

ESORDI DI MALATTIA

Quali sono i
predittori?
Quali comorbidità?
Quali esordi?

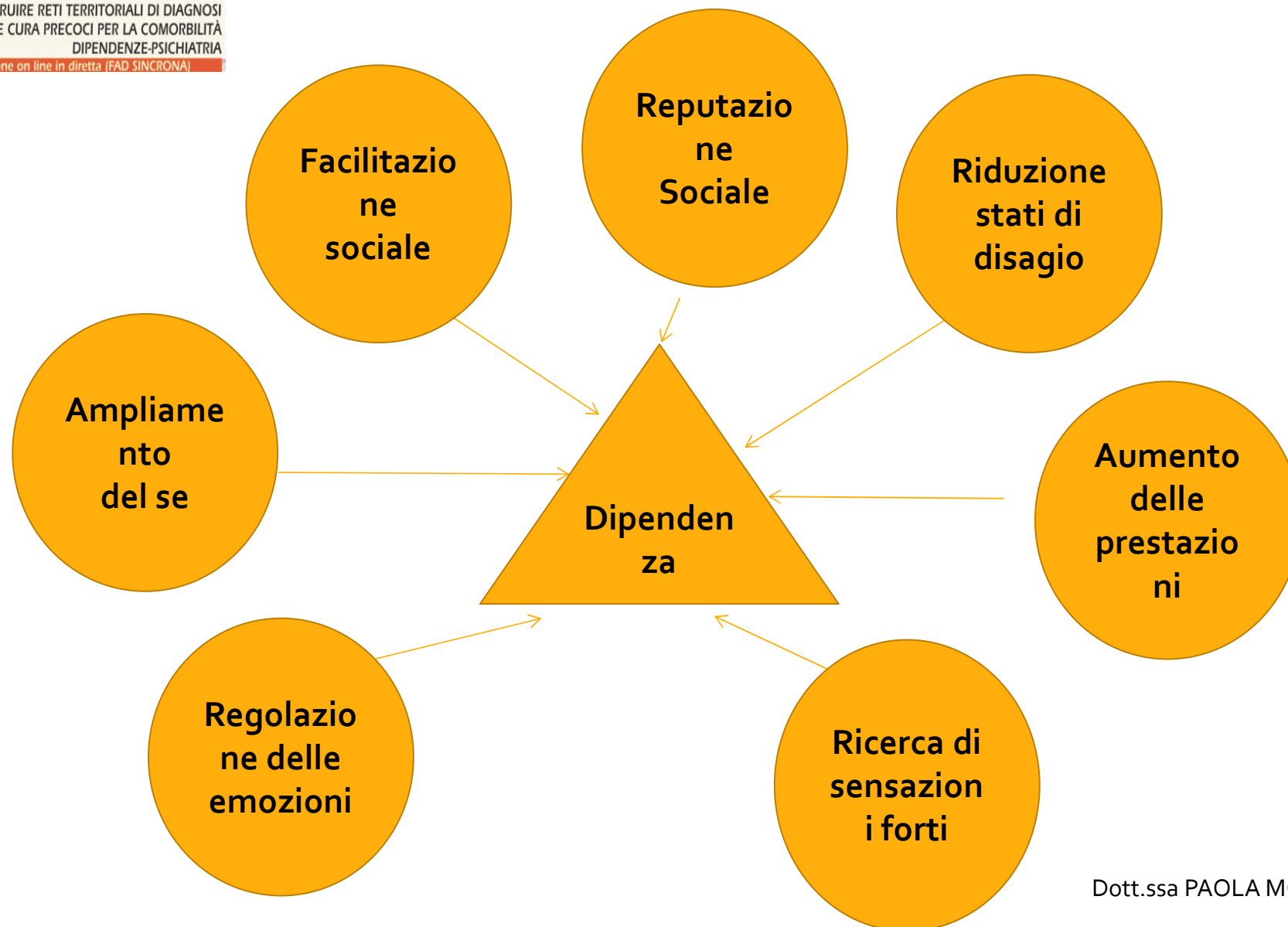
Quali obiettivi?

