of this study is to determine the sociodemographic characteristics of children and adolescent with Intellectual Disability (ID), their mother's anxiety and depression levels.
Methods: We included the mothers of 68 children with ID aged 6–17 years as the study group, and mothers of 60 healthy children as the control group. The sociodemographic data form and Hospital Anxiety and Depression Scale for measuring anxiety and depression levels were administered to the participants.
Results: No statistically significant differences were found between the two groups in terms of age of the mother, father and child, and gender of the child ($p < 0.05$). The anxiety and depression levels were significantly higher in the mothers of ID patient group than in the mothers of control group ($p < 0.001$). There was no statistically significant correlation between maternal and children age and HAD scores.
Conclusions: In line with previous studies, this study showed that the mothers of children and adolescents with ID compared to the control group had higher levels of anxiety and depression and these levels were statistically significant. Families are mostly inadequate in the process of coping with this dense, stressful and long-term problem and they have some different behavioral and emotional problems. Therefore, it is important to provide psychosocial support to the families, especially to the mothers who give primary care to the child.

[Abstract:0569][Impulse control disorders]

Psychiatric comorbidity in intermittent explosive disorder

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ABSTRACT
Objective: Intermittent explosive disorder (IED) is defined as the failure to resist aggressive impulses resulting in repeated acts of verbal and/or physical aggression. Although it is frequently encountered in clinical psychiatric practice, there is a paucity of data concerning IED in the scientific literature both internationally and in Turkey. High comorbidity rates have been documented, along with mood, anxiety and substance-related disorders.
Methods: A total of 406 patients who were referred to our psychiatry outpatient clinic for the first time in a six-month period were included in the study. Primary psychiatric diagnoses were made according to Diagnostic and Statistical Manual of Mental Disorders, fifth edition (DSM-5) criteria. Additional diagnoses were made using information from the Structured Clinical Interview for DSM-IV (SCID-I) and the Structured Clinical Interview for DSM-IV personality disorders (SCID-II), Symptom Check List-90 (SCL-90), Wender Utah Rating Scale and Adult Attention-deficit/ hyperactivity disorder (ADHD) DSM-IV Based Diagnostic Screening and Rating Scale, clinical interview conducted by researcher and sociodemographic data form.
Results: The study group comprised 143 men and 263 women between the ages of 18 and 75 years (mean 33.7 ± 12.9 years) who were referred to our outpatient clinic during the study period. The majority of the sample was married (53%), had low socioeconomic status (56%), was unemployed (70%), lived in urban centers (67%) and was relatively well-educated (67% were at least high school graduate). Table 1 presents the differences in psychopathology between the IED and non-IED groups. Participants in the IED group had significantly higher rates of childhood disorders ($p < 0.001$) and personality disorders ($p = 0.018$) than individuals in the non-IED group. The IED group also had higher rates of 'impulse control disorders not elsewhere classified' as stated in DSM-IV such as trichotillomania ($p = 0.005$), pyromania ($p = 0.001$), and gambling disorder ($p = 0.035$). Comorbidity rates of depression, anxiety disorders, and alcohol/substance-related disorders in the IED group were 32%, 22%, and 9%, respectively.
Conclusions: Although the comorbidity rates for depression and anxiety disorders were similar to those reported in the literature, our analysis revealed no significant differences between the IED and non-IED groups in terms of comorbidity of these disorders. It is known that impulsivity, aggression, and anger are core features in many mental disorders such as oppositional defiant disorder, ADHD, and conduct disorder, which were grouped in DSM-IV under the heading of 'disruptive behavioral disorders', and impulsive aggression has also been observed in personality disorders. Higher rates of comorbidity reported in the literature, early onset, and common core clinical features suggest a strong association between these disorders.

KEYWORDS
Childhood disorders; comorbidity; impulse control disorders; impulsive aggression; intermittent explosive disorder

Table 1. Comorbidity of DSM-5 IED with other DSM-5 disorders.

