

**INTERNATIONAL SYMPOSIUM ON:
AUTISMO
Verso un futuro migliore.
ADHD
Quali proposte e quali interventi?
Genoa (Italy), May 24-25, 2017
Highlights**

Introduction



Prof. Veneselli, chairman of the symposium, opened the congress, by highlighting the high scientific level of this meeting, dedicated to ASD and ADHD. This congress was a very unique occasion for a full update on these topics and a moment of deep sharing among neuropsychiatrists, psychologists and other operators among the top Italian researchers of these fields and many young physicians attending the University of Genoa.

To follow the presentations of this congress, click on the link below:

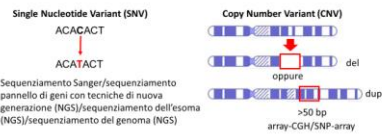
<http://www.fondazione-menarini.it/Home/Eventi/AUTISMO-VERSO-UN-FUTURO-MIGLIORE-ADHD-Attention-Deficit-Hyperactivity-Disorder-update-e-nuove-prospettive/Video-Slide> ... and, after having logged in, enter in the multimedia area.

Dalle acquisizioni della Genetica al Counselling familiare

Geni e mutazioni nei pazienti con ASD

Tecniche di indagine del DNA per identificare mutazioni/varianti nei singoli pazienti.

- Analisi di delezioni/duplicazioni sub-cromosomiche (CNV) (array-CGH)
- Analisi standard del cariotipo / FISH
- Analisi molecolare gene specifico (Sanger/Pannelli geni NGS)
- Analisi esoma (porzioni codificanti del genoma)
- Analisi intero genoma



between gene mutations and ASD development and presented very interesting data on the microarray and exome analysis leading to the ASD diagnosis in the 9.3% of cases. In the main part of her presentation, Prof. Puliti talked about the heritability models in ASD and the genetic background leading to different levels of disease.

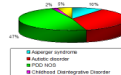
Protocollo di diagnostico - IGG

Valutazione clinica	Indagini genetiche
Accertamenti biomorali Esami ematochimici basali Funzionalità tiroidea Acido lattico, ammonio Aminoacidemia e aminoaciduria Organoaciduria Screening cellachia	Sindrome dell'X-Fragile Ibridazione Genomica Comparativa su Microarray (Array-CGH) Cariotipo Standard / FISH Elettrofisiologia EEG veglia e sonno, ABR Neuroradiologia MRI + spettroscopia e DTI

From genetics to family counselling, was the topic discussed by Prof. Puliti in her lecture. The speaker, coming from Genoa (IT), went deeper in her talk and presented very interesting data on the ASD epidemiology. Going deeper in her lecture Prof. Puliti talked about heritability and environment and presented very interesting data given by studies running on ASD twins. More in particular the speaker talked about the relationship

UO Neuropsichiatria Infantile - IGG

Distribuzione diagnosi per tipo



Età alla Diagnosi

Dati noti in 508 pazienti.

➤ Picco → età prescolare (2-6 anni).

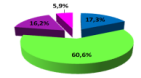
DSM-IV-TR

Comparsa dei sintomi entro i 36 mesi.

DSM-5

Sintomi nella prima infanzia, ma anche successivamente, in circostanze che richiedono abilità sociali a cui il soggetto non riesce a far fronte.

Distribuzione diagnosi per genere



Fascia d'età alla diagnosi

0-3

3-6

6-10

10-15

In the second part of her talk, the speaker presented very interesting data on the clinical cases running in her neuropsychiatric Center and the applied diagnostic protocol with a particular attention to the genetic examinations. Finally, Prof. Puliti talked about the genetic counselling and ASD. In conclusion, the speaker, pointed out that ASD is characterized by a high variability in the clinical presentation, but, thanks to genetics, it is possible to make a diagnosis in the 15% of cases.

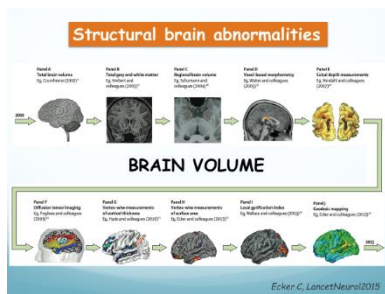
- What is the estimated heritability in ASD twins from the speaker point of view?
- What are the genes involved in ASD development, based on the data presented by the speaker?
- What's about the gene mutations and ASD from the speaker point of view?
- What are the main ASD heritability models presented by the speaker?
- What are the main topics of the genetic counselling in ASD based on the data presented by the speaker.

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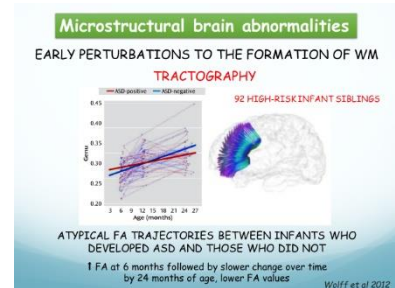
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Dagli studi sul connettoma alla clinica

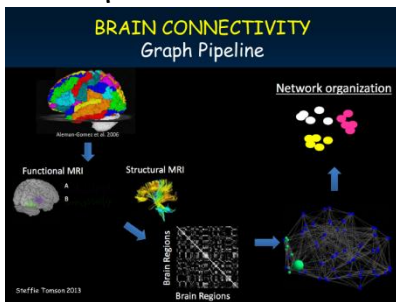


Dr. Severino from Genoa (IT), spoke about “from connectome to clinic” The speaker talked about the structural, microstructural and functional brain abnormalities and the MRI-driven biomarker development. Going deeper in her lecture, Dr. Severino presented very interesting data on the main structural brain abnormalities and highlighted that thanks to the examination of groups of patients it is possible to identify

early abnormalities before the development of the main pictures of the disease. In the main part of her lecture, the speaker talked about the radial unit hypothesis, aimed to explain the abnormal development of the gray matter in ASD patients and presented very interesting data on the main abnormalities at the amygdala, corpus callosum, cerebellum and basal ganglia level. In the second part of her lecture, Dr. Severino, talked about the diffusion weighted imaging, that is the available technique for the microstructural brain abnormalities detection. Finally, the speaker talked about the functional brain abnormalities in ASD patients, based on the functional MRI application on the neuronal activity at the main



brain levels, like amygdala, corpus callosum and other. Dr. Severino presented also very interesting data on the global connectivity applied to the functional brain abnormalities in ASD, by highlighting that the long-term connections are significantly reduced in ASD patients. In conclusion, Dr. Severino, pointed out that thanks to these concepts, in the future will be possible the development of MRI-driven biomarkers for an early diagnosis of the ASD patients.



- What are the main structural brain abnormalities presented by the speaker?
- What’s about the key topics of the radial unit hypothesis presented by the speaker?
- What is the diffusion weighted imaging, based on the data presented by the speaker?
- What’s about the early detection of the white matter abnormalities from the speaker point of view?
- What are the key points of the global connectivity theory presented by the speaker?
- What’s about the Jumbo project presented by the speaker?

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Fare e vedere nell'Autismo

Center for Human Technologies (CHT)

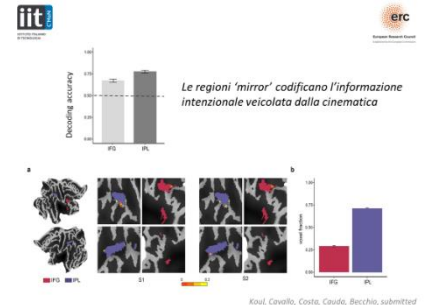


Obiettivi:

- promuovere lo sviluppo di nuove tecnologie attraverso percorsi di *co-progettazione* tra IIT e ospedali e istituti clinici presenti sul territorio
- favorire e sostenere l'*applicazione diretta* di tecnologie avanzate per la salute
- creare una rete per la raccolta e l'integrazione di *dati clinici e genetici*
- generare processi di *knowledge sharing* volti a facilitare l'interazione tra ricercatori, tecnologi e personale medico

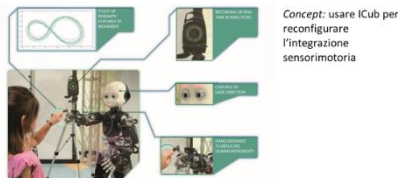
these two processes are deeply connected each-other. In the main part of her lecture, presented very interesting data, demonstrating that starting from the movements it is possible to discriminate the intentions. Prof. Becchio, talked also about the intention/movement relationship in normal and autistic children and highlighted that based on the cinematic detection of the movements, in ASD patients it is impossible to determine the intention starting from the movements.

