

YEARBOOK®

YEAR BOOK OF PSYCHIATRY AND APPLIED MENTAL HEALTH® 2001

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2001

The Year Book of PSYCHIATRY AND APPLIED MENTAL HEALTH®

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**2001
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APPLIED MENTAL HEALTH®**

Statement of Purpose

The YEAR BOOK Series

The YEAR BOOK series was devised in 1901 by health professionals who observed that the literature of medicine and related disciplines had become so voluminous that no one individual could read and place in perspective every potential advance in a major specialty. That has never been more true than it is today.

More than merely a series of books, YEAR BOOK volumes are the tangible results of a unique service designed to accomplish the following:

- to *survey* a wide range of journals
- to *select* from those journals papers representing significant advances and statements of important clinical principles
- to provide *abstracts* of those articles that are readable, convenient summaries of their key points
- to provide *informed commentary* about their relevance

These publications grow out of a unique process that draws on the talents of outstanding authorities in clinical and fundamental disciplines, trained literature specialists, and professional writers—all supported by the resources of Mosby, the world's preeminent publisher for the health professions.

The Literature Base

Mosby and its editors survey approximately 500 journals published worldwide, covering the full range of the health professions. On an annual basis, the publisher examines usage patterns and polls its expert authorities to add new journals to the literature base and to delete journals that are no longer useful as potential YEAR BOOK sources.

The Literature Survey

More than 250,000 peer-reviewed articles per year are scanned systematically—including title, text, illustrations, tables, and references—by the publisher's team of literature specialists. Each scan is compared, article by article, to the search strategies that the publisher has developed in consultation with the nearly 200 outside experts who form the pool of YEAR BOOK editors. A given article with broad scientific or clinical implications may be reviewed by any number of YEAR BOOK editors, from one to a dozen or more, regardless of the discipline for which the paper was originally published. In turn, each editor who receives the article reviews it to determine whether it should be included in his or her volume. This decision is based on the article's inherent quality, its relevance to readers of that YEAR BOOK, and the editor's goal to represent a comprehensive picture of a given field in each volume of the YEAR BOOK. In addition, the editor indicates when to include figures and tables from the article to help the YEAR BOOK reader better understand the information.

Of the quarter million articles scanned each year, only 5% are selected for publication within the YEAR BOOK series, thereby assuring readers of the high value of every selection.

The Abstract

The publisher's abstracting staff is headed by a seasoned medical editing professional and includes individuals with extensive experience in writing for the health professions. When an article is selected for inclusion in a YEAR BOOK, it is assigned to a member of the abstracting staff. The abstractor, guided in many cases by notations supplied by the physician editor, writes a structured, condensed summary designed to rapidly communicate to the reader the essential information contained in the article.

The Commentary

The YEAR BOOK editorial boards, sometimes assisted by guest contributors, write comments that place each article in perspective. This provides the reader with insights from authorities in each discipline that point out the value of the article and that often reflect the authority's thought processes in assessing the article.

Additional Editorial Features

The editorial boards of each YEAR BOOK organize the abstracts and comments to provide a logical and satisfying sequence of information. To enhance the organization, editors also provide introductions to sections or individual chapters, comments linking a number of abstracts, citations to additional literature, and other features.

The published YEAR BOOK contains enhanced bibliographic citations for each selected article, including extended listings of multiple authors and identification of author affiliations. Each YEAR BOOK contains a Table of Contents specific to that year's volume. From year to year, the Table of Contents for a given YEAR BOOK may vary, depending on developments within the field.

Every YEAR BOOK contains a list of the journals from which articles have been selected. This list represents a subset of approximately 500 journals surveyed by the publisher and occasionally reflects a particularly pertinent article from a journal that is not surveyed routinely.

Finally, each volume contains a comprehensive subject index and an index to authors of each selected article.

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Journals Represented

Mosby and its Editors survey approximately 150 journals for its abstract and commentary publications. From these journals, the Editors select the articles to be abstracted. Journals represented in this YEAR BOOK are listed below.