Curare per prevenire

Prevenire per curare

Intercettare
precocemente

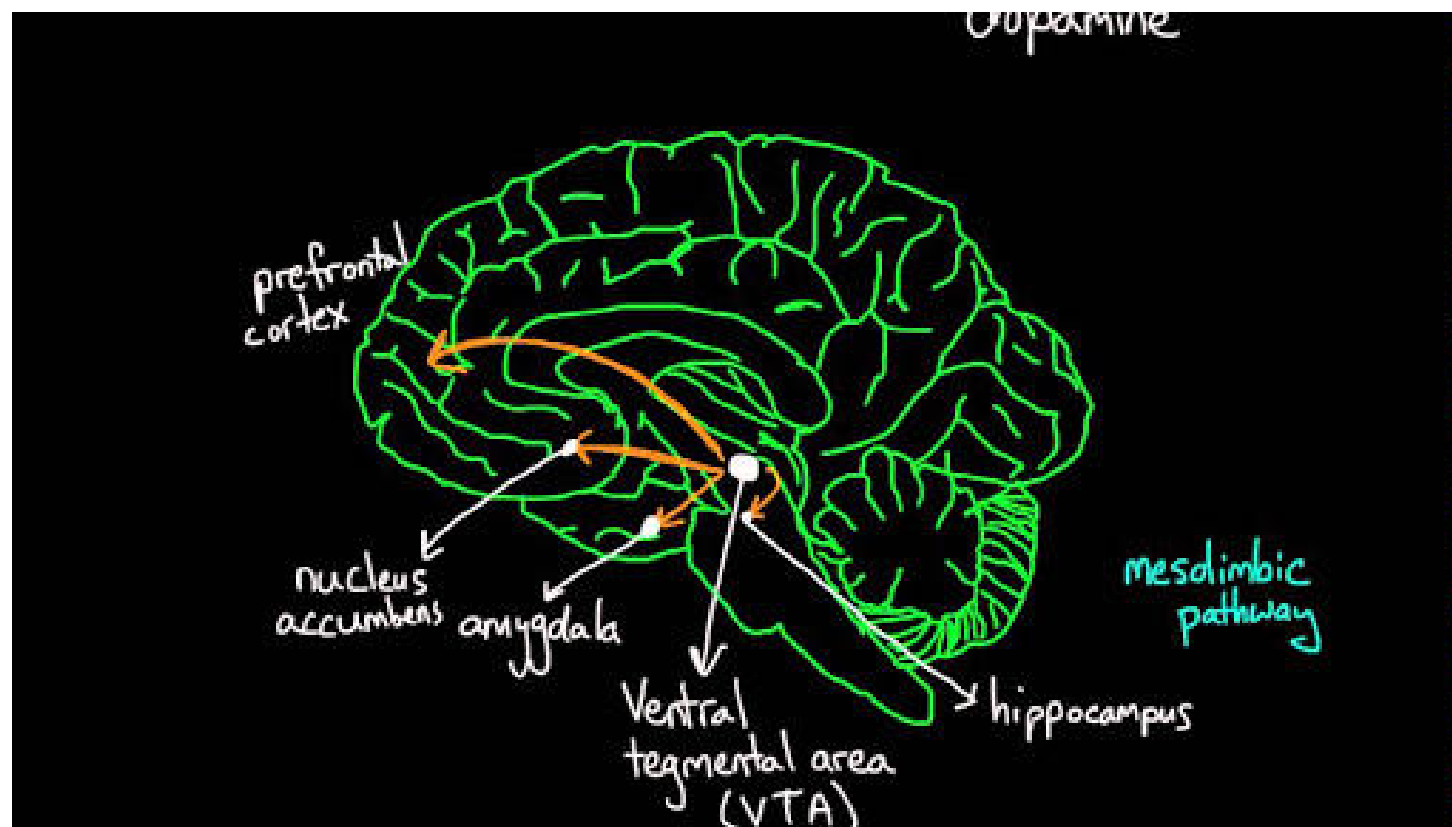




Teorie del neurosviluppo

basi neurobiologiche

reward circuit pathway



ADHD

Reward network Choosing what's important

Signals in this network tell us, "Wow, this deserves our attention!" The reward center may be understimulated and late to develop in children with ADHD, making it hard for them to choose among competing things. Hyperactivity, impulsivity and inattention are also related to this network.

