

S27.04**PROSPECTIVE ASSESSMENT OF AFFECTIVE TEMPERAMENTS IN A COHORT OF JUVENILE DEPRESSIVES**

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Introduction: Although several recent studies suggest that bipolar disorder most commonly begins during childhood or adolescence, the illness still remains underrecognized and underdiagnosed in this age group. In this 2 years prospective study, we evaluated the prevalence of onset of bipolar disorders among a sample of depressed juvenile patients with or without cyclothymic temperaments.

Methods: 49 depressed children and adolescents were assessed with Kiddie-SADS semi-structured interview, according to DSM IV criteria. They were also assessed with Akiskal and Hantouche questionnaire of cyclothymic temperament, Child Depression Inventory (CDI), CGI, Overt Aggressive Scale (OAS).

Results: At the end of this prospective study, among these young patients, 19 were finally diagnosed as bipolar, and among them, 9 were suffering from brief recurrent episodes of mania, hypomania and depression, thus not strictly fulfilling the DSM IV duration criteria. Nevertheless, we deeply think that these patients are to be considered as suffering from a specific onset of bipolar disorder occurring by ultra-rapid cyclings. Plus 14 among these 19 bipolar patients were cyclothymic (73%), 12 were cyclothymic among the 39 depressive non-bipolar young patients (30%).

Conclusion: We argue that depressed children and adolescents with a cyclothymic temperament, may be at high risk for heralding an early onset bipolar disorder. The results of this study underscore the need for greater efforts to build standardized algorithms for both diagnosis and treatment: for example, antidepressants shouldn't be used alone in cyclothymic young depressed patients, because they could induce manic switches, and probably worsen the natural course of an early onset bipolar disorder.

S27.05**TEMPERAMENTAL DYSREGULATIONS IN MOOD DISORDERS**

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Temperament is an ancient European term that is not part of official nosology today, neither in Europe nor in the United States. However, it is widely used in clinical formulation worldwide. There is a new thrust of research in both epidemiology and clinical studies which supports the important role of temperament in affective disorders. Studies in Italian and American students indicate that cyclothymic and hyperthymic temperaments are the most prevalent with rates ranging from 4 to 6% for the former, and 6 to 8% for the latter. A depressive temperament has been identified in 3 to 5%. These are not illnesses, but dispositions to illness, and could be quite adaptive otherwise. Mixed states seem to arise from a reversal of depressive temperament into mania, or a reversal of hyperthymic temperament into clinical depression. Cyclothymic temperament is particularly associated with the bipolar II, including the potential for suicide in such cases. Family-genetic studies indicate that these temperaments co-aggregate with major mood disorders. It is likely that the dysregulation underlying mood disorders is first manifest in the behavioral phenotype of the temperaments, and depending on other biological factors and environmental contingencies, the

outcome could be adaptive or illness. Anxious temperaments represent another fruitful area of research, but are not part of the present symposium.

- (1) Akiskal HS et al, TEMPS-I: Delineating the most discriminant traits of cyclothymic, depressive, irritable and hyperthymic temperaments in a nonpatient population. *J Affect Disord* 51: 7-19, 1998.
- (2) Akiskal HS et al, Gender, temperament and the clinical picture in dysphoric mixed mania: Findings from a French national study (EPIMAN). *J Affect Disord* 50: 175-186, 1998.

C04. Psychiatrists and the media

Chair: O. Cuenca (E)

C04.01**PSYCHIATRISTS AND THE MEDIA**

O. Cuenca, A.W. Clare

No abstract was available at the time of printing.

C03. Neuroimaging

Chair: G. Sedvall (S)

C03.01**HUMAN BRAIN IMAGING COURSE**

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The function and construction of the human brain in relation to neuropsychiatric disorders represents a research area in productive development since a few decades. Particularly for the new generations of psychiatrists brain imaging technologies are expected to become more available as clinical tools for diagnostic, therapeutic and predictive evaluations of patients. The acquirement of basic knowledge of these methods should therefore be an obligatory part of every psychiatric curriculum.

This course has the objective to teach the relatively uninformed clinical psychiatrist about brain imaging methods and their potential. The value of these methods for practical psychiatric patient work will be emphasized. Basic principles will be presented for in vivo brain imaging by Computerized Tomography (CT), Nuclear Magnetic Resonance Imaging (NMRI), functional NMR (fNMR), Positron Emission Tomography (PET), and Single Photon Emission Tomography (SPECT). Studies demonstrating the usefulness of these techniques for evaluating pathophysiology and drug effects in patients with dementia, schizophrenia, affective and other disorders will be presented and discussed. Clinical psychiatric studies illustrating subtle but significant alterations of brain morphology and function in the major psychiatric disorders will be presented.

Participants in this course will receive handouts describing the principles of imaging methods and examples of brain imaging in psychiatric patients where the imaging methods were of value for diagnostic and therapeutic purposes in individual cases. Each participant will receive a signed diploma verifying participation in the course. The course will be given by Professor Göran