

References

Child and adolescent disorders

243 Hill P, Taylor E. An auditable protocol for treating attention deficit/hyperactivity disorder. *Arch Dis Child* 2001, 84: 404-409. The authors suggest a good-practice protocol with a checklist.

244 Jensen PS, Hinshaw SP, Swanson JM et al. Findings from the NIMH Multimodal Treatment Study of ADHD (MTA): implications and applications for primary care providers. *J Dev Behav Pediatrics* 2001, 22(1): 60-73. (AI) This is a randomized controlled trial. Results indicated that medication (usually methylphenidate) and combination interventions were substantially superior to behavioural and community care interventions for attention-deficit hyperactivity disorder symptoms. High-quality medication treatment characterized by careful, yet adequate, dosing, three-times-daily methylphenidate administration, monthly follow-up visits and communication with schools conveyed substantial benefits to those children that received it.

245 A Cochrane Review will be available soon. Zwi M, Pindoria S, Joughin C. Parent training interventions in attention-deficit/hyperactivity disorder (Protocol for a Cochrane Review). In: *The Cochrane Library*, Issue 4, 2003. Oxford: Update Software.

246 National Institute for Clinical Excellence. Guidance on the Use of Methylphenidate (Ritalin, Equasym) for Attention-Deficit/Hyperactivity Disorder in Childhood. Technology appraisal guidance No.13, 2000; URL <http://www.nice.org.uk>. (AI) Services specializing in attention-deficit/hyperactivity disorder (ADHD) should ensure that methylphenidate is used as part of a comprehensive treatment programme for children with a diagnosis of severe ADHD.

247 Ramchandani P, Joughin C, Zwi M. Attention deficit hyperactivity disorder in children. *Clinical Evidence* 2002, 8: 280-290. (AI) Methylphenidate alone or combined with behavioural treatments and dexamphetamine are beneficial for ADHD.

248 Diggle T, McConachie HR, Randle VRL. Parent-mediated early intervention for young children with autism spectrum disorder (Cochrane Review). In: *The Cochrane Library*, Issue 2, 2003. Oxford: Update Software. Two studies were analysed. There is some evidence that parent training might provide benefits to both children and parents. However, large-scale randomized controlled trials are needed, to involve both short- and long-term outcome information, to evaluate for which children parent-mediated early intervention might be most beneficial, and to include economic evaluations.

249 Black D. Bereavement. In: Rutter M, Taylor E (eds.) *Child and Adolescent Psychiatry*, 4th edn. Oxford: Blackwell Science, 2002: pp. 299-308. This is a review of treatments and interventions.

250 Harris-Hendriks J, Black D, Kaplan T. *When Father Kills Mother - Guiding Children Through Trauma and Grief*, 2nd edn. London: Routledge, 2000. This is a comprehensive review of the effects of traumatic bereavement on children and details of treatments.

251 Sharp S. How much does bullying hurt? The effects of bullying on the personal well being and educational progress of secondary aged students. *Education Child Psychol* 1995, 12(2): 81-88.

252 Hawker D, Boulton M. Twenty years' research on peer victimisation and psychosocial maladjustment: a meta-analytic review of cross-sectional studies. *J Child Psychol Psychiatry* 2000, 42(4): 441-455. (CI) This is a meta-analysis of cross-sectional studies. Results suggest that victimization is most strongly related to depression, and least strongly to anxiety. There was no evidence that victimization is more strongly related.

253 Deater-Deckard K. Recent research examining the role of peer relations in the development of psychopathology. *J Child Psychol Psychiatry* 2001, 42(5): 565-580.

254 Dawkins J. Bullying in schools: Doctors' responsibilities. *Br Med J* 1995, 310: 274-275.

255 Kaltiala-Heino R, Rimpela M, Marttunen M, Rimpela A, Rantanen P. Bullying, depression and suicidal ideation in Finnish adolescents. *Br Med J* 1999, 319: 348-51. (CV) Adolescents who are being bullied and those who are bullies are at an increased risk of depression and suicide. The need for psychiatric intervention should be considered not only for victims of bullying but also for bullies.

256 Bannon MJ, Carter YH. The Role of Primary Care in the Protection of Children from Abuse and Neglect. A joint position paper with the Royal College of Paediatrics and Child Health and endorsed by the NSPCC. London: RCGP Publications, 2003.

257 Home Office/CPS/Department of Health Practice. Guidance Provision of Therapy for Child Witnesses Prior to a Criminal Trial. URL <http://www.doh.gov.uk/scg/therapy/therapybooklet.htm>

258 Kazdin A. Psychosocial treatments for conduct disorder in children. *J Child Psychol Psychiatry* 1997, 38: 161-178. (CII) This is a literature review. Promising treatments include problem-solving skills training, parent management training, functional family therapy and multisystemic therapy.

259 Scott S, Spender Q, Doolan M et al. Multicentre controlled trial of parenting groups for child antisocial behaviour in clinical practice. *Br Med J* 2001, 323: 194-197. (CIII) Parenting groups effectively reduce serious antisocial behaviour in children in real-life conditions. Follow-up is needed to see if the children's poor prognosis is improved and criminality prevented.

260 Woolfenden SR, Williams K, Peat J. Family and parenting interventions in children and adolescents with conduct disorder and delinquency aged 10-17 (Cochrane Review). In: *The Cochrane Library*, Issue 2, 2003. Oxford: Update Software. (AI) Eight trials were analysed. Current evidence suggests that family and parenting interventions for juvenile delinquents and their families have beneficial effects on reducing time spent in institutions. This has an obvious benefit to the participant and their family, and may result in a cost saving for society.

261 NICE will publish a guideline on the management of depression in children and adolescents in March 2005.

262 Robin A, Gilroy M, Dennis AB. Treatment of eating disorders in children and adolescents. *Clin Psychol* 1998, 18(4): 421-446. (CIV)

263 Eisler I, Le Grange D, Asen E. Family interventions. In: Treasure J, Schmidt U, van Furth E (eds.) *Handbook of Eating Disorders*. Chichester: John Wiley and Sons, 2003.

264 Action for Health, DoH publication about Health Action Plans, available from the Department of Health, PO Box 777, London SE1 6XH, UK.