Fronto-striatal network Deciding to focus

This lets us switch smoothly between tasks, filter out distractions and pick out relevant information from our environment. This network is thought to be underactive in people with ADHD and may contribute to hyperactivity, inattention and impulsivity.

Executive function network Making a game plan

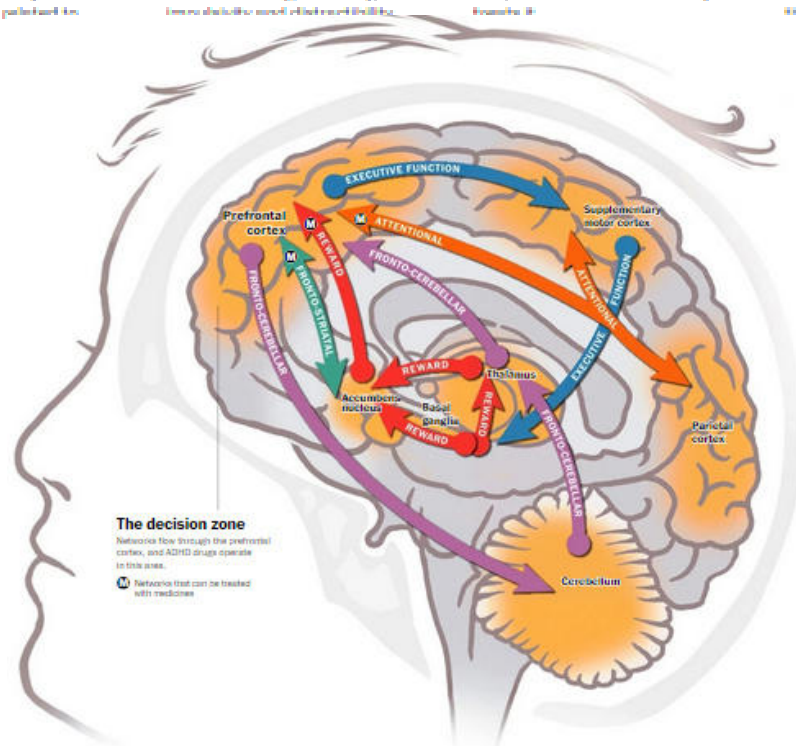
After you choose what to do, this network figures out how to do it. Executive function includes planning, organization and working memory. About half of people with ADHD have executive dysfunction; no medication effectively treats this.

