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

Many clinical trials have shown a highly significant acceleration of the antidepressant response by combining (±) 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.

# SEC62. Child psychiatry

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

## SEC62-1

### ADOLESCENT LIAISON PSYCHIATRY: ETHICAL AND LEGAL ISSUES

António Barbosa. *Department of Liaison Psychiatry, Clínica Psiquiátrica Universitária, Hospital Santa Maria, Lisbon, Portugal*

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-familiar 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

D. Bailly. *Child and Adolescent Psychiatry Department, University Hospital of Lille, France*

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 on 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

A. Ram*, L. Kikinzon, F. Ladame, A. Braconnier, A. Weizman, S. Tyano. *The Gehah Psychiatric Hospital, The Rabin Medical Center, Tel-Aviv University Medical School, 49100 Petah-Tiqva, Israel*

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, Geneve 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-IIIR 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

L. Kikinzon*, A. Ram, F. Ladame, A. Braconnier, A. Weizman, S. Tyano. *The Gehah Psychiatric Hospital, The Rabin Medical Center, Tel-Aviv University Medical School, 49100 Petah-Tiqva, Israel*

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

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of parents, health problems of one of the parents, reason of referral, behavioral problems during childhood, school functioning, options offered to the adolescents before referral by the community agents and the therapeutic approaches proposed by the clinicians.

It is as yet unclear whether these findings relate to differences in the clinical characteristics of the patients or to differences in environmental and cultural approaches.

## S63. Generalised anxiety disorder: facts and controversies

*Chairs*: HGM Westenberg (NL), J-P Lépine (F)

### S63-1
No abstract received

### S63-2
No abstract received

### S63-3
THE NEUROBIOLOGY OF ANXIETY DISORDERS

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Pathological anxiety can be defined as exaggerated normal fear characterized primarily by hypervigilance biased to aversive stimuli and emotions related to a sense of uncontrollability and uncertainty. Clinically, a number of separate anxiety disorders can be discerned. The distinctions between these conditions, presented in the DSM-IV and ICD-10, are primarily based on clinical features.

From a neurobiological perpective, the distinctions between these diagnostic entities are less clear. Thus, patients with anxiety disorders are, regardless of their diagnosis, more sensitive to the panicogenic properties of pentagastrin and sodium lactate than healthy controls. mCPP, a 5-$HT_{2C}$ receptor agonist, elicites anxiety in patients with panic disorder (PD) and generalized anxiety disorders (GAD) to a higher degree than in controls. The growth hormone response to clonidine is blunted in all anxiety disorder patients and SSRI's have shown to be efficacious in patients with an anxiety disorder, irrespective of the diagnostic category. On the other hand, 5-$HT_{1A}$ receptor agonists, such as buspirone and flesinoxan, but not in subjects who qualify for PD or social anxiety disorders. Preclinical data have revealed the amygdala and its connection to play a central role in normal and pathogical anxiety. This fear circuitry evaluates the degree of threat posed by internal and external cues and it adds to the emotional coloring of interoceptive, exteroceptive and proprioceptive cues. Therefore, hyperexcitability of the amygdala could be central in the development and maintenance of pathological anxiety. Serotonergic pathways to these structures play a role in the excitability of this circuitry. The global anxiolytic effects of SSRIs could be accounted for by an amplified inhibition of this fear circuitry. The differential effects of 5-HT selective compounds are more difficult to explain, but the fact that different 5-HT receptors with opposite effects on this fear-circuitry are implicated, could explain these paradoxical findings.

### S63-4
THE TREATMENT OF GENERALIZED ANXIETY DISORDER

D.V. Sheehan[1]. [1]*University of South Florida College of Medicine, Tampa, FL, USA*

Generalized Anxiety Disorder (GAD) was first delineated as a distinct syndrome in the DSM-III in 1980. The logic for the break up of the prior parent disorder anxiety neurosis into 2 entities-panic disorder and GAD-was fundamentally driven by a concept of pharmacological dissection. GAD was believed to be the benzodiazepine sensitive syndrome, and was probably not sensitive to antidepressants. Panic disorder was the antidepressant responsive syndrome and not thought at the time to be sensitive to benzodiazepines. A series of international studies in the 1980s demonstrated that panic disorder was responsive to benzodiazepines as well as tricyclic antidepressants and MAO inhibitors. GAD continued to be treated with benzodiazepines and 5HT1a agonists became the other widely adopted treatment.

Recently, as the range of indications for SSRIs and SNRIs grows, several large European and US studies have been conducted on their use in GAD. The most thoroughly studied of the newer medications is Venlafaxine-ER. Two double-blind, placebo controlled, 8 week outpatient studies using Venlafaxine-XR will be presented. In the first study 377 GAD patients were randomly assigned to either placebo, 75 mg, 150 mg or 225 mg per day in a fixed dose study design. The 225 mg/day dose was significantly superior to to placebo on all outcome measures, while the 150 mg/day dose was superior to placebo on several outcome measures. The 75 mg/day dose was not significantly superior to placebo. In the second study, 405 patients with GAD who did not have comorbid major depression were randomly assigned to either placebo, buspirone 10 mgs t.i.d., Venlafaxine-XR 75 mgs/day or Venlafaxine-XR 150 mgs/day. Both Venlafaxine-XR doses separated significantly from placebo on several outcome measures, while buspirone failed to separate from placebo on any outcome measure. The results suggest that the newer antidepressants like Venlafaxine-XR are effective in the treatment of GAD.

### S63-5
No abstract received

## S64. Consultation-liaison psychiatry

*Chairs*: P Fink (DK), R Mayou (UK)

### S64-1
No abstract received

### S64-2
PREVALENCE OF, SCREENIG FOR AND GPS' RECOGNITION OF SOMATOFORM DISORDER IN PRIMARY CARE

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The purposes of the study were to investigate the prevalence and nature of somatization illness in primary care, to assess the general practitioner's ability to recognize somatization, and to evaluate the Whiteley Index for Hypochondriasis as a screening tool.

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