“Doing and seeing in ASD”, was the topic Prof. Becchio spoke about in her lecture. The speaker coming from Genoa (IT), started his talk, by presenting very interesting data on the Center of Human Technology and its objectives. Going deeper in her lecture, Prof. Becchio talked about the classic central conceptual system at the basis of doing and seeing, by highlighting that based on this model doing and seeing are two well divided processes. The speaker pointed out that this theory is uncorrected for



iit iit Implicazioni per la diagnosi e l'intervento

Nuovi strumenti per l'intervento
Sviluppare nuovi approcci sensorimotori all'intervento utilizzando piattaforme robotiche



Finally, the speaker presented very interesting data on the motor pattern abnormalities detection, based on the 2/3 power low motion theory and highlighted that through these data it is possible to develop new markers for the early ASD diagnosis. In conclusion, Prof. Becchio pointed out that the future challenge is the development of new approaches in ASD patients for their sense-motorial reconfiguration and integration through the robot application.

- What are the main points of the central conceptual system presented by the speaker?
- What's about the prediction of the intentions starting from the movements?
- Is it possible to decode the intention of the specific observed movement based on the data presented by the speaker?
- What's about the ASD early diagnosis and the motor Autism sign, based on the data presented by the speaker?

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I disturbi della comunicazione sociale

DSM-V Disturbo Pragmatico della Comunicazione Sociale 315,39 (F80.89)

- A. Persistenti difficoltà nell'uso sociale della **comunicazione verbale e non verbale** come manifestato da tutti i seguenti:
- Deficit nell'uso della **comunicazione a fini sociali**, come salutare e condividere informazioni, con modalità appropriate al contesto sociale.
 - Compromissione della **capacità di regolare la comunicazione** in base al contesto o alle esigenze di chi ascolta, come parlare in modo diverso in aula o sul campo da gioco, rivolgersi diversamente ad un bambino o ad un adulto, o evitare l'uso di un linguaggio troppo formale quando inappropriato.
 - Difficoltà nel **seguire le regole della conversazione e della narrazione**, come il rispetto del turno nella conversazione, la riformulazione di quanto non sia stato compreso, o il saper utilizzare i segnali verbali e non verbali per regolare l'interazione.
 - Difficoltà nella **comprensione di ciò che non è esplicitamente detto** (ad es.: fare inferenze) e nei significati non letterali o ambigui del linguaggio (ad es.: idiomi, umorismo, metafore, polisemia la cui interpretazione dipende dal contesto).

disorder, characterized by functional defects in the social participation and in the school and professional performance. In the main part of her lecture, the speaker talked about the main characteristics of the SCPD and more in particular about the deficiency in the social use of communication, the defect in the proper communication and in applying the rules of communication and narrative and finally about the defect in the comprehension of what is not explicitly said. Finally, Dr. Hufty presented very interesting data given by two clinical cases running in her center and talked about the main comorbidities like ASD, Williams syndrome and others. The speaker presented also the main problems linked with this disorder, like the loss of knowledge about prevalence, early diagnosis and differential diagnosis with ASD. In conclusion, Dr. Hufty pointed out that specific guidelines and diagnostic tests for a better evaluation of this disorder are missing.

The social communication disorders, was the topic at the core of the lecture discussed by Dr. Hufty. The speaker, coming from Rome (IT), spoke about the specific language disorder, the speech and sound disorder and about the social communication pragmatic disorder. Going deeper in her lecture, Dr. Hufty presented very interesting data on the social communication pragmatic disorder, by highlighting the role played by the pragmatic dimension of this

Associazione con altri disturbi

- Difficoltà pragmatiche in varie patologie dello sviluppo: autismo, sindrome di Williams, sindrome di Down, X fragile, malattia di Duchenne, agenesia del corpo calloso, ipoacusia, ritardo mentale, disturbi del linguaggio, ADHD, DCM)
- o acquisite: traumi cranici/sindrome frontale, ACV, ictus, patologie degenerative, demenze e patologie psichiatriche

Valutazione

Metodologia: diagnosi clinica versus diagnosi formale?

Indicazioni in letteratura: preferire osservazioni in contesti, ai test formali (risultati legati a QI)

• Questionari: **CC2** (Bishop) composto da 70 domande in 10 scale. Da un indice SIDC (social interaction deviance composite), **SCQ** (Rutter).

• Griglie di osservazione: **CSBS** (Wetherby e Prizant), **ESCS** (Mundy 03), **EVALO-BB**, griglie del gruppo **Hanen**.

• Analisi della conversazione: **TOPICC** (Adams), **Pragmatic Protocol** (Prutting), **ALICC** (Bishop e Adams 98)

• Analisi del racconto: **Bus Story test** (Renfrew 95), **Frog Story** (dati preliminari), batteria Sinapsy in corso di normalizzazione.

- What's about the pragmatic dimension of the SCPD, based on the data presented by the speaker?
- What are the main characteristics of the SCPD based on the data presented by the speaker?
- What are the main problems linked with the SCPD proper evaluation?
- What are the key questions related to the SCPD diagnosis, based on the data presented by the speaker?

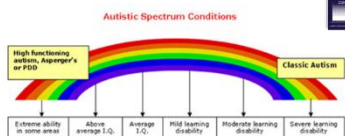
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I disturbi ad alto funzionamento

Per molto tempo si è parlato di spettro riferendosi solo al QI...



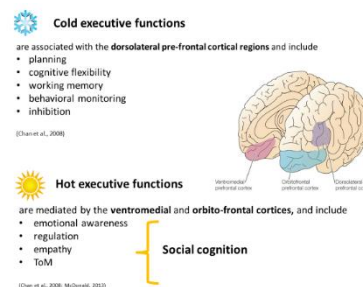
DSM 5

Guardare alla severità dei sintomi nel loro complesso ...il funzionamento generale, l'adattamento, la qualità di vita ...

Specificando la gravità sulla base del livello di bisogno di supporto

The high-functioning disorders was the topic discussed by Prof. Gagliano. The speaker, coming from Messina (ITA), talked about the main characteristics of these patients, their symptomatology, the main problems related to their behaviour and finally about their evolution toward the adult age. Going deeper in her lecture, Prof. Gagliano presented very interesting data on the main characteristics of these children by highlighting that in the diagnosis it is necessary to specify the severity of this disorder based on the

level of the need of support. More in particular the speaker pointed out that there is a continuum between the non-verbal learning ability and the social-pragmatic communication disorders with the ASD at the center of this scale. Speaking about symptomatology, Prof. Gagliano presented very interesting data given by clinical cases running in her center, by highlighting that these patients have problems in the executive functions, divided into cold and hot, where planning, cognitive flexibility, working memory, behavioural monitoring and inhibition are the cold ones and the social cognition the hot functions. In the main part of her lecture, the speaker talked



about the social cognition and highlighted the differences between the cognitive and the affective empathy where the main defect in these patients is characterized by the impairment in the second one, leading to social exclusion, pain and loneliness during all their life. Prof. Gagliano presented also very interesting data on the main risks linked with these disorders like to become bullying victims, or the risk of depression or suicide. Finally, the speaker talked about

Kjajkovic M, Hunt C. A meta-analysis of predictors of bullying and victimisation in adolescence. *J Adolesc.* 2016 Jun;49:134-45.

Predittori del ruolo di bullo

- problemi comportamentali
- difficoltà sociali
- problemi scolastici
- età più elevata



Predittori del ruolo di vittima

- problemi comportamentali
- difficoltà sociali
- sintomi internalizzanti (ansia e depressione)
- essere già stati vittimizzati



the methods for improving the communication and the social interaction capacities and presented very interesting data on the main interventions available for the improvement of the cognitive and the affective empathy. Prof. Gagliano talked also about the future of these patients and presented very interesting data on many projects aiming to the integration of these children and adolescents in the adult life from the educational, affective and working point of view.

- What's about the gap between intellectual and adaptive functional skills of these children, based on the data presented by the speaker?
- What are the cortical regions associated with the cold and hot executive functions based on the data presented by the speaker?
- What are the main factors leading to depression in adolescents with high-functioning disorders?
- How many adolescents and adults with high-functioning ASD had attempted suicide based on the data presented by the speaker?
- What's about the facilitating and social enriched environments presented by the speaker?
- What are the key points of the lego therapy from the speaker point of view?

