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PERSONALITY DESCRIPTIONS BY PARENTS OF CHILDREN WITH CONVERSION DISORDER. Els Peeters & Roselien Vecht-van den Bergh, Curium Academic Centre Child and Adolescent Psychiatry, Oegstgeest, the Netherlands

This study focuses on free personality descriptions by parents of 8-16 year old children with conversion disorders, namely pseudo-seizures.

All children were patients of the child neurology department of the University Hospital Leiden. We used the Big Five Model. Parents free descriptions of their child were analysed and the statements were categorized in the following five dimensions: extraversion, agreeableness, conscientiousness, neuroticism and intelligence. We compared twenty conversion patients with twenty epilepsy patients. We found differences between the two groups of patients in four of the five dimensions. The results may have implications for the diagnostic procedure of conversion patients.

The clinician can be helped to differentiate between epilepsy and pseudoseizures in an early stage and prevent unwanted consumption.

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A PHENOMENOLOGICAL APPROACH OF THE CHILD
AS A SOLUTION OF THE ENIGMA OF THE PLACEBO-PHENOMENON

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The 'placebo-effect' is the most enigmatic phenomenon in medicine.

On the theoretical level the concept already defeats itself, as a placebo by definition has no effect. *Yet practitioners know that the phenomenon is real. It therefore demands an explanation: Suggestion? Illusion? Superstition? Deceit? Or perhaps magic? Then the phenomenon itself would by definition appear to be beyond the reach of scientific explanation and therefore would be unreal. Yet practitioners know etc.*

Is there a way out of this dilemma?

Yes. Only we, adults, especially scientifically trained adults, do not accept magic as a normal phenomenon in our existence. In the *Lebenswelt* (life-world, as Edmund Husserl calls it) of any normal child magic is a fully accepted phenomenon. Up to a certain age children do not even want to know how magic works - perhaps because they feel instinctively that by their curiosity they would break the spell of the magic.

Could we come to see the child as such as a 'model' for an explanation of the so called placebo-effect?

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PSYCHIATRIC DISORDERS IN ADULT PATIENTS WITH PHENYLKETONURIA (PKU). Joachim Pietz (1), Günther Esser (2), Meinrad Armbruster (3), Peter Burgard (3). (1) Dept. of Pediatric Neurology and (3) Dept. of Pediatrics, University of Heidelberg, (2) Central Institute Mental Health, Mannheim, F.R.G. Increased prevalence rates of psychopathology and manifest psychiatric disorders (i.e. agoraphobia) have been observed in patients with treated PKU. We investigated 24 adult patients with PKU type I (13 f, 11 m; age 20.8 years) with a highly structured 2-h psychiatric interview (MADELI, Esser 1989). Data were compared to a random sample of 181 18-year-old adults (CO). Overall we found a normal rate for psychiatric disturbances in PKU (PKU 21%, CO 16%). Though overall scale indexes were not significantly different, functional and emotional symptoms were slightly increased (scale index PKU 2.2, CO 1.45) and antisocial symptoms were reduced (PKU 0.38, CO 0.95). Single symptoms were more frequent in PKU: Generalized anxiety (PKU 21%, CO 5%), phobia (PKU 38%, CO 16%), depressed mood (PKU 42%, CO 19%), problematic peer relations (PKU 71%, CO 42%) and siblings rivalry (PKU 29%; CO 7.5%) were significantly increased. 5 cases met the criteria of ICD-10 diagnoses. We found no correlation between psychiatric symptoms and phenylalanine levels as well as IQ (WAIS-R). Educational style of mothers was more frequently rated as 'disturbed' ('overprotecting' PKU 42%, CO 11%, 'restrictive-controlling' PKU 25%, CO 4%). Psychopathology in PKU has been attributed either to a disturbed regulation of neurotransmitters or psychological factors (related to the chronic disease and its dietary treatment). Our data favor a psychological explanation for abnormal behaviour in patients with PKU. (Grant DFG 196/3-1).

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DISCLOSURE OF DOWN SYNDROME: DO TAPE RECORDINGS HELP THE PARENTS? Michael Watkinson. Neonatal Unit, Heartlands Hospital, Birmingham, England.

Audio-recordings of doctor-patient interviews may enhance recall and increase understanding of the conditions discussed. Since 1989, 13 Down syndrome babies were seen soon after birth by the author and the diagnosis disclosed to the parents. To help them understand the diagnosis, they were seen again within 48 hours and their permission sought to record this second discussion about Down syndrome in general, and their own child in particular. All but one family agreed: after the discussion they were given the tape. 6 weeks later use of the tape by the 12 families was assessed and their views on it sought. 2 infants had died: their parents thought the tape "irrelevant" because of the deaths and continual contact with health professionals. They considered the tape a good idea for others. One family had their child adopted and did not return. 9 other families rated the concept of the recording as between "satisfactory" and "very good". However 8 (33%) parents had not listened to the tape again; 5 had played it only once; only one couple had played it to relatives and friends. 2 mothers were distressed by listening to the tape. Recall of information was not obviously improved. Such recordings are not the answer for all parents of newborn Down syndrome babies.

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PSYCHOLOGICAL EFFECTS OF SLEEP DISTURBANCE: EVIDENCE FROM CHILDHOOD EPILEPSY

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There has been little research on ways in which cerebral dysfunction can cause sleep disturbance and the effects of this disturbance on psychological function. This study compared a range of sleep disorders in a representative group of children with epilepsy and normal controls, and explored associations between sleep disorders and behavioural disturbance in the epilepsy group.

By means of a comprehensive, standardised, parental enquiry sleep disturbance was assessed in 79 schoolchildren with epilepsy under local, nonspecialized paediatric care and 79 age and sex matched children from the general population. Sleep disorders were grouped into five types. The behaviour of each child with epilepsy was assessed using the Conners Revised Parent Rating Scale. Epilepsy variables were also carefully assessed. The main statistically significant findings were: 1. much higher rates of generally disturbed sleep and behaviour in the children with epilepsy compared with the other children, 2. strong associations between sleep disorder (especially poor quality sleep) and behavioural disturbance, 3. an association between high seizure frequency and anxieties about sleep.

The results highlight the need for more attention to sleep disturbance in children with cerebral dysfunction such as epilepsy. Further research needs to aim at explaining underlying mechanisms. Physiological sleep studies should provide further insights.

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COURSE OF CIRCUMSCRIBED SCLERODERMA IN CHILDHOOD

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Circumscribed scleroderma (CS) shows a great variety of clinical pictures in children, but there is a preference of linear variants on the extremities and combined forms. Broad spectrum and high level of humoral immune phenomena, extension from distal to proximal, pansclerotic terminal state with defect of growth of the extremity are typical for linear variants on the extremities. Systemic forms of CS in form of renal dysfunction, migraine-like attacks and arthralgia can exist. The consequences for treatment result from the immunopathogenesis. By immunosuppressive treatment it is possible to achieve standstill of the progression, softening of the lesions and partial involution of immune phenomena. The special aspects of CS in children will be exposed in 32 children of our case material.