

SES10.5

Health care for mentally ill mothers – current status in Austria

C.M. Klier¹*, B. Schmid-Siegel¹, A. Kumpf-Tontsch², M. Muzik¹, G. Lenz¹. ¹*Department of Psychiatry, University of Vienna, Austria*
². *Department of Psychiatry, University of Leipzig, Germany*

Objectives: Despite the high prevalence – with estimates of approximately 10,000 – of women suffering annually from postnatal psychiatric disturbances in Austria, there has been a lack of treatment for these women and assistance with their children.

Methods: Motivated by a research initiative from the EU on transcultural aspects of postnatal depression (PND), comprising of 17 participating research centres world-wide, a research team at the Vienna University Clinic for Psychiatry initiated the investigation of the probability of mother-child admissions at 31 psychiatric wards in Austria including experiences with admittance.

Summary of the results: 23 departments (74.2%) provided information. A total of 12 departments responded that they hypothetically accepted mothers with babies. 6 mental institutions performed a total of 10 conjoint admissions. The estimated admission rate for new mothers is 3–4%, which suggests 325 annual admissions in Austria. Only 3% were admitted with their baby.

Conclusions: In 1999 a total of 10 conjoint mother-baby admissions were documented in mental hospitals in Austria – development of such services is warranted.

S40. Developmental psychopathology from infancy to early adulthood

Chairs: M.H. Schmidt (D), H.C. Steinhausen (CH)

S40.1

Early temperament and development in adolescence

M. Pitzer*, M. Laucht, M. Schmidt, G. Esser. *Central Institute of Mental Health, Department of Child and Adolescent Psychiatry, Mannheim, Germany*

Objective: To investigate the association between early child temperament and psychopathological problems in adolescence.

Method: In a prospective longitudinal study 362 children were followed up from infancy into adolescence. Temperamental characteristics according to the dimensions proposed by Thomas and Chess were assessed at the age of three months. At follow-up visits in preschool age, school age and, ongoing, in adolescence a broad range of psychopathological problems was measured by highly structured parent interviews, behavioral observation and the CBCL.

Results: A prevailing negative mood in infancy was associated with an elevated internalizing problem score on the CBCL in adolescence. Also, adolescents with internalizing problem scores in the clinical range showed more dysphoric affect, a lower threshold of reaction, more irritability, and a lower adaptability to stress at three months.

Conclusion: Temperamental characteristics which are close to the concepts of the “difficult child” or “negative emotionality” in early infancy are associated with significant psychopathological problems in adolescence. Since the stability of early temperamental traits is generally considered to be low at the moment possible mediating factors like subthreshold internalizing problems or parenting behavior in preschool age are analyzed.

S40.2

Childhood and adolescence predictors of early adulthood conduct problems

M.H. Schmidt*. *Central Institute of Mental Health, Mannheim, Germany*

Objectives: T. Moffit postulated a model for life-time adolescence limited course of conduct problems. For testing this model outcome and precursors of dissocial disorders at different stages of life have been investigated.

Methods: Data from 2 longitudinal studies (N=399 and N=361) have been analyzed for the incidence and course of dissocial behaviour. Data from the age 8, 13, 18, and 25 years resp. 2, 4, 8, and 15 years have been available. We included possible pathogenetic risk mechanisms, as well.

Results: We could find an early beginning of stable courses of oppositional/aggressive behaviour to delinquency, dissocial personality disorder, and substance abuse. Besides of these well known risk factors specific developmental disorder, mother-child interaction, and dark field delinquency could be observed to be predictive.

Conclusion: In general, the model of T. Moffit can be confirmed. There are accumulating influences even during later adolescence. Protective mechanisms for unexpectedly favourable courses have been identified.

S40.3

Development and psychopathology in adolescence: findings from the Zurich Adolescence Psychology and Psychopathology Study (ZAPPS)

H.-C. Steinhausen*, C. Winkler-Metzke. *Department of Child and Adolescent Psychiatry, University of Zürich, Switzerland*

Objectives: The ZAPPS has two main objectives, namely, the study of (1) the prevalence, course, and the correlations of psychiatric disorders in adolescence, and the study of the determinants and processes for psychiatric disorders and for mental health in adolescence. The main determinants under study are life events, coping styles, self-related cognitions, and the quality of the social network and its potential for support.

Methods: The project is based on a longitudinal study with three waves 1994, 1997, and 2000 of a stratified, randomized sample. The longitudinal study comprises N<800 subjects.

Summary of results: The presentation will include findings in four major domains: (a) age effects, (b) period effects, (c) prevalence rates of psychiatric disorders, and (d) the interplay of risk, vulnerability, compensatory, and protective factors.

S40.4

Parental major depression and prospective longitudinal risks for psychopathology from adolescence to young adulthood in their children: a community study

H.-U. Wittchen*, R. Lieb, R.U. Ruhl. *TU Dresden, Institute of Clinical Psychology and Psychotherapy, Germany*

Background/aims: Studies in clinical samples have suggested a key role of parental disorders on risk of early onset disorders in offsprings. Some studies suggest significant diagnostic specificity while others have failed to replicate this.

Methods: Since clinical samples imply the risk of clinical selection biases, the early developmental stages of psychopathology study (EDSP) studies these issues in a community sample of 3021 subjects aged 14–24 at baseline in a community sample. Parents

of these subjects were studied as well to assess parental mental disorders and to collect data on the early development of their children. 5 Years follow-up data (up to 3 waves) are presented to examine whether offsprings of parents affected have an increased risk for depression and other mental disorders.