Attentional network Staying on task

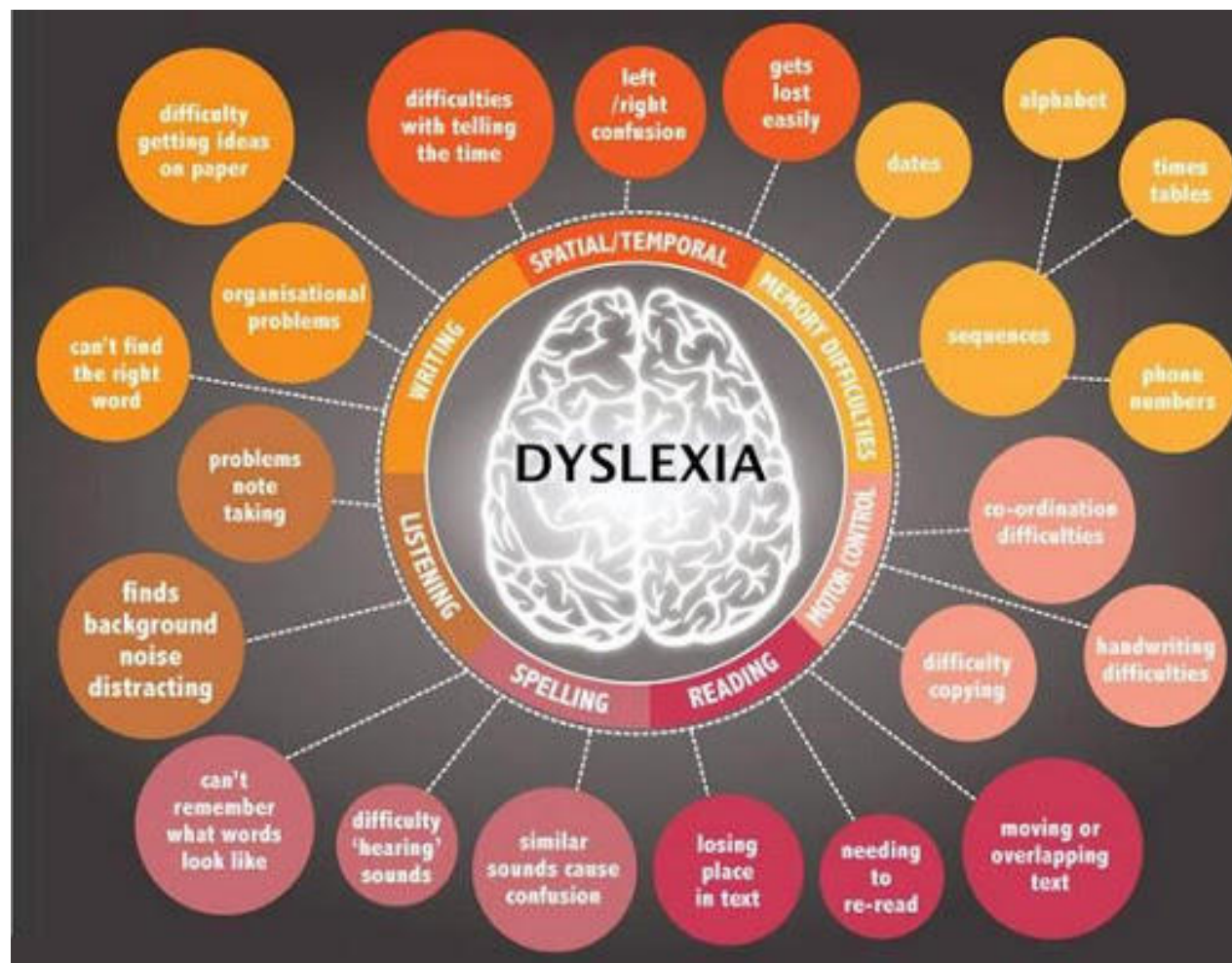
Once you've decided to pay attention to something, this network sustains that attention. Not all ADHD kids are hyperactive. Some are inattentive: more easily distracted, forgetful, disorganized and unfocused than their peers.

Fronto-cerebellar network Moving and thinking efficiently

The cerebellum increases coordination, precision and efficiency in movement and thought processes. It may also function as an internal timekeeper, so signal disruption in this network may contribute to time management problems.



Difficoltà di apprendimento



Attaccamento



Il disturbo da uso di sostanze come disturbo dell'attaccamento

Le difficoltà di regolazione emotiva e nei rapporti personali tipiche di un attaccamento insicuro sembrerebbero implicate nel disturbo da uso di sostanze

Predittori precoci

Even in early childhood offspring alcohol expectancies correspond to parental drinking
Emmanuel Kuntsche et al. Drug Alcohol Depend. 2018

