

## The need for a long-term perspective in child and adolescent psychiatry

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When taking care of our patients and families in daily clinical practice, it is difficult to not solely be directed at acute, short-term improvements. Typically, patients are being referred to our clinical services at a time when symptoms of mental disorders have already led to significant impairments on important areas such as social, academic, and family functioning. Then, obviously, we try to put effective interventions in place that aim to decrease symptoms as well as reduce impairments. Indeed, we now have several treatments in the field of child and adolescent psychiatry with a solid evidence base [1]. Well-researched examples include the use of stimulant medications for attention-deficit/hyperactivity disorder (ADHD), risperidone [2] and aripiprazole [3] for irritability in autism spectrum disorders, and behavioral parent training [4] for children with disruptive behavior problems.

Ideally, however, in addition to addressing the acute needs of our pediatric patients, our interventions should be truly aimed at preparing our children for a better life in the long run. Will the interventions we apply contribute to the better functioning of our patients as adults? The long-term results of the Multimodal Treatment study of ADHD (MTA) [5] have been complex, but clearly demonstrate that there is not a simple relationship between impressive acute treatment effects of well-monitored stimulant medication and effects over the long run. Fortunately, the Treatment for Adolescents with Depression Study (TADS) [6] that investigated the effectiveness of fluoxetine, cognitive-behavioral therapy, and their combination in adolescents

with major depressive disorder was able to demonstrate persistent benefits of treatments over 1 year of naturalistic follow-up.

This issue of *European Child and Adolescent Psychiatry* contains several articles that deal with the long-time perspective in our field. Gevensleben et al. [7] report on the long-term follow-up of their randomised controlled trial of neurofeedback versus a control treatment (a computerized attention skills training) in children with ADHD and demonstrated that behavioral improvements through neurofeedback were actually maintained at a 6-month follow-up. Longitudinal cohort studies are a classic way to investigate the long-term effects of important environmental factors for children's development. Elberling et al. [8] longitudinally studied the influence of perinatal and socioeconomic data, and data on child mental illness diagnosed in preschool years on psychosocial function at 5–7-year follow-up, in the Copenhagen Child Cohort, which involves more than 6,000 children. Several markers of socioeconomic disadvantages were found to be associated with mental health problems at 5–7 years of age. In another large-scale longitudinal cohort study in Norway in this issue, Lien et al. [9] showed that internalizing mental health problems among adolescent girls were significantly associated with atopic conditions 3 years earlier, thus demonstrating that atopy may have long-lasting effects on mood and anxiety levels.

Finally, a truly long-term perspective on our field is provided by a wonderful overview by the most eminent long-term leader and pioneer of child and adolescent psychiatry. Professor Sir Michael Rutter gives a unique perspective on the developments from the mid-twentieth century onwards, ending with a look ahead to the most important opportunities and challenges as well as the hazards that need to be avoided.

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