

808 Juvenile Maladaptive Aggression: A Review of Prevention, Treatment, and Service Configuration and a Proposed Research Agenda.

821 Psychiatric Comorbidity Assessed in Korean Children and Adolescents Who Screen Positive for Internet Addiction.

827 Validation of the Mood Disorder Questionnaire for Bipolar Disorders in Adolescents.

Improving the Recognition and Treatment of Childhood and Adolescent Mental Illness

Compared with those dealing with adult psychopathology, relatively few studies have systematically evaluated diagnostic issues in child and adolescent psychiatry. In this issue of "Focus on Childhood and Adolescent Mental Health," we present 3 articles that examine different aspects of the phenomenology of childhood and adolescent mental illness. In the first article, Conner and colleagues review the phenomenology and treatment of pediatric aggression. One of the most common presenting problems in child and adolescent mental health is aggression; however, as the authors point out, aggression can occur in relation to many different underlying psychiatric diagnoses, and therefore, an accurate diagnosis may be difficult to determine. Unfortunately, there have been few studies of pharmacologic treatments for aggression, leaving clinicians with little evidence to guide the management of aggression in youth. Conner and colleagues review the extant literature assessing pharmacologic and nonpharmacologic treatments for aggression in youth. Additionally, they provide guidance on future research directions that are necessary to advance our knowledge of the phenomenology, biology, and treatment of aggressive behaviors in children and adolescents.

Internet addiction is rapidly becoming an international epidemic. In the second article, Ha and colleagues examine the prevalence of Internet addiction in children and adolescents in South Korea as well as rates of psychopathology in this population who screened positive for the disorder. Of importance, the authors raise awareness about asking children and adolescents about the presence of symptoms of Internet addiction and enlighten us regarding what types of psychopathology accompany the disorder in youth.

The most frequent age at onset of bipolar disorder is during adolescence (*Biol Psychiatry* 2004;55:875-881). However, bipolar disorder is commonly misdiagnosed as attention-deficit/hyperactivity disorder or other mood disorders in this group. As a result, children and adolescents with bipolar disorder are often initially treated with medication that may exacerbate illness course, such as antidepressants and stimulants. Therefore, timely and accurate diagnosis is essential to decrease the morbidity and mortality that may be associated with early-onset bipolar disorder. In the third article, Wagner and colleagues validate the Mood Disorder Questionnaire-Adolescent version as a much-needed screening instrument for bipolar disorder in adolescents. The important results of this study demonstrate that the MDQ-A parent report has good sensitivity and specificity, indicating that this instrument will be useful as a screening instrument for adolescent bipolar disorder.

Together, the articles included in this issue of "Focus on Childhood and Adolescent Mental Health" advance our knowledge of diagnostic issues related to pediatric psychopathology so that we may enhance our ability to more accurately diagnose and, as a result, more effectively treat children and adolescents with mental health disorders.

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