Results: Offsprings with 1 or 2 affected parents have an increased risk for onset of anxiety disorders (1.6–2.1), depression, (OR: 2.7–3.0) and substance use disorders (OR: 1.4). No difference with regard to whether 1 or 2 parents were affected. Parental depression was associated with an earlier onset and a more malignant course of depressive disorders in the offspring. Further offsprings affected reveal increased rates of a wide variety of other childhood and adolescent disorders.

Conclusion: Parental psychopathology is a powerful risk factor for depressive and other mental disorders in offsprings and influences the natural course in even early stages.

S40.5

Long-term outcome and prognosis of childhood-OCD

T. Jans*, C. Wewetzer. *Department of Child and Adolescent Psychiatry, University of Würzburg, Germany*

Objectives: The aim of our catch-up follow-up study was to describe the long-term outcome of obsessive-compulsive disorder with onset in childhood or adolescence.

Methods: 55 patients with childhood OCD were reassessed personally using structured interviews. Mean age of onset of OCD was 12.5 years, and mean follow-up time was 11.2 years.

Results: At follow-up investigation 71% of the patients met the criteria for some form of psychiatric disorder, while 36% were still suffering from OCD. The most frequent clinical disorders diagnosed were anxiety and affective disorders and the most frequent personality disorders were obsessive-compulsive, avoidant and paranoid personality disorders. Inpatient treatment, terminating treatment against advice and tics in childhood or adolescence significantly correlated with more severe OC-symptoms in adulthood. Social adjustment and psychosexual functioning were more impaired than occupational functioning.

Conclusions: The prognosis of childhood OCD regarding the patients mental state is poor. However, the relatively good social adjustment of our sample indicates that most patients have found a way of managing their lives despite still suffering from mental disorders.

S41. Bipolar disorders: conceptual and clinical aspects

Chairs: A. Marneros (D), J. Angst (CH)

S41.1

Bipolar disorders – relation to personality and temperament

P. Brieger*, A. Marneros. *Martin-Luther-University Halle-Wittenberg, Department of Psychiatry & Psychotherapy, Germany*

The relation between personality, temperament and bipolar disorders is complex. The search for a “typus manicus” has come to inconclusive results. In the tradition of Kraepelin, Hagop Akiskal has proposed a temperamental basis for bipolar disorders – with underlying “hyperthymic”, “depressive”, “cyclothymic” and “irritable” temperaments. Following DSM-IV or ICD-10, there is

indication that the frequency of comorbid personality disorders is raised in subjects with bipolar disorders, especially for cluster B and C personality disorders. Nevertheless, the consequences of such comorbidity are not well understood. We review the literature and present results from our own ongoing studies concerning comorbid personality disorder and temperamental and personality features in bipolar patients. Although there is indication that personality is an important aspect in bipolar patients, the direction of the interaction between personality and affective disorder needs further clarification.

S41.2

Anxiety and bipolar disorder

G. Perugi*. *Department of Psychiatry, University of Pisa, Italy*

Evidence of comorbidity between anxiety and bipolar disorders has been recently reported in clinical and epidemiological samples. Underdiagnosis of bipolar II disorders and failure to use systematic interviews for the diagnosis of anxiety disorders in bipolar patients produced a relative neglect of this comorbidity in the past. The correct identification of anxious-bipolar comorbidity has relevant clinical implications for the diagnosis, treatment and outcome of social phobic, panic obsessive compulsive and bipolar II disorders. Different temporal relationships seem to characterize the occurrence of hypomania in individual anxiety disorder subtypes. We describe multiple anxiety comorbidity in the setting of unstable bipolar syndromes, associated with alcohol and substance abuse. We also describe panic attacks during mania, social phobia followed by hypo-mania, as well as bipolar disorder manifesting as episodic OCD. The identification of differential patterns of comorbidity may provide important information in distinguishing more homogeneous clinical subtypes of affective disorders from the genetic, temperamental and therapeutic point of view. The pattern of complex relationships among these disorders require better designed prospective observations. This is also true for putative temperamental (e.g., cyclothymia, interpersonal sensitivity) and personality (e.g., histrionic and borderline) factors, which might play a predisposing or pathoplastic role in several clinically comorbid syndromes.

S41.3

Genetic epidemiology of bipolar disorder

M. Preisig*. *Université de Lausanne, Département du Psychiatrie Adulte, Switzerland*

Objective: The presentation will provide a brief review of the twin, adoption, family and offspring studies on bipolar disorder, which generally supported familial aggregation and suggested the involvement of genetic factors. More recent research also focused on the mechanisms underlying the comorbidity between bipolar and other psychiatric disorder. The presentation will also provide results of an ongoing family study, which includes a follow-up of children.

Method: As part of a family study on mood and substance disorders, we recruited 121 probands with bipolar disorder and 112 medical controls, with their 404 adult first-degree relatives and 107 children aged between 7 and 17. Diagnostic assessment according to a best estimate procedure was based on direct interviews, family history information and medical records.

Results: Adult relatives of bipolars were found to be at an increased risk of bipolar disorder and recurrent major depression. Their offspring already revealed increased lifetime prevalence rates