Eur Psychiatry 2000 ; 15 Suppl 2 : 213s-450s

Symposia

SES01. AEP Section "Child Psychiatry": Antecedents and mechanisms of mental disorders during childhood and adolescence

Chairs: M. Schmidt (D), H. Hafner (D)

SES01.01
DEVELOPMENTAL PRECURSORS OF AFFECTIVE ILLNESS IN A GENERAL POPULATION BIRTH COHORT

J. van Os*, P. Jones, G. Lewis, M. Wadsworth, R. Murray. *Maastricht University, Maastricht, the Netherlands*

Background: Recent evidence suggests that neurodevelopmental impairment may be a risk factor for later affective disorder.

Methods: Associations between childhood developmental characteristics and affective disorder were examined in a prospectively studied national British birth cohort of 5362 individuals born in the week March 3–9th 1946. Mental state examinations by trained interviewers at ages 36 and 43 years identified 270 cases with adult affective disorder (AD). Teachers' questionnaires completed at age 13 and 15 years identified 195 cases who had shown evidence of childhood affective disturbance (CAD).

Results: Female gender and low educational test scores at ages 8, 11 and 15 years were a risk factor for AD, CAD and AD without CAD. In addition, attainment of motor milestones was later in CAD cases (OR = 1.2; 95% CI: 1.1–1.3), followed by, and independent of, greater risk of speech defects between the ages of 6 and 15 years (OR = 2.0; 1.3–3.0), decreased psychomotor alertness on medical examination between ages 4–11 years (OR = 4.6; 2.2–9.7), and an excess of twitching and grimacing motor behaviours in adolescence (OR = 3.9; 2.5–6.1). Persistent affective disturbance in childhood was strongly associated with persistent illness in adulthood (OR = 7.8; 2.6–23.2).

Conclusion: The findings give credence to the suggestion that affective disorder, especially its early onset form, is preceded by impaired neurodevelopment.

SES01.02
POPULATION BIRTH COHORTS: ANTECEDENTS OF SCHIZOPHRENIA

P.B. Jones. *Department of Psychiatry, University of Nottingham, UK*

People who develop schizophrenia and other psychoses are different from their peers as children, long before these syndromes begin. Modern epidemiological techniques taking advantage of large general population samples, usually cohorts assembled for other reasons, are defining these developmental differences in detail. Domains now recognised as being abnormal in schizophrenia, such as language, cognition, motor systems, and social behaviour are shown to be already awry in the early years of life. This questions our nosolgical concepts of psychosis, suggesting a longitudinal or life-course dimension to the phenotype. It raises the possibility of evidence-based prediction, early identification and intervention, as well as posing questions about the mechanism of psychosis. From the point of view of causation, genetic and epigenetic factors must exert their effect in early life, some before birth. Evidence regarding the precise nature of these early causal components remains controversial. This controversy tests many disciplines, from epidemiology through to neurobiology, and represent some of the greatest challenges in our understanding of psychosis

SES01.03
PREMORBID FEATURES OF ADOLESCENTS AND YOUNG ADULTS WITH SCHIZOPHRENIA

B. Lahuis. *The Netherlands*

In childhood, more than 50% of all patients with schizophrenia, were characterised as 'different'. In the retrospective literature these children are described as extremely anxious, having difficulties in social contact, daydreaming and having impaired motor functions. Prospective longitudinal studies of children with a high genetic risk factor for schizophrenia indicate that these children have emotional instability, a low frustration tolerance, a high vulnerability for stress, problems with social contacts, and tempers which are difficult to handle. In conclusion, these children do have PDD-like characteristics. Nowadays in child psychiatry this complex of symptoms is called multiple complex developmental disorder (MCDD). Recent research in our child- and adolescent department of psychiatry at the University Hospital Utrecht made clear that stress responses (cortisol) and visual occipital P300 responses differ between children with MCDD and children with autism. These results reveal opportunities for future research into early detection of patients with a high risk for schizophrenia.

SES01.04
GENESIS AND COURSE OF ANXIETY AND CONDUCT DISORDERS FROM CHILDHOOD TO EARLY ADULTHOOD

M.H. Schmidt*, W. Ihle, G. Esser, B. Blanz. *Germany*

Genesis and course of anxiety and conduct disorders from childhood to early adulthood. A cohort of 399 eight year old children has been followed until age 25. Psychiatric assessment in-between took place at the age of 13 and of 18 years. Point and lifetime prevalence rates for general or total psychiatric disorder, anxiety disorders and conduct disorders are described. Persistence rates of anxiety and conducrt disorders are different and persistence rates from childhood to early adulthood are dependent on disorder and gender, for conduct disorder much higher than for anxiety

https://doi.org/10.1016/S0924-9338(00)93907-5 Published online by Cambridge University Press

disorders. Early symptoms which are indicating both kinds of disorders are demonstrated. Correct classification of persistent disorder is much easier than for conduct problems and for anxiety disorders. Risk factors at different ages for both groups are shown with special regard to the role of acute and chronic risk for both types of problems.

