

(-)Pindolol is a  $5\text{-HT}_{1A}$  antagonist. With the group of F. Artigas, we have shown that pindolol in the rat can block the somatodendritic  $5\text{-HT}_{1A}$  autoreceptor in the dorsal raphe without affecting the responsiveness of postsynaptic  $5\text{-HT}_{1A}$  receptors in the dorsal hippocampus.

Many clinical trials have shown a highly significant acceleration of the antidepressant response by combining ( $\pm$ ) pindolol (2.5 mg TID) to an SSRI. Preliminary data suggests that pindolol addition may be efficacious in some treatment-resistant depression. Importantly, in contrast with lithium, pindolol addition to non-serotonergic antidepressant drug is without beneficial effect.

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## SEC62. Child psychiatry

*Chairs:* J Dias Cordeiro (P), JA Costa e Silva (WHO, CH)

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### SEC62-1

#### ADOLESCENT LIAISON PSYCHIATRY: ETHICAL AND LEGAL ISSUES

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The field of liaison psychiatry in recent years has expanded significantly into different specialized fields. Liaison psychiatry is being welcome in a context of contemporary medical practice with the even-increasing pace of technology, organizational constraints, all in the context of limited economic resources, because it provides an effective and affective balance to the professional practices.

It is not surprising that liaison psychiatrists are therefore confronted with a myriad of clinical-legal-ethical issues. All true psychiatrists are not expected to be bioethicists, their role in clarifying ambiguities and resolving conflicts between patients-families often lead them directly into legal-ethical issues.

We describe two clinical cases in which the liaison psychiatrist was confronted with problems such as: confidentiality, right to refuse treatment, informed consent, substitute decision making, intra-familial and intra-team conflicts, developmental issues in adolescence. All this are areas in which frequent clinical-legal dilemmas arise and the liaison psychiatrist must be comfortable with his role of creating a productive disturbance-raising questions and feelings of other professionals. To do so he must actively aware of legal aspects and must have a thorough understanding of ethical reasoning for effective practice of psychiatry in medical settings.

Thus, the competency to engage in moral reasoning and to make critical ethical decisions should be a core component in the training and technical repertoire of liaison psychiatrists.

### SEC62-2

#### PREVENTION AND EARLY TREATMENT OF SUBSTANCE ABUSE: ETHICAL ASPECTS

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Alcohol and drug abuse problems take a remarkable toll worldwide. In terms of prevention and early treatment, there is no population more important than adolescents. Epidemiological studies clearly show that substance abuse has its onset during adolescence. However, in terms of prevalence and developmental task perspective,

substance use appears as a normative phenomenon. Experimentation with psychoactive substances is reported as an indication of psychological health in adolescents. Studies show that youngsters who have experimented with psychoactive substances are psychologically healthier than other frequent users or abstainers. Given the present cultural norms, substance use is the rule rather than the exception, and the majority of adolescents who engage in substance use do not escalate to abuse. This suggests that the etiology of abuse is distinct from the etiology of use. By this way, many studies show that substance use is a product of social, situational, and environmental determinants, while a substance abuse is the consequence of biological, physiological and psychiatric determinants. If intervention decisions are often focussed on substance use, these considerations question the validity of this approach.

### SEC62-3

No abstract received

### SEC62-4

#### EARLY DEVELOPMENTAL PREDICTORS OF ADOLESCENT PSYCHOPATHOLOGY

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The present study was designed to detect early predictors of specific psychopathology in adolescents. The study was conducted in adolescent outpatient clinics in three mental health centers (Paris, Geneva and Tel-Aviv). The population included 742 adolescent outpatients. We used 94 items questionnaire which included information concerning demographic, developmental, functional and psychopathological parameters of the adolescents.

The patients were diagnosed according to the DSM-III-R criteria and divided to 5 major diagnostic categories: psychotic disorders, mood disorders, anxiety disorders, disruptive disorders, adjustment disorders. Controls were subjects who were referred to diagnostic procedure and no axis I positive diagnoses were detected.

A significant correlation was found between developmental pathology during early childhood and disruptive diagnostic category of adolescence (conduct disorder, ADHD, oppositional-defiant disorder, substance abuse and impulse control disorders). It is concluded that early developmental deviations are predictors of the development of disruptive disorders at adolescence.

### SEC62-5

#### A COMPARATIVE MULTINATIONAL EPIDEMIOLOGICAL STUDY OF ADOLESCENT OUTPATIENT CLINICS

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A multinational epidemiological comparative study of adolescent outpatient clinics was performed in three mental health centers (Geneve, Paris and Tel-Aviv). The purpose of the study was to characterize demographic features in adolescents referred to psychiatric consultation and/or treatment in the different centers. The population included 759 adolescent outpatients (age 12–20 years). We used 94 items questionnaire which included demographic, developmental, functional and psychopathological data of the adolescents.

Significant differences were found between the three centers in parameters of age at the time of referral, socio-economical status