Academic Emergency Medicine
American Journal of Cardiology
American Journal of Epidemiology
American Journal of Psychiatry
American Journal of Public Health
Annals of Behavioral Medicine
Annals of Internal Medicine
Archives of Family Medicine
Archives of General Psychiatry
Archives of Neurology
Archives of Pediatrics and Adolescent Medicine
Archives of Physical Medicine and Rehabilitation
Biological Psychiatry
British Journal of General Practice
British Journal of Psychiatry
British Medical Journal
Canadian Journal of Psychiatry
Cephalgia
Child Development
Circulation
Clinical Pediatrics
Clinical Pharmacology and Therapeutics
Clinical Psychology: Science and Practice
Comprehensive Psychiatry
Dermatology
Developmental Medicine and Child Neurology
European Heart Journal
General Hospital Psychiatry
Journal of Adolescent Health
Journal of Child Psychology and Psychiatry and Allied Disciplines
Journal of Clinical Psychiatry
Journal of Clinical Psychopharmacology
Journal of Consulting and Clinical Psychology
Journal of Family Practice
Journal of General Internal Medicine
Journal of Nervous and Mental Disease
Journal of Neurology, Neurosurgery and Psychiatry
Journal of Occupational and Environmental Medicine
Journal of Pharmacology and Experimental Therapeutics
Journal of Psychotherapy Practice and Research
Journal of Reproductive Medicine
Journal of Rheumatology
Journal of the American Academy of Child and Adolescent Psychiatry
Journal of the American Academy of Psychiatry and the Law
Journal of the American Geriatrics Society
Journal of the American Medical Association
Lancet

Legal and Criminological Psychology
Medical Care
New England Journal of Medicine
New Zealand Medical Journal
Pediatrics
Proceedings of the National Academy of Sciences
Psychiatric Services
Psychiatry
Psychiatry Research
Psychological Medicine
Psychotherapy Research
Schizophrenia Bulletin
Science
Stroke

STANDARD ABBREVIATIONS

The following terms are abbreviated in this edition: acquired immunodeficiency syndrome (AIDS), cardiopulmonary resuscitation (CPR), central nervous system (CNS), cerebrospinal fluid (CSF), computed tomography (CT), deoxyribonucleic acid (DNA), electrocardiography (ECG), health maintenance organization (HMO), human immunodeficiency virus (HIV), intensive care unit (ICU), intramuscular (IM), intravenous (IV), magnetic resonance (MR) imaging (MRI), and ribonucleic acid (RNA).

NOTE

The YEAR BOOK OF PSYCHIATRY AND APPLIED MENTAL HEALTH® is a literature survey service providing abstracts of articles published in the professional literature. Every effort is made to assure the accuracy of the information presented in these pages. Neither the editors nor the publisher of the YEAR BOOK OF PSYCHIATRY AND APPLIED MENTAL HEALTH® can be responsible for errors in the original materials. The editors' comments are their own opinions. Mention of specific products within this publication does not constitute endorsement.

To facilitate the use of the YEAR BOOK OF PSYCHIATRY AND APPLIED MENTAL HEALTH® as a reference tool, all illustrations and tables included in this publication are now identified as they appear in the original article. This change is meant to help the reader recognize that any illustration or table appearing in the YEAR BOOK OF PSYCHIATRY AND APPLIED MENTAL HEALTH® may be only one of many in the original article. For this reason, figure and table numbers will often appear to be out of sequence within the YEAR BOOK OF PSYCHIATRY AND APPLIED MENTAL HEALTH®.

Publisher's Preface

The publication of the 2001 YEAR BOOK series marks the 100th anniversary of the original Practical Medicine Series of Year Books. To commemorate this milestone, each 2001 Year Book includes an anniversary seal on the cover. The content and format of the Year Books remains unchanged from the beginning of the last century—each volume consists of abstracts of the best scholarly articles of the year, accompanied by expert critical commentaries.

