

4.13—4.16

4.13 CORE AND ANCILLARY CHARACTERISTICS OF LIMITED PROSOCIAL EMOTIONS



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Objectives: There is an ongoing debate whether limited prosocial emotion (LPE) specifier could be recognized outside conduct disorder and which of its 4 characteristics may be considered as core or ancillary.

Methods: Children and adolescents from a multicenter Latino American study were evaluated using K-SADS-Present and Lifetime Version-5, a Spanish version that now includes LPE recognition. In a first-step analysis, socio-demographic and clinical characteristics were compared between subjects with and without LPE. The second-step analysis compared subjects with 2 or more LPEs and those with only 1 LPE characteristic, considered as sub-threshold LPE (sLPE) to establish core or ancillary characteristics.

Results: From a total sample group of 74 patients, 13 presented with LPE and 11 with sLPE. Participants with LPE presented more comorbidity with social anxiety disorder, conduct disorder, and intermittent explosive disorder, and they presented significantly ($OR = 21.07$, $p = 0.003$) more callous lack of empathy (CLE) and shallow deficient affect (SDA) characteristics compared with sLPE.

Conclusions: LPE characteristics may be present outside conduct disorder. CLE and SDA may be considered “core characteristics,” whereas unconcerned about performance and lack of remorse or guilt may be considered “ancillary characteristics.”

DBD, CD

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4.14 CONDUCT DISORDER-RELATED HOSPITALIZATION AND SUBSTANCE USE DISORDERS IN AMERICAN TEENS



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Objectives: The goals of this session are to compare the demographic characteristics of hospitalized patients with conduct disorder with children and adolescent inpatients with other mental health disorders and to assess the association between patients with conduct disorder and the spectrum of substance use disorders (SUD).

Methods: We included 800,614 hospitalized adolescents with mental health disorders (ages 12–18 years), of whom 8885 were inpatients (1.1%) primarily for conduct disorder in the nationwide inpatient sample group (2010–2014). ICD-9 codes were used to detect SUD, and a logistic regression model was used to evaluate the OR for SUD in hospitalized patients with conduct disorder.

Results: Higher proportions of hospitalized patients with conduct disorder were those ages 12–15 years (62.6%), male (64.4%), and white (45.7%). The lower median household income was correlated with a higher prevalence of conduct disorder (36.4%). Among those with SUD, cannabis use (23.7%) was most prevalent in hospitalized patients with conduct disorder, followed by tobacco and alcohol use (10.1% each). Hospitalized patients with conduct disorder have 1.7-fold higher odds (95% CI 1.52–1.82) for alcohol use and 1.4-fold higher odds (95% CI 1.31–1.49) for cannabis use compared with the hospitalized patients with no conduct disorder. Cannabis use was seen significantly in adolescents (49.1%, ages 12–15 years), males (75.6%), and African Americans (45.6%).

Conclusions: Hospitalized patients with conduct disorder have a higher risk of comorbid SUD compared with other mental illnesses. Further studies should be done to highlight the growing issue of comorbid SUD and the necessity to

develop programs for early diagnosis and treatment to improve overall health-related quality of life.

CD, SUD, ADOL

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4.15 MENTAL HEALTH OUTCOMES AMONG HIGH SCHOOL STUDENTS RANDOMIZED TO AVID PIPELINE PROGRAM



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Objectives: Advancement Via Individual Determination (AVID) is a widely disseminated college preparatory program for students from backgrounds underrepresented in higher education. Although AVID seeks to improve educational outcomes, qualitative evaluations suggest that, by increasing social support and social-emotional skill development, AVID might secondarily improve mental health and well-being. However, there are no quantitative or experimental studies testing AVID's impact on mental health outcomes. We sought to test whether students randomized to AVID had improved mental health and social-emotional skills compared with students randomized to the control group.

Methods: In this randomized controlled trial, 195 8th graders applying to AVID at 3 public high schools in Los Angeles were randomized via an admissions lottery to participate in AVID or usual school programming. Students completed a computerized survey at baseline (end of 8th grade/beginning of 9th grade) and follow-up (end of 9th grade), including measure of general mental health (Mental Health Inventory), hopelessness, grit, self-efficacy, and stress (Perceived Stress Scale). For each outcome, mixed-effects linear regressions were conducted to account for repeated measures and clustering within schools. Interaction terms and gender-stratified models tested whether the effects of AVID varied by gender.

Results: Participating students were predominantly Latino (87%), and only 64 percent had at least one parent who graduated from high school. Being randomized to AVID reduced stress ($\beta = -0.16$, $p = 0.012$) for all students and increased grit for boys ($\beta = 0.51$, $p = 0.01$; interaction term, $p = 0.003$). There were no significant effects on general mental health, hopelessness, or self-efficacy.

Conclusions: After just 1 school year, AVID had positive effects on student well-being that extended beyond academic performance to reduce stress and increase grit for boys. These findings suggest that school-based pipeline programs have the potential to improve psychosocial well-being for low-income minority adolescents.

ADOL, SC, COLST

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4.16 IS THERE A NEED TO EXPAND RELIGION-BASED CBT (RCBT) AS A TREATMENT OPTION FOR ADOLESCENTS WITH DEPRESSION AND SELF-HARMING BEHAVIORS?



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Objectives: There is a lack of evidence showing current treatment modalities, including DBT, emotional regulation, dynamic psychotherapy, and CBT with or without medication to be 100 percent effective in the adolescent group. Moreover, research has neglected the 15–20 percent of depressed patients with treatment-resistant depression. Hence, there are multiple reasons to investigate the scope of new or improved therapeutic modalities in adolescents with depression and nonsuicidal self-injury (NSSI). Despite the pivotal role that religion plays in the lives of many people, it continues to be overlooked in the realm of modern medicine. This literature review aims to extract relevance from studies done in the recent past as they pertain to the question of whether adding religious/spiritual content to traditional CBT is an area