
40th Annual Meeting of the American Academy of Child & Adolescent Psychiatry*

Matthew Hodes

Texans have a reputation for saying that everything in their State is bigger, and this conference was no exception. The conference was vast by European standards with well over 2,000 participants (the administrative staff seemed to have lost count!). Naturally, most were child psychiatrists from USA, although there were significant numbers of clinical psychologists and a smaller number of child psychiatrists from abroad.

A number of topics had greater coverage than would have been the case in a British conference, including psychopharmacology, and culture and children's mental health. A number of presentations such as those about information technology, computer and business skills, reflected the context of much American child psychiatry, with private practice frequently 'office-based', and the Clinton administration's looming health care reforms.

On the first day I attended the psychopharmacology session. The current American enthusiasm for psychopharmacology was made clear by numerous speakers advocating the use of tricyclic antidepressants for depression despite the absence of evidence for efficacy from treatment studies. It was also recommended that care be taken in the use of tricyclics with screening blood tests and serial ECG because of the possible association with sudden death. The care taken to describe the various effects of the drugs could be contrasted with the presentation by Geller on pharmacotherapy-psychotherapy interactions, in which psychotherapy was characterised as having only non-specific effects.

Although it would have been possible to spend all six days attending psychopharmacology sessions, there were many other topics that attracted me. The symposium on HIV/AIDS in children considered the rapid spread of HIV around the world. Many adolescents who are socially marginal, e.g. live on city streets, carry HIV. Havers, working in New York, outlined a

service that provided psychiatric/psychological care to many children with HIV. She also reported a study of psychiatric disorder in HIV-positive children using control groups of HIV-negative children from similar family backgrounds. Her findings showed a similar and high rate of disorder, including attention deficit disorder in both groups.

I went to a symposium about psychotherapy research. The presenters, all clinical psychologists, discussed the evaluation of psychological treatments. The efficacy of behaviour therapy in anxiety disorder, cognitive behaviour therapy in depression, and multi-system family therapy intervention for recidivist offenders was demonstrated. Problems of carrying out such studies outside research settings were reported to include clinicians' reluctance to agree to random allocation of patients, the need for manualised treatments, and heterogeneous casemix.

Pervasive developmental disorders have been the subject of much research in North America and some of this was compressed into one symposium. Lord outlined how DSM-IV criteria for autism will be simpler than those of DSM-III-R and resemble those of ICD-10. Volkmar discussed childhood disintegrative disorder. From the audience response it seemed that the rarity of the condition is partly a result of diagnostic practice. Szatmari presented interesting new data comparing Asperger's syndrome with autism. He found similar developmental disorders in the relatives of probands with Asperger's and autism, indicating they may have a common aetiology.

There were also sessions in which social factors were prominent. The poignant and moving session on the Yugoslavian tragedy started with a discussion of the social and historical background. Pynoos discussed factors associated with the onset of post-traumatic stress disorder from the perspective of developmental psychopathology. He made the important point that even in appalling situations such as the Yugoslavian war, research on childhood

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psychological distress is worthwhile because the results can be used directly to influence policy makers and improve resources for children.

The workshop on sports psychiatry was impressive. There was consideration of the range of psychological difficulties child athletes may have, as well as aspects of sports organisation that may impede developing appropriate psychiatric services. Often needs are not met, but to do this requires distinguishing the psychiatrist's role from that of the sports psychologist (employed and perceived as someone who will enhance the athlete's performance). The second part of the session involved live interviews with six young athletes.

It would be impossible to provide a comprehensive review of the conference. However, the closing plenary, delivered by Coyle of Harvard, seemed to address two sets of issues that will influence American child psychiatry over the next few years. First, he described the much needed health care reforms, with the introduction of managed care, which will extend insurance coverage. The reforms may increase doctors' administrative burden even more, and give more power to insurance companies (who by

paying for services, can influence their selection). Second, Coyle outlined the importance of a developmental perspective which should be grounded in an understanding of brain function, which influences and is influenced by psychosocial processes. This perspective seemed to suggest that developmental neurology could completely encompass developmental psychopathology, and that the distinct identity of much child psychiatry would be lost. There may well be a continuing expansion of biological psychiatry, and by implication further waning of psychoanalytic influences.

It would be fascinating to return to the Academy's conference in a few years time and see what new research is being carried out and how the field is developing. I would recommend any child psychiatrist to attend this conference occasionally, because although we may sometimes wish to do things differently, there is a lot to be learnt from our American colleagues.

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