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La ricerca italiana sul riconoscimento precoce dei disturbi dello spettro autistico

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Riconoscimento precoce: i metodi

- Studi retrospettivi
- Parental reports
- Home-videos
- Studi prospettivi
- Siblings
- Popolazioni alto-rischio
- Checklist ai pediatri
- Questionari ai genitori
- Screening

performed at 12 and 18 months. In the main part of her presentation, the speaker talked about the methods for the early detection of the ASD like the retrospective studies based on the parenteral reports, the prospective studies based on siblings and

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Network Italiano per il riconoscimento precoce dei Disturbi dello spettro Autistico (NIDA)

Progetto CCM 2012
 Associazione Bambini delle Fate
 Ministero della Salute
 Progetto BrainView (H2020)
 Fondazione Italiano Autismo Onlus

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PROTOCOLLO DI VALUTAZIONE CLINICA

Assessment/Strumentazione	6m	12m	18m	24m	36m
Disorder/Autistic Behavior Questionnaire 2 (DABQ2)		X	X	X	X
Maudsley Communication Development Inventory			X	X	X
Quantitative Temperament (QT)	X	X	X	X	X
Disorder/Autistic Behavior Questionnaire (DABQ)		X	X	X	X
Bayley (ABQ)	X	X	X	X	X
Autism Observation Scales for Infants (AOSI)	X	X	X	X	X
ADOS 2 (module Toddler)		X	X	X	X
ADOS 2 (module 1-3)					X
Autism Diagnostic Interview - Revised (ADI-R)		X	X	X	X
Parenting Stress Index (PSI)	X	X	X	X	X
Disorder/Communication Questionnaire				X	X

The Italian research on the ASD early diagnosis, was the topic of Dr. Scattoni presentation. The speaker, coming from Rome (IT), talked about the diagnosis starting from the main risks assessment between 0 to 12 months, till the final diagnosis at 2 years old. Going deeper in her lecture, Dr. Scattoni presented very interesting data on the risk diagnosis and the interim diagnosis performed at 12 and 18 months. In the main part of her presentation, the speaker talked about the methods for the early detection of the ASD like the retrospective studies based on the parenteral reports, the prospective studies based on siblings and the screening based on checklists for paediatricians and questionnaires for parents. Speaking about the prospective studies, Dr. Scattoni presented very interesting data on the Italian network for the early diagnosis of ASD, the main objectives, the leadership and the centers involved, the selection criteria and the main results. Finally, the speaker talked about the National Observatory for monitoring the ASD patients and the main objectives of this project.

- What are the main methods for the ASD early diagnosis presented by the speaker?
- What are the main prospective studies presented by the speaker?
- What are the key point of the baby siblings network?
- What are the main characteristics of the Italian network for the early diagnosis of ASD presented by the speaker?

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Il Progetto dell'OBG

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CORSO E.C.M.

Il Disturbo dello Spettro Autistico

- Disturbo del neurosviluppo con esordio precoce
- Compromissione generalizzata:
Comunicazione e interazione sociale
Comportamenti, interessi ed attività ristretti, ripetitivi e stereotipati
- Compromissione della qualità di vita nel bambino e nell'intero nucleo familiare

interesting data on the OBG experience, by highlighting that in 2016 his team has performed 750 evaluations on patients from 18 months to 18 years old. Speaking about treatment, Prof. Vicari talked about the main treatment models characterized by the different levels of efficacy and presented the data given by the main experimental treatments running in his Center. More in particular Prof. Vicari talked about the parenteral mediated treatment in case of children at higher risk of disease for signs and

I nostri trattamenti sperimentali

- Terapia Psicoeducativa**
• Metodo TEACCH
- Terapia cognitivo-comportamentale**
• Terapia ABA - Verbal Behaviour
- Parent Training**
• TMG Terapia Mediata dai Genitori

Prof. Vicari coming from Rome (IT) spoke about the OBG project and presented very interesting data given by the OBG experience on the early ASD diagnosis. Going deeper in his lecture, Prof. Vicari talked about the tests to be performed for the ASD evaluation, by highlighting that there are tests for the symptomatology, cognitive level, adaptive and functional level, language and related psychopathology evaluation. In the main part of his lecture, the speaker presented very

I numeri (2016)...

Totale	• 750 bambini (dai 18 mesi ai 18 anni)
Nuovi pazienti	• 470
Follow up	• 280

symptoms referring to an ASD in the early phases and presented very interesting data on the main steps of this process composed by 12 meetings with parents based on a cooperative coaching aimed to the improvement of the children evolutive levels. Finally, the speaker talked about the main projects running in other countries thanks to the OBG hospital, like the Jordan or the Rio projects. In conclusion, Prof. Vicari pointed out that the best treatment of the ASD patients is closely related to their life experiences.

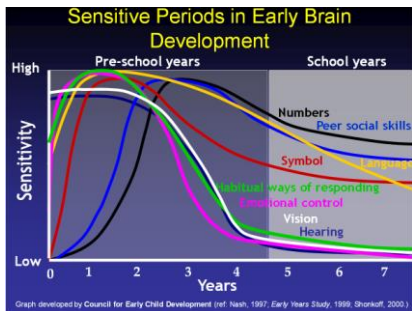
- What's about the multidisciplinary medical team available for the ASD diagnosis?
- What's about the ASD treatment, based on the data presented by the speaker?
- What are the main treatments running in the OBG hospital, based on the data presented by the speaker?
- What's about the differences between the parent support and the parent mediated treatment?
- What are the main results of the treatments presented by the speaker?

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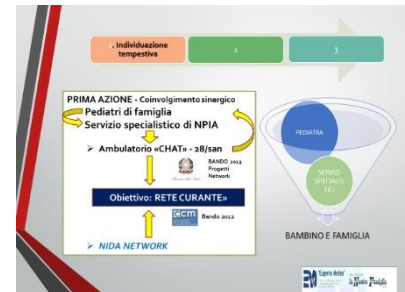
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Percorsi per intensità di cura: dalla diagnosi all'intervento in età prescolare



The intensive care: from diagnosis to intervention in the pre-school age, was the topic at the core of Prof. Molteni presentation. The speaker, coming from Lecco (IT), presented very interesting data starting from the core ASD symptoms. Going deeper in his lecture, Prof. Molteni talked about the main pathways for early detection, diagnosis and social-care rehabilitation processes of the children affected by ASD. More in particular the speaker

presented very interesting data on these three pathways, like the “Chat” project dedicated to the connection among GPs and Specialists through the implementation of IT devices or the Baby lab. Project, dedicated to the ASD early detection in children from 6 to 24 months of age. Speaking about diagnosis and follow-up, Prof. Molteni talked about the diagnostic



dedicated outpatient examination project and about the diagnostic and functional observational projects, aimed to the early diagnosis and follow-up of these patients. Finally, the speaker presented very interesting data on the social-care rehabilitation projects, involving school, social and specialized services dedicated to families and children and talked about NOAH that is the New Organization Autism Health Care project dedicated to the inclusion of children affected by ASD in the primary school, through the direct involvement of parents and teachers. In conclusion, Prof. Molteni pointed out that it is mandatory to work for the onset of very effective networks available for the early detection and treatment of children affected by ASD.



- What are the main steps of the ASD pathway presented by the speaker?
- What are the key points of the Baby lab. Project?
- What are the main results of the NOAH project presented by the speaker?
- How many children have been involved in the NOAH project?

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Il Progetto Piccolini



Dr. Dufour from Genoa (IT), spoke about the “Piccolini” project, by presenting very interesting data on the evaluation protocol composed by the behavioural, brain developmental, sensorial perception and communicational and language evaluation. Going deeper in her lecture, Dr. Dufour talked about the main methods applied in these evaluations and about the study project population



characterized by the involvement of 14 patients from 1 to 3 years of age. In the main part of her talk, the speaker presented the main data of this project starting from the objects till the applied treatments. More in particular Dr. Dufour talked about the experimental projects and its main steps, like the parenteral meetings, the interventional meetings with the children, the weekly written reports and the video shootings. Finally, the speaker presented the main results of this project, by highlighting the main objectives obtained in these children. In conclusion, Dr. Dufour pointed out that all the provided objectives have been reached in all the patients.



- What are the main objectives of the Piccolini projects presented by the speaker?
- What are the main characteristics of the methods applied in this project, based on the data presented by the speaker?
- What’s about the main objectives reached in the ASD patients thanks to the Piccolini project?
- What are the key points of the family involvement in the knowledge of the strengths of their children?

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<http://www.fondazione-menarini.it/Home/Eventi/AUTISMO-VERSO-UN-FUTURO-MIGLIORE-ADHD-Attention-Deficit-Hyperactivity-Disorder-update-e-nuove-prospettive/Video-Slide> ... and, after having logged in, enter in the multimedia area.

Un differente approccio nel sistema scolastico: il modello USA



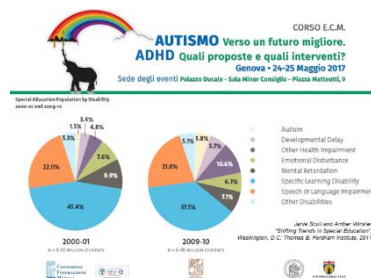
CORSO E.C.M.
AUTISMO Verso un futuro migliore.
ADHD Quali proposte e quali interventi?
 Genova - 24-25 Maggio 2017
 Sede degli eventi Palazzo Ducale - Sala Minor Consiglio - Piazza Matteotti, 9

Augusta University (former Medical College of Georgia)
 Chair, Clinical and Digital Health Sciences (dal 2014)

- Augusta, GA, USA
- Academic Medical Center
- 478 letti adulti
- 154 letti bambini
- Level IV NICU
- Level I Trauma

by disability in the last 10 years, by highlighting the growth of the ASD patients during this time, probably for the improvement in the diagnosis. Prof. De Leo talked also about the services dedicated to the children with disabilities, the pro and cons of the IDEA law and about the Equality vs Equity principle. Finally, the speaker talked about the main characteristics of the IDEA law aimed to the educational needs of any child affected by disability and to the involvement of

A different approach in the school system: the USA model, was the topic discussed by Prof. De Leo from Augusta (USA), more in particular the speaker presented very interesting data on the USA public school system. Going deeper in his lecture, Prof. De Leo talked about the Individuals with Disabilities Education ACT and its main topics. In the main part of his lecture the speaker presented very interesting data on the special-education population



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UGUAGLIANZA EQUITÀ

"Equality vs. Equity" - Washington Regional Association of Occupational Therapists, 2014
www.washingtonregionalaot.org/eq.html

of these children in the real-world life together with children without disabilities. Finally, Prof. De Leo presented very interesting data on the IFSP that is the individualized plan for services dedicated to families with children affected by disabilities focalized before the 4 years old and the main critical issues. In conclusion, Prof. De Leo pointed out that Education is important for all children, but even more so for children with disabilities.

