Appendix C:

Citation tree articles used in Chapter 7 plus further data analyses

Appendix C1 (Search via name, articles in chronological reverse order newest to oldest.)

USA only articles = 575 citing articles

PRO = 459, SCEP = 33, SMD = 19, TRAD = 36, NA = 25(24), CONS = 3.

Record 1 of 50 = PRO (but critiques lack of psychotherapy and pharmacotherapy monitoring at Mayo Clinic)

Title: Treatments and Services Provided to Children Diagnosed with Bipolar Disorder

Author(s): Voort, JLV (Voort, Jennifer L. Vande); Singh, A (Singh, Amandeep); Bernardi, J (Bernardi, Julio); Wall, CA (Wall, Christopher A.); Swintak, CC (Swintak, Cosima C.); Schak, KM (Schak, Kathryn M.); Jensen, PS (Jensen, Peter S.)
Source: CHILD PSYCHIATRY & HUMAN DEVELOPMENT **Volume:** 47 **Issue:** 3 **Pages:** 494-502 **DOI:** 10.1007/s10578-015-0582-7 **Published:** JUN 2016
Abstract: To better understand the types and quantity of mental health services and medication usage for youth diagnosed with bipolar disorder (BD) within an integrated healthcare system, medical records were reviewed from 2000 to 2011. Eighty-five youth diagnosed with BD were identified and healthcare services (medication and psychotherapy follow-up appointments, emergency room (ER) visits, admissions, phone contacts) and visit-related details (medication usage) were abstracted for 2 years after initial BD diagnosis. Despite complex medication regimens (91.7 and 81.2 % received mood stabilizers and antipsychotic agents, respectively), medication appointments were infrequent, averaging 1 visit every 2 months. Only 36 (42 %) of 85 youth were noted to receive psychotherapy services following BD diagnosis, also averaging 1 visit every 2 months. Most (58.8 %) patients needed one or more hospitalizations during the follow-up period; nearly half (48.2 %) had psychiatric ER visits. The relative lack of psychotherapy and infrequent follow-up visits suggests need for improvement to optimize healthcare delivery.
Accession Number: WOS:000375564500013

Record 2 of 50 = SMD
Title: The Effectiveness and Tolerability of Central Nervous System Stimulants in School-Age Children with Attention-Deficit/Hyperactivity Disorder and Disruptive Mood Dysregulation Disorder Across Home and School
Author(s): Baweja, R (Baweja, Raman); Belin, PJ (Belin, Peter J.); Humphrey, HH (Humphrey, Hugh H.); Babocsai, L (Babocsai, Lysett); Pariseau, ME (Pariseau, Meaghan E.); Waschbusch, DA (Waschbusch, Daniel A.); Hoffman, MT (Hoffman, Martin T.); Akinnusi, OO (Akinnusi, Opeolowa O.); Haak, JL (Haak, Jenifer L.); Pelham, WE (Pelham, William E.); Waxmonsky, JG (Waxmonsky, James G.)
Source: JOURNAL OF CHILD AND ADOLESCENT PSYCHOPHARMACOLOGY **Volume:** 26 **Issue:** 2 **Pages:** 154-163 **DOI:** 10.1089/cap.2015.0053 **Published:** MAR 1 2016
Abstract: Objective: This study examines the effectiveness and tolerability of stimulants in children with attention-deficit/hyperactivity disorder (ADHD) and disruptive mood dysregulation disorder (DMDD). Methods: To be eligible, participants had to meet Diagnostic and Statistical Manual of Mental Disorders, 4th ed., Text Revision (DSM-IV) criteria for the combined subtype of ADHD and National Institute of Mental Health (NIMH) severe mood dysregulation criteria. The Diagnostic and Statistical Manual of Mental Disorders, 5th ed. (DSM-V) DMDD criteria were retrospectively assessed after the study was completed. An open-label medication trial lasting up to 6 weeks was completed to optimize the central nervous system (CNS) stimulant dose. Measures of affective symptoms, ADHD symptoms and other disruptive behaviors, impairment, and structured side effect ratings were collected before and after the medication trial. Results: Optimization of stimulant medication was associated with a significant decline in depressive symptoms on the Childhood Depression Rating Score-Revised Scale ($p<0.05$, Cohen's $d=0.61$) and Mood Severity Index score ($p<0.05$, Cohen's $d=0.55$), but not in manic-like symptoms on the Young Mania Rating Scale. There was a significant reduction in ADHD ($p<0.05$, Cohen's $d=0.95$), oppositional defiant disorder (ODD) ($p<0.05$, Cohen's $d=0.5$), and conduct disorder (CD) symptoms ($p<0.05$, Cohen's $d=0.65$) as rated by parents. There was also a significant reduction in teacher-rated ADHD ($p<0.05$, Cohen's $d=0.33$) but not in ODD symptoms. Medications were well tolerated and there was no increase in side effect ratings seen with dose optimization. Significant improvement in functioning was reported by clinicians and parents (all p's<0.05), but youth still manifested appreciable impairment at end-point. Conclusions: CNS simulants were well tolerated by children with ADHD comorbid with a diagnosis of DMDD. CNS stimulants were associated with clinically significant reductions in externalizing symptoms, along with smaller improvements in mood. However, most participants still exhibited significant impairment, suggesting that additional treatments may be needed to optimize functioning.
Accession Number: WOS:000372924500011

Record 3 of 50 = PRO
Title: Ten-year updated meta-analysis of the clinical characteristics of pediatric mania and hypomania
Author(s): Van Meter, AR (Van Meter, Anna R.); Burke, C (Burke, Coty); Kowatch, RA (Kowatch, Robert A.); Findling, RL (Findling, Robert L.); Youngstrom, EA (Youngstrom, Eric A.)
Source: BIPOLAR DISORDERS **Volume:** 18 **Issue:** 1 **Pages:** 19-32 **DOI:** 10.1111/bdi.12358 **Published:** FEB 2016
Abstract: ObjectivesThe phenomenology and diagnosis of pediatric bipolar disorder has been controversial. We aimed to update a 2005 meta analysis of the prevalence of manic symptoms in youth, in order to determine whether the picture of pediatric mania has changed as research on pediatric bipolar disorder has grown.
MethodsWe conducted literature reviews in PsycINFO and PubMed; studies with the prevalence of manic symptoms in youth were included. Two raters coded each study; kappa was 0.86-1.0.
ResultsTwenty studies were meta-analyzed (N = 2,226 youths). The most common symptoms across bipolar subtypes, using a random-effects model, were: increased energy 79%, irritability 77%, mood lability 76%, distractibility 74%, goal-directed activity 72%, euphoric/elated mood 64%, pressured speech 63%, hyperactive 62%, racing thoughts 61%, poor judgment 61%, grandiosity 57%, inappropriate laughter 57%, decreased need for sleep 56%, and flight of ideas 54%. Symptom rates were heterogeneous across samples; potential predictors were explored but no clear patterns were found.
ConclusionsDebate continues about the definitions of pediatric bipolar disorder; the results of this meta-analysis suggest that there is significant heterogeneity of symptom prevalence between studies, and that symptoms vary widely across individuals.

Understanding the roots of this heterogeneity could broaden understanding of the complex clinical presentation of pediatric mania, and aid in diagnosis.
Accession Number: WOS:000370715800002

Record 4 of 50 = NA (not clear what is view, but nasty case of Li toxicity in 5 y.o.)
Title: Electrocardiac effects associated with lithium toxicity in children: an illustrative case and review of the pathophysiology
Author(s): Singh, D (Singh, Dhiraj); Akingbola, A (Akingbola, Akinbolaji); Ross-Ascuitto, N (Ross-Ascuitto, Nancy); Ascuitto, R (Ascuitto, Robert)
Source: CARDIOLOGY IN THE YOUNG **Volume:** 26 **Issue:** 2 **Pages:** 221-229 **DOI:** 10.1017/S104795111500147X **Published:** FEB 2016
Abstract: Lithium is a potent psychotherapeutic agent that has gained wide acceptance in paediatrics, especially as adjunct treatment for severe behavioural, anxiety, and attention-deficit hyperactivity disorders, along with bipolar conditions. Its cardiac toxicity has been well-documented in adults; however, information is limited regarding lithium's effects on the heart in children. Therefore, paediatric cardiologists following-up children on lithium therapy should be cognizant of the cardiac side-effects and pathophysiology associated with this drug. In this manuscript, we used an illustrative case of a child who presented with lithium poisoning, in order to highlight adverse clinical manifestations that can arise from this medication. The cardiac cell membrane is thought to be the primary site of lithium's action. Thus, we reviewed lithium's effects on membrane electrogenic pumps and channels involved in the distribution and passage of sodium, potassium, and calcium across the sarcolemma, as these ions, and their associated currents, are the primary determinates of the action potentials underlying auto-rhythmicity and contractile activity of the heart.
Accession Number: WOS:000369084000001

Record 5 of 50 = PRO
Title: Depression and Suicidality Outcomes in the Treatment of Early Age Mania Study
Author(s): Salpekar, JA (Salpekar, Jay A.); Joshi, PT (Joshi, Paramjit T.); Axelson, DA (Axelson, David A.); Reinblatt, SP (Reinblatt, Shauna P.); Yenokyan, G (Yenokyan, Gayane); Sanyal, A (Sanyal, Abanti); Walkup, JT (Walkup, John T.); Vitiello, B (Vitiello, Benedetto); Luby, JL (Luby, Joan L.); Wagner, KD (Wagner, Karen Dineen); Nusrat, N (Nusrat, Nasima); Riddle, MA (Riddle, Mark A.)
Source: JOURNAL OF THE AMERICAN ACADEMY OF CHILD AND ADOLESCENT PSYCHIATRY **Volume:** 54 **Issue:** 12 **Pages:** 999-1007 **DOI:** 10.1016/j.jaac.2015.09.016 **Published:** DEC 2015
Abstract: Objective: To assess the efficacy of mood-stabilizing medications for depression and suicidality in pediatric bipolar disorder.
Method: The Treatment of Early Age Mania (TEAM) study is a multicenter, prospective, randomized, masked comparison of divalproex sodium (VAL), lithium carbonate (LI), and risperidone (RISP) in an 8-week parallel clinical trial. A total of 279 children and adolescents with DSM-IV diagnoses of bipolar I disorder, mixed or manic, aged 6 to 15 years were enrolled. The primary outcome measure was improvement on the Clinical Global Impression scale for depression (CGI-BP-I-D). Secondary outcome measures included the Children's Depression Rating Scale (CDRS-R) and suicidality status. Statistics included longitudinal analysis of outcomes using generalized linear mixed models with random intercept both for the complete data set and by using last observation carried forward.
Results: CGI-BP-I-D ratings were better in the RISP group (60.7%) as compared to the LI (42.2%; p = .03) or VAL (35.0%; p = .003) groups from baseline to the end of the study. CDRS scores in all treatment groups improved equally by study end. In week 1, scores were lower with RISP compared to VAL (mean = 4.72,95% CI = 2.67, 6.78), and compared to LI (mean = 3.63, 95% CI = 1.51, 5.74), although group differences were not present by the end of the study. Suicidality was infrequent, and there was no overall effect of treatment on suicidality ratings.
Conclusion: Depressive symptoms, present in the acutely manic or mixed phase of pediatric bipolar disorder, improved with all 3 medications, though RISP appeared to yield more rapid improvement than LI or VAL and was superior using a global categorical outcome.
Accession Number: WOS:000365832400007

Record 6 of 50 = PRO
Title: Adjunctive Maintenance Lamotrigine for Pediatric Bipolar I Disorder: A Placebo-Controlled, Randomized Withdrawal Study
Author(s): Findling, RL (Findling, Robert L.); Chang, K (Chang, Kiki); Robb, A (Robb, Adelaide); Foster, VJ (Foster, Vicki J.); Horrigan, J (Horrigan, Joseph); Krishen, A (Krishen, Alok); Wannil, A (Wannil, Art); Kraus, JE (Kraus, John E.); DelBello, M (DelBello, Melissa)
Source: JOURNAL OF THE AMERICAN ACADEMY OF CHILD AND ADOLESCENT PSYCHIATRY **Volume:** 54 **Issue:** 12 **Pages:** 1020-1031 **DOI:** 10.1016/j.jaac.2015.09.017 **Published:** DEC 2015
Abstract: Objective: This study aimed to compare the efficacy of lamotrigine versus placebo in 10- to 17-year-olds with bipolar I disorder (BP-I) who were receiving conventional bipolar disorder treatment.
Method: In this randomized withdrawal trial, patients with BP-I of at least moderate severity received lamotrigine during an <= 18-week open-label phase. Patients who maintained a stable lamotrigine dose for >= 2 weeks and Clinical Global Impression-Bipolar Severity of Illness (CGI-BP[S]) score of <= 3 for >= 6 consecutive weeks were randomized to double-blind lamotrigine or placebo for <= 36 weeks.
Results: Of 301 patients enrolled, 298 comprised the open-label intention-to-treat population, with 173 (58%) randomized. Of these patients, 41 (24%) completed the study. In the open-label phase, the mean (SD) baseline CGI-BP(S) rating was 4.4 (0.57), and the mean (standard error [SE]) time to stabilization was 101 (1.6) days. During the randomized phase, mean (SE) time to occurrence of a bipolar event (TOBE) for lamotrigine versus placebo (primary endpoint) was 155 (14.7) versus 50 (3.8), 163 (12.2) versus 120 (12.2), and 136 (15.4) versus 107 (13.8) days for the 3 index mood states (depressed, manic/hypomanic, mixed). The primary stratified log-rank analysis of TOBE was not statistically significant (hazard ratio [HR] = 0.63; p = .072); however, the prespecified Cox regression analysis favored lamotrigine (p = .047). In 13- to 17-year-olds, log-rank analysis of TOBE significantly favored lamotrigine (HR = 0.46; p = .015), but not in 10- to 12-year-olds (HR = 0.93; p = .877). Dermatologic events were reported in 4% (open-label phase) and 2% (randomized phase) of patients receiving lamotrigine. Suicidality-related adverse events were reported in 7% (open-label phase) and 7% (randomized phase) of patients receiving lamotrigine.
Conclusion: Although the primary analysis failed to detect a benefit of add-on lamotrigine for BP-I in 10- to 17-year-olds,

lamotrigine may be effective in a subset of older adolescents.
Accession Number: WOS:000365832400009

Record 7 of 50 = PRO
Title: A Randomized Clinical Trial of High Eicosapentaenoic Acid Omega-3 Fatty Acids and Inositol as Monotherapy and in Combination in the Treatment of Pediatric Bipolar Spectrum Disorders: A Pilot Study
Author(s): Wozniak, J (Wozniak, Janet); Faraone, SV (Faraone, Stephen V.); Chan, J (Chan, James); Tarko, L (Tarko, Laura); Hernandez, M (Hernandez, Mariely); Davis, J (Davis, Jacqueline); Woodworth, KY (Woodworth, K. Yvonne); Biederman, J (Biederman, Joseph)
Source: JOURNAL OF CLINICAL PSYCHIATRY **Volume:** 76 **Issue:** 11 **Pages:** 1548-1555 **DOI:** 10.4088/JCP.14m09267 **Published:** NOV 2015
Abstract: Objective: We conducted a 12-week, randomized, double-blind, controlled clinical trial to evaluate the effectiveness and tolerability of high eicosapentaenoic acid (EPA)/docosahexaenoic acid (DHA) omega-3 fatty acids and inositol as monotherapy and in combination in children with bipolar spectrum disorders.
Method: Participants were children 5-12 years of age meeting DSM-IV diagnostic criteria for bipolar spectrum disorders (bipolar I or II disorder or bipolar disorder not otherwise specified [NOS]) and displaying mixed, manic, or hypomanic symptoms. Subjects with severe illness were excluded. Subjects were randomized to 1 of 3 treatment arms: inositol plus placebo, omega-3 fatty acids plus placebo, and the combined active treatment of omega-3 fatty acids plus inositol. Data were collected from February 2012 to November 2013.
Results: Twenty-four subjects were exposed to treatment (>= 1 week of study completed) (inositol [n = 7], omega-3 fatty acids [n = 7], and omega-3 fatty acids plus inositol [n = 10]). Fifty-four percent of the subjects completed the study. Subjects randomized to the omega-3 fatty acids plus inositol arm had the largest score decrease comparing improvement from baseline to end point with respect to the Young Mania Rating Scale ($P < .05$). Similar results were found for the Children's Depression Rating Scale ($P < .05$) and the Brief Psychiatric Rating Scale ($P < .05$).
Conclusions: Results of this pilot randomized, double-blind, controlled trial suggest that the combined treatment of omega-3 fatty acids plus inositol reduced symptoms of mania and depression in prepubertal children with mild to moderate bipolar spectrum disorders. Results should be interpreted in light of limitations, which include exclusion of severely ill subjects, 54% completion rate, and small sample size. (C) Copyright 2015 Physicians Postgraduate Press, Inc.
Accession Number: WOS:000368353400024

Record 8 of 50 = PRO
Title: Affective processing bias in youth with primary bipolar disorder or primary attention-deficit/hyperactivity disorder
Author(s): Seymour, KE (Seymour, Karen E.); Kim, KL (Kim, Kerri L.); Cushman, GK (Cushman, Grace K.); Puzia, ME (Puzia, Megan E.); Weissman, AB (Weissman, Alexandra B.); Galvan, T (Galvan, Thania); Dickstein, DP (Dickstein, Daniel P.)
Source: EUROPEAN CHILD & ADOLESCENT PSYCHIATRY **Volume:** 24 **Issue:** 11 **Pages:** 1349-1359 **DOI:** 10.1007/s00787-015-0686-4 **Published:** NOV 2015
Abstract: High rates of comorbidity and overlapping diagnostic criteria between pediatric bipolar disorder (BD) and attention-deficit/hyperactivity disorder (ADHD) contribute to diagnostic and treatment confusion. To advance what is known about both disorders, we compared effect of emotional stimuli on response control in children with primary BD, primary ADHD and typically developing controls (TDC). Participants included 7-17 year olds with either "narrow-phenotype" pediatric BD (n = 25), ADHD (n = 25) or TDC (n = 25). Groups were matched on participant age and FSIQ. The effect of emotional stimuli on response control was assessed using the Cambridge Neuropsychological Test Automated Battery Affective Go/No-Go task (CANTAB AGN). We found a group by target valence interaction on commission errors [$F(2,71) = 5.34$, $p < 0.01$, AE (p) (2) = 0.13] whereby ADHD, but not TDC participants, made more errors on negative than positive words [$t(24) = -2.58$, $p < 0.05$, $r = 0.47$]. In contrast, there was a nonsignificant trend for BD participants to make fewer errors on negative versus positive words compared to ADHD and TDC participants. Between-subjects effects showed that ADHD participants made more errors than TDC, but not BD participants. Our main finding advances what is known about the effect of emotional stimuli on response control in children with ADHD. Our results suggesting a positive affective processing bias in children with ADHD compliment emerging literature show that difficulties with emotional processing and regulation may be core features of ADHD. Further, given the observed pattern of results in children with ADHD compared to BD children, our behavioral results suggest the importance of examining differences in the brain-behavior mechanisms involved in affective processing in children with ADHD compared to BD children.
Accession Number: WOS:000363968600006

Record 9 of 50 = TRAD (defines early onset bipolar in traditional way)
Title: The genetics of early-onset bipolar disorder: A systematic review
Author(s): Kennedy, KP (Kennedy, Kevin P.); Cullen, KR (Cullen, Kathryn R.); DeYoung, CG (DeYoung, Colin G.); Klimes-Dougan, B (Klimes-Dougan, Bonnie)
Source: JOURNAL OF AFFECTIVE DISORDERS **Volume:** 184 **Pages:** 1-12 **DOI:** 10.1016/j.jad.2015.05.017 **Published:** SEP 15 2015
Abstract: Background: Early-onset bipolar disorder has been associated with a significantly worse prognosis than late-onset BD and has been hypothesized to be a genetically homogenous subset of BD. A sizeable number of studies have investigated early-onset BD through linkage-analyses, candidate-gene association studies, genome-wide association studies (GWAS), and analyses of copy number variants (CNVs), but this literature has not yet been reviewed.
Methods: A systematic review was conducted using the PubMed database on articles published online before January 15, 2015 and after 1990. Separate searches were made for linkage studies, candidate gene-association studies, GWAS, and studies on CNVs.
Results: Seventy-three studies were included in our review. There is a lack of robust positive findings on the genetics of early-onset BD in any major molecular genetics method.
Limitations: Early-onset populations were quite small in some studies. Variance in study methods hindered efforts to interpret results or conduct meta-analysis.
Conclusions: The field is still at an early phase for research on early-onset BD. The largely null findings mirror the results of most genetics research on BD. Although most studies were underpowered, the null findings could mean that early-onset BD may not be as genetically homogenous as has been hypothesized or even that early-onset BD does not differ genetically from adult-onset BD. Nevertheless, clinically the probabilistic developmental risk trajectories associated with early-onset that may not be

primarily genetically determined continued to warrant scrutiny. Future research should dramatically expand sample sizes, use atheoretical research methods like GWAS, and standardize methods. (C) 2015 Published by Elsevier B.V.
Accession Number: WOS:000358554600001

Record 10 of 50 = PRO
Title: Decreased amygdala-insula resting state connectivity in behaviorally and emotionally dysregulated youth
Author(s): Bebko, G (Bebko, Genna); Bertocci, M (Bertocci, Michele); Chase, H (Chase, Henry); Dwojak, A (Dwojak, Amanda); Bonar, L (Bonar, Lisa); Almeida, J (Almeida, Jorge); Perlman, SB (Perlman, Susan Beth); Versace, A (Versace, Amelia); Schirda, C (Schirda, Claudiu); Travis, M (Travis, Michael); Gill, MK (Gill, Mary Kay); Demeter, C (Demeter, Christine); Diwadkar, V (Diwadkar, Vaibhav); Sunshine, J (Sunshine, Jeffrey); Holland, S (Holland, Scott); Kowatch, R (Kowatch, Robert); Birmaher, B (Birmaher, Boris); Axelson, D (Axelson, David); Horwitz, S (Horwitz, Sarah); Frazier, T (Frazier, Thomas); Arnold, LE (Arnold, Lawrence Eugene); Fristad, M (Fristad, Mary); Youngstrom, E (Youngstrom, Eric); Findling, R (Findling, Robert); Phillips, ML (Phillips, Mary Louise)
Source: PSYCHIATRY RESEARCH-NEUROIMAGING **Volume:** 231 **Issue:** 1 **Pages:** 77-86 **DOI:** 10.1016/j.pscychresns.2014.10.015 **Published:** JAN 30 2015
Abstract: The Research Domain Criteria (RDoC) adopts a dimensional approach for examining pathophysiological processes underlying categorically defined psychiatric diagnoses. We used this framework to examine relationships among symptom dimensions, diagnostic categories, and resting state connectivity in behaviorally and emotionally dysregulated youth selected from the Longitudinal Assessment of Manic Symptoms study (n=42) and healthy control youth (n=18). Region of interest analyses examined relationships among resting state connectivity, symptom dimensions (behavioral and emotional dysregulation measured with the Parent General Behavior Inventory-10 Item Mania Scale [PGBI-10M]; dimensional severity measures of mania, depression, anxiety), and diagnostic categories (Bipolar Spectrum Disorders, Attention Deficit Hyperactivity Disorder, Anxiety Disorders, and Disruptive Behavior Disorders). After adjusting for demographic variables, two dimensional measures showed significant inverse relationships with resting state connectivity, regardless of diagnosis: 1) PGBI-10M with amygdala-left posterior insula/bilateral putamen: and 2) depressive symptoms with amygdala-right posterior insula connectivity. Diagnostic categories showed no significant relationships with resting state connectivity. Resting state connectivity between amygdala and posterior insula decreased with increasing severity of behavioral and emotional dysregulation and depression; this suggests an intrinsic functional uncoupling of key neural regions supporting emotion processing and regulation. These findings support the RDoC dimensional approach for characterizing pathophysiologic processes that cut across different psychiatric disorders. (C) 2014 Elsevier Ireland Ltd. All rights reserved.
Accession Number: WOS:000348841100011

Record 11 of 50 = PRO (no mention of attachment or trauma for these signs)
Title: Prediction of pediatric bipolar disorder using neuroanatomical signatures of the amygdala
Author(s): Mwangi, B (Mwangi, Benson); Spiker, D (Spiker, Danielle); Zunta-Soares, GB (Zunta-Soares, Giovana B.); Soares, JC (Soares, Jair C.)
Source: BIPOLAR DISORDERS **Volume:** 16 **Issue:** 7 **Pages:** 713-721 **DOI:** 10.1111/bdi.12222 **Published:** NOV 2014
Abstract: ObjectivesPediatric bipolar disorder is currently diagnosed based on signs and symptoms, and without objective diagnostic biomarkers. In the present study, we investigated the utility of structural neuroanatomical signatures of the amygdala to objectively differentiate individual subjects with pediatric bipolar disorder from matched healthy controls.
MethodsStructural T-1-weighted neuroimaging scans were obtained from 16 children and adolescents with unmedicated DSM-IV bipolar disorder (11 males, five females) and 16 matched healthy controls (11 males, five females). Voxel-based gray matter morphometric features extracted from a bilateral region-of-interest within the amygdala were used to develop a multivariate pattern analysis model which was utilized in predicting novel or unseen' individual subjects as either bipolar disorder or healthy controls.
ResultsThe model assigned 25 out of 32 subjects the correct label (bipolar disorder/healthy) translating to a 78.12% diagnostic accuracy, 81.25% sensitivity, 75.00% specificity, 76.47% positive predictive value, and 80.00% negative predictive value and an area under the receiver operating characteristic curve (ROC) of 0.81. The predictions were significant at p=0.0014 ((2) test p-value).
ConclusionsThese results reaffirm previous reports on the existence of neuroanatomical abnormalities in the amygdala of pediatric patients with bipolar disorder. Remarkably, the present study also demonstrates that neuroanatomical signatures of the amygdala can predict individual subjects with bipolar disorder with a relatively high specificity and sensitivity. To the best of our knowledge, this is the first study to present a proof-of-concept diagnostic marker of pediatric bipolar disorder based on structural neuroimaging scans of largely medication-naive patients.
Accession Number: WOS:000344373100005
PubMed ID: 24917530
ISSN: 1398-5647
eISSN: 1399-5618

Record 12 of 50 = PRO
Title: Child- and Family-Focused Cognitive-Behavioral Therapy for Pediatric Bipolar Disorder: A Randomized Clinical Trial
Author(s): West, AE (West, Amy E.); Weinstein, SM (Weinstein, Sally M.); Peters, AT (Peters, Amy T.); Katz, AC (Katz, Andrea C.); Henry, DB (Henry, David B.); Cruz, RA (Cruz, Rick A.); Pavuluri, MN (Pavuluri, Mani N.)
Source: JOURNAL OF THE AMERICAN ACADEMY OF CHILD AND ADOLESCENT PSYCHIATRY **Volume:** 53 **Issue:** 11 **Pages:** 1168-1178 **DOI:** 10.1016/j.jaac.2014.08.013 **Published:** NOV 2014
Abstract: Objective: Previous studies have found that family-based psychosocial treatments are effective adjuncts to pharmacotherapy among adults and adolescents with bipolar disorder (BD). The objective of this study was to compare the efficacy of adjunctive child- and family-focused cognitive-behavioral therapy (CFF-CBT) to psychotherapy as usual (control) for mood symptom severity and global functioning in children with BD. Method: Sixty-nine youth, aged 7 to 13 years (mean = 9.19, SD = 1.61) with DSM-IV-TR bipolar I, II, or not otherwise specified (NOS) disorder were randomly assigned to CFF-CBT or control groups. Both treatments consisted of 12 weekly sessions followed by 6 monthly booster sessions delivered over a total of 9 months. Independent evaluators assessed participants at baseline, week 4, week 8, week 12 (posttreatment), and week 39 (6-month follow-up). Results: Participants in CFF-CBT attended more sessions, were less likely to drop out, and reported greater satisfaction with treatment than controls. CFF-CBT demonstrated efficacy compared to the control treatment in reducing parent-

reported mania at posttreatment and depression symptoms at posttreatment and follow-up. Global functioning did not differ at posttreatment but was higher among CFF-CBT participants at follow-up. Conclusion: CFF-CBT may be efficacious in reducing acute mood symptoms and improving long-term psychosocial functioning among children with BD.
Accession Number: WOS:000343620600006
PubMed ID: 25440307
ISSN: 0890-8567
eISSN: 1527-5418

Record 13 of 50 = PRO
Title: Number, Severity, and Quality of Symptoms Discriminate Early-Onset Bipolar Disorder from Attention-Deficit/Hyperactivity Disorder
Author(s): Post, RM (Post, Robert M.); Findling, RL (Findling, Robert L.); Luckenbaugh, DA (Luckenbaugh, David A.)
Source: PSYCHIATRIC ANNALS **Volume:** 44 **Issue:** 9 **Pages:** 416-422 **DOI:** 10.3928/00485713-20140908-05 **Published:** SEP 2014
Abstract: Because more than one quarter of adults with bipolar disorder in the United States started showing symptoms before age 13 years and such early onset carries a poor prognosis into adulthood, it is important to recognize the illness early and treat it effectively. Because of the high comorbidity of childhood onset bipolar disorder with attention-deficit/hyperactivity disorder (ADHD), diagnosis is often difficult. To reveal the earliest prodromal symptoms, we had the parents of children with a clear-cut diagnosis of bipolar disorder or ADHD at an average age of 9 years rate the symptoms that occurred in each year of their child's life. Following our previous report of decreased sleep and periods of mood elevation discriminating the two groups, we now report that a greater number of dysfunctional symptoms emerged more rapidly in the children who developed bipolar disorder compared to those who developed ADHD. In addition to a positive family history of bipolar illness, the more fulminant onset of multiple manic and dyscontrol symptoms outside of the domain of ADHD provides another clue to a bipolar diagnosis in very young children.
Accession Number: WOS:000344973200005
ISSN: 0048-5713
eISSN: 1938-2456

Record 14 of 50 = PRO
Title: Familiality and Indicators of Risk for Bipolar Disorder in Youth with Attention-Deficit/Hyperactivity Disorder
Author(s): Uchida, M (Uchida, Mai); Davis, J (Davis, Jacqueline); Wozniak, J (Wozniak, Janet)
Source: PSYCHIATRIC ANNALS **Volume:** 44 **Issue:** 9 **Pages:** 423-427 **DOI:** 10.3928/00485713-20140908-06 **Published:** SEP 2014
Abstract: Our literature review aims to identify risks for pediatric bipolar disorder in youth in the presence of symptoms of attention-deficit/hyperactivity disorder (ADHD). This issue is of clinical and scientific significance as these two disorders share multiple characteristics, as well as high rates of comorbidity with disruptive behavior disorders. Family studies validate that these disorders often co-exist and suggest that a family history heightens the risk for the development of bipolar disorder. Elevated emotional dysregulation scores on the Child Behavioral Check List present another risk factor that is associated with the diagnosis of bipolar disorder in youth. In addition, ADHD children initially presenting with depression are at an increased risk for manic switches; a switch can be predicted by the presence of a family history of mood disorders, emotional and behavioral dysregulation, subthreshold manic symptoms, and psychosis. Taken together, these risk factors can aid clinicians in making an accurate diagnosis of mania in youth with ADHD.
Accession Number: WOS:000344973200006
ISSN: 0048-5713
eISSN: 1938-2456

Record 15 of 50 = PRO
Title: Type and duration of subsyndromal symptoms in youth with bipolar I disorder prior to their first manic episode
Author(s): Correll, CU (Correll, Christoph U.); Hauser, M (Hauser, Marta); Penzner, JB (Penzner, Julie B.); Auther, AM (Auther, Andrea M.); Kafantaris, V (Kafantaris, Vivian); Saito, E (Saito, Ema); Olvet, D (Olvet, Doreen); Carrion, RE (Carrion, Ricardo E.); Birmaher, B (Birmaher, Boris); Chang, KD (Chang, Kiki D.); DelBello, MP (DelBello, Melissa P.); Singh, MK (Singh, Manpreet K.); Pavuluri, M (Pavuluri, Mani); Cornblatt, BA (Cornblatt, Barbara A.)
Source: BIPOLAR DISORDERS **Volume:** 16 **Issue:** 5 **Special Issue:** SI **Pages:** 478-492 **DOI:** 10.1111/bdi.12194 **Published:** AUG 2014
Abstract: Objectives: The aim of the present study was to systematically evaluate the prodrome to mania in youth.
Methods: New-onset/worsening symptoms/signs of >= moderate severity preceding first mania were systematically assessed in 52 youth (16.2 +/- 2.8 years) with a research diagnosis of bipolar I disorder (BD-I). Youth and/or caregivers underwent semi-structured interviews, using the Bipolar Prodrome Symptom Scale-Retrospective.
Results: The mania prodrome was reported to start gradually in most youth (88.5%), with either slow (59.6%) or rapid (28.8%) deterioration, while a rapid-onset-and-deterioration prodrome was rare (11.5%). The manic prodrome, conservatively defined as requiring >= 3 symptoms, lasted 10.3 +/- 14.4 months [95% confidence interval (CI): 6.3-14.4], being present for >= 4 months in 65.4% of subjects. Among prodromal symptoms reported in >= 50% of youth, three were subthreshold manic in nature (irritability: 61.5%, racing thoughts: 59.6%, increased energy/activity: 50.0%), two were nonspecific (decreased school/work functioning: 65.4%, mood swings/lability: 57.7%), and one each was depressive (depressed mood: 53.8%) or subthreshold manic/depressive (inattention: 51.9%). A decreasing number of youth had >= 1 (84.6%), >= 2 (48.1%), or >= 3 (26.9%) 'specific' subthreshold mania symptoms (i.e., elation, grandiosity, decreased need for sleep, racing thoughts, or hypersexuality), lasting 9.5 +/- 14.9 months (95% CI: 5.0-14.0), 3.5 +/- 3.5 months (95% CI: 2.0-4.9), and 3.0 +/- 3.2 months (95% CI: 1.0-5.0) for >= 1, >= 2, or >= 3 specific symptoms, respectively.
Conclusions: In youth with BD-I, a relatively long, predominantly slowonset mania prodrome appears to be common, including subthreshold manic and depressive psychopathology symptoms. This suggests that early clinical identification and intervention may be feasible in bipolar disorder. Identifying biological markers associated with clinical symptoms of impending mania may help to increase chances for early detection and prevention before full mania.
Accession Number: WOS:000340381500004
PubMed ID: 24597782
ISSN: 1398-5647

eISSN: 1399-5618

Record 16 of 50 = PRO
Title: Use of Outpatient Mental Health Services Among Children of Different Ages: Are Younger Children More Seriously Ill?
Author(s): Horwitz, SM (Horwitz, Sarah M.); Storfer-Isser, A (Storfer-Isser, Amy); Demeter, C (Demeter, Christine); Youngstrom, EA (Youngstrom, Eric A.); Frazier, TW (Frazier, Thomas W.); Fristad, MA (Fristad, Mary A.); Arnold, LE (Arnold, L. Eugene); Axelson, D (Axelson, David); Birmaher, B (Birmaher, Boris); Kowatch, RA (Kowatch, Robert A.); Findling, RL (Findling, Robert L.)
Source: PSYCHIATRIC SERVICES **Volume:** 65 **Issue:** 8 **Pages:** 1026-1033 **DOI:** 10.1176/appi.ps.201300209 **Published:** AUG 2014
Abstract: Objective: The study compared use of specialty outpatient mental services among children ages six and seven and children ages eight through 12 and investigated predictors of differences in the patterns of service use by age. Methods: Eligible children were first-time patients of clinics participating in the Longitudinal Assessment of Manic Symptoms who were between ages six and 12 and who were English speaking. Children who screened positive for symptoms of mania (N=1,124) were invited to participate, and families of 621 (55%) children consented. A matched sample of 86 children without a positive screen for mania also participated. Baseline interviews assessed sociodemographic characteristics of the child and family and the child's functioning, diagnoses, and use of services. Results: Of the 707 children, 30% were younger, and 50% used multiple types of specialty outpatient services. Younger children were more likely to be male, have Medicaid insurance, and have two parents with mental health problems. Use of multiple types of services was related to study site, high depression scores, fewer minor health issues, and fewer stressful life events among younger children and with parental stress, primary diagnosis, poor functioning, and not living with both parents among older children. Younger children were much more likely than older children to have used services before age six. Conclusions: Younger children showed very early use of multiple types of services for mental health problems and a pattern of persistent impairment despite long-standing use of services. These data argue strongly for focusing on emotional and behavioral issues among young children.
Accession Number: WOS:000339776500011
PubMed ID: 24789735
ISSN: 1075-2730
eISSN: 1557-9700

Record 17 of 50 = PRO
Title: Impaired Theory of Mind and psychosocial functioning among pediatric patients with Type I versus Type II bipolar disorder
Author(s): Schenkel, LS (Schenkel, Lindsay S.); Chamberlain, TF (Chamberlain, Todd F.); Towne, TL (Towne, Terra L.)
Source: PSYCHIATRY RESEARCH **Volume:** 215 **Issue:** 3 **Pages:** 740-746 **DOI:** 10.1016/j.psychres.2013.10.025 **Published:** MAR 30 2014
Abstract: Deficits in Theory of Mind (ToM) have been documented among pediatric patients with Bipolar Disorder (BD). However, fewer studies have directly examined differences between type I and type II patients and whether or not ToM deficits are related to psychosocial difficulties. Therefore, the aim of this study was to compare type I versus type II pediatric bipolar patients and matched Healthy Controls (HC) on TOM and interpersonal functioning tasks. All participants completed the Revised Mind in the Eyes Task (MET), the Cognitive and Emotional Perspective Taking Task (CEPTT), and the Index of Peer Relations (IPR). Type I BD patients reported greater peer difficulties on the IPR compared to HC, and also performed more poorly on the MET and the cognitive condition of the CEPTT, but did not differ significantly on the emotional condition. There were no significant group differences between type II BD patients and HC. More impaired ToM performance was associated with poorer interpersonal functioning. Type IBD patients show deficits in the ability to understand another's mental state, irrespective of emotional valence. Deficits in understanding others' mental states could be an important treatment target for type I pediatric patients with BD.
Accession Number: WOS:000333776500038
PubMed ID: 24461271
ISSN: 0165-1781

Record 18 of 50 = PRO
Title: The safety and effectiveness of open-label extended-release carbamazepine in the treatment of children and adolescents with bipolar I disorder suffering from a manic or mixed episode
Author(s): Findling, RL (Findling, Robert L.); Ginsberg, LD (Ginsberg, Lawrence D.)
Source: NEUROPSYCHIATRIC DISEASE AND TREATMENT **Volume:** 10 **Pages:** 1589-1597 **DOI:** 10.2147/NDT.S68951 **Published:** 2014
Abstract: Objective: To assess the safety and effectiveness of open-label treatment with extended-release carbamazepine (ERC) in pediatric subjects suffering from bipolar I disorder.
Method: Medically healthy youths aged 10-17 years suffering from an acute manic or mixed episode were eligible. After screening for study eligibility, the youths began a 5-week titration period in which doses of ERC were adjusted in order to optimize benefit whilst minimizing adverse events, at doses between 200-1,200 mg/day. Thereafter, subjects could continue to receive treatment during a subsequent 21-week period. Safety measures included spontaneously reported adverse events (AEs) and laboratory assessments. The primary efficacy measure was the Young Mania Rating Scale (YMRS).
Results: A total of 60 children (ages 10-12) and 97 adolescents (ages 13-17), with an overall average age of 13.4 years (standard deviation [SD] 2.0 years) received ERC. The mean duration of study participation was 109.6 days (SD 70.2 days), with 66 (42%) completing the entire study. At end of study participation (end point), the most prevalent dose of ERC was 1,200 mg: 31.7% of children and 24.7% of adolescents reached the 1,200 mg dose. The YMRS decreased from a mean of 28.6 (SD 6.2) at baseline to a mean of 13.8 (SD 9.4) ($P < 0.0001$) at end point. A total of 26 subjects discontinued study participation because of AEs, the most common of which were rash (n=6), white blood cell count decreased (n=5), nausea (n=3), and vomiting (n=3). No deaths were reported. The most commonly reported AEs were headache (n=41), somnolence (n=30), nausea (n=22), dizziness (n=21), and fatigue (n=19).
Conclusions: Open-label administration of ERC might be a safe and effective intervention in this subject population. More definitive studies are warranted.
Accession Number: WOS:000340874000001
PubMed ID: 25210452

ISSN: 1178-2021

Record 19 of 50 = SCEP
Title: How to Understand Divergent Views on Bipolar Disorder in Youth
Author(s): Carlson, GA (Carlson, Gabrielle A.); Klein, DN (Klein, Daniel N.)
Edited by: Cannon TD; Widiger T
Source: ANNUAL REVIEW OF CLINICAL PSYCHOLOGY, VOL 10 **Book Series:** Annual Review of Clinical Psychology **Volume:** 10 **Pages:** 529-551 **DOI:** 10.1146/annurev-clinpsy-032813-153702 **Published:** 2014
Abstract: There are two divergent viewpoints on the phenomenology and outcome of bipolar I (BP I) disorder in youth. Disparities evolved as unintended consequences from investigators' inconsistencies both in translating the Diagnostic and Statistical Manual of Mental Disorders (DSM)-III, DSM-III-R, and DSM-IV criteria and in operationalizing them differently in their standardized assessments. Rates of conservatively diagnosed BP I are lower both in community studies of youths than in adults and from liberally defined BP I in youths. Rates of co-occurring attention-deficit hyperactivity disorder (ADHD) are lower in conservatively than liberally defined children and adolescents with BP I. Rates of both BP I and of ADHD are lower in offspring of BP I probands, and outcome more closely approximates that of adults with BP I in conservatively versus liberally defined children and teens with BP I. Both perspectives can claim evidence for reliability and validity that support their positions. However, the samples are so different that it is difficult to compare studies conducted from these different perspectives.
Accession Number: WOS:000336428200021
PubMed ID: 24387237
ISSN: 1548-5943
ISBN: 978-0-8243-3910-4

Record 20 of 50 = PRO
Title: Neural activity to intense positive versus negative stimuli can help differentiate bipolar disorder from unipolar major depressive disorder in depressed adolescents: A pilot fMRI study
Author(s): Diler, RS (Diler, Rasim Somer); de Almeida, JRC (de Almeida, Jorge Renner Cardoso); Ladouceur, C (Ladouceur, Cecile); Birmaher, B (Birmaher, Boris); Axelson, D (Axelson, David); Phillips, M (Phillips, Mary)
Source: PSYCHIATRY RESEARCH-NEUROIMAGING **Volume:** 214 **Issue:** 3 **Pages:** 277-284 **DOI:** 10.1016/j.pscychresns.2013.06.013 **Published:** DEC 30 2013
Abstract: Failure to distinguish bipolar depression (BDd) from the unipolar depression of major depressive disorder (UDd) in adolescents has significant clinical consequences. We aimed to identify differential patterns of functional neural activity in BDd versus UDd and employed two (fearful and happy) facial expression/gender labeling functional magnetic resonance imaging (fMRI) experiments to study emotion processing in 10 BDd (8 females, mean age=15.1 +/- 1.1) compared to age- and gender matched 10 UDd and 10 healthy control (HC) adolescents who were age- and gender matched to the BDd group. BDd adolescents, relative to UDd, showed significantly lower activity to both intense happy (e.g., insula and temporal cortex) and intense fearful faces (e.g., frontal precentral cortex). Although the neural regions recruited in each group were not the same, both BDd and UDd adolescents, relative to HC, showed significantly lower neural activity to intense happy and mild happy faces, but elevated neural activity to mild fearful faces. Our results indicated that patterns of neural activity to intense positive and negative emotional stimuli can help differentiate BDd from UDd in adolescents. (C) 2013 Elsevier Ireland Ltd. All rights reserved.
Accession Number: WOS:000327531600014
PubMed ID: 24080517
ISSN: 0925-4927
eISSN: 1872-7506

