills. Atomoxetine (ATX) and methylphenidate (MPH) are preferentially used drugs for treatment. MPH is a central nervous system stimulant, whereas ATX is a non-stimulant selective norepinephrine reuptake inhibitor that is used to treat ADHD. The impact of ATX and MPH on attention and ADHD symptoms is well documented. However, the effects of MPH on motor skills are less studied and no data are currently available on the effects of atomoxetine on motor skills. The aim of this study is to investigate the effects of MPH and ATX on gross and fine motor skills in school-aged children with ADHD.

Methods: Participants were 36 right-handed boys with ADHD (aged between 6 and 10 years, mean 7.88 years). The Kiddie Schedule for Affective Disorders and Schizophrenia-Present and Lifetime Version was used to confirm the diagnosis and rule out other comorbid psychiatric disorders. Gross and fine motor skills were assessed with the Bruininks–Oseretsky Test of Motor Proficiency, Second Edition (BOT-2). Twenty-five boys were treated with ATX and 11 with methylphenidate. BOT-2 was applied to both groups before and after 8–12 weeks of treatment.

Results: There were no statistically significant differences between the ATX and the MPH groups for all subtests of BOT-2 pre- and post-medication. When both groups were compared in terms of pre- and post-treatment gross and fine motor skills, the scores for fine manual control of 12 (48%) children in ATX group increased but did not reach statistical significance. The scores for fine manual control of 5 (45%) children in MPH group increased but did not reach statistical significance. Surprisingly, statistically significant decrease was found in running speed and agility, strength, and body coordination scores in the ATX group, and statistically significant decrease was found in body coordination score in the MPH group.

Conclusion: Motor coordination is important in daily life and poor motor skills have a negative impact on a child's daily living and academic performance. Furthermore, this problem may persist into adulthood with an increase in problems associated with psychosocial adjustment. Our preliminary results revealed that although there was an increase of fine motor control scores after treatment in both groups, statistically significant difference was not found between before and after treatment. Significant decrease in speed and agility and strength scores may be due to reduced impulsivity. While few studies have revealed an improvement on standardized evaluation of attention and motor skills in children taking MPH, more research is needed to gain an understanding of the relationship between motor skills deficits, attention, inhibition, and the effects of ADHD medications.

KEYWORDS
Gross motor skills; fine motor skills; attention-deficit hyperactivity disorder

Seasonal variations in obsessive-compulsive disorder: analysis of prospective–clinical data

Ebru Altıntaş

Baskent University, Turgut Noyan Practive and Research Center, Adana, Turkey

E-mail address: yurdagulebru@hotmail.com

ABSTRACT

Objective: Few studies have investigated potential seasonal changes in anxiety disorders [1–3]. This study aimed to evaluate whether seasonal changes influence the intensity of obsessive and compulsive symptoms in obsessive–compulsive disorder (OCD). We also investigated the relationship between comorbid anxiety and depression symptoms and the seasons. Furthermore, we compared the differences between retrospective data reliant on patients' memories and data obtained by prospective observation.

Methods: The Yale–Brown Obsessive Compulsive Scale (Y-BOCS), Y-BOCS Symptom Checklist, Beck Anxiety Scale, and Beck Depression Scale were administered to 148 patients with OCD in each of the four seasons over a year. We analysed the relationships between the seasons and the scales based on retrospective observations of the patients, and between the seasons and scales based on prospective data collected over the year. Scores from clinical assessments were compared between the different seasons.

Results: We found that the severity of obsessive and compulsive symptoms, as well as the severity of comorbid anxiety and depression, did not show seasonal changes. Importantly, results obtained using prospective observations from structured clinical assessment differed from those obtained using retrospective observations of patients.

Conclusions: In conclusion, our data provide no evidence for the existence of seasonal changes in the symptoms of OCD. Additionally, the way in which seasonal changes are measured (prospectively or retrospectively, self-report clinician evaluated) as well as samples are determined (i.e. clinical vs. community) may influence the results seen. Consideration of potential seasonal changes (by asking patients about perceived seasonal influences, as well as monitoring symptoms across seasons) may improve the quality of life and inform approaches to disease management in OCD, especially among colder climates and those with depressive symptoms. Furthermore, investigation of seasonal changes may inform aetiological mechanisms of the pathophysiology of OCD [4,5].