- What are the main topics of the IDEA law presented by the speaker?
- What are the pro and cons of the IDEA law based on the data presented by the speaker?
- What's about the classes dedicated to the special education, based on the data presented by the speaker?
- What's about the Equality vs Equity principle from the speaker point of view?

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L'uso costruttivo dell'i-Pad



L'uso costruttivo dell'i-Pad

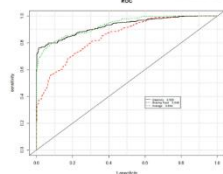
- Children love the iPad.
- The iPad is packed with sensors (touch screen, tri-axial accelerometer, tri-axial gyroscope).
- Can we use this technology to assess children for autism?



In his lecture, Prof. Delafield-Butt presented very interesting data on the disruptions to movements of the Primary Self and on the atypical movement kinematics of ASD patients compared to normal people. More in particular the speaker talked about the



Results:
Machine
Learning
Classification



Prof. Delafield-Butt from Glasgow (UK), spoke about the I-PAD educational use. More in particular, the speaker talked about Autism as a disorder of the intentional movement and about a new technology developed in collaboration with an IT industry and its University located in Glasgow applied to the diagnosis of the movement defects of these children. In the main part of his



Motor Disruption to Development in Autism



theory explaining the development of ASD starting from the motor disruption and presented very interesting data given by a study running in children on their motor pattern detection when they use iPad for game playing. Prof. Delafield-Butt talked about the results on the machine learning classification. In conclusion, the speaker pointed out that the iPad assessment detected autism with the 93% of accuracy.

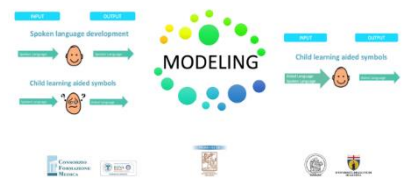
- What are the main differences in the movement kinematics between ASD adult patients and normal people from the speaker point of view?
- Can we detect the particular ASD motor pattern during the iPad gameplay in children, based on the data presented by the speaker?
- Why should we use tablets from the speaker point of view?
- What aspects of behaviour can be measured using a tablet device from the speaker point of view?
- What's about the new diagnostic trial presented by the speaker?

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Una App di CAA a supporto dei partner comunicativi



as a clinical practice and research field aimed to reduce the disability of people affected by severe communicational dysfunctions through the improvement of their abilities. Going deeper in her lecture Dr. Radici presented very interesting data on the role and responsibilities of the communicative partners together with

An AAC app supporting the communication partners, was the topic discussed by Dr. Radici from Milan (IT), more in particular the speaker talked about the augmentative and alternative communication



the AAC instruments. In the main part of her lecture, the speaker talked about modelling, that is a specific strategy aimed to the use of the same instruments between operators and ASD children for an improvement in communication. More in particular Dr. Radici presented very interesting data on a new app, running on iPad and tablets aimed to facilitate the use of these specific instruments. The speaker talked also about the results of this new app and on the future directions of this very interesting research.



- What are the main characteristics of the augmentative and alternative communication based on the data presented by the speaker?
- What is the role played by the communicational partners based on the data presented by the speaker?
- What are the main characteristics of the modelling theory?
- What are the main characteristics of the app presented by the speaker?

To follow the presentations of this congress, click on the link below:

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Gestione della transizione e buone prassi

Individuals with Disabilities Education Act (IDEA)
Pub. L. 101-476, Enacted by the 101st United States Congress



Transition Services

At the age of 16 students are required to attend IEP meetings to discuss transition services with the IEP team. Transition services can be started earlier if the IEP team deems it necessary, but the student must be at the meeting or appropriate measures must be taken to account for student preference.

Transition services coordinate the transition between school and post-school activities, such as secondary education, vocational training, employment, independent living, etc.

These transitional decisions should be based on the students strengths/weaknesses, preferences, and the skills possessed by the individual.

Once a decision has been made on the transition service a plan should be formed to allow the student to be able to fully reach this goal.

In order for this to happen objectives, instruction needed, and other skills should be assessed and taken into account to prepare the individual for this transition.

by ASD, by highlighting that the so called “appropriate measures” cited in the law have still to be established. In the main part of his lecture, the speaker talked about the need for taking care of the transition between the school and the after-school period and more in particular presented many data given by the IDEA and the NICE NHS laws, with special attention to the pathways to be implemented for ASD youth in the transitional age. Dr. Arduino talked about the main objective of transition, like to learn to behave like an adult, or to learn to go shopping and others and highlighted that the transition management needs the presence of a referral team, a functional and neuropsychological evaluation, the planning of the interventions, the use of evidence based specific methods and finally the systematic intervention monitoring and

Dr. Arduino from Mondovì (IT), presented very interesting data on transition management and good practices. More in particular the speaker talked about the need for a transitional program for youth coming into the adult life. Going deeper in his lecture, Dr. Arduino presented very interesting data on the Italian law on the diagnosis, treatment and habilitation of people affected

Valutazione funzionale

Strumento di valutazione funzionale nel caso di adolescenti e adulti:

TTAP (TEACCH Transition Assessment Profile)

di Mesibov, Thomas, Chapman e Schopler
Ed. it. a cura di Faggioli, Sordie e Zacchini, Giunti O.S., 2010



and highlighted that the transition management needs the presence of a referral team, a functional and neuropsychological evaluation, the planning of the interventions, the use of evidence based specific methods and finally the systematic intervention monitoring and presented very interesting data on all these topics. In conclusion, Dr. Arduino pointed out that it is mandatory the implementation of diagnosis, treatment and habilitation pathways for ASD adult patients based on the differences between high functioning ASD and intellectual disability ASD.

Monitoraggio dell'intervento



Schema di Monitoraggio

Nome all'adult che l'Intervento deve essere fatto per ottenere una certa prestazione (es. di abilità, interesse, attenzione, ecc.) quale: Fase di Monitoraggio (M), Programmazione (P), Azione (A), Auto-valutazione (V).

Obiettivo	Indicatore	Valore
...

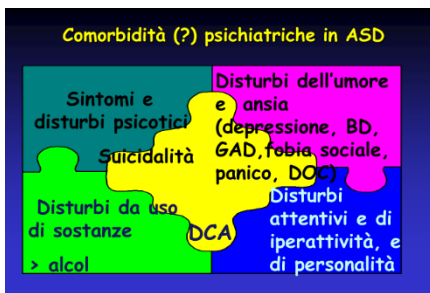
Se non ci sono indicatori o obiettivi differenziali predefiniti, saranno indicati in questa colonna: - costo di gestione (C) - costo di azione (A) - costo di valutazione (V) - riduzione della durata dell'intervento (D).

- What are the main operative indications for the operators based on the data presented by the speaker?
- What are the main objective of the transitional age?
- What's about the 300 days project presented by the speaker?
- What are the main evidence based methods presented by the speaker?
- What's about the goal cards presented by the speaker?

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Gestione delle comorbidità psichiatriche in età adolescenziale



The main topic of Dr. Keller presentation, was the psychiatric comorbidities management in adolescents. The speaker, coming from Turin (IT), presented very interesting data on the psychiatric comorbidities in ASD patients. Going deeper in his lecture, Dr. Keller talked about the main problems of the complex management of adolescents and presented many data on these topics. In the main

part of his presentation, the speaker talked about the network model characterized by the onset of a territorial network starting from the time of the diagnosis and the finalization of the individualized project for any ASD person. Dr. Keller presented also very interesting data on the comorbidities like schizophrenia, bipolar disorder, melt



down and shut down phenomena, psychosis and the symptoms useful for the early diagnosis. Finally, the speaker talked also about the methods useful for the diagnosis with particular attention to the neurometabolic, neuroimaging and genetic evaluations. In conclusion, Dr. Keller, pointed out that it is mandatory to work together for a better quality of life and higher opportunities of the patients affected by ASD.



Lavorare insieme in rete per costruire opportunità e qualità di vita

- What are the main problems of the complex management of adolescents presented by the speaker?
- What are the main comorbidities presented by the speaker?
- How important is the family in the ASD management from the speaker point of view?
- What are the main diagnostic criteria of an early diagnosis in patients affected by bipolar disorders?