Record 21 of 50 = PRO
Title: Familial transmission of parental mood disorders: unipolar and bipolar disorders in offspring
Author(s): Oquendo, MA (Oquendo, Maria A.); Ellis, SP (Ellis, Steven P.); Chesin, MS (Chesin, Megan S.); Birmaher, B (Birmaher, Boris); Zelazny, J (Zelazny, Jamie); Tin, A (Tin, Adrienne); Melhem, N (Melhem, Nadine); Burke, AK (Burke, Ainsley K.); Kolko, D (Kolko, David); Greenhill, L (Greenhill, Laurence); Stanley, B (Stanley, Barbara); Brodsky, BS (Brodsky, Beth S.); Mann, JJ (Mann, J. John); Brent, DA (Brent, David A.)
Source: BIPOLAR DISORDERS **Volume:** 15 **Issue:** 7 **Pages:** 764-773 **DOI:** 10.1111/bdi.12107 **Published:** NOV 2013
Abstract: ObjectivesOffspring of depressed parents are at increased risk for psychiatric disorders. Although bipolar disorder (BD) and major depressive disorder (MDD) are both found in the same families, it is not clear whether transmission to offspring of BD or MDD tends to occur from parents with the same mood disorder subtype. Our primary hypothesis was that the offspring of parents with BD would be at increased risk for BD and other comorbid disorders common to BD, such as anxiety and substance use, relative to the offspring of parents with MDD. The offspring of parents with BD versus those with MDD were also hypothesized to be at greater risk for externalizing disorders (i.e., conduct disorder, attention-deficit hyperactivity disorder, or antisocial personality disorder).
MethodsParents (n=320) with mood disorders and their offspring (n=679) were studied. Adult offspring were administered the Structured Clinical Interview for DSM-IV Axis I Disorders to establish the presence of psychopathology. Offspring aged 10-18 years were assessed using the School Aged Schedule for Affective Disorders and Schizophrenia, Present and Lifetime version, and parents of children under the age of ten completed the Child Behavioral Checklist. Data were examined using Cox proportional hazard regression.
ResultsThere was no difference in hazard of mood disorders in the offspring of parents with BD as compared to the offspring of parents with MDD. However, a number of other parent and offspring characteristics increased the risk of mood, anxiety, externalizing, and substance use disorders in the offspring, including self-reported childhood abuse in the parent or offspring, offspring impulsive aggression, and the age at onset of parental mood disorder.
ConclusionsMood disorders are highly familial, a finding that appears independent of whether the parent's condition is unipolar or bipolar, suggesting considerable overlap in the heritability of MDD and BD. Although parental characteristics had a limited influence on the risk of offspring psychopathology, reported childhood adversity, be it in the parent or child, is a harbinger of negative outcomes. These risk factors extend previous findings, and are consistent with diathesis-stress conceptualizations.
Accession Number: WOS:000330039800005
PubMed ID: 23909952
ISSN: 1398-5647

eISSN: 1399-5618

Record 22 of 50 = SCEP
Title: Affective Disorders and Psychosis in Youth
Author(s): Carlson, GA (Carlson, Gabrielle A.)
Source: CHILD AND ADOLESCENT PSYCHIATRIC CLINICS OF NORTH AMERICA **Volume:** 22 **Issue:** 4 **Pages:** 569-+ **DOI:** 10.1016/j.chc.2013.04.003 **Published:** OCT 2013
Abstract: The significance of psychosis has yet to be fully understood and research is complicated because psychosis is often a state rather than trait occurrence. In youth, psychoticlike phenomena are common. Rates of lifetime psychotic symptoms are higher than rates of psychosis during a current episode of mania or depression, at least in youth. Rates vary widely between studies. Hallucinations are also more common than delusions in youth. Psychotic phenomena can be mood congruent or incongruent. A good mental status examination requires close questioning. There are several interviews that structure how questions are asked, and rating scales that help anchor severity.
Accession Number: WOS:000325191200004
PubMed ID: 24012074
ISSN: 1056-4993

Record 23 of 50 = PRO
Title: Reward Dysregulation and Mood Symptoms in an Adolescent Outpatient Sample
Author(s): Gruber, J (Gruber, June); Gilbert, KE (Gilbert, Kirsten E.); Youngstrom, E (Youngstrom, Eric); Youngstrom, JK (Youngstrom, Jennifer Kogos); Feeny, NC (Feeny, Norah C.); Findling, RL (Findling, Robert L.)
Source: JOURNAL OF ABNORMAL CHILD PSYCHOLOGY **Volume:** 41 **Issue:** 7 **Pages:** 1053-1065 **DOI:** 10.1007/s10802-013-9746-8 **Published:** OCT 2013
Abstract: Research on bipolar spectrum disorders (BPSD) in adolescence has burgeoned in the last decade, but continued work is needed to identify endophenotypic markers associated with illness onset and course. The present study examined reward dysregulation-measured via the behavioral activation system (BAS)-as one putative marker of BPSD in adolescence. A diverse group of 425 outpatient adolescents between 11 and 17 years of age (52 % male) completed the Behavioral Inhibition and Activation Scale (BIS-BAS) scale to measure reward dysregulation. Semi-structured interviews determined diagnoses and severity of mood symptoms. Parent-reported BAS was associated with increased symptoms of mania, and parent and adolescent-reported BAS were associated with symptoms of depression. Parent-reported BIS scores were associated with increased symptoms of mania. Results held independent of diagnostic status. Furthermore, parent BIS/BAS reports were stronger predictors for manic symptoms compared to adolescent-reports. Results extend work in adults with BPSD, suggesting a transdiagnostic association between reward dysregulation and mood symptom severity in adolescence.
Accession Number: WOS:000323659800004
PubMed ID: 23783771
ISSN: 0091-0627

Record 24 of 50 = PRO
Title: What goes up must come down: The burden of bipolar depression in youth
Author(s): Van Meter, AR (Van Meter, Anna R.); Henry, DB (Henry, David B.); West, AE (West, Amy E.)
Source: JOURNAL OF AFFECTIVE DISORDERS **Volume:** 150 **Issue:** 3 **Pages:** 1048-1054 **DOI:** 10.1016/j.jad.2013.05.039 **Published:** SEP 25 2013
Abstract: Background: In the pediatric bipolar disorder literature, mania has eclipsed depression as the mood state of most interest. Though depressive episodes tend to be more prevalent and persisting than manic episodes, research about the associated consequences is limited. The goal of the present study was to compare the influences of depressive and manic symptoms on domains of functioning in which youth with bipolar disorder often demonstrate deficits.
Method: Youth meeting DSM-IV-TR criteria for bipolar spectrum disorders (l, II, and NOS) between the ages of seven and 13 were recruited from a clinic in a large Midwestern city (N=54). Both parent and clinician report of manic and depressive symptoms were used in regression analyses to determine how each set of symptoms was related to child functioning.
Results: Parent-rated child depression symptoms were associated with problem behaviors ($p < 0.05$), and lower quality of life ($p < 0.001$). Clinician-rated child depression was associated with greater psychiatric illness ($p < 0.05$), lower child self-concept ($p < 0.001$), lower quality of life ($p < 0.05$) hopelessness ($p < 0.05$), and suicidal ideation ($p < 0.05$) Parent-rated mania was associated with better self-esteem ($p < 0.05$) and physical wellbeing ($p < 0.05$). Clinician-rated mania was associated with greater psychiatric illness ($p < 0.05$) and physical wellbeing ($p < 0.05$).
Limitations: The specific outcomes predicted by parent and clinician rated symptoms vary. Though the overall story told - that bipolar depression is associated with significant impairment in youth - is consistent, further research is necessary to more fully understand the impact of each mood state.
Conclusion: Mania is undoubtedly destructive, but this study provides evidence to suggest that depression may be more deleterious to youths psychosocial functioning and quality of life; more attention to understanding and ameliorating the effects of bipolar depression on youth is warranted.
Accession Number: WOS:000324038000047
PubMed ID: 23768529
ISSN: 0165-0327

Record 25 of 50 = SMD
Title: Family functioning Deficits in bipolar disorder and ADHD in youth
Author(s): Young, ME (Young, Matthew E.); Galvan, T (Galvan, Thania); Reidy, BL (Reidy, Brooke L.); Pescosolido, MF (Pescosolido, Matthew F.); Kim, KL (Kim, Kerri L.); Seymour, K (Seymour, Karen); Dickstein, DP (Dickstein, Daniel P.)
Source: JOURNAL OF AFFECTIVE DISORDERS **Volume:** 150 **Issue:** 3 **Pages:** 1096-1102 **DOI:** 10.1016/j.jad.2013.04.027 **Published:** SEP 25 2013
Abstract: Background: Rates of diagnosis and treatment for bipolar disorder (BD) in youth continue torise. Researchers and clinicians experience difficulty differentiating between BD in youth andother conditions that are commonly comorbid or share similar clinical features with BD,especially attention-deficit/hyperactivity disorder (ADHD). Comparative studies of thephenomenology and psychosocial correlates of these conditions help to address this. Familyfunctioning is an important topic for both BD and ADHD since both are associated withnumerous family-related deficits. One previous study suggested that

manic/hypomanic youths'family functioning differed from ADHD and typically developing control (TDC) groups.However, many family functioning studies with BD and ADHD youth have methodologicallimitations or fail to use comprehensive, validated measures. Methods: This investigation usedadolescent report on the Family Assessment Device (FAD), based on the McMaster Model offamily functioning. Youth were recruited in BD (n=30), ADHD (n=36), and TDC (n=41)groups. Results: Groups were similar on most demographic variables, but The TDC groupscored somewhat higher than the others on IQ and socioeconomic status. FAD results indicatedthat BD and ADHD groups scored worse than TDC on the General Functioning and Roles scalesof the FAD. In addition, the BD group showed impairment on the Problem Solving scale relativeto TDC. Limitations: sample size, lack of parent report, ADHD comorbidity in BD group.Conclusions: Family functioning deficits distinguish both clinical groups from TDC, and problem-solving dysfunction may be specific to BD. These findings may apply to treatmentmodels for both conditions. (C) 2013 Elsevier B.V. All rights reserved.
Accession Number: WOS:000324038000054
PubMed ID: 23706879
ISSN: 0165-0327

Record 26 of 50 = SMD
Title: A Novel Group Therapy for Children With ADHD and Severe Mood Dysregulation
Author(s): Waxmonsky, JG (Waxmonsky, James G.); Wymbs, FA (Wymbs, Fran A.); Pariseau, ME (Pariseau, Meaghan E.); Belin, PJ (Belin, Peter J.); Waschbusch, DA (Waschbusch, Daniel A.); Babocsai, L (Babocsai, Lysett); Fabiano, GA (Fabiano, Gregory A.); Akinnusi, OO (Akinnusi, Opeolowa O.); Haak, JL (Haak, Jenifer L.); Pelham, WE (Pelham, William E.)
Source: JOURNAL OF ATTENTION DISORDERS **Volume:** 17 **Issue:** 6 **Pages:** 527-541 **DOI:** 10.1177/1087054711433423 **Published:** AUG 2013
Abstract: Objective: No psychosocial treatments have been developed for children with ADHD and severe mood dysregulation (SMD) despite the significant prevalence and morbidity of this combination. Therefore, the authors developed a novel treatment program for children with ADHD and SMD. Method: The novel therapy program integrates components of cognitive-behavioral therapies for affect regulation with a parent-training intervention for managing recurrent defiant behaviors. It consists of nine 105-min child and parent groups run in unison. A pilot trial was conducted with seven participants with ADHD and SMD ages 7 to 12 who were on a stable stimulant regimen. Results: Six of the seven (86%) families completed the program. Participants showed large improvements in depressive symptoms, mood lability, and global functioning. Milder improvements in externalizing behaviors were observed. Conclusion: Results suggest the feasibility and potential efficacy of the therapy program for children with ADHD and SMD and warrant a larger controlled trial.
Accession Number: WOS:000322009200009
PubMed ID: 22373865
ISSN: 1087-0547

Record 27 of 50 = SCEP
Title: The Comorbidity of ADHD and Bipolar Disorder: Any Less Confusion?
Author(s): Pataki, C (Pataki, Caroly); Carlson, GA (Carlson, Gabrielle A.)
Source: CURRENT PSYCHIATRY REPORTS **Volume:** 15 **Issue:** 7 **Article Number:** 372 **DOI:** 10.1007/s11920-013-0372-5 **Published:** JUL 2013
Abstract: The clinical confusion surrounding childhood ADHD and bipolar disorder centers on overlaps between severe ADHD with mood lability and mania/hypomania. Perplexity has been exacerbated by the removal of mood symptoms from the diagnostic criteria for ADHD and a lack of stringent criteria for a manic/hypomanic episode. This review summarizes current knowledge of the relationship between ADHD and bipolar disorder, the rates with which ADHD and bipolar disorder coexist in youth of differing ages, their presence in community, clinical, and high risk samples, and their longitudinal course. Treatment studies are reviewed, highlighting findings in comorbid cases, which support the efficacy of stimulants and other agents for ADHD without worsening mood symptoms, and efficacy of second generation antipsychotics for bipolar disorder. In conclusion, a lack of clarity regarding the diagnostic boundaries between childhood ADHD and bipolar disorder remains, however, treatments targeting symptoms of each disorder when comorbid, provide some efficacy.
Accession Number: WOS:000322134800010
PubMed ID: 23712723
ISSN: 1523-3812

Record 28 of 50 = PRO
Title: Examining the Comorbidity of Bipolar Disorder and Autism Spectrum Disorders: A Large Controlled Analysis of Phenotypic and Familial Correlates in a Referred Population of Youth With Bipolar I Disorder With and Without Autism Spectrum Disorders
Author(s): Joshi, G (Joshi, Gagan); Biederman, J (Biederman, Joseph); Petty, C (Petty, Carter); Goldin, RL (Goldin, Rachel L.); Furtak, SL (Furtak, Stephannie L.); Wozniak, J (Wozniak, Janet)
Source: JOURNAL OF CLINICAL PSYCHIATRY **Volume:** 74 **Issue:** 6 **Pages:** 578-586 **DOI:** 10.4088/JCP.12m07392 **Published:** JUN 2013
Abstract: Objective: Although mood dysregulation is frequently associated with autism spectrum disorders (ASD) and autistic traits are common in youth with bipolar disorder, uncertainties remain regarding the comorbid occurrence of bipolar disorder and ASD. This study examines the clinical and familial correlates of bipolar disorder when it occurs with and without ASD comorbidity in a well-characterized, research-referred population of youth with bipolar disorder. We hypothesized that in youth with bipolar disorder, the clinical and familial correlates of bipolar disorder will be comparable irrespective of the comorbidity with ASD.
Method: Clinical correlates and familial risk were assessed by secondary analysis of the data from a large family study of youth with bipolar I disorder (diagnosis based on DSM-IV criteria; probands n=157, relatives n=487; study period: November 1997-September 2002). Findings in bipolar I youth were compared with those in youth with attention-deficit/hyperactivity disorder (diagnosis based on DSM-III-R criteria) without bipolar I disorder (probands n=162, relatives n=511) and age- and sex-matched controls without bipolar I disorder or attention-deficit/hyperactivity disorder (probands n=136, relatives n=411). All subjects were comprehensively assessed using structured diagnostic interviews and a wide range of nonoverlapping measures assessing multiple dimensions of functioning.
Results: Thirty percent (47/155) of the bipolar I probands met criteria for ASD (diagnosis based on DSM-III-R criteria). The mean +/- SD age at onset of bipolar I disorder was significantly earlier in the presence of ASD comorbidity (4.7 +/- 2.9 vs 6.3 +/-

3.7 years; P=.01).The phenotypic and familial correlates of bipolar disorder were similar in youth with and without ASD comorbidity.
Conclusions: A clinically significant minority of youth with bipolar I disorder suffers from comorbid ASD. Phenotypic and familial correlates of bipolar disorder were typical of the disorder in the presence of ASD comorbidity. Bipolar I disorder comorbidity with ASD represents a very severe psychopathologic state in youth.
Accession Number: WOS:000321318900002
PubMed ID: 23842009
ISSN: 0160-6689

Record 29 of 50 = PRO
Title: Bipolar Disorder and Attention-Deficit/Hyperactivity Disorder Comorbidity in Children and Adolescents: Evidence-Based Approach to Diagnosis and Treatment
Author(s): Miller, S (Miller, Shefali); Chang, KD (Chang, Kiki D.); Ketter, TA (Ketter, Terence A.)
Source: JOURNAL OF CLINICAL PSYCHIATRY **Volume:** 74 **Issue:** 6 **Pages:** 628-629 **DOI:** 10.4088/JCP.13ac08565 **Published:** JUN 2013
Accession Number: WOS:000321318900008
PubMed ID: 23842014
ISSN: 0160-6689

Record 30 of 50 = PRO
Title: Bipolar disorder in children: assessment in general pediatric practice
Author(s): Papolos, DF (Papolos, Demitri F.); Bronsteen, A (Bronsteen, Alissa)
Source: CURRENT OPINION IN PEDIATRICS **Volume:** 25 **Issue:** 3 **Pages:** 419-426 **DOI:** 10.1097/MOP.0b013e3283600e2a **Published:** JUN 2013
Abstract: Purpose of review
Pediatricians are increasingly confronted with the mental health needs of children. Given the unanticipated role, well-described diagnostic guidelines and treatment protocols are essential: but often lacking. Identification of bipolar disorder in children, a condition which lacks diagnostic criteria consensus, presents a particular challenge. Despite this, it is generally regarded as a condition associated with considerable morbidity and mortality. Extended delays to treatment, typical for the condition, contribute to significantly reduced adult functionality.
Recent findings
Most children with bipolar disorder exhibit a subsyndromal course of illness. This has prompted many investigative groups to explore whether such a presentation is developmental or unique. Despite the ongoing debate, there has been a rapid increase in the rate of diagnoses. Concurrently, breakthroughs in neurology, neuroimaging, and genetics have called into question the existing conceptually based psychiatric constructs altogether. New research approaches which reflect these advances are more likely to lead to evidence-based diagnosis and treatment. Such an example is a novel phenotype called Fear of Harm (FOH). A new research perspective resulted in the unification of a broad range of symptoms from bipolar disorder as well as many of the co-occurring disorders. When considered as a whole, the syndrome maps on to a known neural pathway and has led investigators to a putative biomarker.
Summary
If given the right information and tools, pediatricians are uniquely positioned to interrupt the decline caused by mental illnesses. Importantly, the newly defined FOH syndrome includes clinical symptoms which are frequently first brought to the attention of pediatricians. Although these symptoms are not exclusive to the mood disorder, they could alert pediatricians to the need for further evaluation.
Accession Number: WOS:000318901200020
PubMed ID: 23652689
ISSN: 1040-8703

Record 31 of 50 = PRO
Title: Age differences in the phenomenology of pediatric bipolar disorder
Author(s): Demeter, CA (Demeter, Christine A.); Youngstrom, EA (Youngstrom, Eric A.); Carlson, GA (Carlson, Gabrielle A.); Frazier, TW (Frazier, Thomas W.); Rowles, BM (Rowles, Brieana M.); Lingler, J (Lingler, Jacqui); McNamara, NK (McNamara, Nora K.); DiFrancesco, KE (DiFrancesco, Kathryn E.); Calabrese, JR (Calabrese, Joseph R.); Findling, RL (Findling, Robert L.)
Source: JOURNAL OF AFFECTIVE DISORDERS **Volume:** 147 **Issue:** 1-3 **Pages:** 295-303 **DOI:** 10.1016/j.jad.2012.11.021 **Published:** MAY 2013
Abstract: Background: The primary purpose of this study was to explore whether age differences in the phenomenology of bipolar disorders from 4 to 17 years of age exist.
Methods: Outcome measures included questionnaires pertaining to mood symptoms, psychosocial functioning, and family history of psychiatric illness. Phenomenology was examined in two diagnostic groups: syndromal bipolar disorder (bipolar I or II) and subsyndromal bipolar disorder (bipolar disorder not otherwise specified or cyclothymia) and across six age cohorts: 4-6, 7-8, 9-10, 11-13, and 14-17 years. Analyses examined linear and non-linear age effects on clinician-rated measures of mood and psychosocial functioning.
Results: Participants were 535 outpatients (339 males) ages 4-17 years. The proportion diagnosed with comorbid ADHD was significantly lower in the oldest age group. Age groups showed significant moderate decreases in motor activity, aggression, and irritability with age. Many symptoms of depression showed significant increases with age. BP I cases showed much higher manic symptoms, and BP I and BP II cases indicated slightly to moderately higher depressive symptoms, compared to subsyndromal cases. These patterns held after adjusting for comorbid ADHD, and age did not interact with syndrome status. There were also age differences in total scores for measures of mood symptoms and psychosocial functioning.
Limitations: Mood ratings were completed based on the same interview that informed the research diagnoses. Also, mood episode at time of interview was not captured.
Conclusions: These findings affirm the existence of bipolar disorder from pre-school children through adolescence, with a similar clinical presentation across a wide developmental age span.
Accession Number: WOS:000316790400042
PubMed ID: 23219057

ISSN: 0165-0327

Record 32 of 50 = SMD
Title: Where, when, how high, and how long? The hemodynamics of emotional response in psychotropic-naive patients with adolescent bipolar disorder
Author(s): Wegbreit, E (Wegbreit, Ezra); Passarotti, AM (Passarotti, Alessandra M.); Ellis, JA (Ellis, James A.); Wu, MJ (Wu, Minjie); Witowski, N (Witowski, Nicole); Fitzgerald, JM (Fitzgerald, Jacklynn M.); Stevens, MC (Stevens, Michael C.); Pavuluri, MN (Pavuluri, Mani N.)
Source: JOURNAL OF AFFECTIVE DISORDERS **Volume:** 147 **Issue:** 1-3 **Pages:** 304-311 **DOI:** 10.1016/j.jad.2012.11.025 **Published:** MAY 2013
Abstract: Background: In response to emotional faces, patients with adolescent bipolar disorder (ABD) exhibit increased neural activity in subcortical emotional processing regions (e.g., amygdala, ventral striatum) and variable prefrontal activity. We extend previous research by identifying cortical and subcortical regions showing altered hemodynamic response shapes in ABD relative to healthy controls (HC).
Methods: ABD (N=65) and matched HC (N=79) completed a slow event-related affective hemodynamic probe task that required indicating the gender of fearful and neutral faces. An informed basis set in SPM8 evaluated shape variations of the hemodynamic responses to these faces.
Results: Patients with ABD showed higher activity for fearful relative to neutral faces in the amygdala and prefrontal cortex and a delayed hemodynamic response to fearful faces in dorsolateral and ventrolateral prefrontal cortices (PFC), as well as bilateral amygdala and caudate. Furthermore, the ABD group, relative to HC, showed a prolonged response to fearful faces in right dorsolateral PFC. Clinical measures of mania and depression severity correlated with increased processing delays in the amygdala and striatum.
Limitations: By design, the task contained fewer, more widely-spaced stimuli, possibly reducing its power to detect group differences. The use of fearful faces makes comparisons with prior literature in ABD somewhat more difficult.
Conclusions: The ABD group engaged in enhanced neural processing of the fearful faces which was associated with increasingly severe manic/mixed mood states. These exploratory findings could help elucidate a "biosignature" of emotion-attention interactions in ABD and present a potential target for reversal with medication treatment. (C) 2012 Elsevier B.V. All rights reserved.
Accession Number: WOS:000316790400043
PubMed ID: 23261134
ISSN: 0165-0327

Record 33 of 50 = PRO
Title: Clinical experience using intranasal ketamine in the treatment of pediatric bipolar disorder/fear of harm phenotype
Author(s): Papolos, DF (Papolos, Demitri F.); Teicher, MH (Teicher, Martin H.); Faedda, GL (Faedda, Gianni L.); Murphy, P (Murphy, Patricia); Mattis, S (Mattis, Steven)
Source: JOURNAL OF AFFECTIVE DISORDERS **Volume:** 147 **Issue:** 1-3 **Pages:** 431-436 **DOI:** 10.1016/j.jad.2012.08.040 **Published:** MAY 2013
Abstract: Objectives: Intravenous ketamine, a glutamate N-methyl-d-aspartate (NMDA) receptor antagonist, has been shown to exert a rapid antidepressant effect in adults with treatment resistant depression. Children with bipolar disorder (BD) often respond poorly to pharmacotherapy, including polypharmacy. A pediatric-onset Fear of Harm (FOH) phenotype has been described, and is characterized by severe clinical features and resistance to accepted treatments for BD. The potential efficacy and safety of intranasal ketamine in children with BD with FOH-phenotype were assessed by a systematic retrospective chart review of a case series from the private practice of one of the authors, including cases with clear refractoriness to mood stabilizers, antipsychotics and benzodiazepines.
Methods: A comparison was made between routinely collected symptom measures 1-2 weeks prior to and after the administration of ketamine, in 12 treatment-refractory youth, 10 males 2 females ages 6-19years.
Results: Ketamine administration was associated with a substantial reduction in measures of mania, fear of harm and aggression. Significant improvement was observed in mood, anxiety and behavioral symptoms, attention/executive functions, insomnia, parasomnias and sleep inertia. Treatment was generally well-tolerated.
Conclusions: Intranasal ketamine administration in treatment-resistant youth with BD-FOH produced marked improvement in all symptomatic dimensions. A rapid, substantial therapeutic response, with only minimal side effects was observed. Formal clinical trials to assess safety and efficacy are warranted. (C) 2012 Elsevier B.V. All rights reserved.
Accession Number: WOS:000316790400064
PubMed ID: 23200737
ISSN: 0165-0327

Record 34 of 50 = SCEP (describes how managed care undermined biopsychosocial model)
Title: Psychodynamic Perspectives on Psychotropic Medications for Children and Adolescents
Author(s): Chubinsky, P (Chubinsky, Peter); Hojman, H (Hojman, Horacio)
Source: CHILD AND ADOLESCENT PSYCHIATRIC CLINICS OF NORTH AMERICA **Volume:** 22 **Issue:** 2 **Pages:** 351-+ **DOI:** 10.1016/j.chc.2012.12.004 **Published:** APR 2013
Abstract: Recent trends in pediatric psychopharmacology have resulted in advances in treatment but also an overly optimistic and, at times, simplistic extension of pediatric psychopharmacology practice. Concerns about these changes in the field are discussed. The authors outline how understanding the meaning of medications to all those involved in the prescribing process can help integrate our thinking about this complex interaction with patients and their families.
Accession Number: WOS:000318530200009
PubMed ID: 23538017
ISSN: 1056-4993

Record 35 of 50 = PRO
Title: Examining the Validity of Cyclothymic Disorder in a Youth Sample: Replication and Extension
Author(s): Van Meter, A (Van Meter, Anna); Youngstrom, EA (Youngstrom, Eric A.); Demeter, C (Demeter, Christine); Findling, RL (Findling, Robert L.)
Source: JOURNAL OF ABNORMAL CHILD PSYCHOLOGY **Volume:** 41 **Issue:** 3 **Pages:** 367-378 **DOI:** 10.1007/s10802-

012-9680-1 **Published:** APR 2013
Abstract: DSM-IV-TR defines four subtypes of bipolar disorder (BP): bipolar I, bipolar II, cyclothymic disorder and bipolar not otherwise specified (NOS). However, cyclothymic disorder in children is rarely researched, or often subsumed in an "NOS" category. The present study tests the replicability of findings from an earlier study, and expands on the criterion validity of cyclothymic disorder in youth. Using the Robins and Guze (1970) framework we examined the validity of cyclothymic disorder as a subtype of BP. Using a youth (ages 5-17) outpatient clinical sample (N = 894), participants with cyclothymic disorder (n = 53) were compared to participants with other BP spectrum disorders (n = 399) and to participants with non-bipolar disorders (n = 442). Analyses tested differences in youth with cyclothymic disorder and bipolar disorder not otherwise specified who do, and those who do not, have a parent with BP. Compared to youth with non-bipolar disorders, youth with cyclothymic disorder had higher irritability ($p < 0.001$), more comorbidity ($p < 0.001$), greater sleep disturbance ($p < 0.005$), and were more likely to have a family history of BP ($p < 0.001$). Cyclothymic disorder was associated with a younger age of onset compared to depression ($p < 0.001$) and bipolar II ($p = 0.05$). Parental BP status was not significantly associated with any variables. Results support that cyclothymic disorder belongs on the bipolar spectrum. Epidemiological studies indicate that cyclothymic disorder is not uncommon and involves significant impairment. Failing to differentiate between cyclothymic disorder and bipolar NOS limits our knowledge about a significant proportion of cases of bipolarity.
Accession Number: WOS:000316398700002
PubMed ID: 22968491
ISSN: 0091-0627

Record 36 of 50 = SMD
Title: Attention deficit hyperactivity disorder characteristics: II. Clinical correlates of irritable mood
Author(s): Ambrosini, PJ (Ambrosini, Paul J.); Bennett, DS (Bennett, David S.); Elia, J (Elia, Josephine)
Source: JOURNAL OF AFFECTIVE DISORDERS **Volume:** 145 **Issue:** 1 **Pages:** 70-76 **DOI:** 10.1016/j.jad.2012.07.014 **Published:** FEB 15 2013
Abstract: Background: This study describes the relationship of irritable mood (IRR) with affective disorders in youths with attention deficit hyperactivity disorder (ADHD).
Methods: Five hundred ADHD subjects were assessed with the childhood version of the Schedule for Affective Disorder 82 Schizophrenia. Subjects were in a genetic ADHD protocol and limited to those of Caucasian/European descent.
Results: The most prevalent concurrent diagnoses were oppositional defiant disorder (ODD) (43.6%), minor depression/dysthymic disorder (MDDD) (18.8%), and generalized anxiety (13.2%)/overanxious disorder (12.4%). IRR subjects (21.0%) compared to the non-IRR (NIRR) group had higher rates of all affective disorders (76.2% vs. 9.6%) and ODD (83.8% vs. 32.9%) but lower rates of hyperactive ADHD (1.9% vs. 8.9%). Among those without comorbidities, 98.3% were NIRR. Logistic regression found IRR mood significantly associated with major depressive disorder (odds ratio [OR]: 33.4), MDDD (OR: 11.2), ODD (OR: 11.6), and combined ADHD (OR: 1.7) but not with anxiety disorders. Among symptoms, it associated IRR mood with a pattern of dysthymic and ODD symptoms but with fewer separation anxiety symptoms. Diagnostic and symptomatic parameters were unaffected by demographic variables.
Limitations: Potential confounders influencing these results include patient recruitment from only one clinical service; a cohort specific sample effect because some presumed affective disorders and non-Caucasians were excluded; and the young mean age (10.2 years) limiting comorbid patterns.
Conclusions: The prominence of an MDDD pattern suggests this IRR group is appropriate in the DSM V's proposed chronic depressive disorder, possibly with or without temper dysregulation. A new diagnosis of disruptive mood dysregulation disorder may be unwarranted.
Accession Number: WOS:000314091800010
PubMed ID: 22868057
ISSN: 0165-0327

Record 37 of 50 = PRO
Title: Deficits in emotion recognition in pediatric bipolar disorder: The mediating effects of irritability
Author(s): Shankman, SA (Shankman, Stewart A.); Katz, AC (Katz, Andrea C.); Passarotti, AM (Passarotti, Alessandra M.); Pavuluri, MN (Pavuluri, Mani N.)
Source: JOURNAL OF AFFECTIVE DISORDERS **Volume:** 144 **Issue:** 1-2 **Pages:** 134-140 **DOI:** 10.1016/j.jad.2012.06.021 **Published:** JAN 10 2013
Abstract: Background: Pediatric Bipolar Disorder (PBD) is a debilitating condition associated with impairment in many domains. Social functioning is one of the disorder's most notable areas of impairment and this deficit may be in part due to difficulties recognizing affect in others.
Methods: In the present study, medication naive youth with PBD were compared to age-matched healthy controls on their ability to (a) distinguish between categorical emotions, such as happiness, anger, and sadness on the Emotion Recognition Test (ER-40) and (b) differentiate between levels of emotional intensity on an adapted version of the Penn Emotional Acuity Task (Chicago-PEAT).
Results: Results indicated that PBD youth misidentified sad, fearful, and neutral faces more often than controls, and PBD girls mislabeled 'very angry' faces more often than healthy girls. A mediation analyses indicated that these diagnostic group differences on emotion recognition were significantly mediated by irritability.
Limitations: The Chicago-PEAT only examined variations in emotional intensity for the emotions happy and anger. Additionally, all results are correlational; therefore causal inferences cannot be made.
Conclusions: Supporting previous literature, the present findings highlight the importance of emotion recognition deficits in PBD individuals. Additionally, the irritability associated with PBD may be an important mechanism of this deficit and may thus represent an important target for treatment.
Accession Number: WOS:000311640300020
PubMed ID: 22963899
ISSN: 0165-0327

Record 38 of 50 = PRO
Title: Bipolar Depression in Pediatric Populations Epidemiology and Management
Author(s): Cosgrove, VE (Cosgrove, Victoria E.); Roybal, D (Roybal, Donna); Chang, KD (Chang, Kiki D.)
Source: PEDIATRIC DRUGS **Volume:** 15 **Issue:** 2 **Pages:** 83-91 **DOI:** 10.1007/s40272-013-0022-8 **Published:** 2013

Abstract: Depression in children and adolescents with bipolar disorder is more commonly observed than mania or hypomania, and is associated with significant functional disability in multiple environmental realms. Optimal management of pediatric bipolar depression is often defined by its multimodal nature with emphasis on both psychopharmacological and psychosocial treatment. This article provides a brief overview of the epidemiology and clinical course of pediatric bipolar depression, a clinically-oriented guide to the evidence-based psychopharmacological and psychosocial management of bipolar depression in youth, and suggestions on how best to integrate medication and therapy. Recommended treatment for bipolar depression in pediatric populations usually includes both medication and psychosocial interventions given a paucity of double-blind, placebo-controlled psychopharmacological studies. Lithium and lamotrigine are feasible and tentatively efficacious options; however, treatment with quetiapine monotherapy may be no better than placebo. Furthermore, some youth may be at heightened risk for developing manic symptoms after treatment with selective serotonin reuptake inhibitors (SSRIs). Psychotherapy, either alone or adjunctively with medications, provides practitioners with a safe and feasible alternative. Interpersonal and Social Rhythm Therapy for Adolescents (IPSRT-A), Child- and Family-Focused Cognitive Behavioral Therapy (CFF-CBT), Dialectical Behavior Therapy for Adolescents (DBT-A), family psychoeducation, and Family Focused Therapy for Adolescents (FFT-A) are evidence-based treatments available to clinicians treating youth with bipolar depression.
Accession Number: WOS:000318532000002
PubMed ID: 23529869
ISSN: 1174-5878

Record 39 of 50 = PRO
Title: The Significance of At-Risk or Prodromal Symptoms for Bipolar I Disorder in Children and Adolescents
Author(s): Hauser, M (Hauser, Marta); Correll, CU (Correll, Christoph U.)
Source: CANADIAN JOURNAL OF PSYCHIATRY-REVUE CANADIENNE DE PSYCHIATRIE **Volume:** 58 **Issue:** 1 **Pages:** 22-31 **Published:** JAN 2013
Abstract: While in the early identification and intervention of psychosis-specific instruments and risk criteria have been generated and validated, research into indicated preventive strategies for bipolar I disorder (BD I) has only recently gained momentum. As the first signs of BD I often start before adulthood, such efforts are especially important in the vulnerable pediatric population. Data are summarized regarding the presence and nature of potentially prodromal, that is, subsyndromal, symptoms prior to BD I, defined by first-episode mania, focusing on pediatric patients.
Research indicates the possibility of early identification of youth at clinical high risk for BD. Support for this proposition comes from retrospective studies of BD I patients, as well as prospective studies of community samples, offspring of BD I subjects, youth with depressive disorders, and patients at high risk for psychosis or with bipolar spectrum disorders without lifetime history of mania. These data provide essential insight into potential signs and symptoms that may enable presyndromal identification of BD I in youth. However, except for offspring studies, broader prospective approaches that focus on youth at clinical high risk for BD I and on developing specific interviews and (or) rating scales and risk criteria are mostly missing, or in their early stage. More work is needed to determine valid and sufficiently specific clinical high-risk criteria, to distinguish risk factors, endophenotypes, and comorbidities from prodromal symptomatology, and to develop phase-specific interventions that titrate the risk of intervention to the risk of transition to mania and to functional impairment or distress. Moreover, studies are needed that determine potential differences in prodromal symptoms and trajectories between children, adolescents, and adults, and the best phase-specific interventions.
Accession Number: WOS:000314431100006
PubMed ID: 23327753
ISSN: 0706-7437

Record 40 of 50 = PRO
Title: Further evidence that pediatric-onset bipolar disorder comorbid with ADHD represents a distinct subtype: Results from a large controlled family study
Author(s): Biederman, J (Biederman, Joseph); Faraone, SV (Faraone, Stephen V.); Petty, C (Petty, Carter); Martelon, M (Martelon, MaryKate); Woodworth, KY (Woodworth, K. Yvonne); Wozniak, J (Wozniak, Janet)
Source: JOURNAL OF PSYCHIATRIC RESEARCH **Volume:** 47 **Issue:** 1 **Pages:** 15-22 **DOI:** 10.1016/j.jpsychires.2012.08.002 **Published:** JAN 2013
Abstract: We used familial risk analysis to clarify the diagnostic comorbidity between pediatric BP-I disorder and ADHD, testing the hypothesis that pediatric-BP-I disorder comorbid with ADHD represents a distinct subtype. Structured diagnostic interviews were used to obtain DSM-IV psychiatric diagnoses on first-degree relatives (n = 726) of referred children and adolescents satisfying diagnostic criteria for BP-I disorder (n = 239). For comparison, diagnostic information on the first-degree relatives (N = 511) of non-bipolar ADHD children (N = 162) and the first degree relatives (N = 411) of control children (N = 136) with neither ADHD nor BP-I disorder were examined. BP-I disorder and ADHD in probands bred true irrespective of the comorbidity with the other disorder. We also found that the comorbid condition of BP-I disorder plus ADHD also bred true in families, and the two disorders co-segregated among relatives. This large familial risk analysis provides compelling evidence that pediatric BP-I disorder comorbid with ADHD represents a distinct familial subtype. (C) 2012 Elsevier Ltd. All rights reserved.
Accession Number: WOS:000312354400003
PubMed ID: 22979994
ISSN: 0022-3956

Record 41 of 50 = PRO
Title: Pediatric bipolar disorder and ADHD: Family history comparison in the LAMS clinical sample
Author(s): Arnold, LE (Arnold, L. Eugene); Mount, K (Mount, Katherine); Frazier, T (Frazier, Thomas); Demeter, C (Demeter, Christine); Youngstrom, EA (Youngstrom, Eric A.); Fristad, MA (Fristad, Mary A.); Birmaher, B (Birmaher, Boris); Horwitz, S (Horwitz, Sarah); Findling, RL (Findling, Robert L.); Kowatch, R (Kowatch, Robert); Axelson, D (Axelson, David)
Source: JOURNAL OF AFFECTIVE DISORDERS **Volume:** 141 **Issue:** 2-3 **Pages:** 382-389 **DOI:** 10.1016/j.jad.2012.03.015 **Published:** DEC 10 2012
Abstract: Background: Transgenerational association of bipolar spectrum disorder (BPSD) and attention deficit/hyperactivity disorder (ADHD) has been reported, but inconclusively.
Method: Children ages 6-12 were systematically recruited at first outpatient visit at 9 clinics at four universities and reliably diagnosed; 621 had elevated symptoms of mania (>12 on the Parent General Behavior Inventory 10-Item Mania Scale); 86 had scores below 12. We analyzed baseline data to test a familial association hypothesis: compared to children with neither BPSD

nor ADHD, those with either BPSD or ADHD would have parents with higher rates of both bipolar and ADHD symptoms, and parents of comorbid children would have even higher rates of both.
Results: Of 707 children, 421 had ADHD without BPSD, 45 BPSD without ADHD, 117 comorbid ADHD+BPSD, and 124 neither. The rate of parental manic symptoms was similar for the comorbid and BPSD-alone groups, significantly greater than for ADHD alone and "neither" groups, which had similar rates. ADHD symptoms in parents of children with BPSD alone were significantly less frequent than in parents of children with ADHD (alone or comorbid), and no greater than for children with neither diagnosis. Family history of manic symptoms, but not ADHD symptoms, was associated with parent-rated child manic-symptom severity over and above child diagnosis.
Limitations: The sample was not epidemiologic, parent symptoms were based on family history questions, and alpha was 0.05 despite multiple tests.
Conclusions: These results do not support familial linkage of BPSD and ADHD; they are compatible with heritability of each disorder separately with coincidental overlap.
Accession Number: WOS:000311237700034
PubMed ID: 22464937
ISSN: 0165-0327

Record 42 of 50 = PRO
Title: Examining the Comorbidity Between Attention Deficit Hyperactivity Disorder and Bipolar I Disorder: A Meta-Analysis of Family Genetic Studies
Author(s): Faraone, SV (Faraone, Stephen V.); Biederman, J (Biederman, Joseph); Wozniak, J (Wozniak, Janet)
Source: AMERICAN JOURNAL OF PSYCHIATRY **Volume:** 169 **Issue:** 12 **Pages:** 1256-1266 **DOI:** 10.1176/appi.ajp.2012.12010087 **Published:** DEC 2012
Abstract: Objective: The existence of comorbidity between attention deficit hyperactivity disorder (ADHD) and bipolar I disorder has been documented in clinical and epidemiological studies, in studies of children and adults, and in diagnosed ADHD and bipolar I patient samples. Yet questions remain about the validity of diagnosing bipolar I disorder in ADHD youth. The authors aim to clarify these issues by reviewing family genetic studies of ADHD and bipolar I disorder.
Method: The authors applied random-effects meta-analysis to family genetic studies of ADHD and bipolar I disorder. Twenty bipolar proband studies provided 37 estimates of the prevalence of ADHD in 4,301 relatives of bipolar probands and 1,937 relatives of comparison probands. Seven ADHD proband studies provided 12 estimates of the prevalence of bipolar I disorder in 1,877 relatives of ADHD probands and 1,601 relatives of comparison probands.
Results: These studies found a significantly higher prevalence of ADHD among relatives of bipolar probands and a significantly higher prevalence of bipolar I disorder among relatives of ADHD probands. These results could not be accounted for by publication biases, unusual results from any one observation, sample characteristics, or study design features. The authors found no evidence of heterogeneity in the ADHD or bipolar family studies.
Conclusions: The results suggest that ADHD plus bipolar comorbidity cannot be accounted for by misdiagnoses, but additional research is needed to rule out artifactual sources of comorbidity. More research is also needed to determine whether comorbidity of ADHD and bipolar I disorder constitutes a familial subtype distinct from its constituent disorders, which if confirmed would have implications for diagnostic nosology and genetic studies. (Am J Psychiatry 2012; 169:1256-1266)
Accession Number: WOS:000312179500008
PubMed ID: 23212057
ISSN: 0002-953X

