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EDITORIAL

Perspectives on child and adolescent psychiatry from Brazil

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It is a pleasure to introduce this special supplement on child and adolescent psychiatry, which is emerging as a dynamic subspecialty in Brazil. Child psychiatry has however increasingly been recognized as integral to general psychiatry. The prevalence of mental disorders in children and adolescents in astonishingly high[1]; in contrast, service utilization is very low, even in the United States.[2] When the first signs of onset of mental illness are queried, half of the "adult" disorders are found to have had their onset during adolescence, with frequent failure and delay in getting treatment.[3,4] Finally, there are now neurodevelopmental hypotheses for not just schizophrenia,[5] but almost every other major adult psychiatric disorder. Based on these data, one might even argue that child and adolescent psychiatry could be regarded as the parent field of adult and geriatric psychiatry!

The past 50 years have seen dramatic changes in childhood psychopathology research. A landmark early study by Robins et al.[6] showed us that children with externalizing behaviors (attention-deficit/hyperactivity disorder and conduct disorder) had far poorer outcomes than children with internalizing disorders (e.g., anxiety disorders) and focused interest on the predictive validity of diagnosis. The Isle of Wight epidemiological studies of Rutter et al.[7] showed (among many important findings) the dramatic association between chronic neurological disorders such as epilepsy or cerebral palsy and psychiatric disorders. Both clinical follow-up and epidemiology remain mainstays of research.

The discovery of drug treatments with large effect sizes brought experimental study methodology to child psychiatry.[8] The success of stimulant drug treatment and useful pediatric indications for antidepressants and antipsychotics created a dynamic field.

For the future, it is likely that brain imaging studies will continue to contribute through developmental information and newer ways of measuring brain connectivity.[9,10] Large networks of pediatric imaging studies will provide stronger, more developmentally sensitive information.

Contributions from genetics have shown the etiological complexity of most psychiatric disorders. There is as yet limited effect of genetics on clinical diagnosis and treatment.[11] Even for diagnoses such as Rett syndrome, for example, for which a major gene has been found, the clinical syndrome remains important because of the many atypical and spectrum cases with and without the MECP2 gene.[12]

Child and adolescent psychiatry is in a very different place today. As is clear from this supplement, many of the ongoing studies in Brazil with and without international collaborators are at the forefront of these changes. Our understanding of the development and treatment of attention-deficit/hyperactivity disorder, pediatric mood and anxiety disorders, behavior, and substance abuse is far from complete. I am confident that Brazil's investment in these research areas will provide meaningful contributions to our field.

Disclosure

The author reports no conflicts of interest.

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