To follow the presentations of this congress, click on the link below:

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Esperienze di inserimento lavorativo



A job placement model was the topic of Dr. Lumachi presentation. The speaker, coming from Genoa (IT), presented very interesting data, starting from the presentation of a specific clinical case. Going deeper in her lecture, Dr. Lumachi talked about the onset of a specific network composed by the family, the referral persons, the pedagogists, the administrative referral persons, the company tutor

and the company. In the main part of her lecture, the speaker presented very interesting data on the main steps of a specific job placement project tailored for a young ASD person. Finally, Dr. Lumachi presented a very interesting video on the any single step implemented by the young patient for his working day from going to work to come back home.



- What are the main working inclusion projects provided by the Institution?
- How specific have to be the job placement projects based on the data presented by the speaker?
- What are the main steps of the visible agenda created for the young patient as a tutorial, based on the data presented by the speaker?
- What is the updated situation of this young patient related to his work placement project, based on the information given by the speaker?

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logged in, enter in the multimedia area.

Dall'Epidemiologia al Registro italiano



Prevalenza di ADHD in differenti contesti

Luogo	Contesto	Anno	Casi/Popolazione	Età	Prevalenza %
Firenze	Scuola	1993	9/250	6 - 12	3,6
Perugia					
I orino	Follatria di famiglia	1998	1.203/47.781	6 - 14	2,52
Regione Friuli-VG	Servizi psichiatrici e di Salute Mentale	2002	280/64.800	0 - 14	0,43
Roma	Pediatra di famiglia	1999 - 2003	35/3.305	6 - 15	1,06
Covena	Servizio di salute mentale	2003	131/11.980	7 - 14	1,1

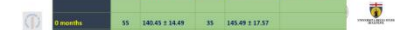


Dr. Panei from Rome (IT) spoke about “from epidemiology to the Italian Registry”. Going deeper in his lecture the speaker presented very interesting data on the ADHD prevalence in Italy compared to USA, UK and France, by highlighting that this diagnosis was under detected till 10 years ago. In the main part of his lecture, Dr. Panei talked about the data and the estimations of the ADHD Italian Registry. More in particular the speaker presented very interesting data on the main objectives of this registry characterized by the Safety



IMPATTO DELLA CURETTA ALTAZZE DEI PROPRIO DIMENSIONI PER I FARMACI (MMP) 0, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100

	MMP in	Mean ± SD	Min	Max	Mean ± SD	MMP in AFF 1 year
0 mondo	288	140.80 ± 15.12	286	143.02 ± 17.01		
0 mondo		143.02 ± 15.12		145.46 ± 17.04		
0 da 6 mo. 1 year		$t_{(1)} = 32.36$		$t_{(1)} = 32.87$		$t_{(1)} = 1.36$
		$p < 0.0001$		$p < 0.0001$		$p = 0.176$
0 mondo	307	141.22 ± 15.10	309	144.01 ± 16.89		
12 mondo		146.23 ± 15.73		148.10 ± 17.00		
0 da 12 mo. 1 year		$t_{(1)} = 25.34$		$t_{(1)} = 17.25$		$t_{(1)} = 2.87$
		$p < 0.0001$		$p < 0.0001$		$p = 0.004$
0 mondo	55	140.45 ± 14.49	55	145.49 ± 17.57		



estimation composed by the cardiovascular risk, the suicidal thinking, the liver disease and the impact on the growth and sexual maturation profiles. Dr. Panei talked also about the ADHD treatment and more in particular on the effects of methylphenidate and atomoxetine and the related adverse events. In conclusion, Dr. Panei pointed out that based on the data of the Italian Registry, these drugs are characterized by a high positive safety profile.



DATI DI SINTESI

Centri (classi) attivi	91
Centri (classi) con almeno 50 pazienti	27
Pazienti Registrati	4679
Pazienti Arruolati	3984
Femmine	424 (11.5%)
Maschi	3254 (88.5%)
Atomoxetina	1021 (8.3%)
Methylfenidato	2463 (71.9%)

- What is the ADHD prevalence in Italy in the 2003, based on the data presented by the speaker?
- What are the main data of the ADHD Italian Registry presented by the speaker?
- What are the main psychological adverse events related to the atomoxetine administration?
- What's about the liver AE referred to the use of atomoxetine?
- What is the effect on the hearth of the methylphenidate intake, based on the data presented by the speaker?

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Il Progetto Regionale ADHD Lombardia

Il Progetto ADHD della Regione Lombardia
2011-2017

18 Centri di Riferimento ADHD:

- Bergamo
- Brescia
- Como
- Cremona
- Gallarate
- Lecco
- Lignano
- Lodi
- Mantova
- MI - Fatebenefratelli
- MI - Niguarda
- MI - Poma
- MI - San Paolo
- Palma
- Sondrio
- Varese

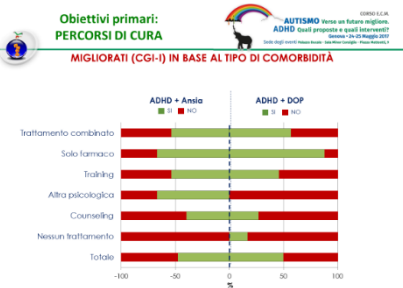
Il Progetto "Condivisione dei percorsi diagnostico-terapeutici per l'ADHD in Lombardia", realizzato con il contributo, parziale, della Regione Lombardia (in attuazione del Decreto D.G. Sanità n. 3232 del 12/06/2011 e n. 2369 del 28/03/2012; n. 3792 del 08/05/2014 e n. 9798 del 08/05/2014 e n. 738 del 05/02/2015; Decreto DG Welfare 2394 del 31 marzo 2016)

The ADHD Lombardia Regional Project was the topic at the core of Dr. Reale presentation. The speaker coming from Milan (IT), at the beginning of her presentation talked about the history of this project started in the 1979. Going deeper in her lecture, Dr. Reale presented very interesting data on the 18 referral centers and the main objectives characterized by the implementation of diagnostic and therapeutic pathways

comparable among all the 18 centers. In the main part of her lecture, the speaker talked about the main steps of these pathways and presented very interesting data on the main indicators referring to the quality level of any single center. Dr.



Reale, spoke also about the diagnostic evaluation and the ADHD prevalence in the Lombardia Region and presented very interesting data on the ADHD risk factors and the treatment divided into psychological and pharmacological therapy. Finally, the speaker talked about monitoring and outcome and presented very interesting data on the rate of improvement based on the type of comorbidities affecting the ADHD patients and on the future perspective of this project.



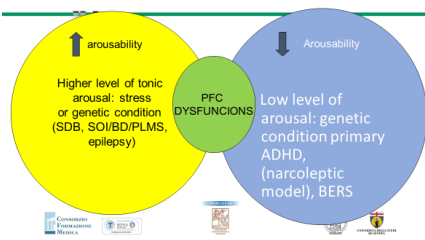
- What is the ADHD prevalence in the Lombardia Region, based on the data presented by the speaker?
- What are the main characteristics of the patients submitted to the pharmacological treatments?
- What are the main indicators presented by the speaker?
- What are the future perspectives of the Lombardia project presented by the speaker?

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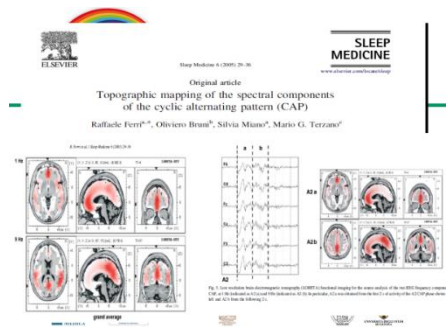
Comorbidità con i disturbi correlati al sonno: valutazione e gestione

The sleep phenotype of ADHD are related to increase or decrease arousal during sleep



Comorbidities and sleeping related disorders: diagnosis and management, was the topic at the core of Dr. Miano presentation. The speaker coming from Lugano (CH), talked about the tight relationship between sleep and ADHD and more in particular about the physiopathogenetic hypothesis of sleep phenotypes according to microstructure alterations and about the preliminary findings of the ABREOC study.

Going deeper in her lecture, Dr. Miano presented very interesting data on the 5 sleep phenotypes identified in ADHD patients. In the main part of her presentation, the speaker talked about the main sleep regulatory processes and the related treatments. More in particular Dr. Miano presented very interesting data on the cyclic alternating pattern analysis (CAP) that a specific marker of the



prefrontal brain regions activities linked with the sleep disorders and on the high density EG for the detection of the slow wave activity in ADHD children compared to normal controls. In the second part of her lecture, the speaker talked about the ABREOC study and presented its experimental design, methods and results. In conclusion, Dr. Miano pointed out that besides standard efficacy RCTs, we need pragmatic trials, aiming to investigate whether a treatment has clinically meaningful effects in the real world.

