

The Risk of Overlooking Risks

Catherine Barthélémy, MD, PhD

UMR INSERM U930, Université François Rabelais de Tours, CHRU de Tours

Centre Universitaire de Pédopsychiatrie, CHRU de Tours, 37044 Tours cedex 9, France

catherine.barthelemy@chu-tours.fr

In routine clinical practice, the child and adolescent psychiatrist must take diagnostic and therapeutic decisions in a context of relative "uncertainty". Indeed, reference frameworks based on solid evidence offer more and more often guidelines for our strategies [1]. Protocols and tools are available in order to improve prescription [2], prediction [3] and prevention [4].

In the present issue of European Child and Adolescent Psychiatry, several papers are representative of this process of informed risk management geared to guarantee the effectiveness and safety of our interventions.

The European guidelines group for Hyperkinetic disorders [5] have already considerably contributed to the delivery of guidelines for comprehensive and state of the art therapeutic strategies in ADHD [6]. The warnings about the possible adverse effects of ADHD medication led the group to review the literature and consult specialists in paediatrics, cardiology and endocrinology, examining incident causality and potential impact of risk. Evidence and advice are classified according to different domains: cardiac dysfunction, suicide-related events, growth, sleep disturbances, tics, substance abuse, seizures, and psychotic symptoms. The adverse side effects are usually mild or temporary. The very severe adverse effects such as cardiac dysfunction are extremely uncommon. A series of recommendations for monitoring are given, but in the end "the primary responsibility for ensuring the safety of the patient lies with the prescriber" through his careful appreciation of the risk-benefit ratio.

The original study presented by Knook et al [7] illustrates the relevance of a joint paediatric and childhood psychiatric approach, previously described in 2006 [8], to detect psychiatric morbidity in children and adolescents initially referred to paediatric departments and outpatient clinics. They assessed psychiatric disorders and their predictors in children and adolescents with unexplained chronic musculoskeletal or abdominal pains or headache (UCP). In this at risk population they found a high prevalence of relevant psychiatric disorders: anxiety, affective and disruptive disorders with an additional risk in children presenting with headache. A careful psychiatric assessment is therefore recommended to detect, in the population with UCP, treatable psychiatric disorders in order to increase the chance that they be incorporated into a tailored treatment plan.

Considering psychopathology from a developmental perspective and extending a previous study published in 2007 [9], Perren et al [10] employed a longitudinal and multi-informant approach to assess psychopathology in young children in order to describe the characteristics of psychosocial functioning that could emerge as protective or risk factor for later emotional and conduct problems. The interplay between self-oriented and other-oriented social skills is identified as a multifactorial pivot process in psychological development that could help to predict vulnerability towards later emotional disorders. This work opens new pathways for training and intervention that could promote healthy emotional development and prevent later psychopathological problems.

This issue gathers innovative research which highlights the relevance of multidisciplinary and longitudinal studies in assessing the efficacy and safety of early intervention and in detecting high-risk groups. It is a step of major importance towards new preventive strategies in child and adolescent psychopathology.

References

1. Rutter M (2010) Child and adolescent psychiatry: past scientific achievements and challenges for the future. *Eur Child Adolesc Psychiatry* 19(9):689-704
2. McClellan JM, Werry JS (2003) Evidence-based treatments in child and adolescent psychiatry: an inventory. *J Am Acad Child Adolesc Psychiatry* 42(12):1388-1400
3. Reef J, Diamantopoulou S, van Meurs I, Verhulst F, van der Ende J (2010) Predicting adult emotional and behavioural problems from externalizing problem trajectories in a 24-year longitudinal study. *Eur Child Adolesc Psychiatry* 19(7):577-586
4. Skovgaard AM, Houmann T, Christiansen E, Olsen EM, Landorph SL, Lichtenberg A, Jørgensen T (2008) Can a general health surveillance between birth and 10 months identify children with mental disorder at 1(1/2) year? A case-control study nested in cohort CCC 2000. *Eur Child Adolesc Psychiatry* 17(5):290-298
5. Graham J, Banaschewski T, Buitelaar J, Coghill D, Danckaerts M, Dittmann R W, Döpfner M, Hamilton R, Hollis C, Holtmann M, Hulpke-Wette M, Lecendreux M, Rosenthal E, Rothenberger A, Santosh P, Sergeant J, Simonoff E, Sonuga-Barke E, Wong I C K, Zuddas A, Steinhausen H-C, Taylor E (2011) European guidelines on managing adverse effects of medication for ADHD. *Eur Child Adolesc Psychiatry*. 20(1):17-37
6. Taylor E, Döpfner M, Sergeant J, Asherson P, Banaschewski T, Buitelaar J, Coghill D, Danckaerts M, Rothenberger A, Sonuga-Barke E, Steinhausen HC, Zuddas A (2004) European clinical guidelines for hyperkinetic disorder -- first upgrade. *Eur Child Adolesc Psychiatry* 13(Suppl 1):17-30

7. Knook LME, Konijnenberg AY, van der Hoeven J, Kimpfen JLL, Buitelaar JK, van Engeland H, de Graeff-Meeder ER (2011) Psychiatric disorders in children and adolescents presenting with unexplained chronic pain: what is the prevalence and clinical relevancy? *Eur Child Adolesc Psychiatry*. 20(1):39-48
8. Konijnenberg AY, de Graeff-Meeder ER, van der Hoeven J, Kimpfen JL, Buitelaar JK, Uiterwaal CS (2006) Psychiatric morbidity in children with medically unexplained chronic pain: diagnosis from the pediatrician's perspective. *Pediatrics* 117:889-897
9. Perren S, Stadelmann S, von Wyl A, von Klitzing K (2007) Pathways of behavioural and emotional symptoms in kindergarten children: What is the role of pro-social behaviour? *Eur Child Adolesc Psychiatry* 16(4):209-214
10. Groeben M, Perren S, Stadelmann S, von Klitzing K (2011) Emotional Symptoms from Kindergarten to Middle Childhood: Associations with Self- and Other- Oriented Social Skills. *Eur Child Adolesc Psychiatry*. 20(1):3-15