

# European Academy of Childhood Disability at Göteborg

My colleagues in Sweden – both those who actually live in Göteborg and those who are associated with running the EACD meeting this October in Göteborg – proved unaccountably coy when it came to the request for a guest editorial for this number on the occasion of that meeting. I find myself, therefore, doubling in my present role as Chairman of the European Academy of Childhood Disability with my editorship of *Developmental Medicine & Child Neurology*.

Göteborg was founded by the great, if somewhat blood-thirsty, Swedish king Gustavus Adolphus in 1619. It developed as a great seaport and today is the largest port in Scandinavia. What has this maritime connection to do with the enormous extent of work that has been carried out in Göteborg on neurodisability? A well organised administrative health service means that the possibility of doing epidemiological research is assisted, but its exploitation reflects the remarkable group of clinical scientists who have been attracted and worked in the area.

One starts with the work of the paediatric neurologists led by Bengt Hagberg. Bengt, with his wife Gudrun, have been remarkable first and foremost in the field of cerebral palsy (CP). The latest paper from their study now covers children born in the birth years 1954–1994.<sup>1</sup> It is remarkable that although CP – as Bengt himself has written – is not a disease but a ‘socio-medical symptom complex’, as a diagnostic category it has stood up over the years and the rate, although fluctuating in a small way, still comes in at somewhere between 2 and 2.5 per thousand: almost identical with that of the first cohort reported on the births between ‘54 and ‘58.

The neuropaediatricians in Göteborg have not only been concerned with CP; most famously, Hagberg rediscovered the syndrome that Andreas Rett had originally described. There have been many colleagues also involved in these studies and almost at random one can note studies of the neuromuscular disorders, progressive encephalopathies, and infantile hydrocephalus. The solid epidemiological basis, together with the meticulous clinical description is perhaps the hallmark of all these studies. The extent of such work from one city would satisfy most patriots as evidence of the vigour of the intellectual activity in the biological sciences. But in addition one has to draw attention to the formidable amount of work which has been presented in the field of neuropsychiatry by Christopher Gillberg and his colleagues.

Gillberg’s principal interests were firstly children with autistic spectrum disorders and secondly those with attentional, motor, and perceptual disorders. As its title implies, *The Biology of the Autistic Syndromes*<sup>2</sup> written with Mary Coleman and now in its third edition, the emphasis is on the biology of these disorders. Gillberg, like Hagberg, provides us with long term population based epidemiological data. The Göteborg group has performed repeated population

based studies within the same geographical area and documented a rise in autism from a rate of 4 per 10,000 to later studies with rates up to 11 per 10,000. Geographically based but not necessarily the same population (something of great interest to all of us who deal with immigrant populations), they found that there is a disproportionate rate of such children born to mothers who had migrated to Sweden. The emphasis of the biological studies is on the comorbidities in autism, which leads to their conclusion: ‘There is simply no way of avoiding the painstaking task of diagnosing each child, one by one in a search for an exact diagnosis which might lead to rational family counselling and targeted educational and medical treatment.’ (p 304)<sup>2</sup>

Again, in the field of the clumsy and overactive child with attentional deficits, the emphasis has been on the comorbidities. In a recent summary<sup>3</sup> Gillberg wrote ‘Disorders tend to overlap and show significant comorbidities. Familial and brain damaging factors are involved in the pathogenesis and appear to impinge on specific attentional brain systems.’ Then as evidence that these disorders with their poor outcome intervention should take place which ‘...could constitute effective prevention in a general population health perspective’ (p 107).<sup>3</sup> Again one is picking up only two aspects of the work that had come from Gillberg’s unit and many colleagues have played their part.

All in all then, a lot goes on in Göteborg. More than enough for the home team to be able to produce much of the material which might be presented in a meeting on neurodisability. However, the organisers have modestly invited many other speakers from all parts of the world and, given the strength of the home team and the away team coming in, I look forward with great excitement to the EACD’s October meeting in Göteborg.

*Martin Bax*

#### *Acknowledgments*

Thanks to Bengt Hagberg and Christopher Gillberg for information on which I’ve written this editorial. I have not attempted to make the referencing at all comprehensive, only really supplying a reference in association with a direct quote. But there a few papers and books out there if you want to read more!

#### **References**

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