Grant: ABREOC, started from March 2015, 2 yrs: preliminary results



Experimental design/Methods:

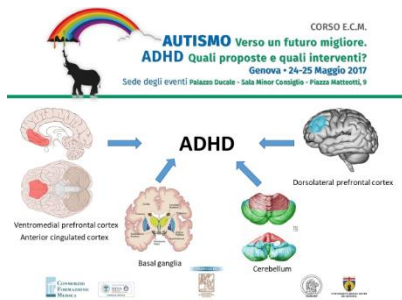
- 30 outpatients with ADHD will be recruited at our Paediatric Department, following the DSM-V criteria, age range 8-13 years.
- Both children and parents separately received a semi-structured psychiatric interview, the Schedule for Affective Disorders and Schizophrenia for School-Age Children—Present and Lifetime Version (K-SADS-PL, Kaufmann, 1997).
- The ADHD-Rating Scale (ADHD-RS), adapted for the Italian population (Marzocchi, 2000) was filled out by parents and school teachers.
- The neurocognitive assessment was performed by means of the Wechsler Intelligence Scale for Children-Revised (WISC-R)
- The standardized neuropsychological battery for children was administered (NEPSY-II) (Korkman, 1998).
- Children with a diagnosis of autistic spectrum disorder, with an intelligence quotient (IQ) <70, and treated with stimulants, will be excluded.
- 30 healthy normal controls and normal sleep habits will be recruited.



- What are the 5 sleep phenotypes of the ADHD children, based on the data presented by the speaker?
- What are the main characteristics of the 3 sleep regulatory processes presented by the speaker?
- What's about the data of the cyclic alternating pattern analysis presented by the speaker?
- What are the main results of the ABREOC study presented by the speaker?

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“ADHD sintomatico”: a quali condizioni pensare?



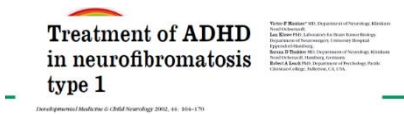
the neuroectodermosis, the epilepsy, the restless legs syndrome, the allergic diathesis and finally on the celiac disease. In the



Symptomatic ADHD: what's about diagnosis? was the topic of Prof. De Grandis presentation. The speaker coming from Genoa (IT), talked about the brain regions involved in the onset of the ADHD syndrome.

Going deeper in her lecture, Dr. De Grandis presented very interesting data on the neurometabolic disorders, the

the speaker talked about these diseases and the related effects on the ADHD evolution and treatment. In conclusion, Dr. De Grandis pointed out that the evaluation of the clinical evolution of the ADHD patients with particular attention to the signs of progression is of high importance together with the neuropsychologic and the EEG evaluation.



Factoris of 81 children with neurofibromatosis type 1 (NF1) were found to satisfy the diagnostic criteria for attention-deficit-hyperactivity disorder (ADHD). Detailed comparisons were made among 20 children with NF1 and ADHD, 15 males, 5 females; mean age 10.7 years, SD 1.5; 20 control children with NF1, 15 males, 5 females; mean age 11.2 years, SD 1.5; 14 control children with ADHD; 7 males; mean age 9.9 years, SD 1.9; and 14 normally developing control children; 7 males; mean age 11.2 years, SD 2.0. Children with NF1 and ADHD had the lowest IQ scores among the four groups. Test of Variables of Attention (TSPA) scores were poorer in the NF1-ADHD and ADHD control groups than in the two non-ADHD groups. Those with NF1 and ADHD were rated significantly poorer on the Child Behavior Checklist (CBCL) than were the NF1 control group. By administering low doses (10 to 20 mg) of methylphenidate to the NF1-ADHD group, significantly improved TSPA scores were obtained. Observed following yielded significantly improved CBCL scores. Our results show a high incidence of ADHD in NF1 and support an association between ADHD and attention and social problems in children with NF1. It was demonstrated that minimal medication can lead to improvement in cognitive, academic, and social problems of children with NF1 and ADHD.

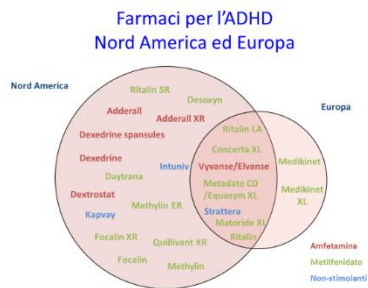
- What are the main Brain regions involved in the onset of the ADHD syndrome, based on the data presented by the speaker?
- What are the main characteristics of the adrenoleukodystrophy based on the data presented by the speaker?
- What's about the asthma incidence in ADHD patients from the speaker point of view?
- What is the correlation between allergic diseases and ADHD?
- There is a relationship between celiac disease and ADHD, based on the data presented by the speaker?

To follow the presentations of this congress, click on the link below:

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... and, after having logged in, enter in the multimedia area.

La terapia farmacologica oggi



Pharmacological therapy today was the topic Dr. Carucci talked about. The speaker coming from Cagliari (IT), talked about the drugs available for the ADHD treatment, their efficacy and safety profile, the AE related monitoring procedures and finally about the main clinical recommendations. Going deeper in her lecture, Dr. Carucci, presented very interesting data on Atomoxetine and Methylphenylate that are the only drugs available for the ADHD treatment in Italy. More in particular the speaker

talked about the short and long-term efficacy data, by highlighting the need for more long-term efficacy data. In the main part of her lecture, Dr. Carucci presented very interesting data on the choice of the best pharmacological treatment and more in particular on the Methylphenylate types of formulation and titration. In the second part of her presentation, the speaker talked about the outcome evaluation of the core symptoms and presented very interesting data on the functional and quality of life evaluation of the ADHD patients given by a nationwide cohort study. In the second part of her lecture, Dr. Carucci, talked about safety

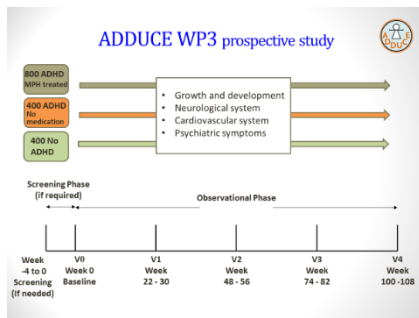
Come valutare l'outcome dei sintomi core

INATTENTION (9 items)	None or rarely	Sometimes a little	Often (moderate)	Very Often (severe)
9. Fails to give close attention to details or makes careless mistakes in schoolwork	0	1	2	3
10. Has difficulty sustaining attention in school or other activities	0	1	2	3
11. Does not seem to listen when spoken to directly	0	1	2	3
12. Does not follow through on instructions and fails to finish schoolwork, chores or other duties	0	1	2	3
13. Has difficulty organizing tasks and activities	0	1	2	3
14. Avoids tasks that require sustained mental effort	0	1	2	3
15. Loses things necessary for tasks or activities (e.g. books, school assignments, pencils or tools)	0	1	2	3
16. Is easily distracted	0	1	2	3
17. Is forgetful in daily activities	0	1	2	3

INATT Subscale Score = 16
Mean Item Score = 16/9 = 1.8

ADHD-RS o SNAP
Un punteggio < 27 per i sintomi ADHD totali (o un punteggio medio < 1.5) è indicativo di una risposta clinicamente significativa
Un punteggio < 18 per i sintomi ADHD totali (o un punteggio medio < 1.0) è indicativo per una normalizzazione

Adamo, Seth & Coghill, 2015



and presented the main AE related to the methylphenylate and atomoxetine intake. Finally, the speaker presented very interesting preliminary data given by the ADDUCE study, designed for the safety drugs monitoring, more in particular on the effects on the body growth, on the cardiovascular risk and on the psychiatric, neurological and sleep effects. In conclusion, Dr. Carucci pointed out that the pharmacological treatment available for the ADHD patients are effective and safe also after a long-term intake.

- What are the main drugs for the ADHD treatment, available in USA and Europe?
- What are the main outcomes of the ADHD patients treated with different treatment protocols?
- How to choose the best pharmacological treatment for the ADHD patients, based on the data presented by the speaker?
- What's about the relationship between ADHD and premature death based on the data presented by the speaker?
- What's about the main AE related to the ADHD drug therapy?

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logged in, enter in the multimedia area.

ADHD nei Disturbi dello Spettro Autistico e nella Disabilità Intellettiva



that the concomitant presence of ASD and ADHD clinical symptoms is responsible for the worsening of the social and the interpersonal area. In the main part of her lecture, Prof. Bravaccio presented very interesting data on the drugs to be administered in these patients, starting from the specific guideline recommendations. More in particular the speaker talked about the data produced in



ADHD in ASD and in Intellectual Disability was the topic Prof. Bravaccio talked about. The speaker coming from Naples (IT), spoke about the main intellectual disorders classified as neurodevelopmental disorders. Going deeper in her lecture, Prof. Bravaccio presented very interesting data on the multifactorial model and on the dimensional-clinic approach of the

Neurodevelopmental disorders and highlighted

that the concomitant presence of ASD and ADHD clinical symptoms is responsible for the worsening of the social and the interpersonal area. In the main part of her lecture, Prof. Bravaccio presented very interesting data on the drugs to be administered in these patients, starting from the specific guideline recommendations. More in particular the speaker talked about the data produced in a meta-analysis performed on 38 studies running in ADHD patients treated with methylphenidate. Prof. Bravaccio presented also very interesting data on the main dosages used in these patients related to their effectiveness and safety profile. In the second part of her presentation, the speaker talked about the main AE linked to the psychostimulant therapies. Finally, Prof. Bravaccio presented very interesting data on the pharmacotherapy for people with intellectual disability and more in particular in children affected by fragile X syndrome.