KEYWORDS

Obsessive–compulsive disorder; seasonality; anxiety; depression

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Expressed emotion in treatment-resistant and non-resistant major depression

Fatih Baz and Mesut Yıldız

Department of Psychiatry, Marmara University Pendik Training and Research Hospital, Istanbul, Turkey

E-mail address: bazfatih@gmail.com

ABSTRACT

Objective: Major depression (MD) is an important public health problem because of its high prevalence rates, the risk of recurrence or chronicity, the consequences of suicide attempts, the loss of functionality, and the economic burdens it creates [1,2]. Treatment-resistant depression (TRD) is defined as the inability to respond to antidepressants from two different groups at adequate doses and time [3]. Expressed emotion (EE), which is assessed through a scale with a key family member (parent, spouse, etc.), is a measure of how much criticism, hostility, or emotional over involvement the relative expresses towards a family member with psychopathology [4]. Clinical course of MD and EE associations were examined in a variety of studies, and in the majority of cases, high EE was found to be associated with relapse [5]. In this study, it was aimed to investigate whether there is any difference in terms of EE in patients with MD and TRD, and the relationship between EE and clinical characteristics of depression.

Methods: Thirty patients with diagnosis of MD, 30 patients with TRD, and their healthy relatives were included from Marmara University, Pendik Training and Research Hospital, Psychiatry

Department. The Quick Inventory of Depressive Symptomatology (QIDS-SR16) and EE scale were used to assess depressive symptoms and EE levels in both groups of patients. And patient's relatives were evaluated by the LEE (Level of Expressed Emotion) scale.
Results: In the TRD group, level of EE subgroup emotional over involvement were significantly higher compare to MD group ($p = .01$). There were no difference between groups about total EE and LEE levels ($p > .05$). A significant correlation was found between item 11 (view of myself) of the QIDS-SR16 and LEE total score ($p = .005$, $r = 0.365$) and subgroups intrusiveness ($p = .009$, $r = 0.143$) and attitude toward illness ($p = .021$, $r = 0.297$). A significant correlation was also found between item 12 (thoughts of death or suicide) of the QIDS-SR16 and EE total score ($p = .001$, $r = 0.411$) and subgroup emotional over involvement ($p = .01$, $r = 0.329$). No significant correlation between QIDS-SR16, EE, and LEE total scores was found ($p > .05$). And there was no significant correlation between comorbid psychiatric and medical disorders and EE and LEE levels ($p > .05$).
Conclusion: In our study, there was no significant difference between the two groups in terms of age, gender, educational status, marital status, place of residence, income status, and key relatives. It was also found that there was no relationship between these variables and EE and LEE levels. In the TRD group, level of EE subgroup emotional over involvement were significantly higher compare to MD group. However, there were no difference between groups about total EE and LEE levels. To clarify the relationship between EE and treatment resistance, further research in larger groups is needed.

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SYMPOSIUM ABSTRACT

Metaphors in cognitive behavioural therapy or children and adolescents

Vahdet Görmez

Department of Child and Adolescent Psychiatry, Bezmialem Vakif University, Istanbul, Turkey

E-mail address: vahdetgormez@gmail.com

ABSTRACT
Children and adolescents often present with firmly held rigid beliefs, emotions, and behaviours representing their psychopathologies. As cognitive behavioural therapy (CBT) introduces a flexible framework for emotional change, which according to the cognitive therapy can be accomplished through a rational analysis of the cognitions and adaptive modification of the related behaviours, metaphors and stories may be included in this flexible framework of meaning transformation. Providing a conceptual bridge from a problematic interpretation to a constructive and problem-solving new perspective, metaphors are especially useful in boosting-up children's information processing systems and aiding them to recall the new information they gained through the process of CBT. Although they can be simple figures of speech, metaphors are often presented in the form of short stories and parables that provide a more elaborate visual description. In this presentation, the importance of metaphors in CBT is emphasized and examples of metaphors and stories are provided for therapists to augment traditional cognitive behavioural interventions and for clinicians enhance their daily clinical practice.

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