

ATTENTION DEFICIT HYPERACTIVITY DISORDER IN PATIENTS WITH VELOCARDIOFACIAL/DEL 22Q11.2 SYNDROME

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OBJECTIVE: To investigate a frequency Attention Deficit Hyperactivity Disorder in children and adolescents with 22q11 deletion syndrome. **DESIGN/PARTICIPANTS:** 13 individuals, being 8 females and 5 males, aged 6 to 18 years, diagnosed with 22q11 deletion syndrome. The 13 subjects in the sample, 07 (54%) of patients had cleft palate or cleft Occult and 06 (46%), Velopharyngeal insufficiency (VPI). **SETTING:** Instruments: (I) the Schedule for Affective Disorders and Schizophrenia for School-Age Children-Present and Lifetime Version (K-SADS-PL) – Brazilian version (Brasil 2003) with semi-structured questions to identify affective disorders in the age range 6 to 18 years; and (II) Raven's Progressive Matrices Test (1999) for 5 to 11 years, Progressive Matrices Test, General Scale Series, A, B, C, D and E, (Raven 2003), for Brazilian individuals aged more than 11 years. Results: Assess the Behavioral Phenotype (FC) in genetic syndromes becomes important, to the symptoms of Attention Deficit Disorder / Hyperactivity, 10 (77%) subjects punctuated, indicating research on ADHD Supplement analysis. Three (23%) of the subjects were classified as having Attention Deficit Disorder Hyperactivity (with a predominance of type inattentive), being a teenager and two female children, a son, who also had Oppositional Defiant Disorder. **CONCLUSIONS:** Subjects diagnosed with the syndrome should be investigated in childhood, because they may present signs of symptoms as Attention Deficit Hyperactivity Disorder and which may be parallel or associated to comorbidities. The treatment should be initiated as early as possible because of the possible evaluation to more severe mental health disorders.