necessary for remission, improvement of positive symptoms and to aid with the efficacy of psychosocial interventions. There is a lack of efficacy and safety data for the use of antipsychotic medication in children, with most of the information available being extrapolations of adult data. An increased use of atypical antipsychotic drugs in the treatment of psychotic disorders in childhood and adolescence has been accompanied by growing concern about the appropriate use and associated side effects in children and adolescents.

**Keywords:** psychotic disorders, psychopharmalogical treatment, child and adolescence


**[Abstract:0847]** *Child and adolescent mental and behavioral disorders*

Normative data and factorial structure of the Turkish version of the Junior Temperament and Character Inventory-Revised (J TCI-R)

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**Objective:** Junior Temperament and Character Inventory (J-TCI) was developed by Luby et al. (1999) based on Cloninger’s biopsychosocial model to assess temperament and character personality components in children and adolescents. The objective of the current study was to establish psychometric properties and factorial validity of the Turkish J-TCI in a sample of co-ed elementary and middle school students in Turkey.

**Methods:** The Turkish version of J-TCI was translated and developed by Kose and Celikel and administered to 1129 elementary and middle school students (male/female, 546/583). Internal consistency reliabilities were measured by Cronbach’s alpha, test-re-test was assessed across 1 month.

**Results:** Principal axis factoring with Oblique rotations was used to investigate factorial validity. Cronbach alphas for the subscales of J-TCI ranged from 0.60 to 0.75 for temperament and character subscales, which was comparable to U.S and other populations. The correlations between first and second administration of J-TCI were significant ranging from 0.07 to 14. Factor analysis results using Eigenvalue greater than one rule indicated three factors out four factors for temperament scales and one factor out of two factors for character subscales, which was similar to findings from the other countries. When all of the subscales were subjected to factor analysis, four factors out of six factors were retained.

**Conclusions:** The reliability and factorial validity of the Turkish version of the J-TCI showed similarities with other reliability and validity studies of J-TCI and was therefore supported.

**Keywords:** Junior Temperament, Character Inventory-Revised, J TCI-R


**[Abstract:0876]** *Child and adolescent mental and behavioral disorders*

Naturalistic long-term safety results of second-generation antipsychotics in hospitalized children and adolescents

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**Objectives:** In this study, we aimed to investigate the effectiveness and cardiometabolic safety of antipsychotic drugs in a naturalistically treated pediatric inpatient population.

**Methods:** Two hundred patients aged between 8 and 18 who were consecutively hospitalized in the child and adolescent psychiatry unit of the Dokuz Eilyul University hospital were included in the study. The study was approved by the Dokuz Eilyul University Ethics Committee.
Treatment decisions were made independently from the research team based on clinical need. Body weight, height, prolactin, T4, fasting blood glucose, triglycerides, total cholesterol, LDL-cholesterol, HDL-cholesterol, liver function tests (ALT, AST), hemoglobin, leukocytes, and platelets were collected at time of admission and discharge. Data were also collected on duration of hospitalization, Children's Global Assessment of Functioning Scale scores (CGAS), and antipsychotic and concomitant treatment type, duration and dosages. Analyses were performed using SPSS 15 software.

**Results:** Significant baseline-to-endpoint improvements were observed regarding CGAS scores in all groups (each p<0.0001). In addition, there were also significant increases in body weight unadjusted for growth and treatment duration with risperidone, olanzapine and quetiapine, but not for aripiprazole and for the group treated with non-antipsychotic medications. The only significant within-group differences included a decrease in total cholesterol values with aripiprazole (p=0.002) and in the non-antipsychotic group (p=0.001)

**Conclusions:** Different from others, non-significant weight gain and decrease cholesterol were found in aripiprazole and non-antipsychotic groups.

**Keywords:** antipsychotics, inpatient, child psychiatry

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**Behavioral disorders in children with cancer**

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**Objective:** Behavioral disorders (in particular increased aggressiveness of children) are one of the most serious problems not only for doctors, teachers and psychologists, but also for society as a whole. Behavioral disorders in children suffering from severe somatic diseases, including cancer, are of particular importance because they make it difficult to adapt during long-term treatment of cancer.

**Methods:** We carried out a clinical examination of 143 patients treated in a scientific research institute of Pediatric Oncology and Hematology with various forms of cancer. The age of onset of cancer was in the range from 3 to 17 year-old, the youngest age group of 3 to 12 years (81 patients), adolescents from 12 to 17 (62 patients). Behavioral disorders were noted in 22 cases (15%). The study used the method of clinical observation, psychological tests to identify aggression in children, including projective techniques.

**Results:** Behavioral disorders were components of the reactive formation; they were observed more frequently in the younger age group. Behavioral disorders in the younger group (16 patients) were manifest in different kinds of hysterical, hysteria-demonstrative reactions, rudeness, and episodes of “verbal” and “physical” aggression. The aggressive actions of children were of reactive “protective” character when the children were trying to avoid the situation that frightened them. The aggression often was “instrumental” (6 patients): It had the aim to manipulate and it made it possible to achieve the desired result. In rare cases, the children's aggressive actions can be attributed to “target-aggression”, which were determined by the features of forming constitution (the propensity for violence) due to inadequate education and heredity (7 patients). The aggressive displays were much rarer (6 patients) in the group of adolescents (12 to 17 years). “Verbal” aggression was more common. Teens had a tendency to blame parents for wishing to restrict their freedom, humiliated them, cursed and insulted. Direct aggressive action took the form of self-aggression (2 patients). Teenagers smoked “to spite”, ate food contraindicated for them, drank alcohol, violated the regimen, or even refuse treatment. Some of them voluntarily left the clinic, ignored the doctor's demands, demonstratively skipping the necessary medical appointments.

**Conclusion:** Aggressive behavior of both children and adolescents has always led to significant adjustment disorders. Behavioral disturbances in children with cancer could act as a reaction component of adjustment disorders and it also arises due to changes in the affective background.

The motives of aggressive behavior were different and depended on age. Adolescents' behavioral disorders were protective-psychological reactions of protest against disease. The turbulent emotional manifestations in children were due to the desire to change the current situation of frustration. Appointment of anti-anxiety medications reduces the severity of aggression in children, indicating that they have anxiety as the main emotional background.

**Keywords:** behavioral disorders, children, psycho-oncology

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