Farmaco	Efficacia	Evidenze scientifiche	Effetti collaterali comuni
Psicostimolanti			
Metilfenidato	Efficace	Numerosi studi doppio cieco e aperti; iperattività e impulsività migliorano in misura maggiore rispetto alla disattenzione	Irritabilità, disforia, stereotipie, aggressività paradossa
Non stimolanti			
Atomoxetina	Efficace	Numerosi studi aperti. Un solo studio in doppio cieco	Sedazione, irritabilità, costipazione, nausea
α-Agonisti			
Clonidina	Risultati incerti	Due studi r.c. Risultati variabili ma entrambi dimostrano un miglioramento riferito dai genitori	Sedazione
Guanfacina	Efficace	Studi aperti e una review	Irritabilità e agitazione

- What are the key points of the multifactorial disease model of the ADHD, based on the data presented by the speaker?
- What's about the dimensional-clinic approach applied to ADHD, based on the data presented by the speaker?
- What are the main guideline recommendations presented by the speaker?
- What's about the effectiveness of the methylphenidate administration?
- What are the main problems linked with the methylphenidate administration?

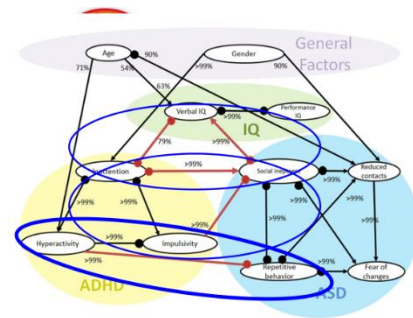
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Comorbidità e diagnosi differenziale con i Disturbi dello Spettro Autistico



Dr. Viglione talked about comorbidities and ASD differential diagnosis. The speaker coming from Pisa (IT), presented very interesting data on the main comorbidities shared by ASD and ADHD patients. Going deeper in her lecture Dr. Viglione talked about the overlapping symptomatology. In the main part of her lecture, the speaker presented very interesting data on the clinical aspects linked with these two disorders. More in particular Dr. Viglione talked about the ASD symptoms in the ADHD patients and vice versa and presented very interesting data given by clinical studies running in ADHD and in ASD patients. In the second part of this lecture, Dr. Viglione talked about diagnosis and treatment. More in particular the speaker highlighted that a specific and well-



established therapeutic protocol does not exist. In case of comorbidity the rehabilitative intervention provides the involvement of a multidisciplinary team and has to be performed based on the main relationships between symptoms, the speaker pointed out. In conclusion, Dr. Viglione highlighted that future studies should focus on the early identification and the intervention strategies with a particular attention to the pre-school children.

SCQ e implicazioni terapeutiche per ASD+ADHD

- Il subdominio "Social deficits" correla positivamente con sintomi DOP
- Il subdominio "Repetitive behaviours" con sintomi di tipo motorio (iperattività, impulsività, goffaggine)
- Intervento sulle abilità sociali anche in piccolo gruppo
- Intervento psicomotorio su autoregolazione, pianificazione motoria

- What are the main overlapping symptoms shared by ASD and ADHD, from the speaker point of view?
- What's about the clinical and therapeutic implications based on the data presented by the speaker?
- What's about the ASD diagnosis in ADHD patients from the speaker point of view?
- What are the main intravenous agents to be administered in the acute pre-hospital phase, based on the data presented by the speaker?

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Il disturbo ipercineticodisattentivo nella Disabilità intellettiva

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 Genova • 24-25 Maggio 2017
 Sede degli eventi Palazzo Ducale - Sala Minor Consiglio - Piazza Matteotti, 9

Fattori di Rischio Ambientali
 (Greenberg, 1999)

- Avversità Familiari
- Attaccamento Insicuro
- Parenting inefficace

Disturbi mentali della Mid →
 → Disturbi psichici dei bambini con DI
 (Billevouze-Cohen-Stein - Heston, 2011)

the related corrective actions to be implemented with the aim to improve the quality of life of these children. More in particular the speaker presented very interesting data on the attachment style characterized by patterns of repetitive relational behaviour in ID children and on the need to

4

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Dall'allenamento alla pratica quotidiana (apprendimento accidentale) passando per l'insegnamento di strategie di auto-contenimento graduate in relazione al grado di DI

The hyperkinetic disadaptable disorder in the intellectual disability, was the topic of Dr. Molinelli presentation. The speaker coming from Alessandria (IT), talked about the complexity of a correct diagnosis in patients affected by neurodevelopment disorders like the ASD-ADHD patients. Going deeper in her lecture, Dr. Molinelli talked about the environment factors and the

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Quali sono le variabili educative più significative nella strutturazione di ipercinesia e distraibilità?

- ambiente familiare ed educativo disorganizzato e caotico
- ambiente fisico ed educativo eccessivamente rigido
- stile educativo basato su continue ed eccessive richieste di spiegazione
- eccessiva lassità educativa e autogestione, scarsa guida educativa

Percorsi di Supporto alla Genitorialità

support their parents in the choice of the best relational style able to improve their self-esteem. Dr. Molinelli talked also about the mindfulness techniques to be implemented with the parents, starting from the acquisition of consciousness and acceptance. Finally, the speaker presented very interesting data on the parent training and its main steps starting from the attachment family ties and the level of acceptance and on the key points of the rehabilitation therapy to be implemented in these children.

- What is the prevalence of the psychopathological aspects in the intellectual disorders patients?
- What's about the evolutionary neurobiology based on the data presented by the speaker?
- What are the key points of the consciousness and the acceptance presented by the speaker?
- What are the main steps of the parent training presented by the speaker?
- What are the key points of the rehabilitation therapy from the speaker point of view?

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Interventi psicoeducativi e Parent Training

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Interventi

- ➔ **BAMBINO**
- ➔ **FAMIGLIA**
- ➔ **SCUOLA**

- Psicoeducazione
- Farmacoterapia
- Psicoterapia
- Psicoeducazione
- Parent Training
- Psicoeducazione
- Teacher Training

In the main part of this talk, the speaker presented very interesting data on the state of the art of the parent training starting from the main researchers implemented in these last 5 years in USA, UK and in other countries like China, Denmark, Hong Kong and Japan. In the second part of this lecture, Dr. Preiti talked about the intervention implemented in the Gaslini Hospital of Genoa and presented its main points compared to the cognitive emotional

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Il nostro intervento

Incontri periodici semi-strutturati con i genitori
(dal programma CERG: Cognitive Emotional Relational Groups)

Nel nostro intervento, abbiamo pensato di prendere come riferimento il programma CERG ideato dal Gruppo del prof. Cesare Cornoldi, Università di Padova, in quanto tale programma prevede:

- la co-presenza di due terapeuti, uno a orientamento cognitivo-comportamentale e uno a orientamento dinamico
- l'attenzione non soltanto ai comportamenti-problema, ma anche e soprattutto alle modalità relazionali genitori-figli con caratteristiche ADHD.

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ADHD Quali proposte e quali interventi?
Genova • 24-25 Maggio 2017
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Il nostro intervento

Risultati Ottenuti

- aumentata consapevolezza dei genitori sulla problematica del bambino
- diminuzione dell'angoscia elicitata dalla diagnosi
- normalizzazione di eventi e/o crisi comportamentali collegate al disturbo con aumentate strategie genitoriali per far fronte ai comportamenti-problema

relational groups program. More in particular the speaker talked about the structure, the objectives and the typical organization of the individualized parenteral meetings of this intervention. Finally, Dr. Preiti presented very interesting data on the main results obtained with these interventions. In conclusion, the speaker pointed out that this interventional program should be implemented to groups composed by at least 4 or 5 couples of parents.

- What are the main objectives of the psychoeducational intervention presented by the speaker?
- What is the state of the art of the parent training presented by the speaker?
- What are the main limits of these researches presented by the speaker?
- What are the couples of parents involved in the intervention presented by the speaker?
- What are the main results obtained by this interventional program, based on the data presented by the speaker?

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L'approccio neuropsicomotorio nell'ADHD



The neuropsychomotor approach in ADHD was the topic Dr. Danzè talked about. The speaker coming from Catania (IT), introduced his talk by presenting very interesting data on the relationship between ADHD and the NPM approach. Going deeper in his lecture, Dr. Danzè talked about the main components of the motor action like the motorial organization and its quality. Dr. Danzè pointed out that there are children with defects of the quality of the motor action rather than of the motorial organization. In the main

part of his lecture, the speaker presented very interesting data on the main objectives of the NPM intervention, the approach to be applied.

- What are the main characteristics of the attentive system based on the data presented by the speaker?
- What are the main objectives of the neuropsychomotor intervention, based on the data presented by the speaker?
- What are the key points of the Cross modal approach presented by the speaker?

