

- 1419 Association of Internalizing Disorders and Allergies in a Child and Adolescent Psychiatry Clinical Sample.
- 1426 Association Between Mental Health Status and Sleep Status Among Adolescents in Japan: A Nationwide Cross-Sectional Survey.
- 1436 A Pilot Study of an Electronic, Adolescent Version of the Quick Inventory of Depressive Symptomatology.

## The Phenomenology and Assessment of Childhood and Adolescent Mental Health: Progress in Research

**T**he 3 articles in this “Focus on Childhood and Adolescent Mental Health” reveal novel research developments in understanding the phenomenology and assessment of psychopathology in youth. Infante and colleagues compared rates of atopic disorders, which include asthma, allergic rhinitis, urticaria, and atopic dermatitis, among 4 groups of youth; those with only internalizing disorder, those with only externalizing disorder, those with both internalizing and externalizing disorder, and those with psychiatric disorders that were classified as neither internalizing nor externalizing. The authors found elevated rates of atopic disorders in patients with internalizing disorders alone, suggesting the possibility of a common underlying etiology for these disorders. This relationship may also lead to identification of potential targets for novel therapeutic intervention strategies—such as medications that inhibit cytokines—that may be effective for the subgroup of patients with atopic and internalizing disorders.

In an unusually large epidemiologic study of approximately 100,000 adolescents in Japan, Kaneita and colleagues examined the relationships between mental health status and sleep duration. Consistent with other epidemiologic studies, the authors found that girls had poorer mental health than boys, and increased age was associated with poor mental health. Additionally, the mental health status of subjects with a sleep duration of 9 hours or longer or less than 7 hours was poorer than that of subjects whose sleep duration was 7 hours or more but less than 9 hours, indicating a U-shaped association between sleep duration and mental health status. This study emphasizes the importance of obtaining a detailed history of sleep patterns in adolescents with poor mental health and conversely, considering the mental health status of adolescents with sleep disturbances.

Moore and colleagues examined the reliability and validity of a novel assessment technique for depressive symptoms in adolescents that is advantageous because it is time efficient and cost effective and may be implemented in a wide variety of settings. The authors developed an electronic interactive voice response (IVR) version of the Quick Inventory for Depressive Symptomatology (QIDS) that was adapted for adolescents. Assessments were administered to adolescents and, separately, to their parents. Consistent with prior studies, the results revealed that parental assessments of depression underestimate symptom severity. Specifically, the adolescent version of the QIDS-IVR system (QIDS-A-IVR) was highly correlated with the Children’s Depression Rating Scale-Revised (CDRS-R). In contrast, the parental informant version did not correlate with the CDRS-R or the QIDS-A-IVR. Although this study provided cross-sectional evaluation of the QIDS-A-IVR, future studies examining whether the QIDS-A-IVR is sensitive to changes in depressive symptoms over time are needed before this assessment tool may be used to monitor treatment response.

The clinical care of children and adolescents with mental health disorders will benefit from the development of novel symptom assessment techniques as well as from our increased knowledge of the clinical characteristics associated with alterations in mental health in youth.

**Melissa P. DelBello, M.D.**  
Deputy Editor