behaviors; their social life was relatively less impaired. Globally, both groups were equally depressed, but, for recent cases, depressive symptoms varied according to weight control strategies.

Fifty-eight per cent of the subjects with early onset BN could be reassessed two years after initial contact: 32% still had a DSM-IV diagnosis of BN, 28% had some, but not all, features of the disorder, and 40% were symptom-free. The specific clinical characteristics of the group were maintained.

In conclusion, risk factors for early onset BN are consistent with etiopathogenic factors for BN in general. Although the disorder can last for years, often untreated, BN does not appear more severe when it starts early during adolescence.

NEW DEVELOPMENTS IN THE STUDY OF AFFECTIVE DISORDERS IN YOUNG PEOPLE

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Major depressive disorders are relatively common in school-age children and adolescents. Epidemiological studies have delineated the six month prevalence rate of approximately 5%. New incidents occur with greatest frequency in middle adolescence with a slightly greater preponderance of females to males. In addition the clinical characteristics of major depression appear to vary with age. Studies on clinical populations suggest that as many as 45% of patients with major depressive disorder have alterations in selected adrenal steroid function. Evening cortisol hypersecretion and morning DHEA hypersecretion have both been described in this population. DHEA is a developmental steroid with circulating levels increasing markedly between the ages of 6 and 8 and again in mid adolescence. The implications of the developmental changes in steroid environment and their alterations during episodes of depression remain unclear.

By contrast there is now considerable evidence that social adversities predict an increase in depressive symptoms in adolescence. There remains however no clear evidence that social adversities specifically provoke depressive episodes in this age range. Recent findings suggest that genetic factors contribute both to the risk for exposure to life events and difficulties and to the onset of depression, at least in adults. The role of genetic factors in the onset of depressive disorders in adolescence is less certain. Unlike adult studies however, child and adolescent psychopathologists have noted the high levels of comorbidity in depressive disorders in young people. Recent findings suggest that depressive conduct disorder may represent a specific and different subtype from depression without conduct disorder.

Authors not received.