psychiatric symptoms preceding the act were assessed. We compared two subgroups: patients aged 10 to 19, and those aged 20 and over.
Results: 278 suicide patients were included. 101 of them were adolescents (10 -19 years), of which 89 (88.11%) were female. Mean age of suicidal adolescents was 16.5 years. They were mostly living with their families (92.07%). Intentional drug ingestion was more common in adolescents (81.1%) than in adults (40%). Adolescent suicide attempts were correlated with a conflictual family environment (p=0.04), exposure to mistreatment (p=0.001), the absence of underlying mental disorders (p<10-3), the presence of academic difficulties (p<10-3) and the presence of a precipitating factor such as family conflict (p<10-3) or school failure (p= 0.004).
Conclusions: A good knowledge of the particularities of suicidal behavior in adolescents is preliminary to support an effective preventive measure targeting both family and school environment

Keywords: Suicide attempts; adolescents; Particularities

EPP0124

Features of interconnection between temperament, self-esteem and aggressiveness in adolescents with mental and somatic pathology

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Introduction: Adolescence can manifest different in norm and in illness. It's important to find common characteristics of adaptation with different types of ontogenesis, or leading manifestations of disease
Objectives: Three adolescence (boys&girls) sample: normal – 22, middle age 16, cardio pathology – 7, middle age 16, psychopathology – 12, middle age 15
Methods: Direct self-esteem by Dembo-Rubinstein (DR) test and indirect self-esteem by color attitude test by Etkind (CAT), Structure of Temperament Questionnaire (STQ-77), Buss-Perry Aggression Questionnaire (BPAQ).
Results: Significant differences (criteria Kruskal–Wallis) were obtained on scales BRAQ "Hostility" (H= 8.430, p<0.015), "Common aggression" (H= 8.347, p<0.015), STQ-77 "Physical Endurance" (H= 9.895, p<0.007), "Physical Tempo" (H= 8.579, p<0.014), "Social Endurance" (H= 7.902, p<0.019), "Social Tempo" (H= 7.736, p<0.021), "Plasticity" (H= 7.797, p<0.020), "Self-confidence" (H= 7.157, p<0.028), "Neuroticism" (H= 8.179, p<0.017); gaps DR-CAT for scales "Health" (H= 12.330, p<0.002), "Happiness" (H= 7.296, p<0.026). Pearson correlation coefficient between STQ-77, BRAQ and Gaps DR-CAT found in normal group: Gap DR-CAT "Health" – STQ-77 "Physical Endurance" (r=-.508, p<0.05), Gap DR-CAT "Smart" - STQ-77 "Intellectual Endurance" (r=-.521, P<0.05), Gap DR-CAT "Happiness" – BRAQ "Hostility" (r=.528, p<0.05), Gap DR-CAT "Happiness" - STQ-77 "Impulsivity" (r=.432, p<0.05), "Neuroticism" (r=.539,p<0.01). Correlation was founded in cardio pathology group: Gap DR-CAT "Smart" – BRAQ "Physical aggression" (r=.857, p<0.05), "Anger" (r=.842,p<0.05), "Common aggression" (r=.860,p<0.05), Gap DR-CAT "Happiness" – BRAQ "Physical aggression" (r=.826,p<0.05), "Anger" (r=.773,p<0.05), "Common Aggression" (r=.787,p<0.05). For psychopathology wasn't found correlations.
Conclusions: Comparative study of personality traits of adolescents with different types of ontogenesis (normotypical, mental, cardio pathology) is important for evaluating their adaptation and determining targets of psychotherapeutic work.

Keywords: aggressiveness; temperament; self-esteem; adolescents

EPP0126

Emotional dysregulation and attention deficit hyperactivity disorder (ADHD)

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Introduction: Because emotional symptoms are common in attention-deficit/hyperactivity disorder (ADHD) patients and associate with much morbidity, some consider it to be a core feature rather than an associated trait.
Objectives: Assess the possibility that symptoms of emotional dysregulation should be considered as core diagnostic feature of ADHD.
Methods: It's a cross sectional study, including 60 children with ADHD and 60 children without ADHD ranging from 6 to 19 years of age (mean age 10.43 years). We defined moderate emotional dysregulation if a child had an aggregate cut-off score of >180 on the Anxiety/Depression, Aggression, and Attention scales of the CBCL and severe emotionaldysregulation if a child had an aggregate cut-off score of > 210. This profile was selected because of its conceptual congruence with the clinical concept of emotionaldysregulation.
Results: Sixty-three percent of children with ADHD had a severe emotional dysregulation versus 12% of controls (P<0.001). Emotional dysregulation was associated with elevated rates of hyperactivity and impulsivity : Ninety-six percent of the children with hyperactivity-impulsivity, according to the Conners scale, had emotional dysregulation. With a significant correlation between emotional dysregulation and hyperactivity-impulsivity (p = 0.001). Also all children with attentional disorders exhibited emotional dysregulation and a significant correlation between emotional dysregulation and inattention has been found in both groups (p=0.000).
Conclusions: Emotional dysregulation is now known to play a causal role regarding ADHD symptomatology. It should therefore be included in future theoretical models of ADHD, as well as in clinical practice when identifying the major impairments in this diagnostic group and when deciding therapeutic strategies.

Keyword: emotional dysregulation attention-deficit/hyperactivity disorder

EPP0127

Investigation of clinical features of dysgraphia related to the subtypes of developmental coordination disorder in children regarding high IQ

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