Abstract

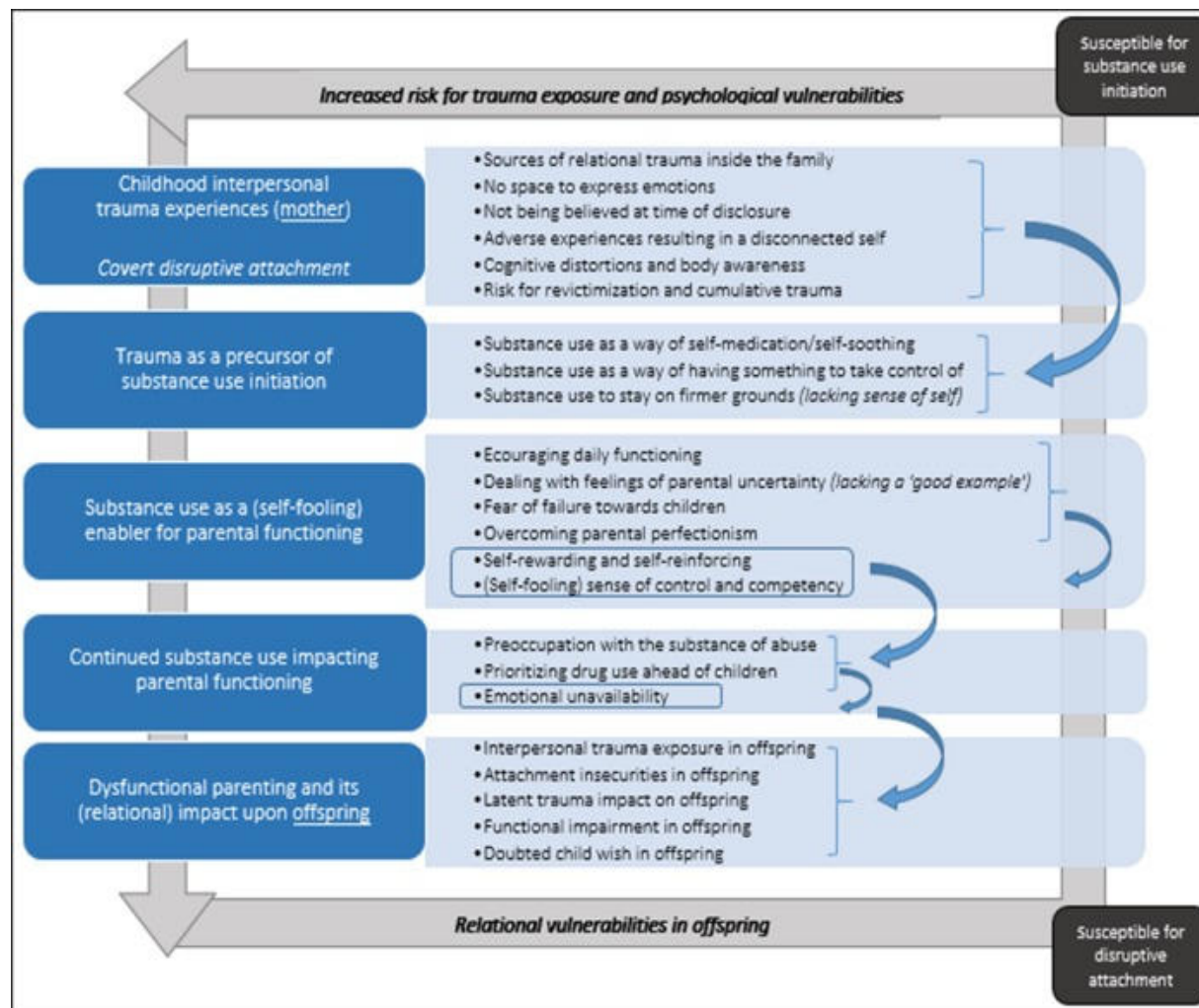
Background: Research has found that children as young as preschoolers have an idea about the valence (positive vs. negative) and activation (arousal vs. sedation) of emotional change when adults drink alcohol. The development of alcohol expectancies at such a young age may be due to observed parental alcohol use.

Methods: Three measures of alcohol use (frequency, quantity and binge drinking) assessed among 115 fathers and 149 mothers were correlated with four alcohol expectancy factors (crossing valence and activation) of their offspring, aged three to six (70 boys and 82 girls).

Results: For both arousal and sedation expectancies and across alcohol use measures of both fathers and mothers, the greater parental alcohol use was, the higher their sons' negative and the lower positive alcohol expectancies were. For negative expectancies (particularly sedation, i.e., drinking when feeling sad or depressed), there was a stronger and more consistent association with paternal than with maternal drinking. For daughters, there was no consistent association between any expectancy factor and any parental drinking behavior.