	IED(+) ($n = 68$), n (%)	IED(−) ($n = 338$), n (%)	P
ADHD childhood	34(50.0)	62 (18.0)	<0.001
ADHD 12-month	21 (30.9)	48 (14.2)	0.01
Oppositional defiant disorder, childhood	33 (48.5)	44 (13.0)	<0.001
Oppositional defiant disorder, 12-month	25 (36.8)	34 (10.1)	<0.001
Conduct disorder, childhood	23 (33.8)	33 (9.8)	<0.001
Conduct disorder, 12-month	4 (5.9)	4 (1.2)	0.030
Compulsive buying	23 (33.8)	22 (9.8)	<0.001
Kleptomania	2 (2.9)	2 (0.6)	0.132
Trichotillomania	12 (17.6)	24 (7.1)	0.0005
Pyromania	4 (5.9)	0 (0)	0.001
Gambling disorder	5 (7.4)	7 (2.1)	0.035
Compulsive sexual behaviour	6 (8.8)	1 (0,3)	<0.001
Anxiety disorders	15 (22.1)	75 (22.2)	0.981
Depression	22 (30.9)	70 (20.7)	0.066
Bipolar disorder	0 (0)	6 (1.8)	0.595
Obsessive compulsive disorder	21 (30.9)	70 (20.7)	0.066
Alcohol/substance-related disorders	6 (8.8)	12 (3.6)	0.096
Personality disorders	12 (17.6)	28 (8.3)	0.018

Kleptomania, trichotillomania, pyromania, and gambling disorder are also required to be specified separately from the categories in which they are included in DSM-5.

[Abstract:0581][Anxiety disorders]

NPY Receptor Gene Polymorphisms in Anxiety Disorders

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ABSTRACT

Objective: Neuropeptide Y (NPY) is a peptide which is commonly found in the central nervous system. There are studies referring to an association between the NPY polymorphisms and anxiety disorders. In this study, we aimed to examine the NPY gene polymorphism in the patients with panic disorder and generalized anxiety disorder and to examine the relationship between clinical variables and the NPY receptor gene polymorphisms.

Methods: Twenty nine patients with panic disorder (PD) and sixty four patients with generalized anxiety disorder (GAD) could complete the study. Also, 76 healthy individuals volunteered to participate in the study as controls. A total of 11 single-nucleotide polymorphisms (SNPs) encoding the NPY Y1, Y2, and Y5 receptors were examined. We assessed the association between the SNPs and the patients' clinical findings and psychometric measurements.

Results: There was a genotype-based difference in five SNPs of the patients in the anxiety disorder group (PD + GAD) when compared with the control group [namely, NPY Y1 (rs7687423, rs4691075), NPY Y2 (rs12507396, rs1047214, rs11728843), NPY Y5 (rs11946004)]. Moreover, there was a difference between the generalized anxiety disorder and panic disorder groups regarding genotype and allele in the region of rs11728843, which encodes the NPY Y2 receptor.

It was indicated that regarding the clinical variables, the scores of the Beck-A Scale were higher in the patients that had CC genotype in the rs4691075 and rs1047214, and the ASI-3 scores were higher in the patients with CC genotype in the region of rs4691075. Additionally, the regression analysis demonstrated that having the GG genotype of rs7687423 increased the risk for anxiety disorder by 65.8 fold when compared to the AA genotype.

Conclusions: The role of the NPY system in the etiology of anxiety disorder is a current issue, and thus, there are ongoing studies addressing this issue. Our findings support an association between NPY and anxiety disorder. Furthermore, our results are consistent with the results of the previous studies discussing the role of NPY gene polymorphism in anxiety disorders in the literature. However, the small size of sample limits the generalization of the results. Further studies are needed on this topic and conducting studies with larger samples in the future will increase the validity of the results.

KEYWORDS

Anxiety disorder; neuropeptide Y; NPY; panic disorder; SNPs