The first Year Book appeared in 1900 when Gustavus P. Head, MD, produced the first *Year Book of the Nose, Throat and Ear*, a volume consisting of highlights from the previous year's best literature, enhanced by expert observations. Dr Head assembled a small group of distinguished physicians to serve as editors, and the first series of Year Books was published in 1901. The first volumes of the Year Book series—*General Medicine*, *General Surgery*, *The Eye*, *Gynecology*, *Obstetrics*, *Materia Medica and Therapeutics*, *Pediatrics*, *Physiology*, and *Skin and Venereal Diseases*—appeared at monthly intervals, with 10 volumes published in 1 year. The entire series was met with critical enthusiasm.

In 1904, Dr Head's brother, Cloyd, assumed responsibility for the management of the Year Books. In 1905, the volumes began to appear at regular intervals during the calendar year instead of on a monthly basis. By World War I, the Year Books had been established as an authority on medical and surgical progress.

The postwar period brought about a significant change in the practice of medicine: specialization. To accommodate the rise of specialization in medicine, the Year Books were now sold as individual volumes rather than only as a complete set. This change brought about a tremendous response and sales of the books increased. In 1922, the Year Books became even more specialized, as the books now had different editors for the different medical specialties covered in each volume. Later, in 1933, the title of the series changed from the Practical Medicine Series of Year Books to the Practical Medicine Year Books to reflect these new designs.

The Year Books have grown significantly from the first 10-volume series in 1901 to a diversified series of 32 volumes in 2001. That the Year Book series is the only series of their kind to have survived is a testament to the vision and commitment of its founders. Some minor changes in format and design have occurred throughout the years, but the mission of the Year Book series—to provide a record of exceptional medical achievements distinguished by the reflections of many of the great names in medicine today—has remained constant.

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1 Child and Adolescent Psychiatry

Introduction

This last year we have witnessed important advances in the field of child and adolescent psychopathology, both in terms of understanding psychopathology, its course and outcomes, and the even more basic issue of how we assess its manifestations. Obviously, we cannot understand psychopathology if we cannot measure it well. Abstract 1-1 by Ablow and colleagues, Abstract 1-2 by Warren and colleagues, and Abstract 1-3 by Valla and colleagues are particularly exciting for their use of new methods in assessing children, especially younger children, in whom traditional methods are highly unreliable. Not only are our particular assessment and diagnostic approaches worthy of more intensive scrutiny, but also *why* doctors, particularly primary care providers, are drawn to do an assessment and inquire about a child's mental status, and how we can train them to do a better job, needs more study. These issues are illustrated nicely in the studies by Wildman and colleagues Abstract 1-4 and Frazer et al Abstract 1-5. The ever problematic question of when to rely on parents' or youths' reports, and what they may or may not be able to accurately report, from child abuse to adolescent risk behaviors, are nicely illustrated in reports by Winegar and Lipschitz (Abstract 1-7) and Stanton and colleagues (Abstract 1-8), respectively. An interesting read, indeed.

Studies of children's risk factors for the onset, course, and outcome of psychopathology are proceeding apace. A number of the articles in the second section illustrate profoundly the impact of early psychopathology on later outcomes (eg, see Kasen et al [Abstract 1-27]), and the apparent concatenation of additional problems and disorders when a primary disorder such as attention deficit-hyperactivity disorder (ADHD) is not well addressed. The putative risk factors in this section span areas ranging from new knowledge about particular aspects of parenting practices that can constitute either risk or protective factors for later disorders (eg, see DeGarmo et al [Abstract 1-16], Webster-Stratton and Hammond [Abstract 1-10]), to the role of nutritional (Neugerbauer et al [Abstract 1-15]), family-genetic (Dawson et al [Abstract 1-25]); Murray et al [Abstract 1-26]), Weissman et al (Abstract 1-14), environmental (Wolff and Fesseha [Abstract 1-21]), and other biological factors (eg, Hans et al

[Abstract 1-18], Ernst et al (Abstract 1-24), Wasserman et al (Abstract 1-19).