Record 43 of 50 = PRO
Title: Negative emotion impairs working memory in pediatric patients with bipolar disorder type I
Author(s): Schenkel, LS (Schenkel, L. S.); Passarotti, AM (Passarotti, A. M.); Sweeney, JA (Sweeney, J. A.); Pavuluri, MN (Pavuluri, M. N.)
Source: PSYCHOLOGICAL MEDICINE **Volume:** 42 **Issue:** 12 **Pages:** 2567-2577 **DOI:** 10.1017/S0033291712000797 **Published:** DEC 2012
Abstract: Background. We investigated affect recognition and the impact of emotional valence on working memory (using happy, angry, and neutral faces) in pediatric patients with bipolar disorder (BD) and healthy control (HC) subjects.
Method. Subjects (N=70) consisted of unmedicated patients with BD type I (BD I, n=23) and type II (BD II, n=16) and matched HC subjects (n=31). All subjects completed tasks of emotion recognition (Chicago Pediatric Emotional Acuity Task; Chicago PEAT) and working memory for happy, angry, and neutral faces (Affective N-Back Memory Task; ANMT).
Results. Compared to HC subjects, BD patients performed significantly more poorly when identifying the intensity of happy and angry expressions on the Chicago PEAT, and demonstrated working-memory impairments regardless of the type of facial emotional stimuli. Pediatric BD patients displayed the most impaired accuracy and reaction time performance with negative facial stimuli relative to neutral stimuli, but did not display this pattern with positive stimuli. Only BD I patients displayed working-memory deficits, while both BD I and BD II patients displayed emotion-identification impairments. Results remained significant after controlling for co-morbid ADHD and mood state.
Conclusions. Both BD I and BD II youth demonstrate emotion-identification deficits. BD youth also demonstrate working-memory impairments for facial stimuli irrespective of emotional valence; however, working-memory deficits were the most pronounced with negative emotional stimuli. These deficits appear to be specific to BD I patients, and suggest therefore that a more severe form of illness is characterized by more severe social-cognitive impairment.
Accession Number: WOS:000310630300010
PubMed ID: 22564881
ISSN: 0033-2917

Record 44 of 50 = SCE[
Title: Characteristics of children with juvenile bipolar disorder or disruptive behavior disorders and negative mood: Can they be distinguished in the clinical setting?
Author(s): Connor, DF (Connor, Daniel F.); Doerfler, LA (Doerfler, Leonard A.)
Source: ANNALS OF CLINICAL PSYCHIATRY **Volume:** 24 **Issue:** 4 **Pages:** 261-270 **Published:** NOV 2012
Abstract: BACKGROUND: Because of continuing controversy over distinguishing juvenile bipolar disorder (JBD) from disruptive behavior disorders (DBDs) in the clinical setting, we investigated whether referred children with a DBD and a negative mood component could be differentiated from those diagnosed with JBD. The distinction is important because

treatments differ.
METHODS: In this single-site sample, 96 children with non-attention-deficit/hyperactivity DBD and depression were compared with 27 JBD children and 187 psychiatric comparison children on measures assessing behavior, functional impairment, symptom severity, psychopathology, and comorbid psychiatric diagnosis
RESULTS: Few differences were found between children with DBD and depression and those with TBD on measures of conduct problems, oppositionality, aggression, hostility, and psychopathology. More functional impairment was found in the JBD group who also had higher rates of comorbid posttraumatic stress disorder (PTSD), substance use disorders, and suicidality than the other groups.
CONCLUSIONS: These results do not support the specificity of aggression as a defining criterion for JBD and clinicians assessing such patients also should consider complex DBDs with an associated depressive component in the differential diagnosis. Children with JBD must be specifically assessed for comorbid developmental trauma, substance abuse, and suicidality. The association between JBD and PTSD needs further investigation in clinical research
Accession Number: WOS:000311244200003
PubMed ID: 23145382
ISSN: 1040-1237

Record 45 of 50 = SCEP
Title: Age-grouped differences in bipolar mania
Author(s): Safer, DJ (Safer, Daniel J.); Zito, JM (Zito, Julie Magno); Safer, AM (Safer, Alan M.)
Source: COMPREHENSIVE PSYCHIATRY **Volume:** 53 **Issue:** 8 **Pages:** 1110-1117 **DOI:** 10.1016/j.comppsych.2012.04.011 **Published:** NOV 2012
Abstract: Objective: This review of published studies compares scores on individual items of mania rating scales that systematically recorded symptom severity in persons diagnosed with bipolar disorder to identify age-grouped differences.
Methods: An extensive literature search identified item scores from mania rating scales, with a particular emphasis on baseline Young Mania Rating Scale (YMRS) item scores in published double-blind, placebo-controlled studies of bipolar I manic disorder. These baseline YMRS item scores were assessed as a proportion of the total YMRS score and compared by age group. Additional YMRS item/total scores in subjects with bipolar spectrum disorders were added to expand the analysis.
Results: Preadolescents with bipolar disorder had significantly higher YMRS item scores than adolescents on aggression, irritability, and motor activity. Young Mania Rating Scale baseline item scores relative to the YMRS total score revealed that adolescents diagnosed with bipolar I mania scored comparatively higher than did adults on YMRS aggression and irritability items, whereas adults with bipolar I manic disorder scored comparatively higher on the grandiosity and sexual interest items. Age-grouped findings from subjects diagnosed with bipolar I, II, and Not Otherwise Specified (NOS) disorders yielded similar age-grouped results.
Conclusion: In age-grouped YMRS item assessments of bipolar mania, anger dyscontrol was most prominent for youth, whereas disordered thought content was paramount for adults. (C) 2012 Elsevier Inc. All rights reserved.
Accession Number: WOS:000311002500009
PubMed ID: 22682679
ISSN: 0010-440X

Record 46 of 50 = NA
Title: Not This Child: Constitutional Questions in Regulating Noninvasive Prenatal Genetic Diagnosis and Selective Abortion
Author(s): King, JS (King, Jaime Staples)
Source: UCLA LAW REVIEW **Volume:** 60 **Issue:** 1 **Pages:** 2-75 **Published:** OCT 2012
Abstract: Recent developments in abortion politics and prenatal genetic testing are currently on a collision course that has the potential to change the way we think about reproduction and reproductive rights. In the fall of 2011, the first noninvasive prenatal genetic test for Down syndrome entered the commercial market, offering highly accurate prenatal genetic tests from a sample of a pregnant woman's blood without posing a risk to the fetus or the mother. In the last five years, over fifty biotechnology start-ups have been created to offer noninvasive prenatal diagnosis (NIPD) for an ever-widening range of genetic and chromosomal conditions. Because of its noninvasive nature, relatively low cost, and early timing, NIPD has the potential to become standard prenatal care for all pregnant women, providing them information on hundreds of genetic and chromosomal characteristics of their prospective offspring soon after they discover the pregnancy. Moreover, the technological development of NIPD has occurred alongside a significant political development: A handful of states have passed or attempted to pass legislation that restricts abortion based on the reasons for which it was sought. These laws have mainly prohibited abortions sought for sex- or race-based reasons, but proposed legislation would also restrict abortions sought for a wider range of genetic conditions.
The collision of these political and technological developments raises two questions regarding reproductive autonomy: (1) whether the Fourteenth Amendment protects a woman's right to abort a fetus for any reason; and (2) whether that protection includes the right to access genetic tests that could inform the abortion decision. This Article argues for the reaffirmation of a woman's right to choose to abort for any reason and grounds that right in strong principles of liberty and autonomy, rather than sex equality. In the context of reproductive genetic testing, the Article identifies a legitimate state interest, previously unrecognized in abortion jurisprudence, in avoiding significant harm to society based on widespread discriminatory selective abortion. The Article then proposes a new framework for examining the regulation of reproductive genetic testing that balances the relevant state and individual interests in a novel manner.
Accession Number: WOS:000312180900001
ISSN: 0041-5650

Record 47 of 50 = PRO
Title: Treatment Use and Costs Among Privately Insured Youths With Diagnoses of Bipolar Disorder
Author(s): Dusetzina, SB (Dusetzina, Stacie B.); Farley, JF (Farley, Joel F.); Weinberger, M (Weinberger, Morris); Gaynes, BN (Gaynes, Bradley N.); Sleath, B (Sleath, Betsy); Hansen, RA (Hansen, Richard A.)
Source: PSYCHIATRIC SERVICES **Volume:** 63 **Issue:** 10 **Pages:** 1019-1025 **DOI:** 10.1176/appi.ps.201100516 **Published:** OCT 2012
Abstract: Objective: Recent evidence suggests that children are increasingly diagnosed as having bipolar disorder, yet no studies have quantified treatment costs for pediatric patients. The objectives of the study were to identify one-year health services utilization and treatment costs among youths newly diagnosed as having bipolar disorder. Methods: Market Scan administrative claims from 2005 to 2007 were used to construct a retrospective person-level cohort of children ages zero to 17 to identify one-

year health services utilization and costs among privately insured youths with a bipolar diagnosis. Inpatient and outpatient services were categorized as mental health related or non mental health related. Pharmacy costs were classified as psychotropic or nonpsychotropic. Results: In the sample (4,973 youths), one-year mean reimbursements for health services were $10,372, and patient out-of-pocket spending was $1,429 per child. Mental health services accounted for 71% of all health care spending, with psychotropic medications and inpatient care contributing the largest proportions of total spending (24% and 27%, respectively). Conclusions: The costs of care among privately insured children with bipolar disorder are similar to those of adults. However, spending on children is concentrated on mental health related services. Because private insurance plans have historically limited mental health service benefits, the concentration of spending on mental health services may place a greater burden on families for out-of-pocket payments. As mental health parity is adopted by private. insurers, monitoring its impact on patient utilization and costs of health services will be important, particularly for children with serious mental illness. (Psychiatric Services 63: 1019-1025, 2012; doi: 10.1176/appi.ps.201100516)
Accession Number: WOS:000309488100011
PubMed ID: 22855210
ISSN: 1075-2730

Record 48 of 50 = PRO
Title: Health-related quality of life as measured by the child health questionnaire in adolescents with bipolar disorder treated with olanzapine
Author(s): Olsen, BT (Olsen, Brian T.); Ganocy, SJ (Ganocy, Stephen J.); Bitter, SM (Bitter, Samantha M.); Findling, RL (Findling, Robert L.); Case, M (Case, Michael); Chang, K (Chang, Kiki); Tohen, M (Tohen, Mauricio); DelBello, MP (DelBello, Melissa P.)
Source: COMPREHENSIVE PSYCHIATRY **Volume:** 53 **Issue:** 7 **Pages:** 1000-1005 **DOI:** 10.1016/j.comppsych.2012.03.010 **Published:** OCT 2012
Abstract: Aim: To examine health-related quality of life (HRQoL) in adolescents with bipolar disorder before and after double-blind treatment with olanzapine or placebo.
Methods: Parents or legal guardians of 160 adolescents with a manic or mixed episode associated with bipolar I disorder were asked to rate their child's health using the Child Health Questionnaire-Parental Form 50 at baseline, before receiving medication, and then again at the end of participation in a 3-week double-blind placebo-controlled study of olanzapine.
Results: Adolescents in both treatment groups began and ended the study with significantly lower scores than normalized values of healthy peers on several HRQoL subscales (lower ratings indicate more impaired functioning), especially those assessing psychosocial factors. However, participants receiving olanzapine exhibited greater improvement than those in the placebo group across multiple HRQoL subscales, including the Behavior, Family activities, and Mental health subscales. Reduction in manic symptoms was associated with improvement in HRQoL values.
Conclusions: As expected, manic adolescents with bipolar disorder exhibit abnormalities in psychosocial, rather than physical factors associated with HRQoL. Treatment with olanzapine had a greater effect on multiple domains of psychosocial functioning compared with placebo, suggesting that in addition to improving manic symptoms, pharmacologic interventions may lessen some of psychosocial deficits experienced by adolescents with bipolar disorder. However, following 3 weeks of treatment, adolescents with bipolar disorder continued to exhibit deficits in several aspects of psychosocial functioning, indicating that additional pharmacologic and psychosocial interventions may be necessary to further improve functional outcome.
Accession Number: WOS:000309437200014
PubMed ID: 22520085
ISSN: 0010-440X

Record 49 of 50 = PRO
Title: Microstructural abnormalities of white matter differentiate pediatric and adult-onset bipolar disorder
Author(s): Lu, LH (Lu, Lisa H.); Zhou, XJ (Zhou, Xiaohong Joe); Fitzgerald, J (Fitzgerald, Jacklynn); Keedy, SK (Keedy, Sarah K.); Reilly, JL (Reilly, James L.); Passarotti, AM (Passarotti, Alessandra M.); Sweeney, JA (Sweeney, John A.); Pavuluri, M (Pavuluri, Mani)
Source: BIPOLAR DISORDERS **Volume:** 14 **Issue:** 6 **Pages:** 597-606 **DOI:** 10.1111/j.1399-5618.2012.01045.x **Published:** SEP 2012
Abstract: Lu LH, Zhou XJ, Fitzgerald J, Keedy SK, Reilly JL, Passarotti AM, Sweeney JA, Pavuluri M. Microstructural abnormalities of white matter differentiate pediatric and adult onset bipolar disorder. Bipolar Disord 2012: 14: 597606. (c) 2012 The Authors. Journal compilation (c) 2012 John Wiley & Sons A/S. Objectives: White-matter microstructure, known to undergo significant developmental transformation, is abnormal in bipolar disorder (BD). Available evidence suggests that white-matter deviation may be more pronounced in pediatric than adult-onset BD. The present study aimed to examine how white-matter microstructure deviates from a typical maturational trajectory in BD. Methods: Fractional anisotropy (FA) was measured in 35 individuals presenting with first episode BD (type I) and 46 healthy controls (HC) (aged 942) using diffusion tensor imaging (DTI). Patients were medication free and close to illness onset at the time of the DTI scans. Tract-based spatial statistics were used to examine the center of white-matter tracts, and FA was extracted from nine tracts of interest. Axial, radial, and mean diffusivity were examined in post-hoc analyses. Results: The left anterior limb of the internal capsule (ALIC) showed significantly lower FA in pediatric than adult-onset BD. The lower FA in BD was due primarily to greater radial, rather than decreased axial, diffusivity. Conclusions: The ALIC connects the frontal lobes with archistriatum, thalamus, and medial temporal regions, and alteration in these pathways may contribute to mood dysregulation in BD. Abnormalities in this pathway appear to be associated with an earlier onset of illness and thus may reflect a greater susceptibility to illness.
Accession Number: WOS:000308286800003
PubMed ID: 22882719
ISSN: 1398-5647

Record 50 of 50 = PRO
Title: Generalizability of Evidence-Based Assessment Recommendations for Pediatric Bipolar Disorder
Author(s): Jenkins, MM (Jenkins, Melissa M.); Youngstrom, EA (Youngstrom, Eric A.); Youngstrom, JK (Youngstrom, Jennifer Kogos); Feeny, NC (Feeny, Norah C.); Findling, RL (Findling, Robert L.)
Source: PSYCHOLOGICAL ASSESSMENT **Volume:** 24 **Issue:** 2 **Pages:** 269-281 **DOI:** 10.1037/a0025775 **Published:** JUN 2012

Abstract: Bipolar disorder is frequently clinically diagnosed in youths who do not actually satisfy Diagnostic and Statistical Manual of Mental Disorders (4th ed., text revision; DSM-IV-TR; American Psychiatric Association, 1994) criteria, yet cases that would satisfy full DSM-IV-TR criteria are often undetected clinically. Evidence-based assessment methods that incorporate Bayesian reasoning have demonstrated improved diagnostic accuracy and consistency; however, their clinical utility is largely unexplored. The present study examines the effectiveness of promising evidence-based decision-making strategies compared with the clinical gold standard. Participants were 562 youths, ages 5 to 17 and predominantly African American, drawn from a community mental health clinic. Research diagnoses combined a semistructured interview with youths' psychiatric, developmental, and family mental health histories. Independent Bayesian estimates that relied on published risk estimates from other samples discriminated bipolar diagnoses (area under curve = .75, p <. 00005). The Bayes and confidence ratings correlated at r(s) = .30. Agreement about an evidence-based assessment intervention threshold model (wait/assess/treat) was k = .24, p < .05. No potential moderators of agreement between the Bayesian estimates and confidence ratings, including type of bipolar illness, were significant. Bayesian risk estimates were highly correlated with logistic regression estimates using optimal sample weights (r = .81, p < .0005). Clinical and Bayesian approaches agree in terms of overall concordance and deciding next clinical action, even when Bayesian predictions are based on published estimates from clinically and demographically different samples. Evidence-based assessment methods may be useful in settings in which gold standard assessments cannot be routinely used, and they may help decrease rates of overdiagnosis while promoting earlier identification of true cases.
Accession Number: WOS:000304842200001
PubMed ID: 22004538
ISSN: 1040-3590

Record 1 of 50 =PRO
Title: ADOLESCENT ATTENTION DEFICIT HYPERACTIVITY DISORDER IN THE SECURE TREATMENT SETTING
Author(s): Connor, DF (Connor, Daniel F.); Ford, JD (Ford, Julian D.); Chapman, JF (Chapman, John F.); Banga, A (Banga, Alok)
Source: CRIMINAL JUSTICE AND BEHAVIOR **Volume:** 39 **Issue:** 6 **Special Issue:** SI **Pages:** 725-747 **DOI:** 10.1177/0093854812437015 **Published:** JUN 2012
Abstract: This article examines issues related to adolescent and young adult attention deficit hyperactivity disorder (ADHD) in juvenile justice treatment settings. Characteristics of ADHD are first discussed including diagnostic criteria, gender, and prevalence in both community and secure settings. Next, the importance of adolescent ADHD to the juvenile justice system is examined, including risk for psychosocial impairments, antisocial problems, and aggressive behavior while in secure treatment settings and the issue of psychiatric comorbidity in ADHD youths. Recommendations for assessment of the ADHD adolescent are discussed. Evidence-based treatments are next reviewed and suggestions for modifying extant ADHD evaluation and treatment criteria for use with juvenile detainees are presented. Finally, we discuss issues pertaining to ethnicity in adolescent ADHD and how these issues are of importance to the evaluation and treatment of adolescent and young adult ADHD in the secure treatment setting.
Accession Number: WOS:000303928100003
ISSN: 0093-8548

Record 2 of 50 = SCEP
Title: Developmental Epidemiology of Depressive Disorders
Author(s): Goldman, S (Goldman, Stuart)
Source: CHILD AND ADOLESCENT PSYCHIATRIC CLINICS OF NORTH AMERICA **Volume:** 21 **Issue:** 2 **Pages:** 217-+ **DOI:** 10.1016/j.chc.2011.12.002 **Published:** APR 2012
Abstract: Definitions, understanding, and treatment of childhood depressive disorders are changing. The last 40 years have seen a move from questioning whether depression even existed in younger children to evidence-based descriptive models. The field is now moving toward developmentally informed multifactorial models that more accurately reflect the complexity, heterogeneity, and dimensionality of depressive disorders. Knowledge about genetic, temperamental, and developmental risks has increased. Inability to self-regulate seems to be common in depressive and related disorders. Positive modulation can be promoted through experiences, psychotherapies, and, possibly, medications. The authors provide an overview of childhood depressive disorders with emphasis on the developmental/etiologic underpinnings.
Accession Number: WOS:000304572300003
PubMed ID: 22537724
ISSN: 1056-4993

Record 3 of 50 = TRAD
Title: Comparison of Long-Term (At Least 24 Weeks) Weight Gain and Metabolic Changes Between Adolescents and Adults Treated with Olanzapine
Author(s): Kryzhanovskaya, LA (Kryzhanovskaya, Ludmila A.); Xu, W (Xu, Wen); Millen, BA (Millen, Brian A.); Acharya, N (Acharya, Nayan); Jen, KY (Jen, Kai Yu); Osuntokun, O (Osuntokun, Olawale)
Source: JOURNAL OF CHILD AND ADOLESCENT PSYCHOPHARMACOLOGY **Volume:** 22 **Issue:** 2 **Pages:** 157-165 **DOI:** 10.1089/cap.2010.0020 **Published:** APR 2012
Abstract: Objective: The purpose of these analyses was to compare the weight and other metabolic changes between adolescents and adults during long-term (at least 24 weeks) olanzapine treatment.
Method: The adult database included 86 studies with 12,425 patients with schizophrenia, schizoaffective disorder, depression, borderline personality disorder, or bipolar I disorder; the adolescent database comprised six studies with 489 patients with schizophrenia, schizoaffective disorder, borderline personality disorder, bipolar I disorder, or prodromal psychosis. Patients who had at least 24 weeks of olanzapine exposure (N = 4,280 from adult database and N = 179 from adolescent database) were analyzed in this study. Weight data were collected for all patients, fasting glucose and lipids data were collected in some patients. For weight gain, data in 34.5% adults (4,280/12,425) and 36.6% adolescents (179/489) were analyzed while for glucose and lipids, data in 8.4% (1,038/12,425) adults and 24.9% adolescents (122/489) were analyzed. Adult patients were treated with oral (5-20 mg/day) or depot formulations (doses equivalent to oral doses of 5-20 mg/day) of olanzapine and adolescent patients were treated with oral olanzapine (2.5-20 mg/day). The incidences of potentially clinically significant categorical changes in weight and metabolic parameters were calculated with a 95% confidence interval (CI). Nonoverlapping 95% CIs were considered as indicating a statistically significant difference. Weight, lipid, and glucose change comparisons are summarized.
Results: The mean age for adolescents and adults was 15.8 and 38.8, respectively. The percentage of the male population was

similar for both adults (58.5%) and adolescents (62.8%). The median duration of the follow-up period was 201 days for adolescent database and 280 days for adult database. The mean weight gain from baseline to endpoint in adolescents was 11.24 kg when compared with 4.81 kg in adults. The 95% CI for adolescents (10.1, 12.4) and adults (4.57, 5.04) are not overlapping, which indicates that the difference between adolescents and adults is statistically significant. The percentage of olanzapine-treated adolescents with >= 7% mean weight gain was 89.4% compared with 55.4% in adults (Number need to harm [NNH] = 3). Mean changes from baseline to endpoint were also greater for adolescents than for adults in fasting total cholesterol (5.49 mg/dL vs. 2.06 mg/dL), LDL (5.41 mg/dL vs. 0.49 mg/dL), and triglycerides (20.49 mg/dL vs. 16.72 mg/dL), but overlapping 95% CIs were observed for all lipid parameters. Mean changes from baseline to endpoint in fasting glucose values were similar between adolescents and adults (3.13 mg/dL vs. 3.95 mg/dL). However, the incidence of treatment-emergent significant glucose changes was greater in adults. Among olanzapine-treated adults and adolescents, 8.9% and 0.9% experienced a shift from normal to high and 12.5% and 3.3% experienced a shift from normal/impaired glucose tolerance (IGT) to high fasting glucose, respectively. The incidence of IGT to high elevations in glucose was greater in adolescents, but overlapping 95% CI was observed.
Conclusions: The types of metabolic changes during the long-term olanzapine treatment in adolescents were similar to those observed in adults. However, the magnitude of changes in weight and lipid parameters was greater in adolescents. Patients should receive regular monitoring of weight, fasting blood glucose, and lipid profile at the beginning of, and periodically during, treatment with olanzapine.
Accession Number: WOS:000302944000009
PubMed ID: 22372514
ISSN: 1044-5463

Record 4 of 50 = PRO
Title: Neuroimaging can help identify biomarkers of early onset bipolar disorder
Author(s): Diler, RS (Diler, Rasim Somer)
Source: KLINIK PSIKOFARMAKOLOJI BULTENI-BULLETIN OF CLINICAL PSYCHOPHARMACOLOGY **Volume:** 22 **Issue:** 1 **Pages:** 1-4 **DOI:** 10.5455/bcp.20120214113908 **Published:** MAR 2012
Accession Number: WOS:000303491300001
ISSN: 1017-7833

Record 5 of 50 = PRO
Title: How Informative Are Open-Label Studies for Youth With Bipolar Disorder? A Meta-Analysis Comparing Open-Label Versus Randomized, Placebo-Controlled Clinical Trials
Author(s): Biederman, J (Biederman, Joseph); Petty, CR (Petty, Carter R.); Woodworth, KY (Woodworth, K. Yvonne); Lomedico, A (Lomedico, Alexandra); O'Connor, KB (O'Connor, Katherine B.); Wozniak, J (Wozniak, Janet); Faraone, SV (Faraone, Stephen V.)
Source: JOURNAL OF CLINICAL PSYCHIATRY **Volume:** 73 **Issue:** 3 **Pages:** 358-365 **DOI:** 10.4088/JCP.10m06490 **Published:** MAR 2012
Abstract: Objective: To examine the informativeness of open-label trials toward predicting results in subsequent randomized, placebo-controlled clinical trials of psychopharmacologic treatments for pediatric bipolar disorder.
Data Sources: We searched journal articles through PubMed at the National Library of Medicine using bipolar disorder, mania, pharmacotherapy, treatment and clinical trial as keywords. This search was supplemented with scientific presentations at national and international scientific meetings and submitted manuscripts from our group.
Study Selection: Selection criteria included (1) enrollment of children diagnosed with DSM-IV bipolar disorder; (2) prospective assessment of at least 3 weeks; (3) monotherapy of a pharmacologic treatment for bipolar disorder; (4) use of a randomized placebo-controlled design or an open-label design for the same therapeutic compound; and (5) repeated use of the Young Mania Rating Scale (YMRS) as an outcome.
Data Extraction:The following information and data were extracted from 14 studies: study design, name of medication, class of medication, dose of medication, sample size, age, sex, trial length, and YMRS mean and standard deviation baseline and follow-up scores.
Results: For both study designs, the pooled effect size was statistically significant (open-label studies, z=8.88, P<.001; randomized placebo-controlled studies, z=13.75, P<.001), indicating a reduction in the YMRS from baseline to endpoint in both study designs. In a meta-analysis regression, study design was not a significant predictor of mean change in the YMRS.
Conclusions: We found similarities in the treatment effects between open-label and randomized placebo-controlled studies in youth with bipolar disorder indicating that open-label studies are useful predictors of the potential safety and efficacy of a given compound in the treatment of pediatric bipolar disorder. J Clin Psychiatry 2012;73(3):358-365 (C) Copyright 2011 Physicians Postgraduate Press, Inc.
Accession Number: WOS:000302114000012
PubMed ID: 22154898
ISSN: 0160-6689

Record 6 of 50 = NA
Title: Conduct disorder and adult psychiatric diagnoses: Associations and gender differences in the U.S. adult population
Author(s): Morcillo, C (Morcillo, Carmen); Duarte, CS (Duarte, Cristiane S.); Sala, R (Sala, Regina); Wang, S (Wang, Shuai); Lejuez, CW (Lejuez, Carl W.); Kerridge, BT (Kerridge, Bradley T.); Blanco, C (Blanco, Carlos)
Source: JOURNAL OF PSYCHIATRIC RESEARCH **Volume:** 46 **Issue:** 3 **Pages:** 323-330 **DOI:** 10.1016/j.jpsychires.2011.10.012 **Published:** MAR 2012
Abstract: The authors' objective was to examine the presence of Axis I and II psychiatric disorders among adult males and females with a history in childhood and/or adolescence of conduct disorder (CD).
Data were derived from a large national sample of the U.S. population. Face-to-face interviews of more than 34,000 adults ages 18 years and older were conducted during 2004-2005 using the Alcohol Use Disorder and Associated Disabilities interview Schedule -DSM-IV Version.
After adjusting for sociodemographic characteristics and psychiatric comorbidity, CD was associated with all Axis I and II disorders, particularly substance use disorders (SUD), bipolar disorder, and histrionic personality disorders. After adjusting for gender differences in the general population, men had significantly greater odds of social anxiety disorder and paranoid personality disorder, whereas women were more likely to have SUD. Furthermore, there was dose-response relationship between number of CD symptoms and risk for most psychiatric disorders.

From a clinical standpoint, knowledge of the gender differences in associations of CD with other psychiatric disorders in adulthood may be informative of developmental pathways of the disorder, and of possible gender-specific risk factors. Early recognition and treatment of CD may help prevent the development of adult-onset disorders.
Accession Number: WOS:000301760300008
PubMed ID: 22172996
ISSN: 0022-3956
eISSN: 1879-1379

Record 7 of 50 = PRO
Title: A prospective open-label trial of quetiapine monotherapy in preschool and school age children with bipolar spectrum disorder
Author(s): Joshi, G (Joshi, Gagan); Petty, C (Petty, Carter); Wozniak, J (Wozniak, Janet); Faraone, SV (Faraone, Stephen V.); Doyle, R (Doyle, Robert); Georgiopoulos, A (Georgiopoulos, Anna); Hammerness, P (Hammerness, Paul); Walls, S (Walls, Sarah); Glaeser, B (Glaeser, Breanna); Brethel, K (Brethel, Kristin); Yorks, D (Yorks, Dayna); Biederman, J (Biederman, Joseph)
Source: JOURNAL OF AFFECTIVE DISORDERS **Volume:** 136 **Issue:** 3 **Pages:** 1143-1153 **DOI:** 10.1016/j.jad.2011.09.042 **Published:** FEB 2012
Abstract: Background: Although bipolar disorder frequently onsets in the preschool years, treatment studies to guide management of these highly dysfunctional children are limited. This study evaluates the response to quetiapine monotherapy in preschool and school age children with bipolar spectrum disorder (BSD).
Method: Two eight-week, prospective, open-label trials utilizing identical methodology to assess the effectiveness and tolerability of quetiapine monotherapy in the treatment of BSD in preschool (age 4-6 years) and school age children (age 6-15 years).
Results: Forty-nine children (30 preschool and 19 school age) with BSD (Young Mania Rating Scale [YMRS] at entry: 34.5 +/- 5.5 and 30 +/- 6.5 respectively) were enrolled and 34 (20 preschool and 14 school age) completed the trial. Quetiapine was titrated to a mean endpoint dose of 175.8 +/- 63.8 mg/day in preschool and 248.7 +/- 153.1 mg/day in school age children. At endpoint, treatment with quetiapine was associated with similar and statistically significant improvement in mean YMRS scores in preschool (- 14.5 +/- 11.5, $p<0.001$) and school age (- 13 +/- 9.8, $p<0.001$) children. Quetiapine was generally well tolerated with treatment limiting adverse-events observed in 3/30 preschool and 1/19 school age children. Quetiapine monotherapy in preschool and school age children was associated with significant weight gain (+ 3.1 +/- 1.8 and + 7.4 +/- 7.7 lb respectively, $p<0.001$) and with clinically insignificant changes in vital signs.
Limitations: As an uncontrolled study, the assessments were not blind to treatment and the effects of treatment cannot be separated from time.
Conclusions: Open-label quetiapine treatment was beneficial for the treatment of BSD in preschool and school age children. Further controlled trials are warranted. (C) 2011 Published by Elsevier B.V.
Accession Number: WOS:000301996000128
PubMed ID: 22035648
ISSN: 0165-0327

Record 8 of 50 = PRO
Title: Evidence-Based Assessment Strategies for Pediatric Bipolar Disorder
Author(s): Youngstrom, EA (Youngstrom, Eric A.); Jenkins, MM (Jenkins, Melissa McKeown); Jensen-Doss, A (Jensen-Doss, Amanda); Youngstrom, JK (Youngstrom, Jennifer Kogos)
Source: ISRAEL JOURNAL OF PSYCHIATRY AND RELATED SCIENCES **Volume:** 49 **Issue:** 1 **Pages:** 15-27 **Part:** 1 **Published:** 2012
Abstract: Evidence-based assessment of pediatric bipolar disorder has advanced rapidly in the last two decades, moving from isolated clinical case descriptions to what is now a portfolio of techniques that include checklists from multiple informants, semi-structured diagnostic interviews and severity ratings, and technologies that allow daily tracking of mood and energy over the course of treatment. This review critically appraises (a) the need for evidence-based assessment of bipolar disorder as a common component of clinical practice, (b) triggers that warrant assessment of bipolar, (c) when best to deploy different techniques over the course of diagnosis and treatment, and (d) promising new developments in assessment. A decision-making framework is adapted from evidence-based medicine to guide assessment sequences in a patient-centered approach. Emphasis is placed on approaches that currently have the best validity and are feasible in most clinical practice settings. These methods increase accuracy and address many controversies surrounding pediatric bipolar diagnoses.
Accession Number: WOS:000308697600003
PubMed ID: 22652926
ISSN: 0333-7308

Record 9 of 50 = SMD
Title: Beyond Dogma: From Diagnostic Controversies to Data About Pediatric Bipolar Disorder and Children with Chronic Irritability and Mood Dysregulation
Author(s): Dickstein, DP (Dickstein, Daniel P.); Leibenluft, E (Leibenluft, Ellen)
Source: ISRAEL JOURNAL OF PSYCHIATRY AND RELATED SCIENCES **Volume:** 49 **Issue:** 1 **Pages:** 52-61 **Part:** 1 **Published:** 2012
Abstract: From the mid-1990s through the present, studies have demonstrated a significant rise in the numbers of children and adolescents diagnosed with bipolar disorder (BD). Why is this? The present manuscript reviews several possibilities, most notably ambiguity in the diagnostic criteria for mania and how they may apply to children with functionally-impairing irritability. Furthermore, we discuss ongoing phenomenological and affective neuroscience research approaches to address those children most on the fringes of our current psychiatric nosology. In summary, these studies suggest that BD youths may be distinguished on some measures from those with chronic irritability and severe mood dysregulation, although the two groups also have some shared deficits.
Accession Number: WOS:000308697600006
PubMed ID: 22652929
ISSN: 0333-7308

Record 10 of 50 = SMD
Title: Neural recruitment during failed motor inhibition differentiates youths with bipolar disorder and severe mood dysregulation
Author(s): Deveney, CM (Deveney, Christen M.); Connolly, ME (Connolly, Megan E.); Jenkins, SE (Jenkins, Sarah E.); Kim, P (Kim, Pilyoung); Fromm, SJ (Fromm, Stephen J.); Pine, DS (Pine, Daniel S.); Leibenluft, E (Leibenluft, Ellen)
Source: BIOLOGICAL PSYCHOLOGY **Volume:** 89 **Issue:** 1 **Pages:** 148-155 **DOI:** 10.1016/j.biopsycho.2011.10.003 **Published:** JAN 2012
Abstract: Controversy exists about whether non-episodic irritability (operationalized as severe mood dysregulation, SMD) should be considered a developmental presentation of pediatric bipolar disorder (BD). While assessments of brain function may address this controversy, only one fMRI study has compared BD versus SMD. We compared neural activation in BD, SMD, and controls during a motor inhibition task, since motor disinhibition is an important clinical feature in both BD and SMD. During failed inhibition, BD youths exhibited less activation in the right anterior cingulate cortex (ACC) and right nucleus accumbens relative to both SMD and healthy youths. Exploratory analyses indicate that, in BD youths, reduced activation in the right ACC may be independent of comorbid ADHD. These findings highlight neural distinctions between the phenotypically related BD and SMD populations. Published by Elsevier B.V.
Accession Number: WOS:000299714500020
PubMed ID: 22008364
ISSN: 0301-0511

Record 11 of 50 = SMD
Title: Neural correlates of cognitive flexibility in children at risk for bipolar disorder
Author(s): Kim, P (Kim, Pilyoung); Jenkins, SE (Jenkins, Sarah E.); Connolly, ME (Connolly, Megan E.); Deveney, CM (Deveney, Christen M.); Fromm, SJ (Fromm, Stephen J.); Brotman, MA (Brotman, Melissa A.); Nelson, EE (Nelson, Eric E.); Pine, DS (Pine, Daniel S.); Leibenluft, E (Leibenluft, Ellen)
Source: JOURNAL OF PSYCHIATRIC RESEARCH **Volume:** 46 **Issue:** 1 **Pages:** 22-30 **DOI:** 10.1016/j.jpsychires.2011.09.015 **Published:** JAN 2012
Abstract: Background: Youth with bipolar disorder (BD) show behavioral and neural deficits in cognitive flexibility; however, whether such deficits exist among youths at risk for BD has not been explored.
Methods: The current fMRI study examined the neural basis of cognitive flexibility in BD youth (n = 28), unaffected youth at risk for BD (AR; n = 13), and healthy volunteer youth (HV; n = 21) by comparing brain activation patterns while participants performed the change task. On change trials, subjects must inhibit a prepotent response and execute an alternate one.
Results: During successful change trials, both BD and AR youth had increased right ventrolateral prefrontal and inferior parietal activity, compared to HV youth. During failed change trials, both BD and AR youth exhibited increased caudate activation relative to HV youth, but BD youth showed increased activation in the subgenual anterior cingulate cortex (ACC) relative to the other two groups.
Conclusions: Abnormal activity in ventrolateral prefrontal cortex, inferior parietal cortex, and striatum during a cognitive flexibility task may represent a potential BD endophenotype, but subgenual ACC dysfunction may represent a marker of BD illness itself. Published by Elsevier Ltd.
Accession Number: WOS:000298527900003
PubMed ID: 22024484
ISSN: 0022-3956

Record 12 of 50 = PRO
Title: Receipt of Guideline-Concordant Pharmacotherapy Among Children With New Diagnoses of Bipolar Disorder
Author(s): Dusetzina, SB (Dusetzina, Stacie B.); Gaynes, BN (Gaynes, Bradley N.); Weinberger, M (Weinberger, Morris); Farley, JF (Farley, Joel F.); Sleath, B (Sleath, Betsy); Hansen, RA (Hansen, Richard A.)
Source: PSYCHIATRIC SERVICES **Volume:** 62 **Issue:** 12 **Pages:** 1443-1449 **Published:** DEC 2011
Abstract: Objective: This study examined the extent to which children with bipolar I disorder received recommended treatment of mood-stabilizer or second-generation antipsychotic monotherapy and factors associated with its receipt. Methods: Administrative claims data collected from January 1, 2005, to December 31, 2007, were used to construct a cohort of 412 privately insured children with bipolar I disorder. The primary outcome measure was the receipt of mood-stabilizer or second-generation antipsychotic monotherapy within 90 days of an index diagnosis of bipolar disorder. Results: Only 82 (20%) children received recommended first-line treatment for bipolar I disorder within 90 days of the index diagnosis, and 130 (32%) received no psychotropic medications. Of children receiving any medications, 200 (71%) received nonrecommended pharmacotherapy, most commonly antidepressant monotherapy (N=67, 24%) and combination pharmacotherapy (N=51, 18%). Youths who had been treated by a psychiatrist on the day of or 180 days before the fill date of medication were more likely to receive guideline-recommended care (risk ratio [RR]=1.64, 95% confidence interval [CI]=1.10-2.45) and to receive any psychotropic medications (RR=1.13, CI=1.02-1.24). Nevertheless, only 51 of the 209 (24%) children who visited a psychiatrist and 31 of the 203 (15%) who visited a nonpsychiatrist received recommended pharmacotherapy. Conclusions: This study highlights significant gaps in the treatment of pediatric bipolar disorder. Most children in this sample received either no medications or nonrecommended pharmacotherapies. Additional research is needed to further assess factors related to the nonuse of recommended psychotropic medications and to the persistent use of nonrecommended pharmacotherapies for children with bipolar disorder. (Psychiatric Services 62:1443-1449, 2011)
Accession Number: WOS:000301809100008
PubMed ID: 22193791
ISSN: 1075-2730

Record 13 of 50 = TRAD
Title: White matter microstructure in untreated first episode bipolar disorder with psychosis: comparison with schizophrenia
Author(s): Lu, LH (Lu, Lisa H.); Zhou, XJ (Zhou, Xiaohong Joe); Keedy, SK (Keedy, Sarah K.); Reilly, JL (Reilly, James L.); Sweeney, JA (Sweeney, John A.)
Source: BIPOLAR DISORDERS **Volume:** 13 **Issue:** 7-8 **Pages:** 604-613 **DOI:** 10.1111/j.1399-5618.2011.00958.x **Published:** NOV-DEC 2011
Abstract: Objectives: White matter abnormalities have been reported in bipolar disorder. The present study aimed to investigate

white matter integrity in untreated first episode patients with psychotic bipolar disorder using diffusion tensor imaging, and to compare observations with those from untreated first episode schizophrenia patients.
Methods: Fractional anisotropy and mean diffusivity were measured in first episode psychotic patients with bipolar disorder (n = 13) or schizophrenia (n = 21) and healthy individuals (n = 18). Group differences were evaluated using voxel- based morphometry. Axial and radial diffusivity were examined in regions with altered fractional anisotropy in post- hoc analyses.
Results: Patients with bipolar disorder showed lower fractional anisotropy than healthy controls in several white matter tracts. Compared with schizophrenia patients, bipolar disorder patients showed lower fractional anisotropy in the cingulum, internal capsule, posterior corpus callosum, tapetum, and occipital white matter including posterior thalamic radiation and inferior longitudinal fasciculus / inferior frontooccipital fasciculus. Lower fractional anisotropy in bipolar disorder was characterized by increased radial diffusion rather than axial diffusion along the orientation of fiber tracts. Across several white matter tracts, both patient groups showed greater mean diffusivity than healthy individuals.
Conclusions: Selectively increased radial diffusivity in bipolar disorder patients suggests structural disorganization in fiber tract coherence of neurodevelopmental origin or alterations in myelin sheaths along fiber tracts. In contrast, increased isotropic diffusion along white matter tracts in schizophrenia patients with alterations in both radial and axial diffusivity suggests increased water content outside the axonal space. Thus, the present results suggest that different pathophysiological mechanisms may underlie white matter microstructural abnormalities in bipolar disorder and schizophrenia.
Accession Number: WOS:000297053300003
PubMed ID: 22085473
ISSN: 1398-5647

Record 14 of 50 = SCEP
Title: The CBCL Bipolar Profile and Attention, Mood, and Behavior Dysregulation
Author(s): Doerfler, LA (Doerfler, Leonard A.); Connor, DF (Connor, Daniel F.); Toscano, PF (Toscano, Peter F., Jr.)
Source: JOURNAL OF CHILD AND FAMILY STUDIES **Volume:** 20 **Issue:** 5 **Pages:** 545-553 **DOI:** 10.1007/s10826-010-9426-z **Published:** OCT 2011
Abstract: Biederman and colleagues reported that a CBCL profile identified youngsters who were diagnosed with bipolar disorder. Some studies found that this CBCL profile does not reliably identify children who present with bipolar disorder, but nonetheless this CBCL does identify youngsters with severe dysfunction. However, the nature of the impairment of youngsters who fit this profile is unclear. The goal of this study was to describe the clinical characteristics of youngsters who fit this CBCL profile. The sample included 310 youngsters referred to an outpatient psychopharmacology clinic. There were 55 youngsters who fit the CBCL profile. These youngsters were compared to 255 youngsters who did not fit the CBCL profile. Measures included the CBCL, standardized measures of aggression and ADHD symptoms, youngsters' self-reported depression, DSM-IV diagnoses, and child and adolescent psychiatrists' ratings of impairment and functioning. Compared to youngsters who did not fit the CBCL bipolar disorder profile, youngsters who fit the profile had significantly higher scores on all but one CBCL scale and significantly higher levels of aggression. Youngsters who fit the CBCL profile also had greater psychosocial impairment and more DSM-IV diagnoses than youngsters who did not fit the profile. Youngsters who fit the CBCL profile exhibit severe dysregulation across multiple domains of functioning including attention, affective, and behavioral dysregulation that are not easily nor efficiently captured by extant DSM-IV diagnoses. These youngsters are not uncommon and comprise slightly less than 1 in 5 referrals to a child psychiatry clinic.
Accession Number: WOS:000295679500001
ISSN: 1062-1024

Record 15 of 50 = PRO
Title: High level of persistence of pediatric bipolar-I disorder from childhood onto adolescent years: A four year prospective longitudinal follow-up study
Author(s): Wozniak, J (Wozniak, Janet); Petty, CR (Petty, Carter R.); Schreck, M (Schreck, Meghan); Moses, A (Moses, Alana); Faraone, SV (Faraone, Stephen V.); Biederman, J (Biederman, Joseph)
Source: JOURNAL OF PSYCHIATRIC RESEARCH **Volume:** 45 **Issue:** 10 **Pages:** 1273-1282 **DOI:** 10.1016/j.jpsychires.2010.10.006 **Published:** OCT 2011
Abstract: Objective: To examine the longitudinal course of pediatric bipolar (BP)-I disorder in youth transitioning from childhood into adolescence.
Methods: We conducted a four year prospective follow-up study of 78 youth with BP-I disorder 6-17 years old at ascertainment followed up into adolescent years (13.4 +/- 3.9 years). All subjects were comprehensively assessed with structured diagnostic interviews, neuropsychological testing, psychosocial, educational and treatment history assessments. BP disorder was considered persistent if subjects met full criteria for DSM-IV BP-I disorder at follow-up.
Results: Of 78 BP-I participating youth subjects, 57 (73.1%), continued to meet full diagnostic criteria for BP-I Disorder. Of those with a non-persistent course, only 6.4% (n = 5) were euthymic (i.e., syndromatic and symptomatic remission) at the 4-year follow-up and were not receiving pharmacotherapy for the disorder. The other non-persistent cases either continued to have subthreshold BP-I disorder (n = 5, 6.4%), met full (n = 3, 3.8%) or subthreshold (n = 1, 1.3%) criteria for major depression, or were euthymic but were treated for the disorder (n = 7. 9.0%). Full persistence was associated with higher rates of major depression and disruptive behavior disorders at the follow-up assessment and higher use of stimulant medicines at the baseline assessment. Non-Peristent BP-I was also characterized by high levels of dysfunction and morbidity.
Conclusions: This four year follow-up shows that the majority of BP-I disorder youth continue to experience persistent disorder into their mid and late adolescent years and its persistence is associated with high levels of morbidity and disability. Persistence of subsyndromal forms of bipolar disorder was also associated with dysfunction and morbidity.
Accession Number: WOS:000295998500001
PubMed ID: 21683960
ISSN: 0022-3956

Record 16 of 50 = PRO (doesn't say much re PBD specifically but notes increased rates as better recognition, citing Pavuluri et al. 2005)
Title: Psychiatric and General Medical Conditions Comorbid With Bipolar Disorder in the National Hospital Discharge Survey
Author(s): Weber, NS (Weber, Natalya S.); Fisher, JA (Fisher, Jared A.); Cowan, DN (Cowan, David N.); Niebuhr, DW (Niebuhr, David W.)

