SES11.3
Is prediction of psychosis in the general population feasible?

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Background: The objective of this study is to study the likelihood that a person from the general population with psychotic-like symptoms will develop a psychotic disorder with a need for treatment.

Method: 7075 subjects in the general population were interviewed with the Composite International Diagnostic Interview in 1996 (T0), 1997 (T1) and 1999 (T2). The CIDI has 6 categories for every psychotic symptom rating. Clinicians performed at T2 a re-interview, yielding a diagnosis of psychosis based on need for treatment. Incident psychotic symptoms at T1 were analysed for predictive value for psychosis (PP) at T2.

Results: The PP's of the psychotic symptoms were low for prediction purposes (range 0.00–15.79%). A combination of psychotic symptoms increased the predictive power in a dose-response fashion (PP 1, 2, 3 and 4 symptoms, respectively: 3.33; 16.67; 20.00; 50.00).

Conclusions: The modest predictive values of the psychotic symptoms indicate their limited value for screening in the general population. The increased predictive power of a combination of psychotic symptoms shows that psychosis prevention strategies in high-risk groups may be feasible, but at the expense of sensitivity.

SES11.4
Findings from the AESOP Study

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No abstract was available at the time of printing.

SES11.5
The development of psychosis in the Edinburgh High Risk Study

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Our ongoing study of initially well adolescents with at least two schizophrenic relatives started in 1994. 162 high risk subjects have thus far provided some data: approximately one-third have had isolated psychotic symptoms, some of which have resolved, and 13 have developed schizophrenia to date.

Those with psychotic symptoms in the first five years, as compared to those without, had larger brains at baseline; exhibited declines in IQ, memory and executive function as well as reductions in temporal lobe volumes over two years; had more dermatoglyphic abnormalities, behavioural disturbance aged 13–16, recent illicit drug use and major life stressors, and schizotypal features. No such differences were however found in genetic liability, obstetric complications, minor physical anomalies, abnormal behaviour in childhood or neurological soft signs.

Preliminary analyses in those who have developed schizophrenia suggest that more severe behavioural abnormalities and schizotypal features may predict the onset of schizophrenia. Overall, the results suggest that some high risk people who develop schizophrenia are developmentally abnormal, many develop transient psychotic symptoms and some develop acute schizophrenia in the context of drug abuse and stress.

SES12. AEP Section Child Psychiatry – Pediatric psychopharmacolgy: problems and prospects

Chairs: D. Bailly (F), A. Barbosa (P)

SES12.1
Finding from psycho-pharmaco-epidemiological studies: implications and critical questions

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Regularly, media reports indicate that the public has became increasingly concerned about the apparent dramatic rise in the use of psychotropic medications in children and adolecents. There are, in fact, few data about the rate of medication treatment among the pediatric population. In France, epidemiological studies indicate that about 12 to 18 % of children and adolescents received psychotropic drugs, whatever their age may be. Among secodary schoool students, about 10% of boys and 20% of girls use psychotropic drugs, mainly anxiolytics and hypnotic, during at least one month in the school year. Above all these studies show that psychotropic medications are usually prescribed without appropriate clinical assessment and without evaluation of their effectiveness and side effects. Many questions certainly remain about pharmacokinetics and pharmacodynamics of psychotropic medications in the pediatric population. However, these data also suggest the need for better education of physicians, mental health professionals and parents about the use of these treatments in children and adolescents.

SES12.2
Empirical guidelines for the use of antidepressants in childhood depressive disorders

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No abstract was available at the time of printing.

SES12.3
Selective serotonin re-uptake inhibitor discontinuation syndrome in children and adolescents

L. Tamam. *Turkey*

No abstract was available at the time of printing.

SES12.4
New strategies in ADHD treatment

M.P. Bouvard. *France*

No abstract was available at the time of printing.

SES12.5
Atypical antipsychotic drugs in childhood onset schizophrenia

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Childhood-onset schizophrenia (with onset of psychosis by age 12) is a rare but severe form of the disorder which clinically and neurobiologically is seen as a continium with the adult-onset disorder.

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