S01. The identity and future of psychiatry

Chairs: W. Gaebel (D), J. Lopez-Ibor (E)

S01.01
THE FOCUS AND ORGANIZATION OF FUTURE EDUCATION

D. Moussaoui. *University Psychiatric Center Ibn Rushd, Casablanca, Morocco*

One of the most important factors which will determine the future of psychiatry, both in its identity and its practice is education of psychiatry. This applies to undergraduate medical students, as well as post-graduates, allied professionals, as well as the community at large.

The World Psychiatric Association, in collaboration with the World Federation for Medical Education, developed a core curriculum for undergraduates in psychiatry, which could be acceptable to all countries. A survey was conducted to evaluate the current situation: 500 departments of psychiatry received a questionnaire and 124 replied. About 68% of these departments belonged to industrialized countries. About half of the respondents had a national curriculum in psychiatry, and half of the departments were dissatisfied with their teaching (with no statistical relationship between the two).

A document was produced by the working group highlighting the necessity of giving more importance to health promotion and prevention, and taking into account the specific needs of countries. The educational objectives should target not only knowledge and skills, but also attitudes. The methods of teaching and learning should be based on new acquisitions in the field, stress in particular self-learning, and problem-solving strategies. Liaison psychiatry represents one of the best channels to teach undergraduates. Methods of assessment are also very important for the improvement of teaching and learning psychiatry, not only of students, but also of teachers, methods of teaching and methods of evaluation. Implementation of this program is under way in a number of countries.

The WPA started a working group to build a core curriculum for post-graduates.

Concerning the community, WPA is implementing another program to fight stigma against schizophrenia and patients with schizophrenia.

S01.02
PSYCHIATRY: SUBSPECIALISATION AND RELATIONSHIP WITH OTHER DISCIPLINES

C. Höschl. *Prague Psychiatric Centre & Charles University, 3rd Faculty of Medicine, Prague, Czech Republic*

Psychiatry is both a practical medical discipline and a medical science. The inner split of psychiatry can be regarded as 1) a consequence of the historical dichotomy of "biological" versus "psychological" psychotherapeutic approach, 2) as a response to changing psychosocial conditions and demands (increased prevalence of drug abuse, gambling, social fobia), and 3) as a result of increased subspecialisation of neuroscience and medicine in general (imaging methods, molecular genetics, etc.). Psychiatry should set limits to medical explanations of phenomena like criminality, violence, cult addiction, and various healing practices. Psychiatry as a medical discipline relies on the authority of medicine. If this source of authority is obscured in psychiatry, the discipline will be blamed to serve as a social tool for controlling undesirable phenomena. Psychiatry may help to understand the instances in which undesirable social phenomena are associated with biological or psychological patterns recognised as a source of psychopathology and lead to disability and/or dysfunction. Social psychiatry is concerned with social influences on human mental health. It can provide partial social explanations for psychiatric phenomena; it cannot provide psychiatric explanations for social phenomena. It is necessary to clarify the co-responsibility of psychiatry as only one "expert-discipline" among many, which share the role of helping society to control socially aberrant behaviour and explain it. Psychiatry is not a psychological counselling service for the unhappy, unfortunate, weary and dissatisfied, if their plight is not a disease but a human condition. In spite of these limits, psychiatry now can help to reintegrate medicine as a discipline regarding human beings in their complexity.

S01.03
TASKS AND REQUIREMENTS FOR FUTURE CLINICIANS

F. Müller-Spahn

No abstract was available at the time of printing.

S01.04
EVIDENCE BASED PSYCHIATRY AND QUALITY MANAGEMENT

W. Gaebel. *Department of Psychiatry, Heinrich-Heine-University, Düsseldorf, Germany*

Quality of health care concerns diagnosis, treatment, aftercare, and prevention including health care policy and organizational requirements. Nowadays, because of more rigorous cost-benefit control in western health care systems, the medical profession experiences increasing pressure to legitimize their performance by providing efficacious, effective and efficient care.

Quality Assurance (QA) and Quality Improvement (QI) are to guarantee optimal care in accordance with state-of-the-art knowledge – under consideration of available resources. QA and QI should be embedded in a system of Total Quality Management (TQM), addressing medical quality, patient and staff satisfaction, and economic quality as well. For proper operation it is necessary to define and operationalize quality standards, and to implement methods for continuous quality control, deficit feedback, problem solving, quality improvement and evaluation (Gaebel 1997). Evidence based psychiatry refers to state of the art knowledge derived from empirical research, translated into practice guidelines and then transferred into practice.

Targets of TQM should be chosen according to instrumental categories such as structure, process, and outcome. Deficits in the treatment process may be detected by comparison with available treatment guidelines. By means of an adequate infrastructure (e.g. quality circles, quality commission) improvement strategies (e.g. education) can then be planned, implemented, and evaluated.

(1) Gaebel W (1997) Quality assurance in psychiatry: concept and methods. Eur Psychiatry 12 (suppl 2): 79s–87s

https://doi.org/10.1016/S0924-9338(00)93907-5 Published online by Cambridge University Press