Source: PSYCHIATRIC SERVICES **Volume:** 62 **Issue:** 10 **Pages:** 1152-1158 **Published:** OCT 2011
Abstract: Objective: From 40% to 65% of patients with bipolar disorder are estimated to have diagnoses of one or more comorbid conditions. The purpose of this study was to identify comorbid disorders and compare their prevalence in hospitalizations of persons with or without bipolar disorder. Methods: Data from the 1979-2006 National Hospital Discharge Survey (NHDS) were analyzed to examine temporal trends in the proportional morbidity of bipolar disorder, demographic characteristics, and the most frequent comorbid conditions in hospitalizations of patients with or without bipolar disorder. Among discharges of patients ages 13-64, the conditions of those with a primary diagnosis of bipolar disorder (N=27,054) were compared with those with other primary diagnoses (N=2,325,247). Proportional morbidity ratios (PMRs) were calculated. Results: There was an average 10% (p<.001) increase per year in the proportion of discharges with bipolar disorder. Proportions of discharge records that noted bipolar disorder were higher among females and whites and were highest among persons ages 13-19 and those from the Northeast. Discharge records noting a primary diagnosis of bipolar disorder showed higher proportions of most psychiatric and some general medical conditions, including acquired hypothyroidism (proportional morbidity ratio=2.6), viral hepatitis (1.6), obesity (1.4), and various diseases of the skin and subcutaneous tissue (range 2.6-4.2) and of the nervous (1.4-3.8), respiratory (1.4-2.3), and musculoskeletal (1.2-1.9) systems. Conclusions: Patients with bipolar disorder have an increased illness burden from many psychiatric and general medical conditions. Knowledge of the most prevalent comorbid conditions and methods for their prevention, early diagnosis, and treatment are critical in improving the prognosis of patients with bipolar disorder. (Psychiatric Services 62:1152-1158, 2011)
Accession Number: WOS:000295461000008
PubMed ID: 21969641
ISSN: 1075-2730

Record 17 of 50 = PRO
Title: Pediatric bipolar spectrum disorder and ADHD: comparison and comorbidity in the LAMS clinical sample
Author(s): Arnold, LE (Arnold, L. Eugene); Demeter, C (Demeter, Christine); Mount, K (Mount, Katherine); Frazier, TW (Frazier, Thomas W.); Youngstrom, EA (Youngstrom, Eric A.); Fristad, M (Fristad, Mary); Birmaher, B (Birmaher, Boris); Findling, RL (Findling, Robert L.); Horwitz, SM (Horwitz, Sarah M.); Kowatch, R (Kowatch, Robert); Axelson, DA (Axelson, David A.)
Source: BIPOLAR DISORDERS **Volume:** 13 **Issue:** 5-6 **Pages:** 509-521 **DOI:** 10.1111/j.1399-5618.2011.00948.x **Published:** AUG-SEP 2011
Abstract: Objective: To compare attention-deficit hyperactivity disorder (ADHD), bipolar spectrum disorders (BPSDs), and comorbidity in the Longitudinal Assessment of Manic Symptoms (LAMS) study.
Methods: Children ages 6-12 were recruited at first visit to clinics associated with four universities. A BPSD diagnosis required that the patient exhibit episodes. Four hypotheses were tested: (i) children with BPSD + ADHD would have a younger age of mood symptom onset than those with BPSD but no ADHD; (ii) children with BPSD + ADHD would have more severe ADHD and BPSD symptoms than those with only one disorder; (iii) global functioning would be more impaired in children with ADHD + BPSD than in children with either diagnosis alone; and (iv) the ADHD + BPSD group would have more additional diagnoses. Results: Of 707 children, 421 had ADHD alone, 45 had BPSD alone, 117 had both ADHD and BPSD, and 124 had neither. Comorbidity (16.5%) was slightly less than expected by chance (17.5%). Age of mood symptom onset was not different between the BPSD+ ADHD group and the BPSD-alone group. Symptom severity increased and global functioning decreased with comorbidity. Comorbidity with other disorders was highest for the ADHD + BPSD group, but higher for the ADHD-alone than the BPSD-alone group. Children with BPSD were four times as likely to be hospitalized (22%) as children with ADHD alone. Conclusions: The high rate of BPSD in ADHD reported by some authors may be better explained as a high rate of both disorders in child outpatient settings rather than ADHD being a risk factor for BPSD. Co-occurrence of the two disorders is associated with poorer global functioning, greater symptom severity, and more additional comorbidity than for either single disorder.
Accession Number: WOS:000297029600007
PubMed ID: 22017220
ISSN: 1398-5647

Record 18 of 50 = PRO
Title: An Open-Label Study of Aripiprazole in Children with a Bipolar Disorder
Author(s): Findling, RL (Findling, Robert L.); McNamara, NK (McNamara, Nora K.); Youngstrom, EA (Youngstrom, Eric A.); Stansbrey, RJ (Stansbrey, Robert J.); Frazier, TW (Frazier, Thomas W.); Lingler, J (Lingler, Jacqui); Otto, BD (Otto, Benjamin D.); Demeter, CA (Demeter, Christine A.); Rowles, BM (Rowles, Brieana M.); Calabrese, JR (Calabrese, Joseph R.)
Source: JOURNAL OF CHILD AND ADOLESCENT PSYCHOPHARMACOLOGY **Volume:** 21 **Issue:** 4 **Pages:** 345-351 **DOI:** 10.1089/cap.2010.0102 **Published:** AUG 2011
Abstract: Objective: The purpose of this open-label study was to describe the effectiveness of aripiprazole (APZ) in the treatment of children with bipolar disorders suffering from manic symptomatology.
Method: Symptomatic outpatients (Young Mania Rating Scale [YMRS] score >= 15) meeting strict, unmodified, Diagnostic and Statistical Manual of Mental Disorders, 4th edition, diagnostic symptom criteria for a bipolar disorder, ages 4-9 years, were eligible. Subjects were treated prospectively with flexible doses of APZ (maximum daily dose of 15 mg/day), for up to 16 weeks or until a priori response criteria were met. Outcome measures included the YMRS, Clinical Global Impressions Scale-Severity, Children's Global Assessment Scale (CGAS), and the Children's Depression Rating Scale-Revised (CDRS-R). A priori response criteria consisted of 3 of 4 consecutive weeks with (1) CDRS-R < 29; (2) YMRS < 10; and (3) CGAS > 50.
Results: Ninety-six children (62 males; mean age of 6.9 (SD = 1.7), received APZ for an average length of treatment of 12.5 (SD 3.9) weeks. Significant improvements in YMRS, CDRS-R, CGAS, and Clinical Global Impressions Scale-Severity scores (p < 0.001) were noted at the end of study participation. Sixty of the subjects (62.5%) met a priori response criteria at study's end. The most common side effects noted were stomachache, increased appetite, and headache. Two subjects were removed from the study due to side effects [epistaxis (n = 1); akathisia (n = 1)]. Subjects experienced an average weight gain of 2.4 (SD = 1.9) kg.
Conclusion: APZ may be effective in the acute treatment of symptoms of children with bipolar illnesses.
Accession Number: WOS:000294060000006
PubMed ID: 21823912
ISSN: 1044-5463

Record 19 of 50 = NA
Title: Working memory and attention deficits in adolescent offspring of schizophrenia or bipolar patients: Comparing vulnerability markers
Author(s): Diwadkar, VA (Diwadkar, Vaibhav A.); Goradia, D (Goradia, Dhruman); Hosanagar, A (Hosanagar, Avinash); Mermon, D (Mermon, Diana); Montrose, DM (Montrose, Debra M.); Birmaher, B (Birmaher, Boris); Axelson, D (Axelson, David); Rajarathinem, R (Rajarathinem, R.); Haddad, L (Haddad, Luay); Amirsadri, A (Amirsadri, Ali); Zajac-Benitez, C (Zajac-Benitez, Caroline); Rajan, U (Rajan, Usha); Keshavan, MS (Keshavan, Matcheri S.)
Source: PROGRESS IN NEURO-PSYCHOPHARMACOLOGY & BIOLOGICAL PSYCHIATRY **Volume:** 35 **Issue:** 5 **Special Issue:** SI **Pages:** 1349-1354 **DOI:** 10.1016/j.pnpbp.2011.04.009 **Published:** JUL 1 2011
Abstract: Background: Working memory deficits abound in schizophrenia and attention deficits have been documented in schizophrenia and bipolar disorder. Adolescent offspring of patients may inherit vulnerabilities in brain circuits that subserve these cognitive domains. Here we assess impairments in offspring of schizophrenia (SCZ-Offspring) or bipolar (BP-Offspring) patients compared to controls (HC) with no family history of mood or psychotic disorders to the second degree.
Methods: Three groups (n=100 subjects; range: 10-20 yrs) of HC. SCZ-Offspring and BP-Offspring gave informed consent. Working memory was assessed using a delayed spatial memory paradigm with two levels of delay (2s & 12s): sustained attention processing was assessed using the Continuous Performance Task-Identical Pairs version.
Results: SCZ-Offspring (but not BP-Offspring) showed impairments in working memory (relative to HC) at the longer memory delay indicating a unique deficit. Both groups showed reduced sensitivity during attention but only BP-Offspring significantly differed from controls.
Conclusions: These results suggest unique (working memory/dorsal frontal cortex) and potentially overlapping (attention/fronto-striatal cortex) vulnerability pathways in adolescent offspring of patients with schizophrenia and bipolar disorder. Working memory and attention assessments in these offspring may assist in the clinical characterization of the adolescents vulnerable to SCZ or BP. (C) 2011 Elsevier Inc. All rights reserved.
Accession Number: WOS:000292470800023
PubMed ID: 21549798
ISSN: 0278-5846

Record 20 of 50 = PRO
Title: Examining the validity of cyclothymic disorder in a youth sample
Author(s): Van Meter, A (Van Meter, Anna); Youngstrom, EA (Youngstrom, Eric A.); Youngstrom, JK (Youngstrom, Jennifer Kogos); Feeny, NC (Feeny, Norah C.); Findling, RL (Findling, Robert L.)
Source: JOURNAL OF AFFECTIVE DISORDERS **Volume:** 132 **Issue:** 1-2 **Pages:** 55-63 **DOI:** 10.1016/j.jad.2011.02.004 **Published:** JUL 2011
Abstract: Background: Four subtypes of bipolar disorder (BP) - bipolar I, bipolar II, cyclothymia and bipolar not otherwise specified (NOS) - are defined in DSM-IV-TR. Though the diagnostic criteria for each subtype are intended for both adults and children, research investigators and clinicians often stray from the DSM when diagnosing pediatric bipolar disorder (PBD) (Youngstrom, 2009), resulting in a lack of agreement and understanding regarding the PBD subtypes.
Methods: The present study uses the diagnostic validation method first proposed by Robins and Guze (1970) to systematically evaluate cyclothymic disorder as a distinct diagnostic subtype of BP. Using a youth.(ages 5-17) outpatient clinical sample (n =827), participants with cyclothymic disorder (n = 52) were compared to participants with other BP spectrum disorders and to participants with non-bipolar disorders.
Results: Results indicate that cyclothymic disorder shares many characteristics with other bipolar subtypes, supporting its inclusion on the bipolar spectrum. Additionally, cyclothymia could be reliably differentiated from non-mood disorders based on irritability, sleep disturbance, age Of symptom onset, comorbid diagnoses, and family history.
Limitations: There is little supporting research on cyclothymia in young people; these analyses may be considered exploratory. Gaps in this and other studies are highlighted as areas in need of additional research.
Conclusions: Cyclothymic disorder has serious implications for those affected. Though it is rarely diagnosed currently, it can be reliably differentiated from other disorders in young people. Failing to accurately diagnose cyclothymia, and other subthreshold forms of bipolar disorder, contributes to a significant delay in appropriate treatment and may have serious prognostic implications. (C) 2011 Elsevier B.V. All rights reserved.
Accession Number: WOS:000292438400006
PubMed ID: 21396717
ISSN: 0165-0327

Record 21 of 50 = PRO
Title: Brain functional domains inform therapeutic interventions in attention-deficit/hyperactivity disorder and pediatric bipolar disorder
Author(s): Passarotti, AM (Passarotti, Alessandra M.); Pavuluri, MN (Pavuluri, Mani N.)
Source: EXPERT REVIEW OF NEUROTHERAPEUTICS **Volume:** 11 **Issue:** 6 **Pages:** 897-914 **DOI:** 10.1586/ERN.11.71 **Published:** JUN 2011
Abstract: A deeper understanding of how the relationships between impulsivity, reward systems and executive function deficits may be similar or different in attention-deficit/hyperactivity disorder (ADHD) and pediatric bipolar disorder (PBD) is fundamental for better defining phenotypy in these two developmental illnesses, and moving towards improved treatment and intervention. We focus our article on recent neurocognitive and neuroimaging data examining the behavioral and neural aspects of poor behavior regulation, response inhibition and reward systems in ADHD and PBD. In light of recent research evidence, we propose that the common behavioral manifestations of impulsivity in ADHD and PBD may indeed originate from different neural mechanisms mediated by altered reward systems. In order to define and differentiate these mechanisms, unlike previous approaches, our theoretical model examines the interface of the dorsal frontostriatal circuit, involved in behavior regulation, and the ventral frontostriatal circuit, which is involved in reward-related and affect processes. Preliminary evidence suggests that the neural systems involved in impulsivity, reward systems and executive function engage differently in the two illnesses. In PBD, 'emotional impulsivity' is predominantly 'bottom-up' and emotionally/motivationally driven, and stems from ventral frontostriatal circuitry dysfunction. By contrast, in ADHD 'cognitive impulsivity' is predominantly 'top-down' and more 'cognitively driven', and stems from dorsal frontostriatal dysfunction. We discuss this evidence in view of clinically relevant questions and implications for illness-based intervention. We conclude that the reward-related mechanisms underlying the interactions between executive function, behavior regulation and impulsivity in PBD and ADHD may be differentially compromised, and in

accordance differently shape the clinical symptoms of impulsivity and goal-directed behavior.
Accession Number: WOS:000292801900018
PubMed ID: 21651336
ISSN: 1473-7175

Record 22 of 50 = PRO
Title: Aggression, ADHD symptoms, and dysphoria in children and adolescents diagnosed with bipolar disorder and ADHD
Author(s): Doerfler, LA (Doerfler, Leonard A.); Connor, DF (Connor, Daniel F.); Toscano, PF (Toscano, Peter F., Jr.)
Source: JOURNAL OF AFFECTIVE DISORDERS **Volume:** 131 **Issue:** 1-3 **Pages:** 312-319 **DOI:** 10.1016/j.jad.2010.11.029 **Published:** JUN 2011
Abstract: Background: This study had two objectives: (1) examine characteristics of aggression in children and adolescents diagnosed with bipolar disorder and (2) determine whether the CBCL pediatric bipolar disorder profile differentiated youngsters with bipolar disorder from youngsters with ADHD.
Method: Children and adolescents referred to a pediatric psychopharmacology clinic were systematically evaluated for psychopathology using a psychiatrist-administered diagnostic interview, parent- and teacher-report rating scales assessing the child's behavior, and child-completed self-report scales. In this sample, 27 children and adolescents were diagnosed with bipolar disorder and 249 youngsters were diagnosed with ADHD without co-occurring bipolar disorder. These two groups were compared to determine whether there were significant differences on various measures of psychopathology.
Results: Youngsters diagnosed with bipolar disorder were more verbally aggressive and exhibited higher levels of reactive aggression than youngsters with ADHD without co-occurring bipolar disorder. Youngsters with bipolar disorder also reported higher levels of depressive symptoms than youngsters with ADHD without bipolar disorder. The CBCL pediatric bipolar disorder profile did not accurately identify youngsters diagnosed with bipolar disorder.
Conclusions: The present findings present a picture of manic youngsters as verbally aggressive and argumentative, who respond with anger when frustrated. Youngsters diagnosed with bipolar disorder and ADHD exhibited significant levels of impulsive behavior and attention problems, but youngsters with bipolar disorder also exhibited significant levels of aggressive behavior and dysphoric mood. Finally, the CBCL pediatric bipolar disorder profile did not accurately identify youngsters who were diagnosed with bipolar disorder. (C) 2010 Elsevier B.V. All rights reserved.
Accession Number: WOS:000291457800039
PubMed ID: 21168917
ISSN: 0165-0327

Record 23 of 50 = PRO
Title: Relationship of Persistent Manic Symptoms to the Diagnosis of Pediatric Bipolar Spectrum Disorders
Author(s): Frazier, TW (Frazier, Thomas W.); Youngstrom, EA (Youngstrom, Eric A.); Horwitz, SM (Horwitz, Sarah McCue); Demeter, CA (Demeter, Christine A.); Fristad, MA (Fristad, Mary A.); Arnold, LE (Arnold, L. Eugene); Birmaher, B (Birmaher, Boris); Kowatch, RA (Kowatch, Robert A.); Axelson, D (Axelson, David); Ryan, N (Ryan, Neal); Gill, MK (Gill, Mary Kay); Findling, RL (Findling, Robert L.)
Source: JOURNAL OF CLINICAL PSYCHIATRY **Volume:** 72 **Issue:** 6 **Pages:** 846-853 **DOI:** 10.4088/JCP.10m06081yel **Published:** JUN 2011
Abstract: Objective: The diagnosis of bipolar spectrum disorders (BPSDs [bipolar I and II disorders, cyclothymic disorder, and bipolar disorder not otherwise specified)) in youth remains controversial. The present study evaluated the possibility that the presence of persistent manic symptoms over a relatively short interval may increase the probability of a BPSD DSM diagnosis.
Method: Data were obtained from the screening and baseline assessments collected from 2005 through 2008 of an ongoing prospective, longitudinal study (Longitudinal Assessment of Manic Symptoms) examining the diagnosis and phenomenology of youth (N=692) presenting to outpatient centers at ages 6-12 years. Youth were assessed for elevated symptoms of mania (ESM) with the Parent General Behavior Inventory-10-Item Mania Scale (PGBI-10M), the primary outcome measure.
Screening and baseline scores separated individuals into those with ESM (ESM+; PGBI-10M score 12) and a control group of youth without ESM (ESM; PGBI-10M score <12). Youth were classified into 4 groups: persistent ESM+, remitted ESM+, persistent ESM, and progressed to ESM+.
Results: Individuals with persistent ESM+ were more likely to have a BPSD (relative risk=3.04; 95% CI, 2.15-4.30). Using 2 administrations of the PGBI-10M spaced over a relatively brief interval (median=4.0, mean=6.1, SD=5.9 weeks) improved the prediction of BPSD over using only the first administration (Delta R(2)=0.10, Delta chi(1)(2)=50.06, P<.001). Likelihood ratios indicated that persistent ESM substantially decreased the probability of BPSD. While high levels of persistent ESM+ increased the probability of a BPSD diagnosis, the final positive predictive value was only sufficient to signify the need for more thorough clinical evaluation.
Conclusions: In many cases, obtaining repeated parent report of mania symptoms substantially altered the probability of a BPSD diagnosis and may be a useful adjunct to a careful clinical evaluation. Future waves of data collection from this longitudinal study will be crucial for devising clinically useful methods for identifying or ruling out pediatric BPSD. J Clin Psychiatry 2011;72(6):846-853 Copyright (C) 2011 Physicians Postgraduate Press, Inc.
Accession Number: WOS:000292340900016
PubMed ID: 21457674
ISSN: 0160-6689

Record 24 of 50 = PRO
Title: Emerging biosignature of brain function and intervention in pediatric bipolar disorder
Author(s): Mayanil, T (Mayanil, T.); Wegbreit, E (Wegbreit, E.); Fitzgerald, J (Fitzgerald, J.); Pavuluri, M (Pavuluri, M.)
Source: MINERVA PEDIATRICA **Volume:** 63 **Issue:** 3 **Pages:** 183-200 **Published:** JUN 2011
Abstract: Pediatric bipolar disorder (PBD) is a complex illness with a chronic course, requiring multiple medications over the longitudinal course of illness, with limited recovery and high relapse rate. Beyond the placebo controlled trials of monotherapy, there is an increased need to understand how each medication influences regions of affective and cognitive circuitry function by normalization or deployment of alternative circuitry regions. Functional studies are beginning to unravel the improved function in the frontolimbic and fronto-temporal affective circuitry, and based on the paradigm administered, also in the interfacing cognitive fronto-striato-temporo-parietal regions. Treatment studies illustrated a pattern of improvement in functional activity consistently among the affective ventrolateral and medial prefrontal regions, and variably in the cognitive dorsolateral prefrontal cortex. While there is decreased activity in amygdala with treatment for mania or depression among patients with PBD, there

appears to be residual increased amygdala activity regardless of response, relative to healthy controls, suggesting a traitlike abnormality. Parallel biochemical abnormalities in magnetic resonance spectroscopic studies and fronto-limbic activity in magnetic resonance imaging studies of brain function at baseline provide maiden data on predicting outcome. This preliminary cohort of studies that probed the hypothesized circuitries underlying specific symptom constructs, coupled with futuristic paradigms and analytic methods, serve as a guidepost to generate the next generation of studies and build on the emerging biosignature towards specific treatment targets for personalized medicine in PBD.
Accession Number: WOS:000208660800004
PubMed ID: 21654599
ISSN: 0026-4946

Record 25 of 50 = PRO
Title: Guidelines for Treatment-Resistant Mania in Children with Bipolar Disorder
Author(s): Scheffer, RE (Scheffer, Russell E.); Tripathi, A (Tripathi, Aveekshit); Kirkpatrick, FG (Kirkpatrick, Forest G.); Schultz, T (Schultz, Tara)
Source: JOURNAL OF PSYCHIATRIC PRACTICE **Volume:** 17 **Issue:** 3 **Pages:** 186-193 **DOI:** 10.1097/01.pra.0000398411.59491.8c **Published:** MAY 2011
Abstract: Objective. To implement a treatment algorithm to operationalize treatment-resistance and improve patient outcomes in youth with pediatric bipolar disorder (PBD). The term "treatment resistance" was operationally defined as significant persistent symptoms following the application of a treatment algorithm. Method. Youth (6-17 years of age, n = 120) with treatment-refractory bipolar I or II disorder, currently in a manic or mixed episode, were treated in accordance with the following 3-step algorithm: 1) removal of destabilizing agents (antidepressants, gamma aminobutyric acid [GABA]-agonists, and stimulants), 2) optimization of antimanic agents, and 3) use of a limited number (<= 2) of mood stabilizers. The primary efficacy measure was change in scores on the Young Mania Rating Scale (YMRS) over the 6-month treatment course. Response was defined as repeated YMRS scores <= 12. Results. The sample was dichotomized into responders and non-responders. Both responders and non-responders improved significantly, with responders improving by a greater margin (d = 3.2). At the end of 6 months, 75.8% of subjects demonstrated a significant and stable decrease in manic symptoms consistent with symptomatic remission (YMRS <= 12). None of the subjects withdrew from the clinical process due to adverse events. Conclusion. The application of this proposed treatment algorithm allows for more accurate identification of true treatment resistance and can significantly reduce manic symptoms in patients previously described as having treatment-refractory bipolar disorder. (Journal of Psychiatric Practice 2011; 17: 186-193)
Accession Number: WOS:000290724800004
PubMed ID: 21586996
ISSN: 1527-4160

Record 26 of 50 = PRO
Title: Psychosocial Functioning, Familiality, and Psychiatric Comorbidity in Bipolar Youth With and Without Psychotic Features
Author(s): Hua, LWL (Hua, Liwei L.); Wilens, TE (Wilens, Timothy E.); Martelon, MK (Martelon, Mary Kate); Wong, P (Wong, Patricia); Wozniak, J (Wozniak, Janet); Biederman, J (Biederman, Joseph)
Source: JOURNAL OF CLINICAL PSYCHIATRY **Volume:** 72 **Issue:** 3 **Pages:** 397-405 **DOI:** 10.4088/JCP.10m06025yel **Published:** MAR 2011
Abstract: Objective: Few studies have examined the correlates of psychosis in children and adolescents with bipolar disorder (BPD). We examined psychiatric comorbidity, familiality, and psychosocial functioning in multiple domains in BPD children and adolescents with and without psychotic features.
Method: As part of 2 ongoing family-based studies of children and adolescents with DSM-IV-defined BPD, we compared youth and their families with psychotic symptoms (BPD+P) and without psychotic symptoms (BPD P). All youth and family members were assessed using indirect and direct structured psychiatric interviews (Kiddie Schedule for Affective Disorders-Epidemiologic Version and DSM-IV Structured Clinical Interview) in a blinded manner. One study was conducted from January 2000 through December 2004, and the other study was conducted from February 1997 through September 2006.
Results: Of the 226 youth with BPD, 33% manifested psychotic symptoms, as defined by the presence of hallucinations or delusions. We found that BPD+P youth had a greater number of BPD episodes (P<.01), more psychiatric hospitalizations (P < .01), and significantly higher rates of psychiatric comorbidity compared to BPD P youth (all P values < .05). Additionally, a higher percentage of BPD+P youth had a family history of psychosis (P=.01). There was a lower processing speed (P=.03) and lower arithmetic scaled score (P=.04) in BPD+P youth, but no other meaningful differences in cognitive variables were identified between the 2 BPD groups. Psychosis in BPD was also associated with decreased family cohesion (P=.04) and poorer overall global functioning (P<.01).
Conclusions: In children and adolescents with BPD, those who manifest psychotic features have higher rates of comorbid psychopathology, family history of psychosis, and poorer overall functioning in multiple domains than BPD children without psychosis. Future studies should examine neuroimaging correlates, medication response, and longitudinal course of children and adolescents with BPD who manifest psychosis as part of their clinical picture. J Clin Psychiatry 2011;72(3):397-405 (C) Copyright 2011 Physicians Postgraduate Press
Accession Number: WOS:000288838100017
PubMed ID: 21450156
ISSN: 0160-6689

Record 27 of 50 = PRO
Title: Misdiagnosis of bipolar disorder in children and adolescents: A comparison with ADHD and major depressive disorder
Author(s): Chilakamarri, JK (Chilakamarri, Jagan K.); Filkowski, MM (Filkowski, Megan M.); Ghaemi, SN (Ghaemi, S. Nassir)
Source: ANNALS OF CLINICAL PSYCHIATRY **Volume:** 23 **Issue:** 1 **Pages:** 25-29 **Published:** FEB 2011
Abstract: BACKGROUND: Controversy surrounds the frequency of underdiagnosis vs overdiagnosis of bipolar disorder (BD) in children and adolescents compared with diagnoses of attention-deficit/hyperactivity disorder (ADHD) and major depressive disorder (MDD).
METHODS: Sixty-four children and adolescents (age 7 to 18) treated in a community setting were systematically assessed for diagnostic and treatment histories. Best estimate consensus diagnosis was made using DSM-IV criteria.

RESULTS: ADHD was overdiagnosed (all patients with ADHD had received the diagnosis, as did 38% of patients with MDD and 29% of patients with BD, respectively), while MDD was partially underdiagnosed and partially overdiagnosed (57% of MDD patients received the diagnosis, 43% did not; 33% of patients with BD were incorrectly diagnosed with MDD). BD was underdiagnosed, not overdiagnosed (38% received the diagnosis, 62% did not; BD was not diagnosed in the ADHD sample, and in only 5% of the patients with MDD). The absence of a positive family history predicted misdiagnosis of BD (relative risk = 2.48, 95% confidence interval 1.10 to 5.56). Observational treatment response to stimulants was equally high in all groups (75% to 82%).
CONCLUSIONS: In the first controlled study on this topic, BD was not overdiagnosed in children and adolescents, as it is often claimed, and ADHD was. Stimulant response was nonspecific and diagnostically uninformative. Studies with larger samples are needed to replicate or refute these results.
Accession Number: WOS:000287616500005
PubMed ID: 21318193
ISSN: 1040-1237

Record 28 of 50 = PRO
Title: Early psychosocial intervention for youth at risk for bipolar I or II disorder: a one-year treatment development trial
Author(s): Miklowitz, DJ (Miklowitz, David J.); Chang, KD (Chang, Kiki D.); Taylor, DO (Taylor, Dawn O.); George, EL (George, Elizabeth L.); Singh, MK (Singh, Manpreet K.); Schneck, CD (Schneck, Christopher D.); Dickinson, LM (Dickinson, L. Miriam); Howe, ME (Howe, Meghan E.); Garber, J (Garber, Judy)
Source: BIPOLAR DISORDERS **Volume:** 13 **Issue:** 1 **Pages:** 67-75 **DOI:** 10.1111/j.1399-5618.2011.00890.x **Published:** FEB 2011
Abstract: Objectives:
Previous studies have identified behavioral phenotypes that predispose genetically vulnerable youth to a later onset of bipolar I or II disorder, but few studies have examined whether early psychosocial intervention can reduce risk of syndromal conversion. In a one-year open trial, we tested a version of family-focused treatment adapted for youth at high risk for bipolar disorder (FFT-HR).
Methods:
A referred sample of 13 children (mean 13.4 +/- 2.69 years; 4 boys, 9 girls) who had a parent with bipolar I or II disorder participated at one of two outpatient specialty clinics. Youth met DSM-IV criteria for major depressive disorder (n = 8), cyclothymic disorder (n = 1), or bipolar disorder not otherwise specified (n = 4), with active mood symptoms in the past month. Participants were offered FFT-HR (12 sessions in four months) with their parents, plus psychotropic medications as needed. Independent evaluators assessed depressive symptoms, hypomanic symptoms, and global functioning at baseline and then every four months for one year, with retrospective severity and impairment ratings made for each week of the follow-up interval.
Results:
Families were mostly adherent to the treatment protocol (85% retention), and therapists administered the FFT-HR manual with high levels of fidelity. Youth showed significant improvements in depression, hypomania, and psychosocial functioning scores on the Adolescent Longitudinal Interval Follow-up Evaluation. They also showed significant improvements in Young Mania Rating Scale and Children's Depression Rating Scale scores.
Conclusions:
FFT-HR is a promising intervention for youth at high risk for BD. Larger-scale randomized trials that follow youth into young adulthood will be necessary to determine whether early psychosocial intervention can reduce the probability of developing bipolar I or II disorder among genetically vulnerable youth.
Accession Number: WOS:000287311200007
PubMed ID: 21320254
ISSN: 1398-5647

Record 29 of 50 = PRO
Title: Child Mania Rating Scale-Parent Version: A valid measure of symptom change due to pharmacotherapy
Author(s): West, AE (West, Amy E.); Celio, CI (Celio, Christine I.); Henry, DB (Henry, David B.); Pavuluri, MN (Pavuluri, Mani N.)
Source: JOURNAL OF AFFECTIVE DISORDERS **Volume:** 128 **Issue:** 1-2 **Pages:** 112-119 **DOI:** 10.1016/j.jad.2010.06.013 **Published:** JAN 2011
Abstract: Background: The development of valid parent-report measures of symptom change in pediatric bipolar disorder (PBD) is imperative to evaluate the effectiveness of different treatment approaches: yet, few studies have tested the sensitivity of symptom measures. The current study evaluated the sensitivity of the Child Mania Rating Scale (CMRS-P) to detect symptom change over time in a treatment study for PBD.
Methods: Data on symptom change were drawn from a prospective six-week, double-blind, placebo-controlled, randomized outpatient medication treatment trial of risperidone versus divalproex. The sample included 66 children with Bipolar type I disorder. Measures were administered every week for six weeks of treatment.
Results: The CMRS-P demonstrated statistically ($p <= .05$) and clinically significant change in symptom report from pre to post-test. Growth curve modeling indicated that the CMRS-P demonstrated overall similarity to the YMRS in the magnitude and trajectory of change over time. Finally, results indicate that the CMRS-P is able to detect response rates with moderate levels of agreement with other measures.
Limitations: Limitations of this study include a relatively small sample size and uncertain generalizability beyond treatment trials.
Conclusions: The CMRS-P is short, easy to administer, and represents parent's report Of symptoms, all strengths which make it a compelling treatment outcome tool. This preliminary evidence of its validity as a treatment outcome measure makes it applicable in other research settings and suggests its potential use in clinical settings.
Accession Number: WOS:000286408600013
PubMed ID: 20858565
ISSN: 0165-0327

Record 30 of 50 = PRO
Title: Neuropsychological factors differentiating treated children with pediatric bipolar disorder from those with attention-deficit/hyperactivity disorder
Author(s): Mattis, S (Mattis, Steven); Papolos, D (Papolos, Demitri); Luck, D (Luck, Dana); Cockerham, M (Cockerham,

Melissa); Thode, HC (Thode, Henry C., Jr.)
Source: JOURNAL OF CLINICAL AND EXPERIMENTAL NEUROPSYCHOLOGY **Volume:** 33 **Issue:** 1 **Pages:** 74-84 **Article Number:** PII 923829477 **DOI:** 10.1080/13803395.2010.493146 **Published:** 2011
Abstract: To determine the specificity of suggested endophenotypes of pediatric bipolar disorder (PBD), the performance of 15 euthymic children with PBD was contrasted with that of 20 children with attention-deficit/hyperactivity disorder (ADHD), a population with reportedly similar executive dysfunction, and 18 children with both PBD and ADHD. Children with PBD and PBD+ADHD (ages 8 to 17) demonstrated higher intraindividual variability in reaction time, slower processing speed, and more sluggish motor preparedness than did children with ADHD. The findings support the contention that processing speed, intraindividual variability, and slower and more variable reaction time as interstimulus interval lengthens are likely specific endophenotypes of PBD.
Accession Number: WOS:000286823900008
PubMed ID: 20603740
ISSN: 1380-3395

Record 31 of 50 = PRO
Title: Bipolar and ADHD Comorbidity: Both Artifact and Outgrowth of Shared Mechanisms
Author(s): Youngstrom, EA (Youngstrom, Eric A.); Arnold, LE (Arnold, L. Eugene); Frazier, TW (Frazier, Thomas W.)
Source: CLINICAL PSYCHOLOGY-SCIENCE AND PRACTICE **Volume:** 17 **Issue:** 4 **Pages:** 350-359 **DOI:** 10.1111/j.1468-2850.2010.01226.x **Published:** DEC 2010
Abstract: Published rates of comorbidity between pediatric bipolar disorder (PBD) and attention-deficit/hyperactivity disorder (ADHD) have been higher than would be expected if they were independent conditions, but also dramatically different across different studies. This review examines processes that could artificially create the appearance of comorbidity or substantially bias estimates of the PBD-ADHD comorbidity rate, including categorization of dimensional constructs, overlap among diagnostic criteria, over-splitting, developmental sequencing, and referral or surveillance biases. Evidence also suggests some mechanisms for "true" PBD-ADHD comorbidity, including shared risk factors, distinct subtypes, and weak causal relationships. Keys to differential diagnosis include focusing on episodic presentation and nonoverlapping symptoms unique to mania.
Accession Number: WOS:000285062900009
ISSN: 0969-5893

Record 32 of 50 = PRO
Title: Characteristics of Children With Elevated Symptoms of Mania: The Longitudinal Assessment of Manic Symptoms (LAMS) Study
Author(s): Findling, RL (Findling, Robert L.); Youngstrom, EA (Youngstrom, Eric A.); Fristad, MA (Fristad, Mary A.); Birmaher, B (Birmaher, Boris); Kowatch, RA (Kowatch, Robert A.); Arnold, LE (Arnold, L. Eugene); Frazier, TW (Frazier, Thomas W.); Axelson, D (Axelson, David); Ryan, N (Ryan, Neal); Demeter, CA (Demeter, Christine A.); Gill, MK (Gill, Mary Kay); Fields, B (Fields, Benjamin); Depew, J (Depew, Judith); Kennedy, SM (Kennedy, Shawn M.); Marsh, L (Marsh, Linda); Rowles, BM (Rowles, Brieana M.); Horwitz, SM (Horwitz, Sarah McCue)
Source: JOURNAL OF CLINICAL PSYCHIATRY **Volume:** 71 **Issue:** 12 **Pages:** 1664-1672 **DOI:** 10.4088/JCP.09m05859yel **Published:** DEC 2010
Abstract: Objective: The aim of the Longitudinal Assessment of Manic Symptoms (LAMS) study is to examine differences in psychiatric symptomatology, diagnoses, demographics, functioning, and psychotropic medication exposure in children with elevated symptoms of mania (ESM) compared to youth without ESM. This article describes the initial demographic information, diagnostic and symptom prevalence, and medication exposure for the LAMS cohort that will be followed longitudinally.
Method: Guardians of consecutively ascertained new outpatients 6 to 12 years of age presenting for treatment at one of 10 university-affiliated mental health centers were asked to complete the Parent General Behavior Inventory-10-Item Mania Scale (PGBI-10M). Patients with scores 12 on the PGBI-10M (ESM+) and a matched sample of patients who screened negative (ESM-) were invited to participate. Patients were enrolled from December 13, 2005, to December 18, 2008.
Results: 707 children (621 ESM+, 86 ESM-; mean [SD] age = 9.4 [2.0] years) were evaluated. The ESM+ group, compared to the ESM- group, more frequently met DSM-IV criteria for a mood disorder (P<.001), bipolar spectrum disorders (BPSD; P<.001), and disruptive behavior disorders (P<.01). Furthermore, they showed poorer overall functioning and more severe manic, depressive, attention-deficit/hyperactivity, disruptive behavioral, and anxiety symptoms. Nevertheless, rates of BPSD were relatively low in the ESM+ group (25%), with almost half of these BPSD patients (12.1% of ESM+ patients) meeting DSM-IV criteria for bipolar disorder not otherwise specified. ESM+ children with BPSD had significantly more of the following: current prescriptions for antipsychotics, mood stabilizers, and anticonvulsants (P<.001 for each); psychiatric hospitalizations (P<.001); and biological parents with elevated mood (P=.001 for mothers, P<.013 for fathers). ESM+ children with BPSD were also lower functioning compared to ESM+ children without BPSD.
Conclusions: Although ESM+ was associated with higher rates of BPSD than ESM-, 75% of ESM+ children did not meet criteria for BPSD. Results suggest that longitudinal assessment is needed to examine which factors are associated with diagnostic evolution to BPSD in children with elevated symptoms of mania. J Clin Psychiatry 2010;71(12):1664-1672 (C) Copyright 2010 Physicians Postgraduate Press, Inc.
Accession Number: WOS:000286296100013
PubMed ID: 21034685
ISSN: 0160-6689

Record 33 of 50 = PRO
Title: Reasons for Substance Use among Adolescents with Bipolar Disorder
Author(s): Lorberg, B (Lorberg, Boris); Wilens, TE (Wilens, Timothy E.); Martelon, M (Martelon, MaryKate); Wong, P (Wong, Patricia); Parcell, T (Parcell, Tiffany)
Source: AMERICAN JOURNAL ON ADDICTIONS **Volume:** 19 **Issue:** 6 **Pages:** 474-480 **DOI:** 10.1111/j.1521-0391.2010.00077.x **Published:** NOV-DEC 2010
Abstract: We examined whether children and adolescents with bipolar disorder (BPD) "self-medicate" with cigarettes, alcohol, or other substances of abuse. One hundred and five adolescents with BPD and 98 controls were comprehensively assessed with a structured psychiatric diagnostic interview for psychopathology and the Drug Use Screening Inventory (DUSI) for self-medication. Thirteen control (mean +/- standard deviation [SD] = 15.31 +/- 1.18 years) and 27 BPD (15.30 +/- 2.09 years) subjects endorsed use of one of the listed drugs in the DUSI Section A within the past year and were included in all analyses.

