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Nýr doktor í læknisfræði

Geðraskanir meðal barna og unglunga á Íslandi

Þann 22. febrúar 2002 varði *Helga Hannesdóttir* doktorsritgerð sína við háskólann í Turku í Finnlandi. Ritgerðin ber heitið: *Studies on child and adolescent mental health in Iceland*. Doktorsritgerðin var unnin undir handleiðslu tveggja prófessora í barna- og unglungeðlæknisfræði, þeirra Andre Sourander og Jorma Piha. Andmælandi ritgerðarinnar var prófessor Eila Räsänen frá University of Kuopio, Finnlandi. Ritdómendur frá hendi læknadeildar í Turku voru prófessor Irma Moilanen og dósent Eeva Aronen. Þetta er fyrsta doktorsritgerðin sem íslenskur læknir ver í barna- og unglungeðlæknisfræði.

Meðfylgjandi er ágríp ritgerðarinnar á ensku.

Tilgangur þessarar doktorsritgerðar var frumathugun og kortlagning á hegðunar- og tilfinninga-einkennum íslenskra barna og unglunga á aldrinum 2-18 ára. Efniviður er meðal annars byggður á faraldsfræðilegri rannsókn á geðheilsu íslenskra barna þar sem þrjú spurningalistar yfir líðan og atferli barna og unglunga eru notaðir (Child Behavior Check List/ 2-3ja; 4-16 ára og Youth Self Report/11-18 ára). Spurningalistarnir greina frá áhyggjum foreldra og unglunganna sjálfra af tilfinninga- og hegðunareinkennum. Spurningalistar þessir eru þáulrannsakadír í meir en 50 löndum og kanna þroska, líðan, hegðun og tilfinningar barna. Jafnframt var aflað upplýsinga um og gerður samanburður á íslenskum og finnskum forskólabörnum á aldrinum 2ja-3ja ára. Að lokum var gerð athugun og geðgreining á börnum og unglungum sem leitað höfðu meðferðar vegna geðraskanana og áfengis- og fíkniefnavandamála.

Helstu niðurstöður

Niðurstöður eru kynntar frá 2193 börnum og unglungum sem valin voru af handahófi úr þjóðskrá. Einnig frá 1013 börnum og unglungum með geðraskanir sem leitað höfðu meðferðar á stofnunum. Við

samanburð á sambærilegum erlendum rannsóknum benda niðurstöður til að íslensk börn og unglingar búi við svipað algengi geðraskanana og börn og unglingar í nágrannalöndum. Samsjúkdómar eru algengir hjá unglungum með áfengis- og fíkniefnavanda. Algengustu samsjúkdómar eru: hegðunarraskanir (36%), þunglyndi (22,6%) og áfallaröskun (9,3%).

The main aims of the study were: To provide data on emotional and behavioural problems in the Icelandic population of children/adolescents aged 2-18 (Study I).

Second to identify differences in demographic background factors in the general population and among children and adolescents who have undergone psychiatric treatment (e.g., sex, age, SES). (Studies I, II, III, IV).

Third to compare Icelandic Child Behaviour Checklist data for 2-3 year old children with data from Finland (Study II).

Fourth to describe characteristics of outpatients in child / adolescent psychiatry in Iceland in relation to treatment modality (Studies III, IV).

Fifth to describe the use of the Youth Self Report questionnaire in clinical samples and to compare scale scores to those of the general population (Studies IV, I).

Finally to describe psychosocial functioning and the frequency of co-morbidity of adolescents treated for alcoholic and narcotic problems (Study IV).

Methods: The Child Behaviour Checklist (CBCL) and the Youth Self Report (YSR) by Achenbach were used to estimate the reported level by parents of emotional and behaviour problems in children from 2-16 years of age, and adolescents aged 11-18 from the general population. The CBCL/2-3 were completed by 109 parents of 2-3 year old children;



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943 parents of 4-16 year old children, and the YSR by 545 adolescents from the general population. CBCL/2-3 was completed by parents of 493 preschoolers from Iceland and Finland. There were 702 subjects from the outpatient clinic during the 4-year period and for the 2-year period 311. Diagnoses were made in accordance with the ICD-8 in the 4-year period, but in the 2-year period with the ICD-9. All the records from both periods were reviewed by the author. Of the inpatients with alcohol and narcotic abuse, 103 completed the Youth Self Report at the end of a ten-day inpatient stay and diagnoses were made in accordance with DSM-IV.

Results: CBCL results are presented for 2193 children/adolescents and additional data on 1013 child and adolescent psychiatric outpatients. Comparisons with other countries suggest that there are limited differences in the prevalence of psychopatho-

logy as measured by the CBCL. Behaviour problem scores for Finnish and Icelandic children were rather similar. CBCL's mean behaviour problem scores for the treated population were significantly higher for males and females of all ages compared to the general population. Comorbidity in adolescents with substance abuse disorder was found to be common the most frequent diagnoses were conduct disorder (36%), depression (22.6%) and post traumatic stress disorder (9.3%).

Results from the psychiatric outpatient clinic show an increase in the mean age of the patients seen in the clinic, and a decrease in the male to female ratio. There is an increase in the relative number of patients with diagnoses of disturbance of conduct, disturbance of emotions, and specific delays in development, but a decrease in the number of diagnoses of adjustment reaction.