Conclusions: Already among preschoolers, parental drinking was found to be correlated with their sons' alcohol expectancies in the sense that **they may observe and associate positive emotional consequences (feeling joyful, happy, calm, relaxed etc.) with moderate parental drinking and negative emotional consequences (feeling angry, nervous, sad, depressed etc.) with excessive drinking. This may be important for prevention**

Ruolo dei disturbi post traumatici come predittori e attivatori di malattia





Dev Med Child Neurol

. 2018 Jul;60(7):645-659.

doi: 10.1111/dmcn.13754. Epub 2018 Apr 6.

Internet gaming disorder in children and adolescents: a systematic review

[Frank W Paulus](#), [Susanne Ohmann](#), [Alexander von Gontard](#), [Christian Popow](#)

Abstract

Aim: Internet gaming disorder (IGD) is a serious disorder leading to and maintaining pertinent personal and social impairment. IGD has to be considered in view of heterogeneous and incomplete concepts. We therefore reviewed the scientific literature on IGD to provide an overview focusing on definitions, symptoms, prevalence, and aetiology.

Method: We systematically reviewed the databases ERIC, PsycARTICLES, PsycINFO, PSYINDEX, and PubMed for the period January 1991 to August 2016, and additionally identified secondary references.

Results: The proposed definition in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition provides a good starting point for diagnosing IGD but entails some disadvantages. **Developing IGD requires several interacting internal factors such as deficient self, mood and reward regulation, problems of decision-making, and external factors such as deficient family background and social skills.** In addition, specific game-related factors may promote IGD. Summarizing aetiological knowledge, we suggest an integrated model of IGD elucidating the interplay of internal and external factors.

Interpretation: So far, the concept of IGD and the pathways leading to it are not entirely clear. In particular, long-term follow-up studies are missing. IGD should be understood as an endangering disorder with a complex psychosocial background.

What this paper adds: In representative samples of children and adolescents, on average, 2% are affected by Internet gaming disorder (IGD). The mean prevalences (overall, clinical samples included) reach 5.5%. Definitions are heterogeneous and the relationship with substance-related addictions is inconsistent. Many aetiological factors are related to the development and maintenance of IGD. This review presents an integrated model of IGD, delineating the interplay of these factors.

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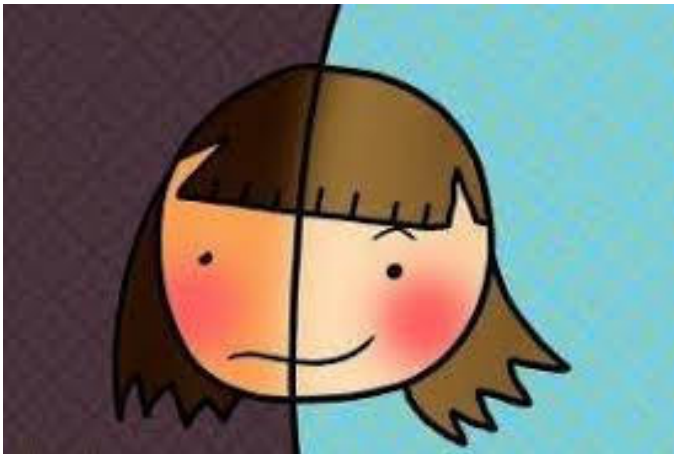
Dott.ssa PAOLA MOROSINI – ASST Lodi

CUTTING E SELF-INJURY

- prevalentemente femminile
- insorgenza 11-14 anni
- dopo 20 anni decresce
- spesso associato a disturbi alimentari e a dipendenze
- più diffuso in popolazione clinica, ma anche non clinica



ESORDI DI MALATTIA



DISTURBO BIPOLARE ADOLESCENZIALE

- . Andamento più frequentemente episodico
- . Maggiore evidenza di sintomi affettivi
- . Condotte a rischio
- . Dipendenza da sostanze d'abuso (stimolanti, alcol)
- . Elevato rischio suicidario
- . Frequenti sintomi psicotici
- . Vita caotica e tempestosa, fortemente instabile (BD II)

J Am Acad Child Adolesc Psychiatry

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Childhood Psychiatric Disorders as Risk Factor for Subsequent Substance Abuse: A Meta-Analysis

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Abstract

Objective: To assess the prospective risk of developing substance-related disorders after childhood mental health disorders (i.e., attention-deficit/hyperactivity disorder [ADHD], oppositional defiant disorder [ODD] or conduct disorder [CD], anxiety disorder, and depression) using meta-analysis.