BPD adolescents were more likely than nonmood disordered, substance-using controls to report starting to use their preferred drug for mood-altering effects. There were no differences between groups in motivation for use with respect to starting substances to sleep better or get high, or in continuing substances to change mood, sleep better, or get high. These data may contribute to increased prevention of substance use disorders and to the treatment of adolescent BPD. Further studies clarifying the characteristics of self-medication are necessary. (Am J Addict 2010;00:1-7).
Accession Number: WOS:000283158100002
PubMed ID: 20958841
ISSN: 1055-0496

Record 34 of 50 = PRO
Title: Longitudinal Assessment of Manic Symptoms (LAMS) Study: Background, Design, and Initial Screening Results
Author(s): Horwitz, SM (Horwitz, Sarah McCue); Demeter, CA (Demeter, Christine A.); Pagano, ME (Pagano, Maria E.); Youngstrom, EA (Youngstrom, Eric A.); Fristad, MA (Fristad, Mary A.); Arnold, LE (Arnold, L. Eugene); Birmaher, B (Birmaher, Boris); Gill, MK (Gill, Mary Kay); Axelson, D (Axelson, David); Kowatch, RA (Kowatch, Robert A.); Frazier, TW (Frazier, Thomas W.); Findling, RL (Findling, Robert L.)
Source: JOURNAL OF CLINICAL PSYCHIATRY **Volume:** 71 **Issue:** 11 **Pages:** 1511-1517 **DOI:** 10.4088/JCP.09m05835yel **Published:** NOV 2010
Abstract: Objective: To describe the design of a longitudinal study of youth with elevated symptoms of mania (ESM), as well as the prevalence and correlates of manic symptoms. Bipolar disorder in youth is serious and is surrounded by controversy about its phenomenology, course, and treatment. Yet, there are no longitudinal studies of youth selected only for ESM, the phenomenological hallmark. The study's objective is to document the rate and sociodemographic correlates of ESM in children attending outpatient psychiatric clinics.
Method: Parents of 3,329 children aged 6-12 years visiting 10 outpatient clinics were asked to complete the Parent General Behavior Inventory 10-Item Mania Scale (PGBI-10M). Children with PGBI-10M scores >= 12 (ESM positive-screen [ESM+]) and a matched sample of ESM screen-negative (ESM-) children were invited to enroll in the longitudinal study. The sample was accrued from November 14, 2005, to November 28, 2008.
Results: Most of the children whose parents filled out the PGBI-10M (N=2,622, 78.8%) participated in the study. Nonparticipants were slightly younger (mean age = 9.1 years [SD =2.0 years] versus 9.4 years [SD =2.0 years] for participants; t(3327)=4.42, P<.001). Nearly half of the participants (43%) were ESM+; these were more likely to be Latino (4.2% versus 2.5% for ESM-; chi(2)(1) = 5.45, P = .02), younger (mean age = 9.3 years [SD =2.0 years] versus 9.6 years [SD = 1.9 years] for ESM-; t(2620) = 3.8, P<.001), and insured by Medicaid (48.4% versus 35.4% for ESM-; chi(2)(1) = 45.00, P<.001). There were no sociodemographic differences between those who did versus did not agree to enroll in the longitudinal portion (yes to enrollment: n = 621, 55.2%; no to enrollment: n = 503, 44.8%). Four items best discriminated ESM+ children from ESM children. Three of the 4 items were not the most commonly endorsed items, but all were indicative of behavioral extremes.
Conclusions: Data suggest that ESM+ is not rare in 6- to 12-year-olds. Children who are ESM+ show behavioral extremes, including rapid mood shifts, compared to ESM - children. J Clin Psychiatry 2010;71(11):1511-1517 (C) Copyright 2010 Physicians Postgraduate Press, Inc.
Accession Number: WOS:000285228000014
PubMed ID: 21034684
ISSN: 0160-6689

Record 35 of 50 = PRO
Title: Increased clinical and neurocognitive impairment in children with autism spectrum disorders and comorbid bipolar disorder
Author(s): Weissman, AS (Weissman, Adam S.); Bates, ME (Bates, Marsha E.)
Source: RESEARCH IN AUTISM SPECTRUM DISORDERS **Volume:** 4 **Issue:** 4 **Pages:** 670-680 **DOI:** 10.1016/j.rasd.2010.01.005 **Published:** OCT-DEC 2010
Abstract: Bipolar (BD) symptomatology is prevalent in children with autism spectrum disorders (ASD) and may lead to increased impairment. The current study compared clinical and neurocognitive impairment in children (7-13 years) diagnosed with ASD (n = 55), BD (n = 34), ASD + BD (n = 23), and a non-clinical control group (n = 27). Relative to the ASD group, the ASD + BD group reported elevated rates of aggression and delinquency, behavioral disorders, depression, obsessive-compulsive disorder, and suicidal ideation, and poorer performance on the Stroop Color-Word Test. Future research might address how best to improve diagnostic assessment and adapt treatment to meet the needs of this uniquely impaired population. (C) 2010 Elsevier Ltd. All rights reserved.
Accession Number: WOS:000280343500016
ISSN: 1750-9467

Record 36 of 50 = PRO
Title: Are Health Beliefs Related to Adherence Among Adolescents with Mood Disorders?
Author(s): Munson, MR (Munson, Michelle R.); Floersch, JE (Floersch, Jerry E.); Townsend, L (Townsend, Lisa)
Source: ADMINISTRATION AND POLICY IN MENTAL HEALTH AND MENTAL HEALTH SERVICES RESEARCH **Volume:** 37 **Issue:** 5 **Pages:** 408-416 **DOI:** 10.1007/s10488-009-0255-6 **Published:** SEP 2010
Abstract: This study explored the illness perceptions, attitudes towards mental health services and adherence behaviors among a group of adolescents in treatment for mood disorders in an urban city in the United States. Seventy adolescents completed a battery of questionnaires assessing demographics (e.g., gender, family income), perceptions of illness (e.g., consequences, treatment control) and overall attitudes towards mental health services. Adolescents and their parents also reported on the youth's adherence to both psychotropic medication and mental health appointments. Simultaneous logistic regression analyses revealed that attitudes and family income made a significant and unique contribution in explaining adolescents' adherence behaviors. Interventions that help adolescents become aware of their attitudes toward mental health services and provide information on dimensions of mood disorders, such as the chronic nature of depression and the effectiveness of treatment, may impact adherence behavior. Also, among a group of families with access to services, yearly family income remained a significant barrier to attending appointments all of the time. Policy implications are discussed.
Accession Number: WOS:000281393200004
PubMed ID: 19937108
ISSN: 0894-587X

Record 37 of 50 = SMD
Title: Development of Emotion Regulation in Children of Bipolar Parents: Putative Contributions of Socioemotional and Familial Risk Factors
Author(s): Muralidharan, A (Muralidharan, Anjana); Yoo, D (Yoo, Daniel); Ritschel, LA (Ritschel, Lorie A.); Simeonova, DI (Simeonova, Diana I.); Craighead, WE (Craighead, W. Edward)
Source: CLINICAL PSYCHOLOGY-SCIENCE AND PRACTICE **Volume:** 17 **Issue:** 3 **Pages:** 169-186 **Published:** SEP 2010
Abstract: Children of bipolar parents (CBP) are at increased risk to develop psychopathology, especially a mood disorder. Several factors may contribute to the increased risk for psychopathology in CBP, including family environmental variables (e.g., high levels of family conflict and dysfunctional parenting) and socioemotional cue processing deficits (e.g., inaccurate detection of facial social cues). A proposed model posits that family risk factors and socioemotional cue processing deficits may interact in conferring risk for psychopathology for CBP via their effects on the development of emotion regulation and the neural circuitry that governs this development. A developmental, transactional perspective on the impact of these risk factors provides a framework within which to examine their dynamic interaction.
Accession Number: WOS:000281849200001
ISSN: 0969-5893
eISSN: 1468-2850

Record 38 of 50 = SCEP
Title: Pediatric Bipolar Disorder: Part I - Is it related to classical Bipolar
Author(s): Littrell, J (Littrell, Jill); Lyons, P (Lyons, Peter)
Source: CHILDREN AND YOUTH SERVICES REVIEW **Volume:** 32 **Issue:** 7 **Pages:** 945-964 **DOI:** 10.1016/j.childyouth.2010.03.020 **Published:** JUL 2010
Abstract: A new diagnosis for children has emerged in the last decade: Pediatric Bipolar Disorder. Children who, in the past, would have been given other diagnoses are now being relabeled as Pediatric Bipolar. This paper examines whether the children being labeled Pediatric Bipolar belong to the same population as well-characterized Bipolar I disorder of the past. We begin with a description of well-characterized Bipolar I adults of the past. Retrospective studies examining the childhood characteristics of adults with Bipolar are reviewed. Then we examine the types of children receiving the diagnosis of Pediatric Bipolar and delineate how the behavior of these children differs from the pattern of behavior exhibited by adults with classical Bipolar, thus raising the question of whether Pediatric Bipolar is a childhood manifestation of classical Bipolar.
Next we discuss the changes in the DSM IV which greatly expanded the types of persons included under the Bipolar label. Then we review studies examining the children of parents with well-characterized Bipolar I and studies examining children of parents meeting criteria under the expanded definition of Bipolar. We conclude that only children of parents meeting criteria for Bipolar under the expanded definition are similar to children being diagnosed with Pediatric Bipolar, while the children of parents with classical Bipolar I are not similar. Because the new people added to the traditional Bipolar population do not share a genetic diathesis with the traditional Bipolar diagnosed person of the past, we question the usefulness of having broadened the Bipolar label to children and, perhaps, their parents.
We end with the studies suggesting that some children meeting criteria for bipolar behavior will grow out of this behavior. (C) 2010 Elsevier Ltd. All rights reserved.
Accession Number: WOS:000278664400004
ISSN: 0190-7409

Record 39 of 50 = SCEP
Title: Pediatric Bipolar Disorder: An issue for Child Welfare
Author(s): Littrell, J (Littrell, Jill); Lyons, P (Lyons, Peter)
Source: CHILDREN AND YOUTH SERVICES REVIEW **Volume:** 32 **Issue:** 7 **Pages:** 965-973 **DOI:** 10.1016/j.childyouth.2010.03.021 **Published:** JUL 2010
Abstract: A new diagnosis for children has emerged in the last decade: Pediatric Bipolar Disorder. Children who would have in the past been given other diagnoses are now being relabeled as Pediatric Bipolar. Drugs prescribed for adult Bipolar Disorder are being prescribed for children. The case for delaying pharmacological intervention for treatment of Bipolar Disorder, particularly among young children, is considered. Evidence against the kindling hypothesis, the basis of the case for early pharmacological treatment of Bipolar Disorder, is reviewed. The implications of the controversy over Pediatric Bipolar and medications for small children are discussed with particular consideration given to children in state custody. (C) 2010 Elsevier Ltd. All rights reserved.
Accession Number: WOS:000278664400005
ISSN: 0190-7409

Record 40 of 50 = PRO
Title: Psychopharmacology of pediatric bipolar disorder
Author(s): Hamrin, V (Hamrin, Vanya); Iennaco, JD (Iennaco, Joanne DeSanto)
Source: EXPERT REVIEW OF NEUROTHERAPEUTICS **Volume:** 10 **Issue:** 7 **Pages:** 1053-1088 **DOI:** 10.1586/ERN.10.86 **Published:** JUL 2010
Abstract: This comprehensive literature review incorporates research studies evaluating the effectiveness of psychotropic medications in children and adolescents with pediatric bipolar disorder. Research articles were obtained using Medline. Open-label studies, prospective and retrospective chart reviews and randomized controlled trials evaluating the effectiveness of medication in pediatric bipolar disorder with greater than ten subjects are included in this article. Antipsychotics, anticonvulsants and lithium as monotherapy, as well as their use in combination treatment, were evaluated to determine their effectiveness in pediatric bipolar disorder. Clinical recommendations of medication and management strategies are made from a synthesis of the data. In addition, adherence concerns caused by adverse effects and nonresponse as they impact physical and mental health are addressed.
Accession Number: WOS:000280392000012
PubMed ID: 20586689
ISSN: 1473-7175

Record 41 of 50 = PRO

Title: Bipolar Disorder: An Update
Author(s): El-Mallakh, RS (El-Mallakh, Rif S.); Elmaadawi, AZ (Elmaadawi, Ahmed Z.); Loganathan, M (Loganathan, Muruga); Lohano, K (Lohano, Kavita); Gao, YL (Gao, Yonglin)
Source: POSTGRADUATE MEDICINE **Volume:** 122 **Issue:** 4 **Pages:** 24-31 **Published:** JUL 2010
Abstract: There has been a recent increase in the number of clinical trials and treatment options for bipolar disorder. This research has resulted in new treatment options. Most second-generation antipsychotics have demonstrated efficacy in the treatment of mania, both in monotherapy and as adjuncts to mood stabilizers. For bipolar depression, nearly all randomized, placebo-controlled studies have demonstrated that antidepressants do not provide any additional benefit to ongoing mood stabilizers. Additionally, antidepressants carry a risk of destabilization of bipolar disorder with an increase in mania, cycling, and chronic irritable dysphoria. Newer non-antidepressant treatments for depression include quetiapine, lamotrigine, modafinil, and pramipexole. These agents are effective for acute treatment and appear to be effective in maintenance. The least-studied phase of bipolar disorder is the maintenance phase. The use of multiple agents appears to be superior to monotherapy in relapse prevention. Despite the many advances in the pharmacotherapy of bipolar disorder, the overall prognosis of this severe illness does not appear to have changed.
Accession Number: WOS:000286614200003
PubMed ID: 20675968
ISSN: 0032-5481
eISSN: 1941-9260

Record 42 of 50 = SMD
Title: Neurocognitive Correlates of Emotional Stimulus Processing in Pediatric Bipolar Disorder: A Review
Author(s): Rosen, HR (Rosen, Heather R.); Rich, BA (Rich, Brendan A.)
Source: POSTGRADUATE MEDICINE **Volume:** 122 **Issue:** 4 **Pages:** 94-104 **Published:** JUL 2010
Abstract: Despite low prevalence rates in epidemiological studies, recent research suggests that bipolar disorder (BD) is being diagnosed at increasingly high rates in children and adolescents. To clarify the nosological boundaries of the disorder, studies of the clinical presentation of bipolar youth should be complemented with examinations of cognitive and neural functioning. More specifically, delineating the neurocognitive functioning of youth with BD when processing emotional stimuli may best elucidate how certain emotional contexts elicit symptoms that characterize pediatric BD. This information has the potential to clarify causes of pediatric BD, and to confirm the diagnosis of BD in youth. In this article, we discuss the affective, behavioral, cognitive, and neurological functioning of youth with BD when processing emotional stimuli. We focus on studies that have employed paradigms involving pictures and words with emotional valence, faces with emotional expressions, and responses to reward and punishment. The most consistent results on behavior are from studies involving facial stimuli, which find that youth with BD display a tendency to mislabel face emotions. Neurological data demonstrate that emotion-processing deficits in pediatric BD involve dysfunction within a distributed fronto-striatal-limbic network, including the dorsolateral and ventrolateral prefrontal cortex, anterior cingulate cortex, striatum, and amygdala. These data may begin to clarify why BD youth present with poor social functioning and deficits in regulating their affect and behavior.
Accession Number: WOS:000286614200008
PubMed ID: 20675973
ISSN: 0032-5481

Record 43 of 50 = PRO
Title: A controlled family study of children with DSM-IV bipolar-I disorder and psychiatric co-morbidity
Author(s): Wozniak, J (Wozniak, J.); Faraone, SV (Faraone, S. V.); Mick, E (Mick, E.); Monuteaux, M (Monuteaux, M.); Coville, A (Coville, A.); Biederman, J (Biederman, J.)
Source: PSYCHOLOGICAL MEDICINE **Volume:** 40 **Issue:** 7 **Pages:** 1079-1088 **DOI:** 10.1017/S0033291709991437 **Published:** JUL 2010
Abstract: Background. To estimate the spectrum of familial risk for psychopathology in first-degree relatives of children with unabridged DSM-IV bipolar-I disorder (BP-I).
Method. We conducted a blinded, controlled family study using structured diagnostic interviews of 157 children with BP-I probands (n = 487 first-degree relatives), 162 attention deficit hyperactivity disorder (ADHD) (without BP-I) probands (is = 511 first-degree relatives), and 136 healthy control (without ADHD or BP-I) probands (n = 411 first-degree relatives).
Results. The morbid risk (MR) of BP-I disorder in relatives of BP-I probands (MR = 0.18) was increased 4-fold [95% confidence interval (CI) 2.3-6.9, p<0.001] over the risk to relatives of control probands (MR = 0.05) and 3.5-fold (95% CI 2.1-5.8, p<0.001) over the risk to relatives of ADHD probands (MR = 0.06). In addition, relatives of children with BP-I disorder had high rates of psychosis, major depression, multiple anxiety disorders, substance use disorders, ADHD and antisocial disorders compared with relatives of control probands. Only the effect for antisocial disorders lost significance after accounted for by the corresponding diagnosis in the proband. Familial rates of ADHD did not differ between ADHD and BP-I probands.
Conclusions. Our results document an increased familial risk for BP-I disorder in relatives of pediatric probands with DSM-IV BP-I. Relatives of probands with BP-I were also at increased risk for other psychiatric disorders frequently associated with pediatric BP-l. These results support the validity of the diagnosis of BP-I in children as defined by DSM-IV. More work is needed to better understand the nature of the association between these disorders in probands and relatives.
Accession Number: WOS:000279418000003
PubMed ID: 19891803
ISSN: 0033-2917

Record 44 of 50 = PRO
Title: Brain glutamatergic characteristics of pediatric offspring of parents with bipolar disorder
Author(s): Singh, M (Singh, Manpreet); Spielman, D (Spielman, Daniel); Adleman, N (Adleman, Nancy); Alegria, D (Alegria, Dylan); Howe, M (Howe, Meghan); Reiss, A (Reiss, Allan); Chang, K (Chang, Kiki)
Source: PSYCHIATRY RESEARCH-NEUROIMAGING **Volume:** 182 **Issue:** 2 **Pages:** 165-171 **DOI:** 10.1016/j.pscychresns.2010.01.003 **Published:** MAY 30 2010
Abstract: We wished to determine whether decreases in prefrontal glutamate concentrations occur in offspring of parents with bipolar disorder with and at high risk for mania. Sixty children and adolescents, 9-18 years old, of parents with bipolar I or II disorder (20 offspring with established history of mania. "BD". 20 offspring with symptoms subsyndromal to mania, "SS", and 20 healthy controls "HC") were examined using proton magnetic resonance spectroscopy at 3 T to study glutamatergic

metabolite concentrations in the anterior cingulate cortex (ACC) A signal for reductions in absolute glutamate concentrations in the ACC was seen in the BD compared with HC and SS groups No other statistically significant differences among groups were found Offspring of parents with BD with prior histories of mania may have disruptions in glutamatergic function compared with HC or children at risk for BD who have not yet developed mania Longitudinal studies are necessary to confirm whether prefrontal glutamate decreases only after the onset of full mania (C) 2010 Elsevier Ireland Ltd All rights reserved
Accession Number: WOS:000278701500013
PubMed ID: 20413280
ISSN: 0925-4927

Record 45 of 50 = PRO
Title: Pediatric Bipolar Disorder: Do we know how to detect it?
Author(s): Mendez, I (Mendez, I.); Birmaher, B (Birmaher, B.)
Source: ACTAS ESPANOLAS DE PSIQUIATRIA **Volume:** 38 **Issue:** 3 **Pages:** 170-182 **Published:** MAY-JUN 2010
Abstract: Objective: To review the literature covering the epidemiology, clinical characteristics, longitudinal course, prognosis and clues for the assessment of the Pediatrics Bipolar Disorder (PBD).
Method: A computerized search in PubMed, looking for published articles since 1980.
Results: During the last years, the PBD diagnosis has proliferated largely, with some studies reporting incidences between 1% and 5%. In the past, some researchers reported that atypical symptoms could be more common than the classical symptoms in the PBD. However, current studies confirm the presence of typical mania symptoms in the youngest. Also, they confirm the utility of the diagnostic criteria DSM-IV in this population, with the PBD-NOS as the most prevalent phenotype. Those cases with irritability and without any other maniac symptom are still not clear, but the evidence shows a possible evolution towards others non-bipolar affective disorders. The PBD has high comorbidity, especially with ADHD and Disruptive Behavior Disorders. In the longitudinal evaluation, the PBD cases show high rates of relapse and persistent subsyndromical symptoms. The diagnosis is based in the clinical presentation, with collateral information provided by the family. Screening scales and standardized interview has been developed.
Conclusions: Now days is possible the diagnosis of PBD, although there is not enough information about the categorization and the longitudinal course of the PBD. Future studies are needed in order to clarify these shadows.
Accession Number: WOS:000283678600005
PubMed ID: 21210322
ISSN: 1139-9287

Record 46 of 50 = PRO
Title: Adult Psychiatric Outcomes of Girls With Attention Deficit Hyperactivity Disorder: 11-Year Follow-Up in a Longitudinal Case-Control Study
Author(s): Biederman, J (Biederman, Joseph); Petty, CR (Petty, Carter R.); Monuteaux, MC (Monuteaux, Michael C.); Fried, R (Fried, Ronna); Byrne, D (Byrne, Deirdre); Mirto, T (Mirto, Tara); Spencer, T (Spencer, Thomas); Wilens, TE (Wilens, Timothy E.); Faraone, SV (Faraone, Stephen V.)
Source: AMERICAN JOURNAL OF PSYCHIATRY **Volume:** 167 **Issue:** 4 **Pages:** 409-417 **DOI:** 10.1176/appi.ajp.2009.09050736 **Published:** APR 2010
Abstract: Objective: Few follow-up studies have been conducted of girls with ADHD, and none have followed girls into adulthood. The authors sought to estimate the prevalence of psychopathology in girls with and without ADHD followed into young adulthood.
Method: The authors conducted a longitudinal case-control study of 6- to 18-year-old girls with (N=140) and without (N=122) ADHD ascertained from psychiatric and pediatric sources. At the 11-year follow-up, 96 (69%) of the girls with ADHD and 91 (75%) of the comparison girls were reassessed (mean age=22 years). Participants were blindly assessed by structured diagnostic interviews.
Results: Lifetime and 1-year risks for all composite categories of psychopathology were significantly greater in girls with ADHD grown up relative to comparison girls; lifetime hazard ratios were 7.2 (95% CI=4.0-12.7) for antisocial disorders, 6.8 (95% CI=3.7-12.6) for mood disorders, 2.1 (95% CI=1.6-2.9) for anxiety disorders, 3.2 (95% CI=2.0-5.3) for developmental disorders, 2.7 (95% CI=1.6-4.3) for addictive disorders, and 3.5 (95% CI=1.6-7.3) for eating disorders. For lifetime psychopathology, all six composite categories remained statistically significant after controlling for other baseline psychopathology. Except for addictive disorders, significant 1-year findings remained significant after controlling for baseline psychopathology. The 1-year prevalences of composite disorders were not associated with lifetime or 1-year use of ADHD medication.
Conclusions: By young adulthood, girls with ADHD were at high risk for antisocial, addictive, mood, anxiety, and eating disorders. These prospective findings, previously documented in boys with ADHD, provide further evidence for the high morbidity associated with ADHD across the life cycle.
Accession Number: WOS:000276223800011
PubMed ID: 20080984
ISSN: 0002-953X

Record 47 of 50 = PRO
Title: Pharmacotherapy for Pediatric Bipolar Disorder
Author(s): Nandagopal, JJ (Nandagopal, Jayasree J.); DelBello, MP (DelBello, Melissa P.)
Source: PSYCHIATRIC ANNALS **Volume:** 40 **Issue:** 4 **Pages:** 221-230 **DOI:** 10.3928/00485713-20100330-07 **Published:** APR 2010
Accession Number: WOS:000276929000008
ISSN: 0048-5713

Record 48 of 50 = PRO
Title: Executive Function in Pediatric Bipolar Disorder and Attention-Deficit Hyperactivity Disorder: In Search of Distinct Phenotypic Profiles
Author(s): Walshaw, PD (Walshaw, Patricia D.); Alloy, LB (Alloy, Lauren B.); Sabb, FW (Sabb, Fred W.)
Source: NEUROPSYCHOLOGY REVIEW **Volume:** 20 **Issue:** 1 **Pages:** 103-120 **DOI:** 10.1007/s11065-009-9126-x **Published:** MAR 2010
Abstract: Often, there is diagnostic confusion between bipolar disorder (BD) and attention-deficit hyperactivity disorder

(ADHD) in youth due to similar behavioral presentations. Both disorders have been implicated as having abnormal functioning in the prefrontal cortex; however, there may be subtle differences in the manner in which the prefrontal cortex functions in each disorder that could assist in their differentiation. Executive function is a construct thought to be a behavioral analogy to prefrontal cortex functioning. We provide a qualitative review of the literature on performance on executive function tasks for BD and ADHD in order to determine differences in task performance and neurocognitive profile. Our review found primary differences in executive function in the areas of interference control, working memory, planning, cognitive flexibility, and fluency. These differences may begin to establish a pediatric BD profile that provides a more objective means of differential diagnosis between BD and ADHD when they are not reliably distinguished by clinical diagnostic methods.
Accession Number: WOS:000275446000006
PubMed ID: 20165924
ISSN: 1040-7308

Record 49 of 50 = TRAD
Title: DIFFERENTIAL DIAGNOSIS OF BIPOLAR DISORDER
Author(s): Goldberg, JF (Goldberg, Joseph F.)
Source: CNS SPECTRUMS **Volume:** 15 **Issue:** 2 **Pages:** 4-7 **Supplement:** 3 **Published:** FEB 2010
Accession Number: WOS:000275148100001
PubMed ID: 20414158
ISSN: 1092-8529

Record 50 of 50 = PRO
Title: A Prospective Open-Label Trial of Extended-Release Carbamazepine Monotherapy in Children with Bipolar Disorder
Author(s): Joshi, G (Joshi, Gagan); Wozniak, J (Wozniak, Janet); Mick, E (Mick, Eric); Doyle, R (Doyle, Robert); Hammerness, P (Hammerness, Paul); Georgiopoulos, A (Georgiopoulos, Anna); Kotarski, M (Kotarski, Meghan); Aleardi, M (Aleardi, Megan); Williams, C (Williams, Courtney); Walls, S (Walls, Sarah); Biederman, J (Biederman, Joseph)
Source: JOURNAL OF CHILD AND ADOLESCENT PSYCHOPHARMACOLOGY **Volume:** 20 **Issue:** 1 **Pages:** 7-14 **DOI:** 10.1089/cap.2008.0162 **Published:** FEB 2010
Abstract: Objective: The aim of this study was to evaluate the safety and efficacy of extended release carbamazepine (CBZ-ER) monotherapy in the treatment of pediatric bipolar disorder (BD).
Method: This was an 8-week, open-label, prospective trial of CBZ-ER monotherapy (788 +/- 252 mg/day) to assess the effectiveness and tolerability of this compound in treating pediatric bipolar spectrum disorders. Assessments included the Young Mania Rating Scale (YMRS), Clinical Global Impressions-Improvement scale, Children's Depression Rating Scale, and Brief Psychiatric Rating Scale. Adverse events were assessed through spontaneous self-reports, vital signs weight monitoring, and laboratory analysis.
Results: Of the 27 participating children with BD, 16 (59.%) completed the study. CBZ-ER treatment was associated with statistically significant, but modest, levels of improvement in mean YMRS scores (-10.1 +/- 10.2, $p < 0.001$) with end-point mean YMRS score (21.8 +/- 12.2) suggesting a lack of complete resolution of mania. CBZ-ER treatment also resulted in significant improvement in the severity of depressive, attention-deficit/hyperactivity disorder, and psychotic symptoms. With the exception of 2 participants who discontinued due to skin rash, CBZ-ER was well tolerated with marginal increase in body weight (0.8 +/- 2.5 kg, $p = 0.04$) and was not associated with any abnormal changes in laboratory parameters.
Conclusions: Open-label CBZ-ER treatment was beneficial for the treatment of BD in children. Future controlled trials are warranted.
Accession Number: WOS:000274636300002
PubMed ID: 20166791
ISSN: 1044-5463

Record 1 of 50 = PRO
Title: The Conceptual Adequacy of the Drug Attitude Inventory for Measuring Youth Attitudes Toward Psychotropic Medications: A Mixed Methods Evaluation
Author(s): Townsend, L (Townsend, Lisa); Floersch, J (Floersch, Jerry); Findling, RL (Findling, Robert L.)
Source: JOURNAL OF MIXED METHODS RESEARCH **Volume:** 4 **Issue:** 1 **Pages:** 32-55 **DOI:** 10.1177/1558689809352469 **Published:** JAN 10 2010
Abstract: Adolescents are routinely treated with psychiatric medications; however, little is known about their attitudes toward pharmacological intervention. The authors used a concurrent triangulation, mixed methods design to assess whether the Drug Attitude Inventory (DAI), developed for adults, is suitable for measuring adolescent attitudes toward psychiatric medications. Factor analytic techniques and qualitative data were used to investigate whether the instrument provides comprehensive measurement of medication-related constructs in adolescents. Findings suggest that the DAI contributes to knowledge of youth attitudes toward psychotropic treatment; however, limitations were uncovered by the mixed methods approach. This study enhances the measurement and mixed methods literature by showing how qualitative and quantitative techniques served as parallel data reduction strategies for examining an instrument's utility with a new population.
Accession Number: WOS:000273149100004
ISSN: 1558-6898

Record 2 of 50 = PRO
Title: A Prospective Open-Label Trial of Lamotrigine Monotherapy in Children and Adolescents with Bipolar Disorder
Author(s): Biederman, J (Biederman, Joseph); Joshi, G (Joshi, Gagan); Mick, E (Mick, Eric); Doyle, R (Doyle, Robert); Georgiopoulos, A (Georgiopoulos, Anna); Hammerness, P (Hammerness, Paul); Kotarski, M (Kotarski, Meghan); Williams, C (Williams, Courtney); Wozniak, J (Wozniak, Janet)
Source: CNS NEUROSCIENCE & THERAPEUTICS **Volume:** 16 **Issue:** 2 **Pages:** 91-102 **DOI:** 10.1111/j.1755-5949.2009.00121.x **Published:** 2010
Abstract: Aim: To evaluate the safety and efficacy of lamotrigine monotherapy as an acute treatment of bipolar mood elevation in children with bipolar spectrum disorders. Method: This was a 12-week, open-label, prospective trial of lamotrigine monotherapy to assess the effectiveness and tolerability of this compound in treating pediatric bipolar disorder. Assessments

included the Young Mania Rating Scale (YMRS), Clinical Global Impressions-Improvement scale (CGI-I), Children's Depression Rating Scale (CDRS), and Brief Psychiatric Rating Scale (BPRS). Adverse events were assessed through spontaneous self-reports, vital signs weight monitoring, and laboratory analysis. Results: Thirty-nine children with bipolar disorder (YMRS at entry: 31.6 +/- 5.5) were enrolled in the study and 22 (56%) completed the 12-week trial. Lamotrigine was slowly titrated to an average endpoint dose of 160.7 +/- 128.3 in subjects < 12 years of age (N = 22) and 219.1 +/- 172.2 mg/day in children 12-17 years of age (N = 17). Treatment with lamotrigine was associated with statistically significant levels of improvement in mean YMRS scores (-14.9 +/- 9.7, P < 0.001) at endpoint. Lamotrigine treatment also resulted in significant improvement in the severity of depressive, attention-deficit/hyperactivity disorder (ADHD), and psychotic symptoms. Lamotrigine was generally well tolerated with marginal increase in body weight (47.0 +/- 18.0 kg vs. 47.2 +/- 17.9 kg, P = 0.6) and was not associated with abnormal changes in laboratory parameters. Several participants were discontinued due to skin rash; in all cases, the rash resolved shortly after discontinuation of treatment. No patient developed Steven Johnson syndrome. Conclusions: Open-label lamotrigine treatment appears to be beneficial in the treatment of bipolar disorder and associated conditions in children. Future placebo-controlled, double-blind studies are warranted to confirm these findings.
Accession Number: WOS:000275214600005
PubMed ID: 20415838
ISSN: 1755-5930

Record 3 of 50 = PRO
Title: Atypical Antipsychotics for Acute Manic and Mixed Episodes in Children and Adolescents with Bipolar Disorder Efficacy and Tolerability
Author(s): Singh, MK (Singh, Manpreet K.); Ketter, TA (Ketter, Terence A.); Chang, KD (Chang, Kiki D.)
Source: DRUGS **Volume:** 70 **Issue:** 4 **Pages:** 433-442 **Published:** 2010
Abstract: The diagnosis of bipolar disorder (BD) in children is increasing, and often requires a comprehensive treatment plan to address a complex array of symptoms and associated morbidities. Pharmacotherapy, in combination with psychotherapeutic interventions, is essential for the treatment and stabilization of disrupted mood. Current evidence collectively demonstrates, by randomized controlled design, that atypical antipsychotics have efficacy for the treatment of acute manic or mixed symptoms in children and adolescents with BD. Additional longitudinal and biological studies are warranted to characterize the effects of atypical antipsychotics on all phases and stages of bipolar illness development in children and adolescents.
Accession Number: WOS:000276278400004
PubMed ID: 20205485
ISSN: 0012-6667

Record 4 of 50 = SCEP (interesting survey)
Title: Symptoms Leading to a Bipolar Diagnosis: A Phone Survey of Child and Adolescent Psychiatrists
Author(s): Galanter, CA (Galanter, Cathryn A.); Pagar, DL (Pagar, Dana L.); Oberg, PP (Oberg, Peter P.); Wong, C (Wong, Carrie); Davies, M (Davies, Mark); Jensen, PS (Jensen, Peter S.)
Source: JOURNAL OF CHILD AND ADOLESCENT PSYCHOPHARMACOLOGY **Volume:** 19 **Issue:** 6 **Pages:** 641-647 **DOI:** 10.1089/cap.2008.0151 **Published:** DEC 2009
Abstract: Objective: We surveyed child and adolescent psychiatrists (CAPs) to characterize how they diagnose bipolar disorder (BPD) in children.
Methods: We approached by mail and then telephone 100 CAPs randomly sampled from five regions of the main professional organization of American CAPs; 53 CAPs were reached and agreed to participate. We asked about their training and practice setting, and asked them to name 10 symptoms indicative of BPD. We conducted descriptive analyses to determine how CAPs ranked symptoms, whether reports were consistent with Diagnostic and Statistical Manual of Mental Disorders, 4th edition, Text Revision (DSM-IV-TR) criteria, and whether alternative symptom models might guide their decision making.
Results: CAPs considered lability, grandiosity, family history of BPD, aggression, and expansive or euphoric mood as the most important factors in diagnosing BPD. Only 21 (39.6%) CAPs reported sufficient symptoms to meet DSM criteria for BPD (DSM-Yes status). DSM-Yes status was associated with participants' region, less expertise (<= 10 years practicing child and adolescent psychiatry), and lower levels of self-reported confidence in their ability to diagnose BPD.
Conclusions: CAPs vary in the symptoms they use to diagnose BPD, with most using a mixture of DSM and non-DSM symptoms. Expertise and confidence may lessen one's reliance on DSM criteria. Further studies are needed to understand CAPs' diagnostic decisions about BD and to develop interventions to support accurate diagnostic decision making and improve patient care.
Accession Number: WOS:000273053600005
PubMed ID: 20035582
ISSN: 1044-5463

Record 5 of 50 = PRO
Title: Pediatric BIPOLAR DISORDER
Author(s): Carbray, JA (Carbray, Julie A.); McGuinness, TM (McGuinness, Teena M.)
Source: JOURNAL OF PSYCHOSOCIAL NURSING AND MENTAL HEALTH SERVICES **Volume:** 47 **Issue:** 12 **Pages:** 22-26 **DOI:** 10.3928/02793695-20091103-02 **Published:** DEC 2009
Abstract: Pediatric bipolar disorder differs from the adult form of the disorder, marked by longer episodes, rapid cycling, prominent irritability, and high rates of comorbid attention-deficit/hyperactivity disorder and anxiety disorders. A careful assessment by families of children's symptoms, including their duration and intensity, helps with accurate diagnosis. After the diagnosis is made and careful psychopharmacological intervention is initiated, psychiatric nursing treatment of children and adolescents with pediatric bipolar disorder should involve child- and family-focused cognitive-behavioral therapies, family support, and psychoeducation.
Accession Number: WOS:000272719900007
ISSN: 0279-3695

Record 6 of 50 = PRO
Title: Prescribing Patterns for Treatment of Pediatric Bipolar Disorder in a Specialty Clinic
Author(s): Potter, MP (Potter, Mona P.); Liu, HY (Liu, Howard Y.); Monuteaux, MC (Monuteaux, Michael C.); Henderson, CS (Henderson, Carly S.); Wozniak, J (Wozniak, Janet); Wilens, TE (Wilens, Timothy E.); Biederman, J (Biederman, Joseph)

Source: JOURNAL OF CHILD AND ADOLESCENT PSYCHOPHARMACOLOGY **Volume:** 19 **Issue:** 5 **Pages:** 529-538 **DOI:** 10.1089/cap.2008.0142 **Published:** OCT 2009
Abstract: Objective: The aim of this study was to describe prescribing practices in the treatment of pediatric bipolar disorder in a university practice setting.
Method: A retrospective chart review was performed on 53 youths diagnosed using Diagnostic and Statistical Manual of Mental Disorders, 4(th) edition (DSM-IV), criteria with bipolar spectrum disorder under the active care of child psychiatrists practicing in a pediatric psychopharmacology specialty clinic. Current medications, doses, and related adverse events were recorded. Clinicians were asked to provide a target disorder (bipolar mania/mixed state, depression, attention deficit hyperactivity disorder [ADHD], or anxiety) for each medication to the best of their ability. The Clinical Global Impressions-Severity (CGI-S) scale was used to measure severity of each disorder before treatment and the Clinical Global Impressions-Improvement (CGI-I) was used to quantify the magnitude of improvement with treatment. Meaningful improvement of the disorder was defined by CGI-I score of 1 or 2.
Results: The mean number of psychotropic medications per patient was 3.0 +/- 1.6. A total of 68% of patients were treated for co-morbid disorders; 23% of patients were treated with monotherapy, primarily with second-generation antipsychotics. Mania improved in 80% of cases, mixed state improved in 57% of cases, ADHD improved in 56% of cases, anxiety improved in 61% of cases, and depression improved in 90% of cases.
Conclusion: The management of pediatric bipolar disorder often requires multiple medications. For the treatment of mania/mixed states, clinicians prescribed second-generation antipsychotics more frequently than mood stabilizers, especially in the context of monotherapy. Co-morbidity was a frequent problem with moderate success obtained with combined pharmacotherapy approaches. Further psychosocial strategies to augment pharmacotherapy may improve outcome while reducing the medication burden in pediatric bipolar disorder.
Accession Number: WOS:000271392100007
PubMed ID: 19877977
ISSN: 1044-5463

Record 7 of 50 = PRO
Title: Atomoxetine as an Adjunct Therapy in the Treatment of Co-Morbid Attention-Deficit/Hyperactivity Disorder in Children and Adolescents with Bipolar I or II Disorder
Author(s): Chang, KK (Chang, Kiki); Nayar, D (Nayar, Daphne); Howe, M (Howe, Meghan); Rana, M (Rana, Manasi)
Source: JOURNAL OF CHILD AND ADOLESCENT PSYCHOPHARMACOLOGY **Volume:** 19 **Issue:** 5 **Pages:** 547-551 **DOI:** 10.1089/cap.2009.0030 **Published:** OCT 2009
Abstract: Introduction: Atomoxetine has been proposed to be effective for treating co-morbid attention-deficit/hyperactivity disorder (ADHD) in children with bipolar disorder (BPD) without destabilizing mood. We conducted an 8-week, open label study to study the efficacy and tolerability of adjunct atomoxetine in euthymic children and adolescents with BPD and ADHD.
Methods: We evaluated 12 youth aged 6-17 years (mean = 11.3 years; 7 males) with a diagnosis of BPD I or II and ADHD. Subjects were euthymic at baseline and taking at least one mood stabilizer or antipsychotic. Primary outcome measure was the ADHD Rating Scale-IV (ADHD-RS-IV) (response = 25% decrease; remission = 40% decrease). Secondary outcome measures were change in Young Mania Rating Scale (YMRS) and Children's Depression Rating Scale (CDRS).
Results: In primary outcome criteria, 8 (67%) were responders and 6 (50%) were remitters by ADHD-RS criteria. There was a significant decrease in ADHD-RS scores over the study ($p<0.0001$; Cohen d = 2.18, effect size = 0.73). YMRS and CDRS scores did not change significantly from baseline to week 8. No subjects experienced a manic or mixed episode during the study, but 2 subjects were discontinued early due to worsening of mood symptoms.
Conclusions: We found atomoxetine to be efficacious in treating symptoms of ADHD in children and adolescents with BPD taking mood stabilizers or antipsychotics. It is unclear whether symptomatic worsening of 2 subjects was due to atomoxetine or the natural course of illness. Placebo-controlled studies are needed to clarify the role of atomoxetine in this population.
Accession Number: WOS:000271392100009
PubMed ID: 19877979
ISSN: 1044-5463

Record 8 of 50 = PRO
Title: Acute Treatment of Pediatric Bipolar I Disorder, Manic or Mixed Episode, With Aripiprazole: A Randomized, Double-Blind, Placebo-Controlled Study
Author(s): Findling, RL (Findling, Robert L.); Nyilas, M (Nyilas, Margaretta); Forbes, RA (Forbes, Robert A.); McQuade, RD (McQuade, Robert D.); Jin, N (Jin, Na); Iwamoto, T (Iwamoto, Taro); Ivanova, S (Ivanova, Svetlana); Carson, WH (Carson, William H.); Chang, K (Chang, Kiki)
Source: JOURNAL OF CLINICAL PSYCHIATRY **Volume:** 70 **Issue:** 10 **Pages:** 1441-1451 **DOI:** 10.4088/JCP.09m05164yel **Published:** OCT 2009
Abstract: Objectives: To determine the efficacy and safety of aripiprazole for the treatment of pediatric bipolar I disorder, manic or mixed episode, with or without psychotic features.
Method: Subjects were enrolled between March 2005 and February 2007 in a randomized, multicenter, double-blind 4-week study of aripiprazole 10 mg/d, aripiprazole 30 mg/d, and placebo. Subjects (n = 296) were 10 to 17 years old with a DSM-IV diagnosis of bipolar I disorder with current manic or mixed episodes, with or without psychotic features, and a Young Mania Rating Scale (YMRS) score >= 20. The primary efficacy variable was change from baseline in the YMRS total score.
Results: Both doses of aripiprazole were superior to placebo on the YMRS total score beginning at week I and continuing through week 4. Aripiprazole 10 mg and 30 mg were more effective than placebo on global improvement, mania, and overall bipolar illness outcome measures. Response (>= 50% reduction in YMRS total score) at week 4 was achieved by 44.8%, 63.6%, and 26.1% of subjects in the aripiprazole 10 mg, aripiprazole 30 mg, and placebo groups, respectively ($P < .01$ both doses vs placebo). Both doses were generally well tolerated. The most common adverse events were extrapyramidal disorder and somnolence; rates were higher for aripiprazole 30 mg compared with aripiprazole 10 mg. Average weight gain was not significantly different between the aripiprazole 10 mg (+0.82 kg) or 30 mg (+1.08 kg) groups compared with the placebo group (+0.56 kg) (P=.35 and P=.13, respectively).
Conclusions: Aripiprazole in daily doses of 10 mg or 30 mg is an effective and generally well-tolerated acute treatment for pediatric subjects with bipolar I mania or mixed episodes.
Trial Registration: clinicaltrials.gov Identifier: NCT00110461 J Clin Psychiatry 2009;70(10):1441-1451 (C) Copyright 2009 Physicians Postgraduate Press, Inc.