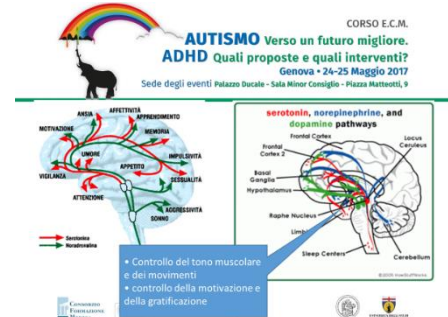
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La diagnosi e il trattamento del deficit di motivazione



Dr. Dassisti talked about diagnosis and treatment of the motivational disorder. The speaker coming from Rome (IT), presented very interesting data on motivation as a fundamental topic at the base of the ADHD treatment. Going deeper in her lecture, Dr. Dassisti talked about the main factors affecting the motivation, like the locus of control, the attributable style, the self-efficacy sense, the self-esteem and finally, about the assertiveness. In the main part of her talk, the speaker presented very interesting data on the ADHD pattern, like what an ADHD usually thinks,



Approccio multimodale: sull'individuo



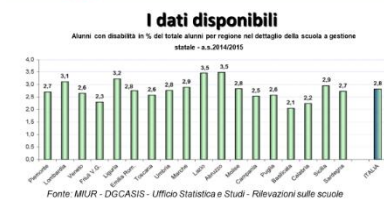
the carelessness, the impulsiveness, the hyperactivity. Dr. Dassisti spoke also about the neuropsychological evaluation and presented very interesting data on the main available tests. Finally, the speaker talked about the key points of the intervention, characterized by the multidimensional approach divided into the multimodal approach to the single patient, the teacher training and the parent training.

- What is motivation from the speaker point of view?
- What are the main factors affecting the motivation, based on the data presented by the speaker?
- What are the main steps of the ADHD evaluation, based on the data presented by the speaker?
- What's about the main available tests for the neuropsychological evaluation, presented by the speaker?
- What is the role of the psychological operator, from the speaker point of view?

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L'abbandono scolastico e il recupero formativo



students with disability and the others is about 2.7% to 3.1%. In the main part of his lecture, the speaker presented very interesting data on the main risk variables in a Italian sample, represented by the poor parenteral control and the presence of potentially deviating factors. Speaking about the risk analysis, Dr. Protasi highlighted the importance of the



presence of comorbidities, the loss of abilities, a weak self-sufficiency and others. Finally, the speaker presented very interesting data on the educational recovery, by highlighting that the activities provided by the law are not very effective. In conclusion, Dr. Protasi pointed out that it is necessary the implementation of specific system actions aimed to the training programs monitoring of the ADHD patients and those at risk.



Recupero formativo per il ri-orientamento e il reinserimento

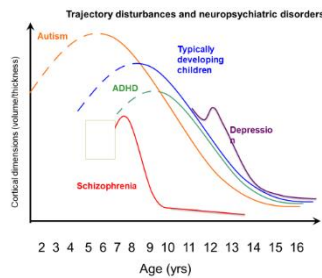
AZIONI DI SISTEMA:

- Monitoraggio dei percorsi degli studenti ADHD ed a rischio
- Flessibilità delle agenzie educative (programmi e organizzazione)
- Valorizzazione della rete e delle risorse del territorio
- Promozione di una azione sistematica di transizione scuola-lavoro e viceversa

- What is the drop-out school rate in Italy, based on the data presented by the speaker?
- What is the push-out phenomenon, based on the data presented by the speaker?
- What's about the actions provided by the Italian law on BES from the speaker point of view?
- What are the key points of the system actions presented by the speaker?

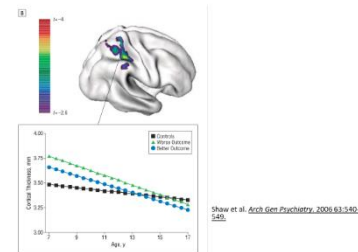
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L'ADHD nell'adolescente e nel giovane adulto

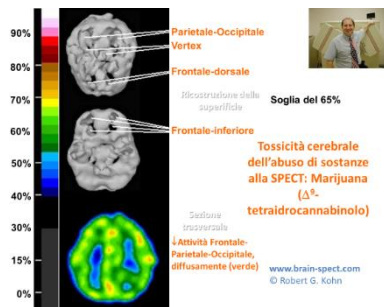


ADHD in adolescents and young adults was the topic Prof. De Rossi talked about. The speaker coming from Rome (IT), presented very interesting data on the childhood psychiatric disorders and the cortical neurodevelopment. Going deeper in his presentation, Dr. De Rossi talked about the trajectory disturbances and the cortical dimension in typically developing children compared to ADHD and ASD children. In the main part of

his talk, the speaker presented very interesting data on the impact of development on ADHD and more in particular on the evolution of the inattention, impulsivity, hyperactivity and the comorbidities. Dr. De Rossi pointed out that one psychiatric patient every five is affected by ADHD and this disorder is responsible for the worsening of the psychiatric original disease if not treated. In the second part of his lecture, the speaker talked about the ADHD therapy, and highlighted that any patient needs a very tailored treatment. Speaking about the



comorbidities Dr. De Rossi, highlighted that among these ones the most dangerous is the drug misuse disorder. Finally, the speaker presented very interesting data on the relationship between ADHD and the psychotic spectrum due to drug misuse. In conclusion, Dr. De Rossi pointed out that the choice of the pharmacological treatment depends on the knowledge of the dynamic syndromic dimensional interaction and the phase of the evolutionary trajectory of any single patient.



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- What are the main abnormalities in the cortical development in ADHD patients, based on the data presented by the speaker?
- What should be treated first between mood disorders, anxiety disorders and ADHD based on the data presented by the speaker?
- What are the main characteristics of the ADHD in older patients?
- What's about the central role of the inattentive symptoms in ADHD young patients, based on the data presented by the speaker?
- What's about the slogan "time is brain", based on the data presented by the speaker?
- What's about the misuse of cannabinoids in the evolutionary age, based on the data presented by the speaker?

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L'approccio multimodale nel centro di Bolzano

Prevalenza in età adulta

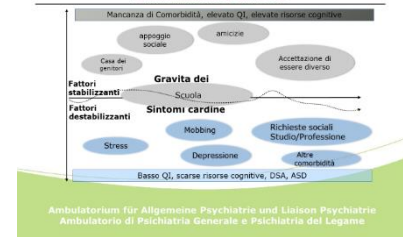
- In età adulta 2,5% secondo DSM
- Persistenza ca. 50%
- Differenze di genere in età adulta
- Uomo : Donne = 1,5 : 1
- Prevalenza ↓ con l'età



De Zwaan et al. Eur Arch Psychiatry Clin Neurosci, 2012; Sibley et al. Lancet Psychiatry, 2016 Oct 10.

The Bolzano Center multimodal approach, was the topic Dr. Giupponi talked about. The speaker coming from Bolzano (IT), presented very interesting data on the ADHD epidemiology. Going deeper in his lecture, Dr. Giupponi talked about the ADHD prevalence in adults. In the main part of his talk, the speaker presented very interesting data on three types of patients, starting from those ones with the ADHD diagnosis performed in its childhood. More in particular Dr. Giupponi talked about the factors affecting the early or the late ADHD onset, and about the main symptoms often blinded by the compensatory strategies of these patients. The speaker presented also other data on the functional limitations of the ADHD adult patients and on the older ones. Finally, Dr. Giupponi talked about the multimodal approach of his Center characterized by six steps from the first contact to the treatment.

Fattori che possono influire sulla precoce o tardiva manifestazione di un ADHD



Ambulatorium für Allgemeine Psychiatrie und Liaison Psychiatrie
Ambulatorio di Psichiatria Generale e Psichiatria del Legame

Ambulatorio ADHD Iter diagnostico

1. Primo contatto:
L'inviante (anche il paziente stesso) si rivolge all'ambulatorio
2. Scale autosomministrate:
al paziente vengono inviate alcune scale con la richiesta di compilarle e rimandarle all'ambulatorio

Scale per ADHD:
WURS
ASRS v1.1

Scale per diagnosi diff o dist. in comorbilità:
BDI
HCL
SCID-II questionario

3. Iter diagnostico:
Approfondimento:

Anamnesi
DIVA
SCID-II intervista
ADHD-DC

Ambulatorium für allgemeine Psychiatrie und Liaison Psychiatrie
Ambulatorio di psichiatria generale e psichiatria di legame

- What is the ADHD prevalence on the adult age, based on the data presented by the speaker?
- What are the main characteristics of the ADHD patients attending the psychiatric centers, based on the data presented by the speaker?
- What are the main problems related to the transitional age based on the data presented by the speaker?
- What are the main factors affecting the early or the late ADHD onset, presented by the speaker?
- What are the main comorbidities of the ADHD patients, based on the data presented by the speaker?
- What are the main steps of the Bolzano Center multimodal approach, presented by the speaker?

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