Method: PubMed, Embase, and PsycInfo were searched for relevant longitudinal studies that described childhood (<18 years old) ADHD, ODD or CD, anxiety, or depression in relation to later alcohol-, nicotine-, or drug-related disorders or substance use disorders (SUDs) published in peer-reviewed journals in the English language from 1986 to May 2016. Two researchers conducted all review stages. Meta-analysis of Observational Studies in Epidemiology (MOOSE) guidelines were followed.

Results: Thirty-seven studies including more than 762,187 participants were identified for quantitative analyses. These studies included 22,029 participants with ADHD, 434 participants with ODD or CD, 1,433 participants with anxiety disorder, and 2,451 participants with depression. Ninety-seven effects sizes were extracted for analyses. Meta-analysis showed a significantly increased risk for addiction in ADHD (n = 23, odds ratio [OR] 2.27, 95% CI 1.98-3.67; OR alcohol 2.15, 95% CI 1.56-2.97; OR drugs 1.52, 95% CI 1.52-5.27; OR nicotine 2.52, 95% CI 2.01-3.15; OR SUDs 2.61, 95% CI 1.77-3.84), ODD or CD (n = 8, OR 3.18, 95% CI 1.97-5.80; OR alcohol 1.73, 95% CI 1.51-2.00; OR drugs 4.24, 95% CI 1.3-21.59; OR nicotine 4.22, 95% CI 3.21-5.55; OR SUDs 4.86, 95% CI 3.09-7.56), and depression (n = 13, OR 2.03, 95% CI 1.47-2.81; OR alcohol 1.10, 95% CI 1.02-1.19; OR nicotine 2.56, 95% CI 1.89-3.48; OR SUDs 2.20, 95% CI 1.41-3.43), but not for anxiety disorders (n = 15, OR 1.34, 95% CI 0.90-1.55, not significant).

Conclusion: Childhood ADHD, ODD, CD, and depression increase the risk of developing substance-related disorders. Anxiety disorders do not seem to increase the risk for future substance-related disorders, although the findings are highly heterogeneous. These findings emphasize the need for early detection and intervention to prevent debilitating substance-related disorders in later life.

Dott.ssa PAOLA MOROSINI – ASST Lodi

Questioni aperte

Cosa dobbiamo intercettare in età evolutiva?

La comorbidità?

Il disturbo psichiatrico slatentizzato da sostanze?

Il disturbo psichiatrico che predice e precede la dipendenza?

E anche cosa significa per un disturbo l'incontro con le sostanze ?

Quali quadri prodromici e quali prime acuzie?

Problema diagnostico e responsabilità della cura

Se analizziamo il processo di diagnosi e cura e non l'attribuzione della diagnosi agli specialisti ci accorgiamo che il processo determina le azioni necessarie alla prevenzione di danni secondari e alla cura

Oltre la doppia diagnosi

Even More Complex.... When Mental Disorder Meets Addiction in Youth: Dual Pathology

[Julio Torales¹](#), [João M Castaldelli-Maia²](#), [Antonio Geraldo da Silva³](#), [Marcela W Campos⁴](#), [Israel González-Urbieto¹](#), [Iván Barrios¹](#)

Abstract

Background: The management of mental disorders in child and adolescent is challenging. In addition, when substance use disorders are associated with mental disorders, important complications are noted. Dual pathology and Substance-induced disorders should be distinguished in cases like this.

Objective: To summarize the latest information on the epidemiology, etiology and management aspects of dual pathology in adolescents.