Accession Number: WOS:000271166100014
PubMed ID: 19906348
ISSN: 0160-6689

Record 9 of 50 = PRO
Title: Survey of Expert Treatment Approaches for Children with Bipolar Disorder-not otherwise specified and Bipolar-I Presentations
Author(s): Post, RM (Post, Robert M.); Wozniak, J (Wozniak, Janet)
Source: PSYCHIATRIC ANNALS **Volume:** 39 **Issue:** 10 **Pages:** 887-895 **DOI:** 10.3928/00485718-20090924-07 **Published:** OCT 2009
Accession Number: WOS:000270847300004
ISSN: 0048-5713

Record 10 of 50 = PRO
Title: INTEGRATIVE APPROACHES TO PEDIATRIC MOOD DISORDERS
Author(s): Shannon, S (Shannon, Scott)
Source: ALTERNATIVE THERAPIES IN HEALTH AND MEDICINE **Volume:** 15 **Issue:** 5 **Pages:** 48-53 **Published:** SEP-OCT 2009
Accession Number: WOS:000280486800008
PubMed ID: 19771931
ISSN: 1078-6791

Record 11 of 50 = PRO
Title: Early-Onset Bipolar Spectrum Disorders: Diagnostic Issues
Author(s): Danner, S (Danner, Stephanie); Fristad, MA (Fristad, Mary A.); Arnold, LE (Arnold, L. Eugene); Youngstrom, EA (Youngstrom, Eric A.); Birmaher, B (Birmaher, Boris); Horwitz, SM (Horwitz, Sarah M.); Demeter, C (Demeter, Christine); Findling, RL (Findling, Robert L.); Kowatch, RA (Kowatch, Robert A.)
Group Author(s): LAMS Grp
Source: CLINICAL CHILD AND FAMILY PSYCHOLOGY REVIEW **Volume:** 12 **Issue:** 3 **Pages:** 271-293 **DOI:** 10.1007/s10567-009-0055-2 **Published:** SEP 2009
Abstract: Since the mid 1990s, early-onset bipolar spectrum disorders (BPSDs) have received increased attention in both the popular press and scholarly press. Rates of diagnosis of BPSD in children and adolescents have increased in inpatient, outpatient, and primary care settings. BPSDs remain difficult to diagnose, particularly in youth. The current diagnostic system makes few modifications to accommodate children and adolescents. Researchers in this area have developed specific BPSD definitions that affect the generalizability of their findings to all youth with BPSD. Despite knowledge gains from the research, BPSDs are still difficult to diagnose because clinicians must: (1) consider the impact of the child's developmental level on symptom presentation (e.g., normative behavior prevalence, environmental limitations on youth behavior, pubertal status, irritability, symptom duration); (2) weigh associated impairment and course of illness (e.g., neurocognitive functioning, failing to meet full DSM criteria, future impairment); and (3) make decisions about appropriate assessment (differentiating BPSD from medical illnesses, medications, drug use, or other psychiatric diagnoses that might better account for symptoms; comorbid disorders; informant characteristics and assessment measures to use). Research findings concerning these challenges and relevant recommendations are offered. Areas for further research to guide clinicians' assessment of children with early-onset BPSD are highlighted.
Accession Number: WOS:000269207500004
PubMed ID: 19466543
ISSN: 1096-4037

Record 12 of 50 = PRO
Title: A double-blind, placebo-controlled pilot study of quetiapine for depressed adolescents with bipolar disorder
Author(s): DelBello, MP (DelBello, Melissa P.); Chang, K (Chang, Kiki); Welge, JA (Welge, Jeffrey A.); Adler, CM (Adler, Caleb M.); Rana, M (Rana, Manasi); Howe, M (Howe, Meghan); Bryan, H (Bryan, Holly); Vogel, D (Vogel, Daniel); Sampang, S (Sampang, Suzanne); Delgado, SV (Delgado, Sergio V.); Sorter, M (Sorter, Michael); Strakowski, SM (Strakowski, Stephen M.)
Source: BIPOLAR DISORDERS **Volume:** 11 **Issue:** 5 **Pages:** 483-493 **Published:** AUG 2009
Abstract: Objective:
To conduct a pilot study comparing the effects of quetiapine and placebo for the treatment of depressive episodes in adolescents with bipolar I disorder.
Method:
Thirty-two adolescents (ages 12-18 years) with a depressive episode associated with bipolar I disorder were randomized to eight weeks of double-blind treatment with quetiapine, 300-600 mg/day, or placebo. This two-site study was conducted from March 2006 through August 2007. The primary efficacy measure was change in Children's Depression Rating Scale-Revised Version (CDRS-R) scores from baseline to endpoint. Secondary efficacy measures included change in CDRS-R scores over the eight-week study period (PROC MIXED), changes from baseline to endpoint in Hamilton Anxiety Rating Scale (HAM-A), Young Mania Rating Scale (YMRS), and Clinical Global Impression-Bipolar Version Severity (CGI-BP-S) scores, as well as response and remission rates. Safety and tolerability were assessed weekly.
Results:
There was no statistically significant treatment group difference in change in CDRS-R scores from baseline to endpoint ($p = 0.89$, effect size =-0.05, 95% confidence interval: -0.77-0.68), nor in the average rate of change over the eight weeks of the study ($p = 0.95$). Additionally, there were no statistically significant differences in response (placebo =67% versus quetiapine = 71%) or remission (placebo = 40% versus quetiapine = 35%) rates, or change in HAM-A, YMRS, or CGI-BP-S scores (all $p > 0.7$) between treatment groups. Dizziness was more commonly reported in the quetiapine (41%) than in the placebo (7%) group (Fisher's exact test, $p = 0.04$).
Conclusions:
The results suggest that quetiapine monotherapy is no more effective than placebo for the treatment of depression in adolescents with bipolar disorder. However, limitations of the study, including the high placebo response rate, may have contributed to our findings and should be considered in the design of future investigations of pharmacological interventions for this population.

Accession Number: WOS:000267874900003
PubMed ID: 19624387
ISSN: 1398-5647

Record 13 of 50 = PRO
Title: "Mixed hypomania" in children and adolescents: Is it a pediatric bipolar phenotype with extreme diurnal variation between depression and hypomania?
Author(s): Dilsaver, SC (Dilsaver, Steven C.); Akiskal, HS (Akiskal, Hagop S.)
Source: JOURNAL OF AFFECTIVE DISORDERS **Volume:** 116 **Issue:** 1-2 **Pages:** 12-17 **DOI:** 10.1016/j.jad.2008.10.016 **Published:** JUL 2009
Abstract: Background: Although DSM-IV and the literature on pediatric bipolarity recognize mania and mixed phases neither recognizes states of "mixed hypomania." There has been preliminary presentation of the latter phenomenon in the adult bipolar literature. The authors herein describe this phenomenon in a consecutive clinical series of bipolar children and adolescents.
Methods: This exploratory study involved 47 consecutive bipolar patients between the ages of 7 and 17 years presenting to an outpatient clinic. They were evaluated using a structured instrument designed to ascertain the presence of major depressive episodes (MDE), hypomania, mania, psychotic disorders, behavioral disorders such as oppositional defiant disorder and conduct disorder and substance use disorders. We defined mixed hypomania as MDE and hypomania coexisting over at least 2 weeks.
Results: Of 47 patients, 9 girls (42.9%) and 9 boys (34.6%) were bipolar II mixed. This paper focuses on them. The mean ages of the bipolar II girls and boys were 14.3 (1.9) years and 12.0 (3.4) years, respectively ($p<0.05$, $t=2.45$, $df=17$). This mixed subgroup tended to experience rising mood in the evening, often with spikes of euphoria; a history of late afternoon to evening increased talkativeness or pressured speech was common. Some patients exhibited flight of ideas. Psychomotor acceleration, heightened level of energy, and increased goal directed activity between 1900 and 0300 were frequently reported. Retrospectively obtained circadian information revealed, in most cases an age inappropriate phase delay of sleep onset: After falling asleep in the early hours of the morning the patients awoke feeling depressed, lethargic and as if they could sleep throughout much of the day.
Limitation: Cross-sectional, exploratory study based on a relatively small sample size and in need of replication in other clinical settings.
Conclusion: Mixed hypomania was a common phenomenon in pediatric bipolar II patients. It is apt to go unrecognized in cross-sectional assessments done in the morning or in the early or mid-afternoon. Those with this proposed phenotype would appear "depressed" at these times. Alternatively, what we have proposed can also be described as severe diurnal variation between depression and hypomania in the evening. Further study is required combining 24-hour clinical observation and state of the art technologically derived data.
Accession Number: WOS:000267247000003
PubMed ID: 19007995
ISSN: 0165-0327

Record 14 of 50 = PRO
Title: Irritability Without Elation in a Large Bipolar Youth Sample: Frequency and Clinical Description
Author(s): Hunt, J (Hunt, Jeffrey); Birmaher, B (Birmaher, Boris); Leonard, H (Leonard, Henrietta); Strober, M (Strober, Michael); Axelson, D (Axelson, David); Ryan, N (Ryan, Neal); Yang, M (Yang, Mei); Gill, M (Gill, Marykay); Dyl, J (Dyl, Jennifer); Esposito-Smythers, C (Esposito-Smythers, Christianne); Swenson, L (Swenson, Lance); Goldstein, B (Goldstein, Benjamin); Goldstein, T (Goldstein, Tina); Stout, R (Stout, Robert); Keller, M (Keller, Martin)
Source: JOURNAL OF THE AMERICAN ACADEMY OF CHILD AND ADOLESCENT PSYCHIATRY **Volume:** 48 **Issue:** 7 **Pages:** 730-739 **DOI:** 10.1097/CHI.0b013e3181a565db **Published:** JUL 2009
Abstract: Objective: To determine whether some children with bipolar disorder (BP) manifest irritability without elation and whether these children differ on sociodemographic, phenotypic, and familial features from those who have elation and no irritability and from those who have both. Method: Three hundred sixty-one youths with BP recruited into the three-site Course and Outcome of Bipolar Illness in Youth study were assessed at baseline and for most severe past symptoms using standardized semistructured interviews. Bipolar disorder subtype was identified, and frequency and severity of manic symptoms were quantified. The subjects were required to have episodic mood disturbance to be diagnosed with BID. The sample was then reclassified and compared based on the most severe lifetime manic episode into three subgroups: elated only, irritable only, and both elated and irritable. Results: Irritable-only and elated-only subgroups constituted 10% and 15% of the sample, respectively. Except for the irritable-only subjects being significantly younger than the other two subgroups, there were no other between-group sociodemographic differences. There were no significant between-group differences in the BP subtype, rate of psychiatric comorbidities, seventy of illness, duration of illness, and family history of mania in first- or second-degree relatives and other psychiatric disorders in first-degree relatives, with the exception of depression and alcohol abuse occurring more frequently in the irritability-only subgroup. The elated-only group had higher scores on most DSM-IV mania criterion B items. Conclusions: The results of this study support the DSM-IV A criteria for mania in youths. Irritable-only mania exists, particularly in younger children, but similar to elated-only mania, it occurs infrequently. The fact that the irritable-only subgroup has similar clinical characteristics and family histories of BID, as compared with subgroups with predominant elation, provides support for continuing to consider episodic irritability in the diagnosis of pediatric BP. J Am. Acad. Child Adolesc. Psychiatry, 2009;48(7):730-739.
Accession Number: WOS:000267230700009
PubMed ID: 19465878
ISSN: 0890-8567

Record 15 of 50 = PRO
Title: Earliest symptoms discriminating juvenile-onset bipolar illness from ADHD
Author(s): Luckenbaugh, DA (Luckenbaugh, David A.); Findling, RL (Findling, Robert L.); Leverich, GS (Leverich, Gabriele S.); Pizzarello, SM (Pizzarello, Scott M.); Post, RM (Post, Robert M.)
Source: BIPOLAR DISORDERS **Volume:** 11 **Issue:** 4 **Pages:** 441-451 **DOI:** 10.1111/j.1399-5618.2009.00684.x **Published:** JUN 2009
Abstract: Controversy surrounds the diagnosis and earliest symptoms of childhood-onset bipolar illness, emphasizing the importance of prospective longitudinal studies. To acquire a preliminary, more immediate view of symptom evolution, we examined the course of individual symptoms over the first 10 years of life in juvenile-onset bipolar illness (JO-BP) compared

with attention-deficit hyperactivity disorder (ADHD).
Parents of formally diagnosed children retrospectively rated 37 symptoms in each year of the child's life based on the degree of dysfunction in their child's usual family, social, or educational roles. A subset of children with onset of bipolar disorder prior to age 9 (JO-BP) compared with those with ADHD was the focus of this analysis.
Brief and extended periods of mood elevation and decreased sleep were strong early differentiators of JO-BP and ADHD children. Depressive and somatic symptoms were later differentiators. Irritability and poor frustration tolerance differentiated the two groups only in their greater incidence and severity in JO-BP compared with a moderate occurrence in ADHD. In contrast, hyperactivity, impulsivity, and decreased attention showed highly similar trajectories in the two groups.
Elevated mood and decreased sleep discriminated JO-BP and ADHD as early as age 3, while classic ADHD symptoms were parallel in the groups. These retrospective results provide preliminary insights into symptom differences and their temporal evolution between bipolar disorder and ADHD in the first 10 years of life.
Accession Number: WOS:000265934000012
PubMed ID: 19500097
ISSN: 1398-5647

Record 16 of 50 = PRO
Title: Definitional Issues in Bipolar Disorder Across the Life Cycle
Author(s): Youngstrom, EA (Youngstrom, Eric A.)
Source: CLINICAL PSYCHOLOGY-SCIENCE AND PRACTICE **Volume:** 16 **Issue:** 2 **Pages:** 140-160 **Published:** JUN 2009
Abstract: This article reviews the current diagnostic criteria for bipolar mood episodes and disorders, emphasizing gaps and limitations in the current definitions. The review also discusses terms that have been perceived as inconsistent between child versus adult presentations of bipolar disorders, such as "rapid cycling." The review links the DSM diagnoses to broader discussions of a bipolar spectrum, and to alternate definitions of "narrow," "intermediate," and "broad" phenotypes. Strengths and limitations of dimensional models of bipolar disorder are discussed. The bulk of the evidence suggests that research and clinical practice will advance more rapidly by using a consistent set of definitions for bipolar disorder across the life cycle.
Accession Number: WOS:000266922400006
ISSN: 0969-5893

Record 17 of 50 = PRO
Title: Assessment of Childhood Bipolar Disorder
Author(s): Fields, BW (Fields, Benjamin W.); Fristad, MA (Fristad, Mary A.)
Source: CLINICAL PSYCHOLOGY-SCIENCE AND PRACTICE **Volume:** 16 **Issue:** 2 **Pages:** 166-181 **Published:** JUN 2009
Abstract: Barriers to the comprehensive clinical assessment of child-onset bipolar disorder (BPD) are numerous and include factors common to many pediatric diagnoses (e.g., disentangling comorbid conditions and overlapping symptoms; cross-situational variability in behavior; limited reliability of child report), as well as issues more specific to child-onset BPD (e.g., lack of empirically validated screening instruments; disagreement over age-specific symptom presentation and temporal discontinuity of symptoms). Thorough assessment includes careful consideration of differential diagnosis, investigation of familial history of affective illness, a focus on longitudinal data collection, and the use of multiple informants. Though a number of standardized measures may assist clinicians in gathering diagnostic information, clinical judgment based on familiarity with the unique presentation of child-onset BPD remains essential.
Accession Number: WOS:000266922400008
ISSN: 0969-5893

Record 18 of 50 = SCEP
Title: Etiology of Bipolar Disorder Across the Lifespan: Essential Interplay With Diagnosis, Classification, and Assessment
Author(s): Hankin, BL (Hankin, Benjamin L.)
Source: CLINICAL PSYCHOLOGY-SCIENCE AND PRACTICE **Volume:** 16 **Issue:** 2 **Pages:** 227-230 **Published:** JUN 2009
Abstract: Bipolar disorder has garnered increasing attention as many argue that rates of bipolar disorder are skyrocketing and the definition of the classic bipolar disorder phenotype should be expanded, especially among children and adolescents. Understanding the psychosocial etiologies of bipolar disorder across the lifespan is critically important, and Alloy and colleagues' (2009) scholarly review makes an important contribution. Given the debate and controversy surrounding the description, diagnosis, and phenotype of bipolar disorder, having an accurate, reliable, and valid classification for definition, diagnosis, and assessment is critical for explicating potential etiology. Likewise, advanced understanding of etiology, especially when grounded in basic psychological science as Alloy and colleagues' review is, can importantly inform clinical phenomenology, course, assessment, and intervention. In summary, there is an essential interplay among description, classification, assessment, etiology, and intervention, such that a deeper understanding of all these areas is necessary for advancing an empirically based practice of assessment and intervention.
Accession Number: WOS:000266922400012
ISSN: 0969-5893

Record 19 of 50 = PRO
Title: Clinical Ethics for the Treatment of Children and Adolescents: A Guide for General Psychiatrists
Author(s): Belitz, J (Belitz, Jerald); Bailey, RA (Bailey, Robert A.)
Source: PSYCHIATRIC CLINICS OF NORTH AMERICA **Volume:** 32 **Issue:** 2 **Pages:** 243-+ **DOI:** 10.1016/j.psc.2009.02.001 **Published:** JUN 2009
Abstract: This article is written for the general psychiatrist whose practice does not customarily include children and adolescents but has occasion to work with youths who present with neurobiological disorders or serious emotional disorders that fall under the rubric of childhood psychiatric diagnoses. It discusses the unique ethical considerations that general psychiatrists may not routinely encounter. It reviews ethical concerns related to such themes as informed consent, confidentiality, documentation about other family members, familial and cultural practices, professional competence, mandatory treatment, evidence-based practices, boundary issues, and research practices. The intent is to provide psychiatrists with an enhanced awareness of those ethical considerations, a broad framework for comprehending and addressing those issues, and additional resources for further

development. The goal is to help the reader achieve competency, rather than expertise.
Accession Number: WOS:000267411000002
PubMed ID: 19486811
ISSN: 0193-953X

Record 20 of 50 = PRO
Title: Responses to Depressed Mood and Suicide Attempt in Young Adults With a History of Childhood-Onset Mood Disorder
Author(s): Liu, XC (Liu, Xianchen); Gentzler, AL (Gentzler, Amy L.); George, CJ (George, Charles J.); Kovacs, M (Kovacs, Maria)
Source: JOURNAL OF CLINICAL PSYCHIATRY **Volume:** 70 **Issue:** 5 **Pages:** 644-652 **Published:** MAY 2009
Abstract: Objective: Although individuals' responses to their depressed mood are hypothesized to play an important role in the development and maintenance of depression, how these responses might impact the likelihood of suicidal behavior in mood disorders remains largely unexplored. The goal of the current study was to examine whether maladaptive responses to depressed mood are associated with suicide attempts in adults with a history of childhood-onset mood disorder (COMD).
Method: Participants included 223 young adult probands with COMD meeting DSM-III or DSM-IV criteria for major depressive disorder or bipolar disorder and I 12 controls without a history of psychiatric disorders. All participants were recruited between 1996 and 2004. Probands were followed for 6 to 99 months (median = 32 months). The Responses Styles Questionnaire was used to assess 2 adaptive (distraction and problem solving) and 2 maladaptive (dangerous activity and rumination) ways of coping with depressed mood.
Results: Compared to controls, COMD probands scored significantly higher on maladaptive response styles and lower on adaptive styles. Compared to their COMD peers, probands with a history of suicide attempt were less likely to report using distracting activities to manage their depressed mood. However. COMD probands who engaged in dangerous activities in response to depressed mood were more likely to attempt suicide during the follow-up period (hazard ratio = 1.8, 95% CI = 1.2 to 2.8).
Conclusion: One of the pathways to suicide attempt in mood disorders may involve maladaptive responses to depressed mood. The assessment of how depressed individuals manage their dysphoric moods, therefore, should be considered an important aspect of treatment and prevention of suicidal behavior. J Clin Psychiatry 2009:70(5):644-652 (C) Copyright 2009 Physicians Postgraduate Press. Inc.
Accession Number: WOS:000266424000004
PubMed ID: 19552865
ISSN: 0160-6689

Record 21 of 50 = PRO
Title: The Child Behavior Checklist-Pediatric Bipolar Disorder Profile Predicts a Subsequent Diagnosis of Bipolar Disorder and Associated Impairments in ADHD Youth Growing Up: A Longitudinal Analysis
Author(s): Biederman, J (Biederman, Joseph); Petty, CR (Petty, Carter R.); Monuteaux, MC (Monuteaux, Michael C.); Evans, M (Evans, Margaret); Parcell, T (Parcell, Tiffany); Faraone, SV (Faraone, Stephen V.); Wozniak, J (Wozniak, Janet)
Source: JOURNAL OF CLINICAL PSYCHIATRY **Volume:** 70 **Issue:** 5 **Pages:** 732-740 **Published:** MAY 2009
Abstract: Objective: To examine the predictive utility of the Child Behavior Checklist-Pediatric Bipolar Disorder (CBCL-PBD) profile to help identify children at risk for bipolar disorder.
Method: Subjects were ascertained from 2 identically designed longitudinal case-control family studies of subjects (males and females aged 6-18 years) with DSM-III-R attention-deficit/hyperactivity disorder (ADHD). Based on data from the baseline assessment, ADHD subjects without a lifetime diagnosis of bipolar disorder were stratified by the presence (CBCL-PBD positive. N = 28) or absence (CBCL-PBD negative, N = 176) of a CBCL-PBD score >= 210 (total of attention, aggression, and anxious/depressed subscales). Subjects were comprehensively assessed at follow-up with structured psychiatric interviews. Data were collected from April 1988 to February 2003.
Results: Over a mean follow-up period of 7.4 years, a positive CBCL-PBD score predicted subsequent diagnoses of bipolar disorder, major depressive disorder, and conduct disorder, as well as impaired psychosocial functioning and higher risk for psychiatric hospitalization.
Conclusions: This work suggests that a positive CBCL-PBD score based on elevations on the attention problems, aggressive behavior, and anxious/depressed subscales predicts subsequent pediatric bipolar disorder and associated syndrome-congruent impairments. if confirmed in other studies, the CBCL-PBD score has the potential to help identify children at high risk to develop bipolar disorder. J Clin Psychiatry 2009:70(5):732-740 (C) Copyright 2009 Physicians Postgraduate Press, Inc.
Accession Number: WOS:000266424000014
PubMed ID: 19389330
ISSN: 0160-6689

Record 22 of 50 = SCEP
Title: The Concept of Bipolar Disorder in Children: A History of the Bipolar Controversy
Author(s): Carlson, GA (Carlson, Gabrielle A.); Glovinsky, I (Glovinsky, Ira)
Source: CHILD AND ADOLESCENT PSYCHIATRIC CLINICS OF NORTH AMERICA **Volume:** 18 **Issue:** 2 **Pages:** 257-+ **DOI:** 10.1016/j.chc.2008.11.003 **Published:** APR 2009
Abstract: Before the last 150 years, the use of the term mania to mean any kind of agitated state and the term childhood to include people up to their early 20s make historical identification of manic-depression in children difficult. Not long after Kraepelin's seminal work was published, similar syndromes were identified in youth, usually adolescents. Interestingly, however, the question of whether preadolescent mania should be broadly or narrowly defined-the so-called bipolar controversy-has been an issue for at least 50 years. Although the question of whether and how a disorder characterized by discrete episodes of mania and depression with periods of relative normality between episodes relates to one characterized by more fluctuating and intense mood lability/dysregulation remains unanswered, the work of researchers in the twenty-first century will be to understand not only symptoms of bipolar disorder but also how it develops and how emotion regulation relates to both the development of bipolar disorder and to other conditions that are characterized by dysregulated emotion.
Accession Number: WOS:000264713700003
PubMed ID: 19264263
ISSN: 1056-4993

Record 23 of 50 = PRO
Title: Phenomenology, Longitudinal Course, and Outcome of Children and Adolescents with Bipolar Spectrum Disorders
Author(s): Sala, R (Sala, Regina); Axelson, D (Axelson, David); Birmaher, B (Birmaher, Boris)
Source: CHILD AND ADOLESCENT PSYCHIATRIC CLINICS OF NORTH AMERICA **Volume:** 18 **Issue:** 2 **Pages:** 273-+ **DOI:** 10.1016/j.chc.2008.11.002 **Published:** APR 2009
Abstract: Pediatric bipolar disorder (BPD) significantly affects the normal emotional, cognitive, and social development. The course of children and adolescents with BPD is manifested by frequent changes in symptoms polarity showing a dimensional continuum of bipolar symptoms severity from sub-syndromal to mood syndromes meeting full DSM-IV criteria. Thus, early diagnosis and treatment of pediatric bipolar is of utmost importance.
Accession Number: WOS:000264713700004
PubMed ID: 19264264
ISSN: 1056-4993

Record 24 of 50 = PRO
Title: Comorbidity in Pediatric Bipolar Disorder
Author(s): Joshi, G (Joshi, Gagan); Wilens, T (Wilens, Timothy)
Source: CHILD AND ADOLESCENT PSYCHIATRIC CLINICS OF NORTH AMERICA **Volume:** 18 **Issue:** 2 **Pages:** 291-+ **DOI:** 10.1016/j.chc.2008.12.005 **Published:** APR 2009
Abstract: The growing literature shows the pervasiveness and importance of comorbidity in youth with bipolar disorder (BPD). For instance, up to 90% of youth with BPD have been described to manifest comorbidity with attention-deficit hyperactivity disorder. Multiple anxiety, substance use, and disruptive behavior disorders are the other most commonly reported comorbidities with BPD. Moreover, important recent data highlight the importance of obsessive-compulsive and pervasive developmental illness in the context of BPD. Data suggest that not only special developmental relationships are operant in the context of comorbidity but also that the presence of comorbid disorders with BPD results in a more severe clinical condition. Moreover, the presence of comorbidity has therapeutic implications for the treatment response for both BPD and the associated comorbid disorder. Future longitudinal studies to address the relationship and the impact of comorbid disorders on course and therapeutic response over time are required in youth with BPD.
Accession Number: WOS:000264713700005
PubMed ID: 19264265
ISSN: 1056-4993

Record 25 of 50 = PRO
Title: The Adverse Consequences of Sleep Disturbance in Pediatric Bipolar Disorder: Implications for Intervention
Author(s): Harvey, AG (Harvey, Allison G.)
Source: CHILD AND ADOLESCENT PSYCHIATRIC CLINICS OF NORTH AMERICA **Volume:** 18 **Issue:** 2 **Pages:** 321-+ **DOI:** 10.1016/j.chc.2008.11.006 **Published:** APR 2009
Abstract: Bipolar disorder (BPD) is a severe and chronic disorder, ranked among the top 10 leading causes of disability worldwide. Bipolar spectrum disorders with onset in childhood and adolescence have a particularly severe course, including more suicide attempts and greater comorbidity. The evidence accrued to date indicates that sleep disturbances are common among youth with BPD. Moreover, sleep problems may be an early marker for BPD, a distinguishing feature of BPD, and a contributor to relapse. The evidence reviewed highlights that sleep problems are associated with a range of serious adverse consequences, including difficulty in regulating affect in the daytime and difficulties with cognitive functions, such as memory, learning, attention, and concentration. Evidence reviewed also points to sleep disturbance as one possible contributor to weight gain, comorbid substance use, and impulsivity. The implications for intervention are explored, and a multicomponent sleep intervention for youth with BPD is outlined.
Accession Number: WOS:000264713700006
PubMed ID: 19264266
ISSN: 1056-4993

Record 26 of 50 = SMD
Title: Affect Regulation in Pediatric Bipolar Disorder
Author(s): Dickstein, DP (Dickstein, Daniel P.); Brazel, AC (Brazel, Alison C.); Goldberg, LD (Goldberg, Lisa D.); Hunt, JI (Hunt, Jeffrey I.)
Source: CHILD AND ADOLESCENT PSYCHIATRIC CLINICS OF NORTH AMERICA **Volume:** 18 **Issue:** 2 **Pages:** 405-+ **DOI:** 10.1016/j.chc.2008.12.003 **Published:** APR 2009
Abstract: Increasingly, clinicians and researchers alike are describing children presenting with emotional and behavioral problems as suffering from deficits of "affect regulation." The present article reviews the current understanding of affect regulation. The authors also discuss recent findings implicating affect dysregulation in children and adolescents with bipolar disorder.
Accession Number: WOS:000264713700010
PubMed ID: 19264270
ISSN: 1056-4993

Record 27 of 50 = PRO
Title: Family and Genetic Association Studies of Bipolar Disorder in Children
Author(s): Mick, E (Mick, Eric); Faraone, SV (Faraone, Stephen V.)
Source: CHILD AND ADOLESCENT PSYCHIATRIC CLINICS OF NORTH AMERICA **Volume:** 18 **Issue:** 2 **Pages:** 441-+ **DOI:** 10.1016/j.chc.2008.11.008 **Published:** APR 2009
Abstract: The risk of bipolar disorder (BPD) (15-42%) in first-degree relatives of children with BPD are consistently larger than the 8.7% estimate of recurrence risk of BPD in first-degree relatives of adult BPD cases. There have been no family linkage studies of pediatric BPD, but secondary analyses of adult linkage samples suggest that early-onset BPD both increases the strength of associations in linkage studies. Positive associations with pediatric BPD and the BDNF gene (VaII66), the GAD1 gene (4s2241165), and the dopamine transporter gene (rs41084) have been reported but none of these associations have been replicated in independent samples. The number of informative families examined so far is quite small and studies were vastly underpowered to detect small effects. An adequately powered sample will likely require collaborative ascertainment of cases and

families from multiple sites using valid and accepted measures of pediatric BPD.
Accession Number: WOS:000264713700012
PubMed ID: 19264272
ISSN: 1056-4993

Record 28 of 50 = PRO
Title: Pharmacologic Treatment of Pediatric Bipolar Disorder
Author(s): Nandagopal, JJ (Nandagopal, Jayasree J.); DelBello, MP (DelBello, Melissa P.); Kowatch, R (Kowatch, Robert)
Source: CHILD AND ADOLESCENT PSYCHIATRIC CLINICS OF NORTH AMERICA **Volume:** 18 **Issue:** 2 **Pages:** 455-+ **DOI:** 10.1016/j.chc.2008.11.004 **Published:** APR 2009
Abstract: Bipolar disorder (BPD) is being diagnosed with increasing frequency in the pediatric population as the phenomenology of this disorder is becoming more clearly delineated. Early diagnosis and treatment of pediatric BPD is important to minimize psychosocial disability and improve prognosis. Traditional mood stabilizers and atypical antipsychotic agents are frequently used to treat BPD in youth, and there are emerging data to support their use in this population. This article provides a review of the literature on appropriate pharmacologic treatment strategies for BPD in children and adolescents. The complex treatment issues of comorbid BPD and attention deficit/hyperactivity disorder also are addressed.
Accession Number: WOS:000264713700013
PubMed ID: 19264273
ISSN: 1056-4993

Record 29 of 50 = PRO
Title: Psychosocial Treatments for Childhood and Adolescent Bipolar Disorder
Author(s): West, AE (West, Amy E.); Pavuluri, MN (Pavuluri, Mani N.)
Source: CHILD AND ADOLESCENT PSYCHIATRIC CLINICS OF NORTH AMERICA **Volume:** 18 **Issue:** 2 **Pages:** 471-+ **DOI:** 10.1016/j.chc.2008.11.009 **Published:** APR 2009
Abstract: target specific areas of functioning and enhance overall treatment effectiveness for children and adolescents with BPD and their families.Adjunctive psychosocial interventions are increasingly recognized as an important aspect of comprehensive treatment for bipolar disorder (BPD) in childhood and adolescence. Research in this area is relatively new, but psychosocial interventions being developed and tested include: multi-family psychoeducation groups for school-aged children with either BPD or depressive disorders; family-focused treatment, dialectical behavior therapy, and interpersonal and social rhythm therapy for adolescents with BPD; and child and family-focused cognitive-behavioral therapy for school-aged children with BPD. Preliminary evidence, where available, indicates that these interventions are feasible, well-received by families, and associated with positive outcomes. The continued study of adjunctive psychosocial interventions will help identify critical treatment ingredients that
Accession Number: WOS:000264713700014
PubMed ID: 19264274
ISSN: 1056-4993

Record 30 of 50 = PRO
Title: Lifetime Psychiatric Disorders in School-aged Offspring of Parents With Bipolar Disorder The Pittsburgh Bipolar Offspring Study
Author(s): Birmaher, B (Birmaher, Boris); Axelson, D (Axelson, David); Monk, K (Monk, Kelly); Kalas, C (Kalas, Catherine); Goldstein, B (Goldstein, Benjamin); Hickey, MB (Hickey, Mary Beth); Obreja, M (Obreja, Mihaela); Ehmann, M (Ehmann, Mary); Iyengar, S (Iyengar, Satish); Shamseddeen, W (Shamseddeen, Wael); Kupfer, D (Kupfer, David); Brent, D (Brent, David)
Source: ARCHIVES OF GENERAL PSYCHIATRY **Volume:** 66 **Issue:** 3 **Pages:** 287-296 **Published:** MAR 2009
Abstract: Context: Whether offspring of parents with bipolar disorder (BP) are at specifically high risk to develop BP and other psychiatric disorders has not been adequately studied.
Objective: To evaluate lifetime prevalence and specificity of psychiatric disorders in offspring of parents with BP-I and BP-II.
Design: Offspring aged 6 to 18 years who have parents with BP and community control subjects were interviewed with standardized instruments. All research staff except the statistician were blind to parental diagnoses.
Setting: Parents with BP were recruited primarily through advertisement and outpatient clinics. Control parents were ascertained by random-digit dialing and were group matched for age, sex, and neighborhood to parents with BP.
Participants: Three hundred eighty-eight offspring of 233 parents with BP and 251 offspring of 143 demographically matched control parents.
Main Outcome Measures: Diagnostic and Statistical Manual of Mental Disorders (Fourth Edition) Axis I disorders.
Results: Adjusting for demographic factors, living with 1 vs both biological parents, both biological parents' non-BP psychopathology, and within-family correlations, offspring of parents with BP showed high risk for BP spectrum disorders (odds ratio [OR] = 13.4; 95% confidence interval [CI], 2.9-61.6) and any mood (OR = 5.2; 95% CI, 2.3-11.4), anxiety (OR = 2.3; 95% CI, 1.3-4.0), and Axis I (OR = 2.2; 95% CI, 1.5-3.3) disorders. Offspring of parents with BP with high socioeconomic status showed more disruptive behavior disorders and any Axis I disorders than offspring of control parents with high socioeconomic status. Families in which both parents had BP had more offspring with BP than families with only 1 parent with BP (OR = 3.6; 95% CI, 1.1-12.2). More than 75.0% of offspring who developed BP had their first mood episode before age 12 years, with most of these episodes meeting criteria for BP not otherwise specified and, to a lesser degree, major depression.
Conclusions: Offspring of parents with BP are at high risk for psychiatric disorders and specifically for early-onset BP spectrum disorders. These findings further support the familiality and validity of BP in youth and indicate a need for early identification and treatment.
Accession Number: WOS:000263765600007
PubMed ID: 19255378
ISSN: 0003-990X

Record 31 of 50 = SMD
Title: Practitioner Review: The assessment of bipolar disorder in children and adolescents
Author(s): Baroni, A (Baroni, Argelinda); Lunsford, JR (Lunsford, Jessica R.); Luckenbaugh, DA (Luckenbaugh, David A.); Towbin, KE (Towbin, Kenneth E.); Leibenluft, E (Leibenluft, Ellen)
Source: JOURNAL OF CHILD PSYCHOLOGY AND PSYCHIATRY **Volume:** 50 **Issue:** 3 **Pages:** 203-215 **DOI:**

10.1111/j.1469-7610.2008.01953.x **Published:** MAR 2009
Abstract: An increasing number of youth are being diagnosed with, and treated for, bipolar disorder (BD). Controversy exists about whether youth with non-episodic irritability and symptoms of attention deficit hyperactivity disorder (ADHD) should be considered to have a developmental presentation of mania.
A selective review of the literature related to this question, along with recommendations to guide clinical assessment.
Data indicate differences between youth with episodic mania and those with non-episodic irritability in longitudinal diagnostic associations, family history, and pathophysiology. In youth with episodic mania, elation and irritability are both common during manic episodes.
In diagnosing mania in youth, clinicians should focus on the presence of episodes that consist of a distinct change in mood accompanied by concurrent changes in cognition and behavior. BD should not be diagnosed in the absence of such episodes. In youth with ADHD, symptoms such as distractibility and agitation should be counted as manic symptoms only if they are markedly increased over the youth's baseline symptoms at the same time that there is a distinct change in mood and the occurrence of other associated symptoms of mania. Although different techniques for diagnosing comorbid illnesses have not been compared systematically, it appears most rational to diagnose co-occurring illnesses such as ADHD only if the symptoms of the co-occurring illness are present when the youth is euthymic.
Accession Number: WOS:000264073500003
PubMed ID: 19309325
ISSN: 0021-9630

Record 32 of 50 = PRO
Title: Neurocognitive Function in Pediatric Bipolar Disorder: 3-Year Follow-up Shows Cognitive Development Lagging Behind Healthy Youths
Author(s): Pavuluri, MN (Pavuluri, Mani N.); West, A (West, Amy); Hill, SK (Hill, S. Kristln); Jindal, K (Jindal, Kittu); Sweeney, JA (Sweeney, John A.)
Source: JOURNAL OF THE AMERICAN ACADEMY OF CHILD AND ADOLESCENT PSYCHIATRY **Volume:** 48 **Issue:** 3 **Pages:** 299-307 **DOI:** 10.1097/CHI.0b013e318196b907 **Published:** MAR 2009
Abstract: Objective: Longitudinal follow-up of neurocognitive functioning in people with pediatric bipolar disorder (PBD) was conducted to characterize the developmental trajectory of cognitive disabilities in this disorder. Method: Patients with PBD (n = 26) and controls (HC; n = 17; mean age 11.66 +/- 2.70 years) completed cognitive testing at baseline and then again at a 3-year follow-up. Groups were matched at baseline on age, sex, race, parental socioeconomic status, general intelligence, and single-word reading ability. The PBD group received treatment guided by a standardized medication algorithm during the 3-year period. A battery of neuropsychological tests was administered to assess attention, executive function, working memory, verbal memory, visual memory, and visuospatial perception at baseline and follow-up. Results: At baseline and follow-up, the patients showed deficits in all of the examined domains. At 3-year follow-up, developmental progress in executive functions and verbal memory was significantly less in the patients with PBD than in the HC. Improvement on attention, working memory, visual memory, and visuospatial perception tasks in the patients with PBD was comparable to that of the HC, but the patients with PBD remained impaired in all domains relative to the HC. Conclusions: The developmental delay in some neurocognitive functioning in PBD suggests that the illness disrupts cognitive development with potential lifelong implications for reduced functional ability. Treating bipolar symptoms does not seem to prevent the lag in cognitive development. This dysmaturation may be a direct effect of the illness on brain function, or it may represent indirect consequences of psychopathology or medications on cognitive development. J. Am. Acad. Child Adolesc. Psychiatry, 2009;48(3):299-307.
Accession Number: WOS:000263742100009
PubMed ID: 19182689
ISSN: 0890-8567

Record 33 of 50 = PRO (does note controversy)
Title: Diagnostic Issues in Childhood Bipolar Disorder
Author(s): Horst, R (Horst, Robert)
Source: PSYCHIATRIC CLINICS OF NORTH AMERICA **Volume:** 32 **Issue:** 1 **Pages:** 71-+ **DOI:** 10.1016/j.psc.2008.11.005 **Published:** MAR 2009
Abstract: The field of psychiatry has largely discounted the existence of bipolar disorder (BD) in children and viewed adolescent-onset BD as uncommon until recently. Evidence demonstrating that a significant number of adults with BD report symptom onset before age 19 has led to an explosion in the recognition of childhood BD over the past decade. Because children and adolescents, including preschoolers, are being diagnosed with BD in rapidly increasing numbers, the criteria for mania are being adjusted in children and adolescents to accommodate various presentations of emotional dysregulation into the paradigm of BD. Still, it has yet to be seen whether these presentations will develop in adulthood into what we have traditionally considered to be BD. This blurring of the diagnostic lines has led to significant controversy in the field of child and adolescent psychiatry. This article introduces current thinking about this controversial diagnosis through two case examples.
Accession Number: WOS:000264534100006
PubMed ID: 19248917
ISSN: 0193-953X

Record 34 of 50 = PRO
Title: Family-based association study of the BDNF, COMT and serotonin transporter genes and DSM-IV bipolar-I disorder in children
Author(s): Mick, E (Mick, Eric); Wozniak, J (Wozniak, Janet); Wilens, TE (Wilens, Timothy E.); Biederman, J (Biederman, Joseph); Faraone, SV (Faraone, Stephen V.)
Source: BMC PSYCHIATRY **Volume:** 9 **Article Number:** 2 **DOI:** 10.1186/1471-244X-9-2 **Published:** FEB 4 2009
Abstract: Background: Over the past decade pediatric bipolar disorder has gained recognition as a potentially more severe and heritable form of the disorder. In this report we test for association with genes coding brain-derived neurotrophic factor (BDNF), the serotonin transporter (SLC6A4), and catechol-O-methyltransferase (COMT).
Methods: Bipolar-I affected offspring triads (N = 173) were drawn from 522 individuals with 2 parents in 332 nuclear families recruited for genetic studies of pediatric psychopathology at the Clinical and Research Program in Pediatric

Psychopharmacology and Adult ADHD at Massachusetts General Hospital.
Results: We failed to identify an association with the val66 allele in BDNF (OR = 1.23, p = 0.36), the COMT-I allele (OR = 1.27, p = 0.1), or the HTTLPR short allele (OR = 0.87, p = 0.38).
Conclusion: Our study suggests that the markers examined thus far in COMT and SLC6A4 are not associated with pediatric bipolar disorder and that if the val66met marker in BDNF is associated with pediatric bipolar disorder the magnitude of the association is much smaller than first reported.
Accession Number: WOS:000263270800001
PubMed ID: 19193231
ISSN: 1471-244X

Record 35 of 50 = PRO
Title: Comparison of manic and depressive symptoms between children and adolescents with bipolar spectrum disorders
Author(s): Birmaher, B (Birmaher, Boris); Axelson, D (Axelson, David); Strober, M (Strober, Michael); Gill, MK (Gill, Mary Kay); Yang, M (Yang, Mei); Ryan, N (Ryan, Neal); Goldstein, B (Goldstein, Benjamin); Hunt, J (Hunt, Jeffrey); Esposito-Smythers, C (Esposito-Smythers, Christianne); Iyengar, S (Iyengar, Satish); Goldstein, T (Goldstein, Tina); Chiapetta, L (Chiapetta, Laurel); Keller, M (Keller, Martin); Leonard, H (Leonard, Henrietta)
Source: BIPOLAR DISORDERS **Volume:** 11 **Issue:** 1 **Pages:** 52-62 **DOI:** 10.1111/j.1399-5618.2008.00659.x **Published:** FEB 2009
Abstract: To compare the most severe lifetime (current or past) mood symptoms, duration of illness, and rates of lifetime comorbid disorders among youth with bipolar spectrum disorders [BP (bipolar-I, bipolar-II and bipolar-not otherwise specified)].
A total of 173 children (< 12 years) with BP, 101 adolescents with childhood-onset BP, and 90 adolescents with adolescent-onset BP were evaluated with standardized instruments.
Depression was the most common initial and frequent episode for both adolescent groups, followed by mania/hypomania. Adolescents with childhood-onset BP had the longest illness, followed by children and then adolescents with adolescent-onset BP. Adjusting for sex, socioeconomic status, and duration of illness, while manic, both adolescent groups showed more 'typical' and severe manic symptoms. Mood lability was more frequent in childhood-onset and adolescents with early-onset BP. While depressed, both adolescent groups showed more severe depressive symptoms, higher rates of melancholic and atypical symptoms, and suicide attempts than children. Depressed children had more severe irritability than depressed adolescents. Early BP onset was associated with attention-deficit hyperactivity disorder, whereas later BP onset was associated with panic, conduct, and substance use disorders. Above-noted results were similar when each BP subtype was analyzed separately.
Older age was associated with more severe and typical mood symptomatology. However, there were differences and similarities in type, intensity, and frequency of BP symptoms and comorbid disorders related to age of onset and duration of BP and level of psychosocial development. These factors and the normal difficulties youth have expressing and modulating their emotions may explain existing complexities in diagnosing and treating BP in youth, particular in young children, and suggest the need for developmentally sensitive treatments.
Accession Number: WOS:000262346300006
PubMed ID: 19133966
ISSN: 1398-5647

Record 36 of 50 = CONSENSUS (though tending to wards PRO)
Title: AACAP 2006 Research Forum-Advancing Research in Early-Onset Bipolar Disorder: Barriers and Suggestions
Author(s): Carlson, GA (Carlson, Gabrielle A.); Findling, RL (Findling, Robert L.); Post, RM (Post, Robert M.); Birmaher, B (Birmaher, Boris); Blumberg, HP (Blumberg, Hilary P.); Correll, C (Correll, Christoph); DelBello, MP (DelBello, Melissa P.); Fristad, M (Fristad, Mary); Frazier, J (Frazier, Jean); Hammen, C (Hammen, Constance); Hinshaw, SP (Hinshaw, Stephen P.); Kowatch, R (Kowatch, Robert); Leibenluft, E (Leibenluft, Ellen); Meyer, SE (Meyer, Stephanie E.); Pavuluri, MN (Pavuluri, Mani N.); Wagner, KD (Wagner, Karen Dineen); Tohen, M (Tohen, Mauricio)
Source: JOURNAL OF CHILD AND ADOLESCENT PSYCHOPHARMACOLOGY **Volume:** 19 **Issue:** 1 **Pages:** 3-12 **DOI:** 10.1089/cap.2008.100 **Published:** FEB 2009
Abstract: Objective: The 2006 Research Forum addressed the goal of formulating a research agenda for early-onset bipolar disorder (EOBP) and improving outcome by understanding the risk and protective factors that contribute to its severity and chronicity.
Method: Five work groups outlined barriers and research gaps in EOBP genetics, neuroimaging, prodromes, psychosocial factors, and pharmacotherapy.
Results: There was agreement that the lack of consensus on the definition and diagnosis of EOBP is the primary barrier to advancing research in BP in children and adolescents. Related issues included: the difficulties in managing co-morbidity both statistically and clinically; acquiring adequate sample sizes to study the genetics, biology, and treatment; understanding the EOBP's developmental aspects; and identifying environmental mediators and moderators of risk and protection. Similarly, both psychosocial and medication treatment strategies for children with BP are hamstrung by diagnostic issues. To advance the research in EOBP, both training and funding mechanisms need to be developed with these issues in mind.
Conclusions: EOBP constitutes a significant public health concern. Barriers are significant but identifiable and thus are not insurmountable. To advance the understanding of EOBP, the field must be committed to resolving diagnostic and assessment issues. Once achieved, with adequate personnel and funding resources, research into the field of EOBP will doubtless be advanced at a rapid pace.
Accession Number: WOS:000263913500002
PubMed ID: 19232018
ISSN: 1044-5463

Record 37 of 50 = PRO
Title: The Child Behavior Checklist (CBCL) and the CBCL-Bipolar Phenotype Are Not Useful in Diagnosing Pediatric Bipolar Disorder
Author(s): Diler, RS (Diler, Rasim Somer); Birmaher, B (Birmaher, Boris); Axelson, D (Axelson, David); Goldstein, B (Goldstein, Ben); Gill, M (Gill, MaryKay); Strober, M (Strober, Michael); Kolko, DJ (Kolko, David J.); Goldstein, TR (Goldstein, Tina R.); Hunt, J (Hunt, Jeffrey); Yang, M (Yang, Mei); Ryan, ND (Ryan, Neal D.); Iyengar, S (Iyengar, Satish); Dahl, RE (Dahl, Ronald E.); Dorn, LD (Dorn, Lorah D.); Keller, MB (Keller, Martin B.)