The last section addresses the profound problems of child and adolescent psychiatric disturbance. Increasingly, the answer to the question of what can be done in these cases is "A lot!" New treatments are being tested and refined for children's internalizing and externalizing disorders, both in individual and group formats, and with or without parents present (eg, Mendlowitz et al [Abstract 1-47]; Robin et al [Abstract 1-48], and Silverman et al [Abstract 1-49]). These interventions are being applied more broadly, such as to minority and ethnically diverse groups (eg, Rosselló and Bernal (Abstract 1-38) and using novel formats and deliver mechanisms. Just as a medication may be given by patch, aerosol, injection, pill, or suppository, depending on the ideal approach to adequate blood levels and patterns of absorption, investigators are now studying more effective means of delivering evidence-based treatments in a fashion such that they too can be "absorbed" by the family system (eg, see Henggeler et al). In addition to the progress made in developing and testing psychosocial treatments, some strides are being made in medication treatment studies. For example, Connor et al (Abstract 1-54) provide one of the first tests ever of the use of 1 versus 2 medications in combination for the treatment of attention deficit-hyperactivity disorder. Other reports address the current level and patterns of medication prescribing, particularly for ADHD (Jensen et al [Abstract 1-39], and LeFever et al [Abstract 1-40]).

Although progress has been and is being made, there is much to do. I hope that these 3 sections will prompt us to sit up and take notice of critical gaps, and encourage young and new investigators among us to devote themselves to addressing these major areas of persisting knowledge gaps. Far from an academic exercise, devoted study to these areas will serve children, families, and the clinicians who help them for generations to come.

Peter S. Jensen, MD

Assessment and Diagnosis

The MacArthur Three-City Outcome Study: Evaluating Multi-informant Measures of Young Children's Symptomatology

Ablow JC, Measelle JR, Kraemer HC, et al (Stanford Univ, Calif; Royal Manchester Children's Hosp, England; Washington Univ, St Louis; et al)
J Am Acad Child Adolesc Psychiatry 38:1580-1590, 1999 1-1

Background.—Accurately measuring symptomatology and impairment in children younger than 8 years is one of the most difficult challenges of child psychiatry. The reliability and validity of 2 measures developed in tandem to assess symptomatology and impairment in 4- to 8-year-old children were investigated.

Methods.—Three sites collaborated to assess the Berkeley Puppet Interview Symptomatology Scales (BPI-S) and the Health and Behavior Ques-

tionnaire (HBQ). One hundred twenty children and their mothers and teachers reported on multiple dimensions of the children's mental health. Fifty-three children had been clinic referred, and 67 were community control subjects.

Findings.—Test-retest reliability and discriminant validity were strong on most symptoms scales on the BPI-S and the parent and teacher versions of the HBQ. Medium-to-strong effect sizes showed that the clinic-referred children were perceived as having significantly higher levels of symptomatology than the control group.

Conclusion.—These multi-informant instruments, developed in tandem and appropriate for young children, are psychometrically sound. These instruments will improve researchers' ability to investigate and understand symptomatology or the emergence of symptomatology in children 4 to 8 years of age.

► One of the major problems encountered by researchers and clinicians who wish to assess and study children's mental disorders is the lack of agreement among various informants regarding children's symptoms, behavior, and psychopathology. This problem is particularly acute with young children, generally below the age of 10. Most research in the past has yielded few methods that allow the reliable and valid assessment of children's symptoms and behavior in such a way that there is substantial agreement across informants and across different settings—whether it be teachers, parents, or, most especially, children who are notoriously poor informants of their symptoms and behavior.

To my mind, this article by Ablow and colleagues is a major step forward and constitutes a breakthrough for investigators and clinicians. Not surprisingly, these investigators used an idiom common to children's play—puppets—as the means to obtain information from the children about their own symptoms. Parallel versions of the same symptom constructs (but without puppets) were obtained from parents and teachers. Remarkably high ratings and agreement were found between parents and teachers and even between children and parents, in particular for externalizing psychopathology. In general, children's ratings of their own symptoms were reliable upon test-retest.

The next critical step in the use of these measures is to determine whether they can aid in the assessment of children's psychopathology in clinical settings and whether they can be reliably used in the hands of clinicians. If so, this technology, and the improved agreement concerning symptoms across informants, should yield substantial improvement in the clinical assessments of child psychopathology.

P. S. Jensen, MD