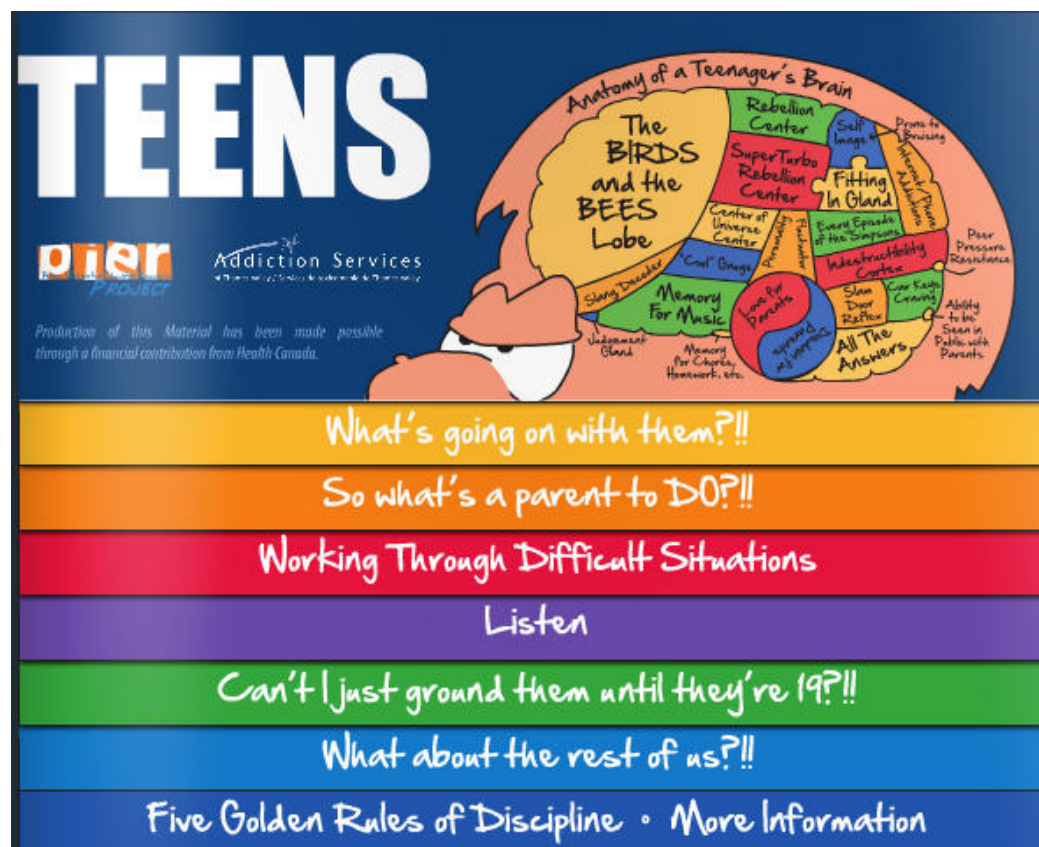
Methods: PubMed, Web of Science, PsycINFO and SciELO databases were searched to perform a narrative review.

Results: Dual pathology is the term used to designate the co-occurrence of an addictive disorder and at least one other mental health disorder, independently. To distinguish dual pathology from substance-induced disorders, the temporal association between the disorders in a longitudinal assessment should be emphasized. If the symptoms of the mental disorder appear prior to the substance use or after a long period of abstinence, a diagnosis of dual pathology should be considered. **Patients with dual pathology present greater psychosocial issues, more medical problems, and worse prognosis than those with substance-induced disorders.** The proposed etiological models agree that biological, psychological and social factors are shared in the development of these conditions.

Conclusion: Healthcare systems should focus on creating policies that will allow early detection, preventive public health measures, and an integrated and coordinated care for these patients. Public health policies should create means to promote awareness and prevention of these pathologies since early initiation of treatment (pharmacological, psychotherapeutic, family therapy, education in schools, behavioral interventions and treatment of comorbidities) reduces the risks associated to substance use disorders and other negative consequences.

Dott.ssa PAOLA MOROSINI – ASST Lodi

Quali dispositivi
 di cura?
 Focus sul
 processo di
 malattia non sui
 servizi
 Spazio arancione
 ASST Lodi
 (pediatri, Npi,
 dipendenze)



La presa in carico familiare