Source: JOURNAL OF CHILD AND ADOLESCENT PSYCHOPHARMACOLOGY **Volume:** 19 **Issue:** 1 **Pages:** 23-30 **DOI:** 10.1089/cap.2008.067 **Published:** FEB 2009
Abstract: Objectives: Previous studies have suggested that the sum of Attention, Aggression, and Anxious/Depressed subscales of Child Behavior Checklist (CBCL-PBD; pediatric bipolar disorder phenotype) may be specific to pediatric bipolar disorder (BP). The purpose of this study was to evaluate the usefulness of the CBCL and CBCL-PBD to identify BP in children <12 years old.
Methods: A sample of children with BP I, II, and not otherwise specified (NOS) (n = 157) ascertained through the Course and Outcome for Bipolar Disorder in Youth (COBY) study were compared with a group of children with major depressive/anxiety disorders (MDD= ANX; n = 101), disruptive behavior disorder (DBD) (n = 127), and healthy control (HC) (n = 128). The CBCL T-scores and area under the curve (AUC) scores were calculated and compared among the above-noted groups.
Results: Forty one percent of BP children did not have significantly elevated CBCL-PBD scores (>= 2 standard deviations [SD]). The sensitivity and specificity of CBCL-PBD >= 2 SD for diagnosis of BP was 57% and 70-77%, respectively, and the accuracy of CBCL-PBD for identifying a BP diagnosis was moderate (AUC 0.72-0.78).
Conclusion: The CBCL and the CBCL-PBD showed that BP children have more severe psychopathology than HC and children with other psychopathology, but they were not useful as a proxy for Diagnostic and Statistical Manual of Mental Disorders, 4(th) edition (DSM-IV) diagnosis of BP.
Accession Number: WOS:000263913500004
PubMed ID: 19232020
ISSN: 1044-5463

Record 38 of 50 = PRO
Title: Effectiveness of Lamotrigine in Maintaining Symptom Control in Pediatric Bipolar Disorder
Author(s): Pavuluri, MN (Pavuluri, Mani N.); Henry, DB (Henry, David B.); Moss, M (Moss, Melissa); Mohammed, T (Mohammed, Tahseen); Carbray, JA (Carbray, Julie A.); Sweeney, JA (Sweeney, John A.)
Source: JOURNAL OF CHILD AND ADOLESCENT PSYCHOPHARMACOLOGY **Volume:** 19 **Issue:** 1 **Pages:** 75-82 **DOI:** 10.1089/cap.2008.0107 **Published:** FEB 2009
Abstract: Objective: The aim of this study was to test the effectiveness and safety of lamotrigine in maintenance of manic and depressive symptom control in pediatric bipolar disorder (PBD).
Methods: A 14-week open trial was conducted with 46 subjects presenting with mania or hypomania. Lamotrigine was slowly titrated to a therapeutic dose over an 8-week period, during which acute symptoms were stabilized using second-generation antipsychotics (SGA), followed by a 6-week lamotrigine monotherapy phase.
Results: The response rate on manic symptoms (Young Mania Rating Score [YMRS] < 12) was 72%, on depressive symptoms was 82% (Children's Depression Rating Scale-Revised [CDRS-R] < 40), and the remission rate was 56% at the 14-week end point, on an average end-point lamotrigine dose of 1.8 mg/lb. There was further reduction in depressive symptoms during the lamotrigine maintenance phase. Benign rash was noted in 6.4% of patients. Out of half of the subjects who were in remission at 8 week, 3 subjects (23%) relapsed by week 14.
Conclusion: Lamotrigine monotherapy appears to be effective in maintaining symptom control of manic and depressive symptoms in PBD and shows minimal adverse effects, although a future double-blind controlled trial is needed to confirm this finding. Portal of entry for lamotrigine treatment can be during acute illness and can sustain symptom control after establishing mood stabilization.
Accession Number: WOS:000263913500009
PubMed ID: 19232025
ISSN: 1044-5463

Record 39 of 50 = PRO
Title: Assessment and Diagnostic Issues in Pediatric Bipolar Disorder
Author(s): Maniscalco, ER (Maniscalco, Erica Reeves); Hamrin, V (Hamrin, Vanya)
Source: ARCHIVES OF PSYCHIATRIC NURSING **Volume:** 22 **Issue:** 6 **Pages:** 344-355 **DOI:** 10.1016/j.apnu.2007.08.006 **Published:** DEC 2008
Abstract: The purpose of this article is to provide clinicians with detailed information on pediatric bipolar disorder (PBD) in children and adolescents to aid in the accurate assessment and diagnosis of the disorder. PBID is a complex condition that presents with a wide array of features, making it a difficult disorder to diagnose and treat. The debilitating nature of PBD makes it necessary for clinicians to address the disorder as early as possible to help ensure positive outcomes. The assessment and diagnostic process is an integral step toward determining appropriate treatment interventions. This article presents an overview of the assessment and diagnostic process, including diagnostic criteria, epidemiology, comorbidities, differential diagnoses, and risk factors. The distinctive childhood features of PBD and the diagnostic controversies are also addressed. (C) 2008 Elsevier Inc. All rights reserved.
Accession Number: WOS:000261643600005
PubMed ID: 19026923
ISSN: 0883-9417

Record 40 of 50 = PRO
Title: A Review of Co-Morbid Depression in Pediatric ADHD: Etiologies, Phenomenology, and Treatment
Author(s): Daviss, WB (Daviss, W. Burleson)
Source: JOURNAL OF CHILD AND ADOLESCENT PSYCHOPHARMACOLOGY **Volume:** 18 **Issue:** 6 **Pages:** 565-571 **DOI:** 10.1089/cap.2008.032 **Published:** DEC 2008
Abstract: This paper reviews the literature and highlights the need for further research regarding the phenomenology, etiology, assessment, and treatment of co-morbid depression in patients with attention-deficit/hyperactivity disorders (ADHD). Depression occurs in youths with ADHD at a significantly higher rate than in youths without ADHD. Youths with ADHD and depression together have a more severe course of psychopathology and a higher risk of long-term impairment and suicide than youths with either disorder alone. Assessment of such co-morbid depression is complicated by overlapping symptoms with ADHD and with other disorders that commonly occur with ADHD. Depressive disorders typically emerge several years after the onset of ADHD and may arise from environmental difficulties associated with chronic ADHD that interact with genetic risks as the child gets older. Despite a scarcity of well-designed treatment studies for youths with ADHD and co-morbid depression, there is increasing preliminary evidence for the role of stimulants, selective serotonergic reuptake inhibitors, bupropion, and atomoxetine to target

either or both disorders. There is also some indirect evidence for the benefit of combining pharmacological treatments with psychosocial interventions that specifically target relevant environmental factors and functional impairments.
Accession Number: WOS:000261992900004
PubMed ID: 19108661
ISSN: 1044-5463

Record 41 of 50 = SMD
Title: The Efficacy and Tolerability of Methylphenidate and Behavior Modification in Children with Attention-Deficit/Hyperactivity Disorder and Severe Mood Dysregulation
Author(s): Waxmonsky, J (Waxmonsky, James); Pelham, WE (Pelham, William E.); Gnagy, E (Gnagy, Elizabeth); Cummings, MR (Cummings, Michael R.); O'Connor, B (O'Connor, Briannon); Majumdar, A (Majumdar, Antara); Verley, J (Verley, Jessica); Hoffman, MT (Hoffman, Martin T.); Massetti, GA (Massetti, Greta A.); Burrows-MacLean, L (Burrows-MacLean, Lisa); Fabiano, GA (Fabiano, Gregory A.); Waschbusch, DA (Waschbusch, Daniel A.); Chacko, A (Chacko, Anil); Arnold, FW (Arnold, Frances W.); Walker, KS (Walker, Kathryn S.); Garefino, AC (Garefino, Allison C.); Robb, JA (Robb, Jessica A.)
Source: JOURNAL OF CHILD AND ADOLESCENT PSYCHOPHARMACOLOGY **Volume:** 18 **Issue:** 6 **Pages:** 573-588 **DOI:** 10.1089/cap.2008.065 **Published:** DEC 2008
Abstract: Objectives: This study examines the tolerability and efficacy of methylphenidate (MPH) and behavior modification therapy (BMOD) in children with attention-deficity/hyperactivity disorder (ADHD) and severe mood dysregulation (SMD). Methods: Children (ages 5-12) from a summer program for ADHD were screened for SMD and additional manic-like symptoms using structured assessments and direct clinical interview with the Young Mania Rating Scale (YMRS). The SMD group was comprised of 33 subjects with SMD and elevated YMRS scores (mean = 23.7). They underwent weekly mood assessments plus the daily ADHD measures that are part of the program. The comparison group (n = 68) was comprised of the rest of the program participants. Using a crossover design, all subjects in both groups were treated with three varying intensities of BMOD (no, low, high) each lasting 3 weeks, with MPH dose (placebo, 0.15 mg/kg t.i.d., 0.3mg/kg t.i.d., and 0.6mg/kg t.i.d.) varying daily within each behavioral treatment.
Results: Groups had comparable ADHD symptoms at baseline, with the SMD group manifesting more oppositional defiant disorder/conduct disorder (ODD/CD) symptoms ($p < 0.001$). Both groups showed robust improvement in externalizing symptoms ($p < 0.001$). There was no evidence of differential treatment efficacy or tolerability. Treatment produced a 34% reduction in YMRS ratings in SMD subjects (p - 0.001). However, they still exhibited elevated YMRS ratings, more ODD/CD symptoms ($p < 0.001$), and were more likely to remain significantly impaired at home than non-SMD subjects ($p < 0.05$). Conclusions: MPH and BMOD are tolerable and effective treatments for children with ADHD and SMD, but additional treatments may be needed to optimize their functioning.
Accession Number: WOS:000261992900005
PubMed ID: 19108662
Conference Title: 52nd Annual Meeting of the American-Academy-of-Child-and-Adolescent-Psychiatry
Conference Date: OCT, 2005
Conference Location: Toronto, CANADA
Conference Sponsors: Amer Acad Child & Adolescent Psychiat
ISSN: 1044-5463

Record 42 of 50 = PRO
Title: The Longitudinal Course of Comorbid Oppositional Defiant Disorder in Girls With Attention-Deficit/Hyperactivity Disorder: Findings from a Controlled 5-Year Prospective Longitudinal Follow-Up Study
Author(s): Biederman, J (Biederman, Joseph); Petty, CR (Petty, Carter R.); Monuteaux, MC (Monuteaux, Michael C.); Mick, E (Mick, Eric); Parcell, T (Parcell, Tiffany); Westerberg, D (Westerberg, Diana); Faraone, SV (Faraone, Stephen V.)
Source: JOURNAL OF DEVELOPMENTAL AND BEHAVIORAL PEDIATRICS **Volume:** 29 **Issue:** 6 **Pages:** 501-507 **DOI:** 10.1097/DBP.0b013e318190b290 **Published:** DEC 2008
Abstract: Objective: A better understanding of the long-term scope and impact of the comorbidity with oppositional defiant disorder (ODD) in girls with attention-deficit/hyperactivity disorder (ADHD) has important clinical and public health implications. However, most of the available information on the subject derives from predominantly male samples. This study evaluated the longitudinal course and impact of comorbid ODD in a large sample of girls with ADHD. Methods: Subjects were pediatrically and psychiatrically referred girls with and without ADHD assessed blindly at baseline (mean age = 11.6 years), and 5 years later (mean age = 16.6 years) by mid to late adolescence. The subjects' diagnostic status of ADHD with and without comorbid ODD at baseline was used to define three groups (controls [N = 107], ADHD [N = 77], ADHD + ODD [N = 37]). Outcomes were examined using logistic regression (for binary outcomes) and linear regression (for continuous outcomes). Results: Compared with girls who had ADHD only, those with ADHD + ODD at baseline had a significantly increased risk for ODD and major depression at follow-up. Both groups of girls with ADHD had an increased risk for conduct disorder and bipolar disorder at follow-up. Conclusions: These longitudinal findings in girls with ADHD support and extend previously reported findings in boys indicating that ODD heralds a compromised outcome for girls with ADHD in adolescence.
Accession Number: WOS:000261650600012
PubMed ID: 19077845
ISSN: 0196-206X

Record 43 of 50 = PRO
Title: CBCL pediatric bipolar disorder profile and ADHD: Comorbidity and quantitative trait loci analysis
Author(s): McGough, JJ (McGough, James J.); Loo, SK (Loo, Sandra K.); McCracken, JT (McCracken, James T.); Dang, J (Dang, Jeffrey); Clark, S (Clark, Shaunna); Nelson, SF (Nelson, Stanley F.); Smalley, SL (Smalley, Susan L.)
Source: JOURNAL OF THE AMERICAN ACADEMY OF CHILD AND ADOLESCENT PSYCHIATRY **Volume:** 47 **Issue:** 10 **Pages:** 1151-1157 **DOI:** 10.1097/CHI.0b013e3181825a68 **Published:** OCT 2008
Abstract: Objective: The pediatric bipolar disorder profilme of the Child Behavior Checklist (CBCL-PBD), a parent-completed measure that avoids clinician ideological bias, has proven useful in differentiating patients with attention-deficit/hyperactivity disorder (ADHD). We used CBCL-PBD profiles to distinguish patterns of comorbidity and to search for quantitative trait loci in a genomewide scan in a sample of multiple affected ADHD sibling pairs. Method: A total of 540 ADHD subjects ages 5 to 18 years were assessed with the Schedule for Affective Disorders and Schizophrenia for School-Age Children-Present and Lifetime version and CBCL. Parents were assessed with the Schedule for Affective Disorders and Schizophrenia-Lifetime version

supplemented by the Schedule for Affective Disorders and Schizophrenia for School-Age Children for disruptive behavioral disorders. Patterns of psychiatric comorbidity were contrasted based on the CBCL-PBD profile. A quantitative trait loci variance component analysis was used to identify potential genomic regions that may harbor susceptibility genes for the CBCL-PBD quantitative phenotype. Results: Bipolar spectrum disorders represented less than 2% of the overall sample. The CBCL-PBD classification was associated with increased generalized anxiety disorder (p = .001), oppositional defiant disorder (p = .008), conduct disorder (p = .003), and parental substance abuse (p = .005). A moderately significant linkage signal (multipoint maximum lod score = 2.5) was found on chromosome 2q. Conclusions: The CBCL-PBD profile distinguishes a subset of ADHD patients with significant comorbidity. Linkage analysis of the CBCL-PBD phenotype suggests certain genomic regions that merit further investigation for genes predisposing to severe psychopathology.
Accession Number: WOS:000259510100009
PubMed ID: 18724256
ISSN: 0890-8567

Record 44 of 50 = PRO
Title: Family-focused treatment for adolescents with bipolar disorder - Results of a 2-year randomized trial
Author(s): Miklowitz, DJ (Miklowitz, David J.); Axelson, DA (Axelson, David A.); Birmaher, B (Birmaher, Boris); George, EL (George, Elizabeth L.); Taylor, DO (Taylor, Dawn O.); Schneck, CD (Schneck, Christopher D.); Beresford, CA (Beresford, Carol A.); Dickinson, LM (Dickinson, L. Miriam); Craighead, WE (Craighead, W. Edward); Brent, DA (Brent, David A.)
Source: ARCHIVES OF GENERAL PSYCHIATRY **Volume:** 65 **Issue:** 9 **Pages:** 1053-1061 **DOI:** 10.1001/archpsyc.65.9.1053 **Published:** SEP 2008
Abstract: Context: Family interventions have been found to hasten episode recovery and delay recurrences among adults with bipolar disorder.
Objective: To examine the benefits of family-focused treatment for adolescents (FFT-A) and pharmacotherapy in the 2-year course of adolescent bipolar disorder.
Design: Two-site outpatient randomized controlled trial with 2-year follow-up.
Patients: A referred sample of 58 adolescents (mean [SD] age, 14.5 [1.6] years) with bipolar I (n = 38), II (n = 6), or not otherwise specified disorder (n = 14) with a mood episode in the prior 3 months.
Interventions: Patients were randomly assigned to FFT-A and protocol pharmacotherapy (n=30) or enhanced care (EC) and protocol pharmacotherapy (n = 28). The FFT-A consisted of 21 sessions in 9 months of psychoeducation, communication training, and problem-solving skills training. The EC consisted of 3 family sessions focused on relapse prevention.
Main Outcome Measures: Independent "blind" evaluators assessed patients every 3 to 6 months for 2 years. Outcomes included time to recovery from the index episode, time to recurrence, weeks in episode or remission, and mood symptom severity scores.
Results: Analyses were by intent to treat. Rates of 2-year study completion did not differ across the FFT-A (60.0%) and EC conditions (64.3%). Although there were no group differences in rates of recovery from the index episode, patients in FFT-A recovered from their baseline depressive symptoms faster than patients in EC (hazard ratio, 1.85; 95% confidence interval, 1.04-3.29; P=.04). The groups did not differ in time to recurrence of depression or mania, but patients in FFT-A spent fewer weeks in depressive episodes and had a more favorable trajectory of depression symptoms for 2 years.
Conclusions: Family-focused therapy is effective in combination with pharmacotherapy in stabilizing bipolar depressive symptoms among adolescents. To establish full recovery, FFT-A may need to be supplemented with systematic care interventions effective for mania symptoms.
Accession Number: WOS:000259089300009
PubMed ID: 18762591
Conference Title: Annual Meeting of the American-Association-of-Child-and-Adolescent-Psychiatry
Conference Date: OCT 24, 2007
Conference Location: Boston, MA
Conference Sponsors: Amer Assoc Child & Adolescent Psychiat
ISSN: 0003-990X

Record 45 of 50 = PRO
Title: Brain-derived neurotrophic factor gene expression in pediatric bipolar disorder: Effects of treatment and clinical response
Author(s): Pandey, GN (Pandey, Ghanshyam N.); Rizavi, HS (Rizavi, Hooriyah S.); Dwivedi, Y (Dwivedi, Yogesh); Pavuluri, MN (Pavuluri, Mani N.)
Source: JOURNAL OF THE AMERICAN ACADEMY OF CHILD AND ADOLESCENT PSYCHIATRY **Volume:** 47 **Issue:** 9 **Pages:** 1077-1085 **DOI:** 10.1097/CHI.0b013e31817eeed9 **Published:** SEP 2008
Abstract: Objective: Pediatric bipolar disorder (PBD) is a major public health concern; however, little is known about the cellular and genetic factors that are involved in the pathophysiology of this illness. The observed structural abnormality in the brains of patients with mood disorders has been related to abnormal brain-derived neurotrophic factor (BDNF) function, suggesting an important role for BDNF in these disorders. Method: We determined the gene expression of BDNF in lymphocytes obtained from 26 PBD subjects during a drug-free baseline period and during the eighth week of treatment (n = 19) and from 21 medication-free normal control subjects. We also determined the protein levels of BDNF in platelets of patients with PBD and normal control subjects. Subjects were diagnosed according to DSM-IV diagnostic criteria using the Washington University at St. Louis Schedule for Affective Disorders and Schizophrenia. Results: The mRNA levels of BDNF in lymphocytes of PBD subjects were significantly decreased compared with those of normal control subjects and were significantly higher in 19 subjects after 8 weeks of treatment than the pretreatment drug-free baseline levels and similar to those of normal controls. Similarly, protein levels of BDNF were decreased in platelets of patients with PBD. Conclusions: These studies suggest that BDNF levels may be a potential biomarker for PBD. BDNF levels may also serve as a potential treatment predictor and prognostic indicator in PBD.
Accession Number: WOS:000258742500013
PubMed ID: 18664999
ISSN: 0890-8567

Record 46 of 50 = TRAD
Title: Rapid switching of mood in families with familial bipolar disorder
Author(s): Nwulia, EA (Nwulia, Evaristus A.); Zandi, PP (Zandi, Peter P.); McInnis, MG (McInnis, Melvin G.); DePaulo, JR (DePaulo, J. Raymond, Jr.); MacKinnon, DF (MacKinnon, Dean F.)

Source: BIPOLAR DISORDERS **Volume:** 10 **Issue:** 5 **Pages:** 597-606 **DOI:** 10.1111/j.1399-5618.2008.00600.x **Published:** AUG 2008
Abstract: Objective: Rapid switching of moods in bipolar disorder has been associated with early age at onset, panic comorbidity, and suicidality. This study aims to confirm these associations and investigate other potential correlates of rapid switching of mood using families from a multisite bipolar linkage study.
Methods: The subjects were comprised of 1,143 probands and relatives with diagnosis of bipolar disorder. All subjects were interviewed directly with a standard diagnostic instrument, and all subjects who met criteria for bipolar disorder were asked if their moods had ever switched rapidly.
Results: Individuals with rapid mood switching had significantly earlier age at onset (18 versus 21 years, $p < 0.00001$), higher comorbid anxiety (47% versus 26%, $p < 0.00001$) and substance use disorders (52% versus 42%, $p = 0.0006$), higher rate of violent behavior (6% versus 3%, $p < 0.004$), suicidal behavior (46% versus 31%, $p < 0.00001$), and nonsuicidal self-harm (13% versus 6%, $p < 0.0002$). Multiple logistic regression analysis found significant net effects on rapid mood switching for early emergence of symptoms [odds ratio (OR) = 0.62; 95% confidence interval (CI): 0.45-0.85]; anxiety comorbidity (OR = 2.31; 95% CI: 1.34-3.98); and hypersensitivity to antidepressants (OR = 2.05; 95% CI: 1.49-2.83) as the strongest predictors.
Conclusions: This confirms earlier reports associating rapid switching with a more complex clinical course, in particular early emergence of bipolar symptomatology, antidepressant activation, and anxiety comorbidity. These results support a clinical differentiation of bipolar disorder into subtypes based on symptom stability.
Accession Number: WOS:000257717700005
PubMed ID: 18657244
ISSN: 1398-5647

Record 47 of 50 = PRO
Title: The role of family functioning in bipolar disorder in families
Author(s): Schudlich, TDDR (Schudlich, Tina D. Du Rocher); Youngstrom, EA (Youngstrom, Eric A.); Calabrese, JR (Calabrese, Joseph R.); Findling, RL (Findling, Robert L.)
Source: JOURNAL OF ABNORMAL CHILD PSYCHOLOGY **Volume:** 36 **Issue:** 6 **Pages:** 849-863 **DOI:** 10.1007/s10802-008-9217-9 **Published:** AUG 2008
Abstract: Investigated the association between family functioning and conflict and their links with mood disorder in parents and with children's risk for bipolar disorder. Participants were 272 families with a child between the ages of 5-17 years. Parents' history of psychiatric diagnoses and children's current diagnoses were obtained via semi-structured interviews. Parent report on the Family Assessment Device and the Conflict Behavior Questionnaire measured family functioning and conflict, respectively. Results revealed a small but significant indirect pathway from parental diagnosis of mood disorder to child bipolar disorder through impaired family functioning, via increased family conflict. Parental mood disorders were also significantly related to other negative outcomes in children, including unipolar depression and oppositional defiant disorder. Associations between parent diagnoses and family functioning changed depending on youth age, but not youth sex.
Accession Number: WOS:000257726600005
ISSN: 0091-0627

Record 48 of 50 = PRO
Title: Consensus statement: The evaluation and treatment of people with epilepsy and affective disorders
Author(s): Barry, JJ (Barry, John J.); Ettinger, AB (Ettinger, Alan B.); Friel, P (Friel, Peggy); Gilliam, FG (Gilliam, Frank G.); Harden, CL (Harden, Cynthia L.); Hermann, B (Hermann, Bruce); Kanner, AM (Kanner, Andres M.); Caplan, R (Caplan, Rochelle); Plioplys, S (Plioplys, Sigita); Salpekar, J (Salpekar, Jay); Dunn, D (Dunn, David); Austin, J (Austin, Joan); Jones, J (Jones, Jana)
Source: EPILEPSY & BEHAVIOR **Volume:** 13 **Pages:** S1-S29 **DOI:** 10.1016/j.yebeh.20008.04.005 **Supplement:** 1 **Published:** JUL 2008
Abstract: Affective disorders in people with epilepsy (PWE) have become increasingly recognized as a primary factor in the morbidity and mortality of epilepsy. To improve the recognition and treatment of affective disorders in PWE, an expert panel comprising members from the Epilepsy Foundation's Mood Disorders Initiative have composed a Consensus Statement. This document focuses on depressive disorders in particular and reviews the appearance and treatment of the disorder in children, adolescents, and adults. Idiosyncratic aspects of the appearance of depression in this population, along with physiological and cognitive issues and barriers to treatment, are reviewed. Finally, a suggested approach to the diagnosis of affective disorders in PWE is presented in detail. This includes the use of psychometric tools for diagnosis and a stepwise algorithmic approach to treatment. Recommendations are based on the general depression literature as well as epilepsy-specific studies. It is hoped that this document will improve the overall detection and subsequent treatment of affective illnesses in PWE.
Accession Number: WOS:000257192500001
PubMed ID: 18502183
ISSN: 1525-5050

Record 49 of 50 = PRO
Title: Prevention of bipolar disorder in at-risk children: Theoretical assumptions and empirical foundations
Author(s): Miklowitz, DJ (Miklowitz, David J.); Chang, KD (Chang, Kiki D.)
Source: DEVELOPMENT AND PSYCHOPATHOLOGY **Volume:** 20 **Issue:** 3 **Pages:** 881-897 **DOI:** 10.1017/S0954579408000424 **Published:** SUM 2008
Abstract: This article examines how bipolar symptoms emerge during development, and the potential role of psychosocial and pharmacological interventions in the prevention of the onset of the disorder. Early signs of bipolarity can be observed among children of bipolar parents and often take the form of subsyndromal presentations (e.g., mood lability, episodic elation or irritability, depression, inattention, and psychosocial impairment). However, many of these early presentations are diagnostically nonspecific. The few studies that have followed at-risk youth into adulthood find developmental discontinuities from childhood to adulthood. Biological markers (e.g., amygdalar volume) may ultimately increase our accuracy in identifying children who later develop bipolar I disorder, but few such markers have been identified. Stress, in the form of childhood adversity or highly conflictual families, is not a diagnostically specific causal agent but does place genetically and biologically vulnerable individuals at risk for a more pernicious course of illness. A preventative family-focused treatment for children with (a) at least one first-degree relative with bipolar disorder and (b) subsyndromal signs of bipolar disorder is described. This model attempts to

address the multiple interactions of psychosocial and biological risk factors in the onset and course of bipolar disorder.
Accession Number: WOS:000257736100008
PubMed ID: 18606036
ISSN: 0954-5794

Record 50 of 50 = PRO
Title: Theory of mind and social inference in children and adolescents with bipolar disorder
Author(s): Schenkel, LS (Schenkel, L. S.); Marlow-O'Connor, M (Marlow-O'Connor, M.); Moss, M (Moss, M.); Sweeney, JA (Sweeney, J. A.); Pavuluri, MN (Pavuluri, M. N.)
Source: PSYCHOLOGICAL MEDICINE **Volume:** 38 **Issue:** 6 **Pages:** 791-800 **DOI:** 10.1017/S0033291707002541 **Published:** JUN 2008
Abstract: Background. Deficits in theory of mind (ToM), or the ability to infer what another person is thinking or feeling, have been reported in manic and euthymic adults with bipolar disorder. To date, there have been no investigations of ToM in pediatric bipolar disorder (PBD). The aim of the current study was to investigate this ability in PBD patients and healthy controls.
Method. PBD patients (n=26) and intellectually and demographically similar healthy comparison subjects (n=20) were administered two ToM tasks. In the Affective Story Task, subjects were read positive-, negative- and neutral-valenced stories, and were assessed on their ability to recognize that a misleading series of events could lead one character to develop a false belief about another character. On the Hinting Task, subjects were required to infer the real intentions behind subtle hints.
Results. The PBD group performed significantly more poorly than controls on the Hinting Task and the positive and negative conditions of the Affective Story Task. In the PBD group only, younger age, earlier illness onset and manic symptoms were associated with poorer ToM performance.
Conclusions. Consistent with past findings in adult bipolar disorder (BD), PBD youth performed more poorly than controls on ToM tasks. Data suggest that ToM ability may be more impaired in affectively charged contexts. Additionally, an earlier onset of illness among PBD youth may interfere with the development of social-cognitive skills. ToM disturbances may be a useful treatment target in PBD, with the aim of facilitating more accurate assessment of social cues and better interpersonal functioning.
Accession Number: WOS:000256844800003
PubMed ID: 18208632
ISSN: 0033-2917

Record 1 of 50 = PRO
Title: Developing a 10-item mania scale from the parent general behavior inventory for children and adolescents
Author(s): Youngstrom, EA (Youngstrom, Eric A.); Frazier, TW (Frazier, Thomas W.); Demeter, C (Demeter, Christine); Calabrese, JR (Calabrese, Joseph R.); Findling, RL (Findling, Robert L.)
Source: JOURNAL OF CLINICAL PSYCHIATRY **Volume:** 69 **Issue:** 5 **Pages:** 831-839 **Published:** MAY 2008
Abstract: objective: Bipolar disorder is being diagnosed and treated in children and adolescents at a rapidly increasing rate, despite the lack of validated instruments to help screen for the condition or differentiate it from more common disorders. The goal of the present study was to develop and validate a brief (10 item) instrument to assess mania in a large sample of outpatients presenting with a variety of different DSM-IV diagnoses, including frequent comorbid conditions.
Method: Parents presenting to a Midwestern academic outpatient medical center for psychiatric evaluation of their child completed the Parent General Behavior Inventory (P-GBI), a 73-item mood inventory that comprises a 46-item depressive symptom scale and a 28-item hypomanic/ biphasic scale (1 item is used in both scales), as part of a screening assessment that included a semistructured psychiatric interview of both the parent and the child to determine the child's diagnoses. The study was conducted between the years 1999 and 2004.
Results: Six hundred thirty-seven youths received a diagnostic assessment with either the Epidemiologic or Present and Lifetime Version of the Schedule for Affective Disorders and Schizophrenia for School-Age Children. A 10-item form derived from the 73-item P-GBI had good reliability (alpha =.92), correlated (r = 0.95) with the 28-item scale, and showed significantly better discrimination of bipolar disorders (area under the receiving operating characteristic [AUROC] curve of 0.856 vs. 0.832 for the 28-item scale, p <.005), with good precision for estimation of individual scores for cases up to 2 standard deviations elevated on the latent trait. The 10-item scale also did well discriminating bipolar from unipolar (AUROC = 0.86) and bipolar from attention-deficit/hyperactivity disorder (AUROC = 0.82) cases.
Conclusions: Findings suggest that parents most notice elated mood, high energy, irritability, and rapid changes in mood and energy as the prominent features of juvenile bipolar disorder.
Accession Number: WOS:000256279600017
PubMed ID: 18452343
ISSN: 0160-6689

Record 2 of 50 = PRO
Title: Neuroanatornical characterization of child offspring of bipolar parents
Author(s): Singh, MK (Singh, Manpreet K.); Delbello, MP (Delbello, Melissa P.); Adler, CM (Adler, Caleb M.); Stanford, KE (Stanford, Kevin E.); Strakowski, SM (Strakowski, Stephen M.)
Source: JOURNAL OF THE AMERICAN ACADEMY OF CHILD AND ADOLESCENT PSYCHIATRY **Volume:** 47 **Issue:** 5 **Pages:** 526-531 **DOI:** 10.1097/CHI.0b013e318167655a **Published:** MAY 2008
Abstract: Objective: To examine structural differences in selected anterior limbic brain regions between at-risk children of parents with bipolar I disorder and children with healthy parents. We hypothesized that at-risk (AR) children would exhibit abnormalities in brain regions that are involved in mood regulation. Method: Children (8-12 years old) of parents with bipolar I disorder (AR children, n = 21) and of parents without any DSM-IV Axis I disorder (healthy controls, n = 24) were evaluated using diagnostic assessments and brain magnetic resonance imaging. Morphometric analyses were used to examine group differences in the prefrontal cortical, thalamic, striatal, and amygdalar volumes. Results: Nine (43%) of the AR children met DSM-IV-TR criteria for a nonbipolar mood disorder at the time of assessment. AR and healthy control children did not demonstrate statistically significant differences across regions of interest (Wilks lambda = .86, F-4,F-39 = 1.64, p = .18; effect size, f = 0.19). Post hoc analyses of covariance showed the largest relative effect size was contributed by the prefrontal cortex (f = 0.26). Conclusions: Eight- to 12-year-old children with a familial risk for mania do not exhibit any statistically significant volumetric differences in the prefrontal cortex, thalamus, striatum, or amygdala as compared with age-matched children of parents without any psychopathology. Longitudinal studies examining whether structural changes over time may be associated with vulnerability for developing subsequent bipolar disorder are needed to clarify the underlying pathophysiology of this

disorder.
Accession Number: WOS:000255261000008
PubMed ID: 18356766
ISSN: 0890-8567

Record 3 of 50 = PRO
Title: An fMRI study of the interface between affective and cognitive neural circuitry in pediatric bipolar disorder
Author(s): Pavuluri, MN (Pavuluri, Mani N.); O'Connor, MM (O'Connor, Megan Marlow); Harral, EM (Harral, Erin M.); Sweeney, JA (Sweeney, John A.)
Source: PSYCHIATRY RESEARCH-NEUROIMAGING **Volume:** 162 **Issue:** 3 **Pages:** 244-255 **DOI:** 10.1016/j.pscychresns.2007.10.003 **Published:** APR 15 2008
Abstract: The pathophysiology of pediatric bipolar disorder (PBD) impacts both affective and cognitive brain systems. Understanding disturbances in the neural circuits subserving these abilities is critical for characterizing developmental aberrations associated with the disorder and developing improved treatments. Our objective is to use functional neuroimaging with pediatric bipolar disorder patients employing a task that probes the functional integrity of attentional control and affect processing. Ten euthymic unmedicated pediatric bipolar patients and healthy controls matched for age, sex, race, socioeconomic status, and IQ were scanned using functional magnetic resonance imaging. In a pediatric color word matching paradigm, subjects were asked to match the color of a word with one of two colored circles below. Words had a positive, negative or neutral emotional valence, and were presented in 30-s blocks. In the negative affect condition, relative to the neutral condition, patients with bipolar disorder demonstrated greater activation of bilateral pregenual anterior cingulate cortex and left amygdala, and less activation in right rostral ventrolateral prefrontal cortex (PFC) and dorsolateral PFC at the junction of the middle frontal and inferior frontal gyri. In the positive affect condition, there was no reduced activation of PFC or increased amygdala activation. The pattern of reduced activation of ventrolateral PFC and greater amygdala activation in bipolar children in response to negative stimuli suggests both disinhibition of emotional reactivity in the limbic system and reduced function in PFC systems that regulate those responses. Higher cortical cognitive areas such as the dorsolateral PFC may also be adversely affected by exaggerated emotional responsivity, to negative emotions. This pattern of functional alteration in affective and cognitive circuitry may contribute to the reduced capacity for affect regulation and behavioral self-control in pediatric bipolar disorder. (C) 2007 Elsevier Ireland Ltd. All rights reserved.
Accession Number: WOS:000255122100008
PubMed ID: 18294820
ISSN: 0925-4927

Record 4 of 50 = SMD
Title: Frontiers between attention deficit hyperactivity disorder and bipolar disorder
Author(s): Galanter, CA (Galanter, Cathryn A.); Leibenluft, E (Leibenluft, Ellen)
Source: CHILD AND ADOLESCENT PSYCHIATRIC CLINICS OF NORTH AMERICA **Volume:** 17 **Issue:** 2 **Pages:** 325-+ **DOI:** 10.1016/j.chc.2007.11.001 **Published:** APR 2008
Abstract: The co-occurrence of attention deficit hyperactivity disorder (ADHD) and bipolar disorder has received much recent attention in the literature. The authors review the literature examining associations between ADHD and bipolar disorder in children, and data concerning severe irritability in youth with ADHD. This article focuses on (1) population-based studies examining ADHD and bipolar disorder or ADHD and co-occurring irritability, (2) the co-occurrence and prospective relationships of ADHD and bipolar disorder in clinical samples, (3) phenomenology and assessment of bipolar disorder and ADHD, (4) treatment of comorbid ADHD and bipolar disorder, (5) family and genetic studies of ADHD and bipolar disorder, and (6) pathophysiologic comparisons between children with ADHD and irritability and bipolar disorder. We draw on the research to make clinical recommendations and highlight important directions for future research.
Accession Number: WOS:000254451300006
PubMed ID: 18295149
ISSN: 1056-4993

Record 5 of 50 = PRO
Title: Accuracy of brief and full forms of the child mania rating scale
Author(s): Henry, DB (Henry, David B.); Pavuluri, MN (Pavuluri, Mani N.); Youngstrom, E (Youngstrom, Eric); Birmaher, B (Birmaher, Boris)
Source: JOURNAL OF CLINICAL PSYCHOLOGY **Volume:** 64 **Issue:** 4 **Pages:** 368-381 **DOI:** 10.1002/jclp.20464 **Published:** APR 2008
Abstract: This study assesses the sensitivity of full and brief forms of a parent-rated mania scale to variations in diagnoses. Parents of a sample of 150 subjects either diagnosed with bipolar disorder (BID) or attention deficit hyperactivity disorder (ADHD), or healthy controls (HC), completed the full Child Mania Rating Scale and other measures. We used single-parameter item-response theory models to produce a brief parent mania rating scale from the full version. The 10-item, brief Child Mania Rating Scale-Parent (CMRS-P) version correlated .93 with 11 items from the full CMRS-P that were not used in constructing the brief version, and showed accuracy comparable to the full scale in differentiating BID from ADHID, and in discriminating among bipolar subtypes. (C) 2008 Wiley Periodicals, Inc.
Accession Number: WOS:000254633900002
PubMed ID: 18302291
ISSN: 0021-9762

