

in the region with over 600 attendees, more than 100 lectures, 13 workshops, 30 new research posters and 83 speakers.

The event was held this year under the patronage of H.E. Sheikh Nahyan Bin Mubarak Al Nahyan, Minister of Culture, Youth and Community Development whose keynote lecture stressed the high hopes that the conference would positively impact child and adolescent mental health care and ignite research throughout the UAE and the region.

The opening ceremony was graced by a key note address from Dr. Paramjit Joshi, immediate past president of AACAP titled "Integrated care: why is it important".

A new set of workshops focused on the newly formed Arab Board certification in Child and Adolescent Psychiatry during the conference. This board will play a leading role in graduating future generations of qualified Child and Adolescent Psychiatrists.

Speakers and attendees came from UAE, Oman, Saudi Arabia, Kuwait, Qatar, Bahrain, Australia, Canada, UK and the USA. Speakers represented a variety of disciplines including general physicians, therapists, nurses, psychiatrists, psychologists, counselors, teachers and more. The main focus of the conference was multidisciplinary treatment

THEME 1: AUTISM SPECTRUM DISORDER

This was presented in a context of global mental health perspective and a new area of research and practice that place priority on improving and achieving equity in health for all people worldwide in the domain of mental health. Embracing this would improve access to mental health services, improve treatments and reduce human rights abuses of people experiencing mental health disorders. The global impact of autism affecting 70 million people was highlighted.

Evolving diagnostic criteria of autism were reviewed, global epidemiology was described, cultural differences in the presentation and risk factors in diverse settings were listed. As one would expect Leo Kanner's (infantile Autism) and Asperger's (Autistic psychopathy) coincidental publication in 1943 and 1944 respectively

were the usual starting points of the presentations. Of interest also was the history of the diagnoses appearing in 1968 in DSM11 as "schizophrenic reaction childhood type", then in 1980 in DSMIII as "infantile autism and pervasive developmental disorders". In 1981 Lorna King introduced Asperger's syndrome and DSM IV and DSM IV-TR expanded the definition of both Autism and Asperger's syndrome. Finally, the current DSM-5 settled with "pervasive developmental disorders". Next on the agenda were the pertinent questions: is PDD increasing? And if so why? The range of current prevalence rates were from 1:150 in 2000 to the current 1:68 children in 2010. The issue is a hot topic and titles like the age of autism and the autism epidemic have been used to describe it. The following have also been listed as causes of contributing to the prevalence: Lower age at diagnosis, changes in diagnostic criteria, improved case identification and ascertainment methods, changes in diagnostic practices, diagnostic substitution or switching, rise in public awareness, research methodology environmental components,

or other care giver or a Pediatrician concern. Also of note, were the "red flags" of The American academy of neurology and child neurology society practice guidelines on ASD screening indicating further evaluation if: no babbling or pointing or gesturing by age 12 months, no single words by 16 months, no 2-word spontaneous phrased speech by 24 months or loss of language or social skills at any age (Yolton et al., 2014).

THEME 2: ATTENTION DEFICIT HYPERKINETIC DISORDER, ADHD

The conference presentations reviewed etiology, clinical manifestations, evidence and practice based interventions and outcome of the diagnosis. The core symptoms of the disorder are: impulsivity, inattention & hyperactivity.

The major change in DSM-5 criteria for the diagnosis is mainly raising the cut off age from 7 to 12 years and the implications of that on prevalence, if any, were considered.

The estimated current prevalence is accepted to be 6-8 % (range of 3-11%) of children worldwide & 4% of adults, the latter commonly overlooked. In the Middle East although solid data is not available studies yield a range of 0.5-5.3%. ADHD is considered the most common behavioral disorder of childhood. There are more males than females with girls showing typically less hyperactivity fewer conduct problems and less externalizing behavior.

Impairment in ADHD include psychiatric morbidity, school/work failure, poor peer relationships, legal issues, tobacco and substance use, accidents and injuries, parental stress, family conflict, economical burden family and society.

Symptoms may change over time as a child may struggle with