Record 6 of 50 = PRO
Title: Early childhood temperament in pediatric bipolar disorder and attention deficit hyperactivity disorder
Author(s): West, AE (West, Amy E.); Schenkel, LS (Schenkel, Lindsay S.); Pavuluri, MN (Pavuluri, Mani N.)
Source: JOURNAL OF CLINICAL PSYCHOLOGY **Volume:** 64 **Issue:** 4 **Pages:** 402-421 **DOI:** 10.1002/jclp.20471 **Published:** APR 2008
Abstract: Recent theories suggest that children with pediatric bipolar disorder (PBD) may exhibit more difficult temperaments premorbidly, including traits such as behavioral disinhibition and difficulty with emotion regulation. We investigated

temperament characteristics retrospectively during infancy and toddlerhood in subjects with PBD (n = 25), attention-deficit/hyperactivity disorder (ADHD; n = 25), and healthy controls In = 25). Children with PBD were reported to experience increased difficult temperament in both infancy and toddlerhood compared to children with ADHD. Several characteristics of difficult temperament were associated with residual symptoms of mania and depression. Difficult premorbid temperament characteristics may be a specific indicator of a bipolar diathesis, or might signal underlying dysfunction in affective processes that significantly increase risk for a mood disorder. (C) 2008 Wiley Periodicals, Inc.
Accession Number: WOS:000254633900004
PubMed ID: 18324662
ISSN: 0021-9762

Record 7 of 50 = PRO
Title: Parent-child interactions in pediatric bipolar disorder
Author(s): Schenkel, LS (Schenkel, Lindsay S.); West, AE (West, Amy E.); Harral, EM (Harral, Erin M.); Patel, NB (Patel, Nafisa B.); Pavuluri, MN (Pavuluri, Man N.)
Source: JOURNAL OF CLINICAL PSYCHOLOGY **Volume:** 64 **Issue:** 4 **Pages:** 422-437 **DOI:** 10.1002/jclp.20470 **Published:** APR 2008
Abstract: Parent-child relationships may have a significant effect on illness characteristics of children with pediatric bipolar disorder (PBD), and these relationships may, in turn, be affected by the child's illness. We characterized maternal reports of parent-child relationships using the five-factor Parent-Child Relationship Questionnaire (PCRQ) in 60 families (30 PBD youth and 30 matched controls). Data on child proband and parental psychopathology were also obtained. Compared to controls, parent-child relationships in the PBD group were characterized by significantly less warmth, affection, and intimacy, and more quarreling and forceful punishment. Among PBD participants, elevated symptoms of mania, comorbid ADHD, an earlier age of illness onset, living in a single parent home, and the presence of a parental mood disorder were associated with greater parent-child relationship difficulties. These findings have implications for the development of interventions that focus on the quality of parent-child relationships, in addition to symptom management, in the treatment of PBD. (C) 2008, Wiley Periodicals, Inc.
Accession Number: WOS:000254633900005
PubMed ID: 18357574
ISSN: 0021-9762

Record 8 of 50 = NA
Title: Toward a Hippocratic psychopharmacology
Author(s): Ghaemi, SN (Ghaemi, S. Nassir)
Source: CANADIAN JOURNAL OF PSYCHIATRY-REVUE CANADIENNE DE PSYCHIATRIE **Volume:** 53 **Issue:** 3 **Pages:** 189-196 **Published:** MAR 2008
Abstract: Objective: To provide a conceptual basis for psychopharmacology.
Method: This review compares contemporary psychopharmacology practice with the Hippocratic tradition of medicine by examining the original Hippocratic corpus and modem interpretations (by William Osler and Oliver Wendell Holmes).
Results: The Hippocratic philosophy is that only some, not all, diseases should be treated and, even then, treatments should enhance the natural healing process, not serve as artificial cures. Hippocratic ethics follow from this philosophy of disease and treatment. Two rules for Hippocratic medicine are derived from the teachings of Osler (treat diseases, not symptoms) and Holmes (medications are guilty until proven innocent). The concept of a diagnostic hierarchy is also stated explicitly: Not all diseases are created equal. This idea helps to avoid mistaking symptoms for diseases and to avoid excessive diagnosis of comorbidities. Current psychopharmacology is aggressive and non-Hippocratic: symptom-based, rather than disease oriented; underemphasizing drug risks; and prone to turning symptoms into diagnoses. These views are applied to bipolar disorder.
Conclusions: Contemporary psychopharmacology is non-Hippocratic. A proposal for moving in the direction of a Hippocratic psychopharmacology is provided.
Accession Number: WOS:000254470300009
PubMed ID: 18441665
ISSN: 0706-7437

Record 9 of 50 = PRO (extremely pro-PBD article directed at school teachers)
Title: Understanding and Developing Academic and Behavioral Interventions for Students With Bipolar Disorder
Author(s): Killu, K (Killu, Kim); Crundwell, RMA (Crundwell, R. Marc A.)
Source: INTERVENTION IN SCHOOL AND CLINIC **Volume:** 43 **Issue:** 4 **Pages:** 244-251 **DOI:** 10.1177/1053451207310343 **Published:** MAR 2008
Abstract: Despite significant advances in practices for effectively designing and delivering instruction for students with disabilities, educators continue to face challenges addressing the needs of students with emotional and behavioral disorders. Little information is available for educators on accommodations and modifications that would serve the needs of these students and address the unique challenges they present in the classroom. The educational, social, and behavioral needs of students with bipolar disorder are discussed along with suggestions for providing effective accommodations and modifications in the classroom.
Accession Number: WOS:000260767500009
ISSN: 1053-4512

Record 10 of 50 = PRO
Title: Pediatric bipolar disorder: validity, phenomenology, and recommendations for diagnosis
Author(s): Youngstrom, EA (Youngstrom, Eric A.); Birmaher, B (Birmaher, Boris); Findling, RL (Findling, Robert L.)
Source: BIPOLAR DISORDERS **Volume:** 10 **Issue:** 1 **Pages:** 194-214 **Part:** 2 **Published:** FEB 2008
Abstract: Objective: To find, review, and critically evaluate evidence pertaining to the phenomenology of pediatric bipolar disorder and its validity as a diagnosis.
Methods: The present qualitative review summarizes and synthesizes available evidence about the phenomenology of bipolar disorder (BD) in youths, including description of the diagnostic sensitivity and specificity of symptoms, clarification about rates of cycling and mixed states, and discussion about chronic versus episodic presentations of mood dysregulation. The validity of the diagnosis of BD in youths is also evaluated based on traditional criteria including associated demographic characteristics, family environmental features, genetic bases, longitudinal studies of youths at risk of developing BD as well as youths already

manifesting symptoms on the bipolar spectrum, treatment studies and pharmacologic dissection, neurobiological findings (including morphological and functional data), and other related laboratory findings. Additional sections review impairment and quality of life, personality and temperamental correlates, the clinical utility of a bipolar diagnosis in youths, and the dimensional versus categorical distinction as it applies to mood disorder in youths.
Results: A schema for diagnosis of BD in youths is developed, including a review of different operational definitions of 'bipolar not otherwise specified.' Principal areas of disagreement appear to include the relative role of elated versus irritable mood in assessment, and also the limits of the extent of the bipolar spectrum - when do definitions become so broad that they are no longer describing 'bipolar' cases?
Conclusions: In spite of these areas of disagreement, considerable evidence has amassed supporting the validity of the bipolar diagnosis in children and adolescents.
Accession Number: WOS:000252319400008
PubMed ID: 18199237
ISSN: 1398-5647

Record 11 of 50 = PRO
Title: Olanzapine for the treatment of bipolar disorder in children and adolescents
Author(s): Strawn, JR (Strawn, Jeffrey R.); DelBello, MP (DelBello, Melissa P.)
Source: EXPERT OPINION ON PHARMACOTHERAPY **Volume:** 9 **Issue:** 3 **Pages:** 467-474 **DOI:** 10.1517/14656566.9.3.467 **Published:** FEB 2008
Abstract: Background: The second-generation antipsychotic olanzapine has been shown to be efficacious as a treatment for adults with bipolar disorder and is approved by the United States Food and Drug Administration for the treatment of acute manic or mixed episodes as well as for maintenance treatment in bipolar adults. Objective: This review examines the use of olanzapine for the treatment of children and adolescents with bipolar disorder and presents a discussion of the mechanism of action, pharmaco-kinetic and pharmacodynamic properties of olanzapine in children and adolescents. In addition, efficacy and safety data are reviewed and the risks and benefits of using olanzapine in bipolar youth are summarized. Methods: Articles published in English were identified using a search of the National Library of Medicine from 1990 to 2007 with manual review of references of each article as well as review of the US Clinical Trials database. Articles describing the use of olanzapine in children or adolescents were included. Conclusions: Olanzapine appears to have a rapid onset of action for mixed and manic episodes, but is associated with metabolic side effects including hyperprolactinemia, diabetes and weight gain. Therefore, olanzapine may best be used in the acute treatment of children and adolescents experiencing a manic or mixed episode as its side-effect profile may limit its use as a maintenance agent in this population.
Accession Number: WOS:000253406000011
PubMed ID: 18220496
ISSN: 1465-6566

Record 12 of 50 = SMD
Title: Pediatric bipolar disorder
Author(s): Leibenluft, E (Leibenluft, Ellen); Rich, BA (Rich, Brendan A.)
Source: ANNUAL REVIEW OF CLINICAL PSYCHOLOGY **Book Series:** Annual Review of Clinical Psychology **Volume:** 4 **Pages:** 163-187 **DOI:** 10.1146/annurev.clinpsy.4.022007.141216 **Published:** 2008
Abstract: In the past decade, interest in and research on pediatric bipolar disorder (BD) has increased substantially. Prevalence rates of the disorder have doubled in outpatient settings, while twice as many research articles on pediatric BD were published in the past five years as in the prior decade. This review focuses on recent developments in the study of pediatric BID. We examine current research on the diagnostic boundaries of BD in youths, in particular the issues of episodicity and irritability, and provide assessment guidelines. We review data elucidating the pathophysiology of pediatric BD, with a focus on how these results may inform diagnosis. Finally, we discuss treatment approaches for pediatric BD, particularly psychotherapeutic interventions. Throughout the review, we pay particular attention to youths with severe chronic irritability, hyperarousal, and hyper-reactivity, who reflect the population in whom the diagnosis of BD is most debated.
Accession Number: WOS:000255649100008
PubMed ID: 17716034
ISSN: 1548-5943
ISBN: 978-0-8243-3904-3

Record 13 of 50 = SCEP
Title: Infant mental health, child maltreatment, and the law: A jurisprudent therapy analysis
Author(s): Clark, JJ (Clark, James J.); Sprang, G (Sprang, Ginny)
Source: INFANT MENTAL HEALTH JOURNAL **Volume:** 29 **Issue:** 1 **Pages:** 21-35 **DOI:** 10.1002/imhj.20163 **Published:** JAN-FEB 2008
Abstract: Scholarly and clinical discussions of the legal issues facing infant mental health professionals typically focus on the seemingly intractable differences in philosophies, goals, and approaches inherent in the law and the mental health professions. We argue that forensically informed approaches to practice with very young children can potentially enhance many mental health and child welfare outcomes. This article describes the relatively new conceptual frameworks known as "therapeutic jurisprudence" and "jurisprudent therapy." Using these conceptual frameworks, we analyze representative problems that are typical in infant mental health practice with maltreated children through case examples drawn from their evaluations of children and families in the child protection and legal systems. Demonstrations of how such dilemmas can be approached with enhanced analytic decision-making and practice approaches are presented. We argue that applying such jurisprudent therapy approaches opens up fresh perspectives for evidence-based practices that facilitate creative, rigorous, and intellectually stimulating clinical work.
Accession Number: WOS:000252827900003
ISSN: 0163-9641

Record 14 of 50 = PRO
Title: Multiple episodes in children and adolescents with bipolar disorder: Comorbidity, hospitalization, and treatment (data from a cohort of 8,129 patients of a national managed care database)
Author(s): Castilla-Puentes, R (Castilla-Puentes, Ruby)

Source: INTERNATIONAL JOURNAL OF PSYCHIATRY IN MEDICINE **Volume:** 38 **Issue:** 1 **Pages:** 61-70 **DOI:** 10.2190/PM.38.1.f **Published:** 2008
Abstract: Objective: The purpose of this study was to delineate the prevalence, demographic characteristics, comorbidity, hospitalization, and medication use of a large cohort of patients with and without multiple episodes per year. We hypothesized that children and adolescents with multiple episodes per year would have a higher comorbidity and require more hospitalizations and pharmacological treatment than their counterparts without multiple episodes. Methods: Analysis was conducted on a cohort of 8,129 children and adolescents patients (<= 18 y.o.) with bipolar disorders (BD), from the Integrated Healthcare Information Services (IHCIS) identified from June 30, 2000 to July 1, 2003. Demographics variables, type of hospitalization, and psychotropic medication used in the year of follow-up were compared between children and adolescents with multiple and those without multiple episodes per year. Results: Included were 58 patients with multiple episodes (defined as: ! 4 or more reports of inpatient treatment for any affective disorders per year) and 8,071 without multiple episodes. Children and adolescents with multiple episodes versus those without multiple episodes were differentiated as follows: more comorbid attention deficit disorder (ADD) (80.9% versus 29.4%) (chi(2) =70.61, df = 1, p<0.0001); higher rate of hospital admission for depression (12.1% vs. 1.8%, chi(2) = 27.86, df = 1, p < 0.0001); for other psychiatric conditions (48.3% vs. 11.2, chi(2) = 74.47, df = 1, p < 0.0001) and for medical conditions (22.4% vs. 3.9%, chi(2) = 46.26, df = 1, p < 0.000 1). Patients with multiple episodes per year were more likely than those without multiple episodes to be given mood stabilizers (91.4% vs. 60.3%, chi(2) =22.02, df = 1, p < 0.0001), antidepressants (79.3% vs. 59.2%, chi(2) = 8.82, df = 1, p =.0003), and antipsychotics (89.7% vs. 45.8%, chi(2) = 42.91, df= 1,p < 0.0001). The use of stimulants did not differ between the two groups (24.1% vs. 23.0%), chi(2) = 0.02, df = 1, p = 0.96). Conclusions: Our findings support previous studies demonstrating that children and adolescents with multiple episodes per year present a higher comorbidity and require more hospitalizations and pharmacological treatment than those without multiple episodes. The diagnosis and treatment of children and adolescents with BD will have to take into account the high cornorbidity of ADD mainly in children and adolescents with multiple episodes. Future prospective studies will help to better characterize the impact of multiple episodes in the course of pediatric BD and facilitate appropriate treatment strategies.
Accession Number: WOS:000257694000006
PubMed ID: 18624018
ISSN: 0091-2174

Record 15 of 50 = PRO
Title: Decreased protein kinase C (PKC) in platelets of pediatric bipolar patients: Effect of treatment with mood stabilizing drugs
Author(s): Pandey, GN (Pandey, Ghanshyam N.); Ren, XG (Ren, Xinguo); Dwivedi, Y (Dwivedi, Yogesh); Pavuluri, MN (Pavuluri, Mani N.)
Source: JOURNAL OF PSYCHIATRIC RESEARCH **Volume:** 42 **Issue:** 2 **Pages:** 106-116 **DOI:** 10.1016/j.jpsychires.2006.11.004 **Published:** JAN 2008
Abstract: Pediatric bipolar disorder (PBD) is a major public health concern, however, its neurobiology is poorly understood. We, therefore, studied the role of protein kinase C (PKC) in the pathophysiology of bipolar illness. We determined PKC activity and immunolabeling of various PKC isozymes (i.e., PKC alpha, PKC beta I, PKC beta II, and PKC delta) in the cytosol and membrane fractions of platelets obtained from PBD patients and normal control subjects. PKC activity and PKC isozymes were also determined after 8 weeks of pharmacotherapy of PBD patients (n = 16) with mood stabilizers.
PKC activity and the protein expression of PKC beta I and beta II, but not PKC alpha or PKC delta, were significantly decreased in both membrane as well as cytosol fractions of platelets obtained from medication-free PBD patients compared with normal control subjects. Eight weeks of pharmacotherapy resulted in significantly increased PKC activity but no significant changes in any of the PKC isozymes in PBD patients.
These results indicate that decreases of specific PKC isozymes and decreased PKC activity may be associated with the pathophysiology of PBD and that pharmacotherapy with mood stabilizing drugs results in an increase and normalization of PKC activity along with improvement in clinical symptoms. (c) 2006 Elsevier Ltd. All rights reserved.
Accession Number: WOS:000251558300003
PubMed ID: 17208254
Conference Title: Collaborative Pediatric Bipolar Disorder Conference
Conference Date: APR 01, 2006
Conference Location: Chicago, IL
ISSN: 0022-3956
eISSN: 1879-1379

Record 16 of 50 = PRO
Title: White matter abnormalities in children with and at risk for bipolar disorder
Author(s): Frazier, JA (Frazier, Jean A.); Breeze, JL (Breeze, Janis L.); Papadimitriou, G (Papadimitriou, George); Kennedy, DN (Kennedy, David N.); Hodge, SM (Hodge, Steven M.); Moore, CM (Moore, Constance M.); Howard, JD (Howard, James D.); Rohan, MP (Rohan, Michael P.); Caviness, VS (Caviness, Verne S.); Makris, N (Makris, Nikos)
Source: BIPOLAR DISORDERS **Volume:** 9 **Issue:** 8 **Pages:** 799-809 **Published:** DEC 2007
Abstract: Diffusion tensor magnetic resonance imaging (DT-MRI) assesses the integrity of white matter (WM) tracts in the brain. Children with bipolar disorder (BPD) may have WM abnormalities that precede illness onset. To more fully examine this possibility, we scanned children with DSM-IV BPD and compared them to healthy peers and children at risk for BPD (AR-BPD), defined as having a first-degree relative with the disorder.
Ten children with BPD, eight healthy controls (HC), and seven AR-BPD, similar in age, had MRI scans on a 1.5 Tesla GE scanner, including a standard DT-MRI sequence (T2-EPI) with 25 axial slices. Fractional anisotropy (FA) values were compared between groups to determine regions of significant difference (p < 0.05).
Compared to HC, children with BPD had decreased FA in right and left superior frontal tracts, including the superior longitudinal fasciculus I (SLF I) and the cingulate-paracingulate WM (CG-PAC(WM)). In addition, the BPD group had reduced FA in left orbital frontal WM and the right corpus callosum body. Compared to AR-BPD, children with BPD showed reduced FA in the right and left CG-PAC(WM). Both the BPD and AR-BPD groups showed reduced FA relative to HC in bilateral SLF I. The bilateral SLF I finding in both the BPD and AR-BPD groups may represent a trait-based marker or endophenotype of the disorder. The finding of decreased FA in the right and left CG-PAC(WM) in children with BPD compared to the other two groups may represent a disease-state related finding.
Accession Number: WOS:000251414300002
PubMed ID: 18076529

ISSN: 1398-5647

Record 17 of 50 = PRO
Title: Factors associated with mental health service utilization among bipolar youth
Author(s): Rizzo, CJ (Rizzo, Christie J.); Esposito-Smythers, C (Esposito-Smythers, Christianne); Swenson, L (Swenson, Lance); Birmaher, B (Birmaher, Boris); Ryan, N (Ryan, Neal); Strober, M (Strober, Michael); Chiappetta, L (Chiappetta, Laurel); Valeri, S (Valeri, Sylvia); Hunt, J (Hunt, Jeffrey); Axelson, D (Axelson, David); Leonard, H (Leonard, Henrietta); Keller, M (Keller, Martin)
Source: BIPOLAR DISORDERS **Volume:** 9 **Issue:** 8 **Pages:** 839-850 **Published:** DEC 2007
Abstract: This study aims to characterize patterns of mental health service utilization within a sample of bipolar youth. Demographic variables, youth bipolar characteristics, youth comorbid conditions, and parental psychopathology were examined as predictors of treatment utilization across different levels of care.
A total of 293 bipolar youth (aged 7-17 years) and their parents completed a diagnostic interview, family psychiatric history measures, and an assessment of mental health service utilization. Demographic and clinical variables were measured at baseline and mental health service use was measured at the six-month follow-up.
Approximately 80% of bipolar youth attended psychosocial treatment services over the span of 6 months. Of those who attended treatment, 67% attended only outpatient services, 22% received inpatient/partial hospitalization, and 12% received residential/therapeutic school-based services. Using multinomial logistic regression, older age, female gender, and bipolar characteristics, including greater symptom severity and rapid cycling, were found to predict higher levels of care. Youth suicidal and non-suicidal self-injurious behavior, comorbid conduct disorder, and parental substance use disorders also predicted use of more restrictive treatment settings.
Results underscore the importance of assessing for and addressing suicidality, comorbid conduct disorder, and parental substance use disorders early in the treatment of bipolar youth to potentially reduce the need for more restrictive levels of care.
Accession Number: WOS:000251414300006
PubMed ID: 18076533
ISSN: 1398-5647

Record 18 of 50 = PRO
Title: A prospective open-label treatment trial of ziprasidone monotherapy in children and adolescents with bipolar disorder
Author(s): Biederman, J (Biederman, Joseph); Mick, E (Mick, Eric); Spencer, T (Spencer, Thomas); Dougherty, M (Dougherty, Meghan); Aleardi, M (Aleardi, Megan); Wozniak, J (Wozniak, Janet)
Source: BIPOLAR DISORDERS **Volume:** 9 **Issue:** 8 **Pages:** 888-894 **Published:** DEC 2007
Abstract: To assess the effectiveness and tolerability of ziprasidone for treating pediatric mania.
This was an eight-week, open-label, prospective study of ziprasidone monotherapy (57.3 +/- 33.9 mg/day) in 21 bipolar youth [manic, mixed, or bipolar not otherwise specified (NOS); 6-17 years old]. Assessments included the Young Mania Rating Scale (YMRS), Clinical Global Impressions-Improvement scale (CGI-I), and Brief Psychiatric Rating Scale (BPRS). Adverse events were assessed through spontaneous self-reports, vital signs, weight monitoring, and laboratory analysis.
Fourteen of the 21 youth (67%) completed the study. Ziprasidone treatment was associated with clinically and statistically significant improvement in mean YMRS scores (-10.8 +/- 8.4, $p < 0.0001$) and 57% had a CGI-I <= 2 at endpoint. Ziprasidone was well tolerated with no statistically significant increase in body weight (0.6 +/- 0.4 kg, $p = 0.2$) or QTc interval (-3.7 +/- 4.7, $p = 0.5$).
Open-label ziprasidone treatment was associated with a significant short-term improvement of symptoms of pediatric bipolar disorder. Future placebo-controlled, double-blind studies are warranted.
Accession Number: WOS:000251414300012
PubMed ID: 18076539
ISSN: 1398-5647

Record 19 of 50 = PRO
Title: Evaluation and comparison of psychometric instruments for pediatric bipolar spectrum disorders in four age groups
Author(s): Frazier, TW (Frazier, Thomas W.); Demeter, CA (Demeter, Christine A.); Youngstrom, EA (Youngstrom, Eric A.); Calabrese, JR (Calabrese, Joseph R.); Stansbrey, RJ (Stansbrey, Robert J.); McNamara, NK (McNamara, Nora K.); Findling, RL (Findling, Robert L.)
Source: JOURNAL OF CHILD AND ADOLESCENT PSYCHOPHARMACOLOGY **Volume:** 17 **Issue:** 6 **Pages:** 853-866 **DOI:** 10.1089/cap.2007.0057 **Published:** DEC 2007
Abstract: The primary objective of this study was to evaluate the psychometric characteristics of the Young Mania Rating Scale (YMRS), the K-SADS Mania Rating Scale (KMRS), and the Children's Depression Rating Scale-Revised (CDRS-R) across four age groups (4-7, 8-10, 11-13, and 14-17 years). The interrater reliability of K-SADS diagnoses was also examined. Participants included 1,014 youths (62.1% male) presenting to an outpatient clinical research center. Diagnoses were based upon semistructured K-SADS interviews. Symptomatic assessments and ratings of psychosocial functioning were completed following the diagnostic interview. Mania measures showed unifactorial structure and good internal consistency reliability (alpha = 0.79-0.95) across all ages groups. The CDRS-R factor structure shifted from one to two factors in adolescents. For all ages and symptom measures, reliability was excellent in the range where differential diagnosis is most difficult. Efficiencies in discriminating bipolar spectrum disorders from other disorders were excellent (areas under the curve, AUCs = 0.92-0.99) for mania measures, with comparable discrimination across age groups. Interrater reliability of K-SADS diagnoses was excellent across age groups (smallest kappa = 0.95). Results indicate that mania measures are useful for assessing symptoms across a wide range of ages. The CDRS-R may be better conceptualized as a two-factor measure in older adolescents. The semistructured K-SADS interview can be used to generate reliable diagnoses across a broad age range.
Accession Number: WOS:000252745500011
PubMed ID: 18315456
ISSN: 1044-5463

Record 20 of 50 = PRO
Title: Complementary and alternative medicine therapies to promote healthy moods
Author(s): Kemper, KJ (Kemper, Kathi J.); Shannon, S (Shannon, Scott)
Source: PEDIATRIC CLINICS OF NORTH AMERICA **Volume:** 54 **Issue:** 6 **Pages:** 901-+ **DOI:**

10.1016/j.pcl.2007.09.002 **Published:** DEC 2007
Abstract: Pediatric mood disorders (unipolar depression and bipolar disorder) are serious, common, persistent, and recurrent medical conditions. Depression is the second leading cause of illness and disability among young people worldwide. A healthy lifestyle and healthy environment are the cornerstones for promoting positive moods. In addition, several complementary therapies, including nutritional supplements, herbs, mind-body therapies, massage, and acupuncture can be helpful. The focus of this article is the fundamental lifestyle approaches and complementary therapies that enhance mental health in young people. Various resources are available to clinicians to help patients and families promote mental health.
Accession Number: WOS:000252416300006
PubMed ID: 18061783
ISSN: 0031-3955

Record 21 of 50 = PRO
Title: The use of antipsychotics in children and adolescents
Author(s): Pfeifer, JC (Pfeifer, Jonathan C.); Kowatch, RA (Kowatch, Robert A.); DelBello, MP (DelBello, Melissa P.)
Source: EXPERT OPINION ON PHARMACOTHERAPY **Volume:** 8 **Issue:** 16 **Pages:** 2673-2687 **DOI:** 10.1517/14656566.8.16.2673 **Published:** NOV 2007
Abstract: The use of antipsychotics, particularly the atypical antipsychotics, has increased dramatically in child and adolescent populations over the last decade. This class of psychotropics has been used to treat a variety of psychiatric disorders in pediatric populations, including bipolar disorder (BPD). The present clinical guidelines for treating BPD in younger populations closely follow those for managing adult BPD, as reasoning for using the atypicals is many times initially based on the outcomes of adult studies and indications. As in adult populations, metabolic parameters such as body mass index, blood glucose levels and fasting lipid profiles should be routinely monitored throughout the course of treatment. Of the several studies undertaken thus far, it appears that atypical antipsychotics are efficacious in the treatment of pediatric BPD. However, the number of controlled studies demonstrating their efficacy in younger subjects is limited and further investigation is required to evaluate if effectiveness and potential for side effects differ significantly than that for adult populations.
Accession Number: WOS:000251052600001
PubMed ID: 17956191
ISSN: 1465-6566

Record 22 of 50 = PRO
Title: Sex differences in pediatric bipolar disorder
Author(s): Duax, JM (Duax, Jeanne M.); Youngstrom, EA (Youngstrom, Eric A.); Calabrese, JR (Calabrese, Joseph R.); Findling, RL (Findling, Robert L.)
Source: JOURNAL OF CLINICAL PSYCHIATRY **Volume:** 68 **Issue:** 10 **Pages:** 1565-1573 **Published:** OCT 2007
Abstract: Objective: To explore sex differences in pediatric bipolar disorder in terms of subtype and severity of depressive and manic symptornatology.
Method. Participants were 760 youth (aged 5-17 years) and their legal guardians. Participants were part of a larger outpatient assessment protocol enriched for bipolar disorder. Youth were assessed for DSM-IV diagnoses using the Schedule for Affective Disorders and Schizophrenia for School-Age Children-Epidemiologic Version. Their presenting mood state was determined using the Young Mania Rating Scale and the Children's Depression Rating Scale-Revised. The study was conducted from January 1996 to February 2003.
Results: 387 youth (5 1 %) met DSM-IV criteria for diagnoses of bipolar spectrum disorders. Results showed no sex differences in rates of bipolar spectrum disorders or any of the bipolar subtypes. Sex differences were found with regard to presenting mood states: boys presented with higher rates of manic mood, and girls presented with higher rates of depressed mood. Older children were also more likely than younger children to exhibit higher levels of depressed mood. There were no age differences in levels of manic mood.
Conclusion: This study highlights how bipolar disorder can manifest itself differently among girls and boys despite equivalent rates of diagnosis. It is important for clinicians to consider the full range of mood states in order to accurately diagnose and treat children. Future research is needed to assess the roles that genetics, puberty, cognitive styles, and environmental factors play in the expression of mania and depression in girls and boys over the course of their development.
Accession Number: WOS:000250620700016
PubMed ID: 17960974
ISSN: 0160-6689

Record 23 of 50 = PRO
Title: An open-label trial of aripiprazole monotherapy in children and adolescents with bipolar disorder
Author(s): Biederman, J (Biederman, Joseph); Mick, E (Mick, Eric); Spencer, T (Spencer, Thomas); Doyle, R (Doyle, Robert); Joshi, G (Joshi, Gagan); Hammerness, P (Hammerness, Paul); Kotarski, M (Kotarski, Megan); Aleardi, M (Aleardi, Megan); Wozniak, J (Wozniak, Janet)
Source: CNS SPECTRUMS **Volume:** 12 **Issue:** 9 **Pages:** 683-689 **Published:** SEP 2007
Abstract: Introduction: Aripiprazole is a novel second-generation antipsychotic approved for the treatment of bipolar disorder in adults but there is no systematic data available in pediatric bipolar disorder.
Methods:This was an 8-week, open-label, prospective study of aripiprazole 9.4 +/- 4.2 mg/day monotherapy to assess the efficacy and tolerability of this compound in,treating pediatric bipolar disorder. Assessments included the Young Mania Rating Scale, Clinical Global Impressions-Improvement scale, and Brief Psychiatric Rating Scale. Adverse events we're assessed through spontaneous self-reports, vital signs weight monitoring, and laboratory analysis.
Results: Fifteen of the 19 bipolar youth (79%) completed the study. Aripiprazole treatment was associated with clinically and statistically significant improvement in mean Young Mania Rating Scale scores (-18.0 +/- 6.9, P<.0001). With the important exception of two cases of extrapyramidal symptoms that precipitated dropout, aripiprazole was well tolerated with no statistically significant increase in body weight (1.8 +/- 1.7 kg, P=.2).
Conclusion: Open-label aripiprazole treatment was beneficial in the treatment of mania in youth with bipolar disorder. Future placebo-controlled, double blind studies are warranted.
Accession Number: WOS:000249641700009
PubMed ID: 17805214
ISSN: 1092-8529

Record 24 of 50 = SMD
Title: Dynamic mapping of cortical development before and after the onset of pediatric bipolar illness
Author(s): Gogtay, N (Gogtay, Nitin); Ordonez, A (Ordonez, Anna); Herman, DH (Herman, David H.); Hayashi, KM (Hayashi, Kiralee M.); Greenstein, D (Greenstein, Deanna); Vaituzis, C (Vaituzis, Cathy); Lenane, M (Lenane, Marge); Clasen, L (Clasen, Liv); Sharp, W (Sharp, Wendy); Giedd, JN (Giedd, Jay N.); Jung, D (Jung, David); Nugent, TF (Nugent, Tom F., III); Toga, AW (Toga, Arthur W.); Leibenluft, E (Leibenluft, Ellen); Thompson, PM (Thompson, Paul M.); Rapoport, JL (Rapoport, Judith L.)
Source: JOURNAL OF CHILD PSYCHOLOGY AND PSYCHIATRY **Volume:** 48 **Issue:** 9 **Pages:** 852-862 **DOI:** 10.1111/j.1469-7610.2007.01747.x **Published:** SEP 2007
Abstract: Background: There are, to date, no pre-post onset longitudinal imaging studies of bipolar disorder at any age. We report the first prospective study of cortical brain development in pediatric bipolar illness for 9 male children, visualized before and after illness onset.
Method: We contrast this pattern with that observed in a matched group of healthy children as well as in a matched group of 8 children with 'atypical psychosis' who had similar initial presentation marked by mood dysregulation and transient psychosis (labeled as 'multi-dimensionally impaired' (MDI)) as in the bipolar group, but have not, to date, developed bipolar illness.
Results: Dynamic maps, reconstructed by applying novel cortical pattern matching algorithms, for the children who became bipolar I showed subtle, regionally specific, bilaterally asymmetrical cortical changes. Cortical GM increased over the left temporal cortex and decreased bilaterally in the anterior (and sub genual) cingulate cortex. This was seen most strikingly after the illness onset, and showed a pattern distinct from that seen in childhood onset schizophrenia. The bipolar neurodevelopmental trajectory was generally shared by the children who remained with MDI diagnosis without converting to bipolar I, suggesting that this pattern of cortical development may reflect affective dysregulation (lability) in general.
Conclusions: These dynamic trajectories of cortical development may explain age-related disparate findings from cross-sectional studies of bipolar illness, and suggest the importance of mood disordered non-bipolar control group in future studies.
Accession Number: WOS:000249130800002
PubMed ID: 17714370
ISSN: 0021-9630

Record 25 of 50 = PRO
Title: Medical management of pediatric mood disorders
Author(s): Singh, MK (Singh, Manpreet K.); Pfeifer, JC (Pfeifer, Jonathon C.); Barzman, DH (Barzman, Drew H.); Kowatch, RA (Kowatch, Robert A.); DelBello, MP (DelBello, Melissa P.)
Source: PEDIATRIC ANNALS **Volume:** 36 **Issue:** 9 **Pages:** 552-563 **Published:** SEP 2007
Accession Number: WOS:000249411000006
PubMed ID: 17910203
ISSN: 0090-4481

Record 26 of 50 = PRO
Title: Aggression, hostility, and irritability in children at risk for bipolar disorder
Author(s): Farchione, TR (Farchione, Tiffany R.); Birmaher, B (Birmaher, Boris); Axelson, D (Axelson, David); Kalas, C (Kalas, Cathy); Monk, K (Monk, Kelly); Ehmann, M (Ehmann, Mary); Iyengar, S (Iyengar, Satish); Kupfer, D (Kupfer, David); Brent, D (Brent, David)
Source: BIPOLAR DISORDERS **Volume:** 9 **Issue:** 5 **Pages:** 496-503 **DOI:** 10.1111/j.1399-5618.2007.00390.x **Published:** AUG 2007
Abstract: Objectives: To assess aggression, irritability and hostility in children at risk for bipolar disorder (BP).
Methods: Using the parent and the child versions of the Children's Hostility Inventory (CHI), we assessed aggression, hostility, and irritability in 300 offspring aged 6-18 years old of BP parents and 169 children of community controls.
Results: Children of BP parents have significantly higher scores on the total CHI and its subscales than do children of control parents. After adjusting for demographic variables, both parents' non-BP psychopathology, child psychopathology, and within-family correlations, three factors remain significant: total CHI by parent rating, irritability subscale by parent rating, and irritability by child self-report. The hostility subscale by parent rating became a trend.
Conclusions: Children of BP parents score higher on ratings of hostility and irritability than children of community control parents, independent of child psychopathology and non-BP parental psychopathology. Follow-up of these children to evaluate whether these symptoms are markers for the development of BP or mood disorders is warranted.
Accession Number: WOS:000248590500008
PubMed ID: 17680920
ISSN: 1398-5647

Record 27 of 50 = PRO
Title: Pharmacotherapeutic strategies for pediatric bipolar disorder
Author(s): Madaan, V (Madaan, Vishal); Chang, KD (Chang, Kiki D.)
Source: EXPERT OPINION ON PHARMACOTHERAPY **Volume:** 8 **Issue:** 12 **Pages:** 1801-1819 **DOI:** 10.1517/14656566.8.12.1801 **Published:** AUG 2007
Abstract: There has been a recent increase in recognition and diagnosis of pediatric bipolar disorder (PBD), along with an increase in prescriptions for psychotropic medications for treating children suffering from this chronic, potentially disabling disorder. Lithium remains the only FDA-approved mood stabilizer for use in children > 12 years of age and along with valproic acid and carbamazepine, forms the triad of traditional mood stabilizers used for initiation of treatment for PBD. There has been a recent surge in the use of atypical antipsychotics in PBD, which may be due to their relative ease of administration and lack of requirement for serum level monitoring. A combination of traditional mood stabilizers along with atypical antipsychotics is commonly used in clinical practice, despite a lack of compelling empirical data. Although there is an urgent need for controlled studies on the available treatment options and strategies in PBD, recent expert consensus guidelines and emerging controlled pharmacotherapy data on PBD will lay the platform for future scientific research in the area.
Accession Number: WOS:000248937600002
PubMed ID: 17696785
ISSN: 1465-6566

Record 28 of 50 = PRO
Title: Facial emotion processing in acutely ill and euthymic patients with pediatric bipolar disorder
Author(s): Schenkel, LS (Schenkel, Lindsay S.); Pavuluri, MN (Pavuluri, Mani N.); Herbener, ES (Herbener, Ellen S.); Harral, EM (Harral, Erin M.); Sweeney, JA (Sweeney, John A.)
Source: JOURNAL OF THE AMERICAN ACADEMY OF CHILD AND ADOLESCENT PSYCHIATRY **Volume:** 46 **Issue:** 8 **Pages:** 1070-1079 **DOI:** 10.1097/chi.0b013e3180600fd6 **Published:** AUG 2007
Abstract: Objective: Past investigations indicate facial emotion-processing abnormalities in pediatric bipolar disorder (PBD) subjects. However, the extent to which these deficits represent state- and trait-related factors is unclear. We investigated facial affect processing in acutely ill and clinically stabilized children with PBD and matched healthy subjects. Method: Subjects (N = 86) consisted of unmedicated/acutely ill (n = 29) and medicated/clinically stabilized (n = 29) PBD youths and matched healthy subjects (n = 28) who completed tasks of facial affect identification and differentiation. Results: Subjects with PBD, regardless of clinical and treatment status, showed marked impairments in the ability to correctly identify emotionally intense happy and sad facial expressions, with both groups tending to misjudge extreme facial expressions as being moderate to mild in intensity. However, when differentiating subtle variations of happy or sad expressions, only unmedicated/acutely ill PBD patients performed more poorly than healthy subjects. Younger age at onset was associated with more impaired emotion processing only in the PBD sample. PBD subjects with comorbid attention-deficit/hyperactivity disorder (ADHD) performed more poorly than subjects without ADHD when processing sad facial expressions, but not happy ones. Conclusions: This study found evidence of both state-of-illness and trait-related deficits in emotion processing in PBD. Treatments are needed to better reduce this impairment and to reduce its developmental impact on interpersonal functioning.
Accession Number: WOS:000248339600017
PubMed ID: 17667485
ISSN: 0890-8567

Record 29 of 50 = PRO
Title: Adult bipolar disorder is continuous with pediatric bipolar disorder
Author(s): Chang, K (Chang, Kiki)
Source: CANADIAN JOURNAL OF PSYCHIATRY-REVUE CANADIENNE DE PSYCHIATRIE **Volume:** 52 **Issue:** 7 **Pages:** 418-425 **Published:** JUL 2007
Abstract: Considerable debate exists regarding the continuity of bipolar disorder (1313) in children and adolescents. Do affected children continue to have BD as adults? Are pediatric forms of BD distinct from adult forms of the disorder? Here, I argue that, in fact, strictly defined BD I and II in children and adolescents is continuous with adult BD. First, if we take developmental differences into account, children and adults share similar symptoms, since they are both diagnosed according to DSM-IV criteria. Next, retrospective studies indicate that 50% to 66% of adults with BD had onset of their disorder before age 19 years. Early prospective data indicate that adolescents with BD progress to become young adults with BD. Further, family studies of pediatric BD probands find high rates of BD in adult relatives, and pediatric offspring of parents with BD have elevated rates of BD, compared with control subjects. Finally, biological characteristics of pediatric BD (such as treatment response, neurobiology, and genetics) are either shared with adults having BD or fit logically into developmental models of BD. Thus, while not conclusive, a preponderance of data support the hypothesis that pediatric BD is continuous with adult BD. Prospective studies incorporating phenomenological and biological assessment are needed to decisively address this issue.
Accession Number: WOS:000248207500003
PubMed ID: 17688005
ISSN: 0706-7437

Record 30 of 50 = PRO
Title: Dialectical behavior therapy for adolescents with bipolar disorder: A 1-year open trial
Author(s): Goldstein, TR (Goldstein, Tina R.); Axelson, DA (Axelson, David A.); Birmaher, B (Birmaher, Boris); Brent, DA (Brent, David A.)
Source: JOURNAL OF THE AMERICAN ACADEMY OF CHILD AND ADOLESCENT PSYCHIATRY **Volume:** 46 **Issue:** 7 **Pages:** 820-830 **DOI:** 10.1097/chi.0b013e31805c1613 **Published:** JUL 2007
Abstract: Objective: To describe an adapted version of dialectical behavior therapy for adolescents with bipolar disorder. Method: The dialectical behavior therapy intervention is delivered over 1 year and consists of two modalities: family skills training (conducted with individual family units) and individual therapy. The acute treatment period (6 months) includes 24 weekly sessions; sessions alternate between the two treatment modalities. Continuation treatment consists of 12 additional sessions tapering in frequency through 1 year. We conducted an open pilot trial of the treatment, designed as an adjunct to pharmacological management, to establish feasibility and acceptability of the treatment for this population. Participants included 10 patients (mean age 15.8 +/- 1.5 years, range 14-18) receiving treatment in an outpatient pediatric bipolar specialty clinic. Symptom severity and functioning were assessed quarterly by an independent evaluator. Consumer satisfaction was also assessed posttreatment. Results: Feasibility and acceptability of the intervention were high, with 9 of 10 patients completing treatment, 90% of scheduled sessions attended, and high treatment satisfaction ratings. Patients exhibited significant improvement from pre- to posttreatment in suicidality, nonsuicidal self-injurious behavior, emotional dysregulation, and depressive symptoms. Conclusions: Dialectical behavior therapy may offer promise as an approach to the psychosocial treatment of adolescent bipolar disorder.
Accession Number: WOS:000247442600006
PubMed ID: 17581446
ISSN: 0890-8567

Record 31 of 50 = PRO
Title: Pharmacotherapy for child and adolescent mood disorders
Author(s): Singh, MK (Singh, Manpreet K.); Pfeifer, JC (Pfeifer, Jonathan C.); Barzman, D (Barzman, Drew); Kowatch, RA (Kowatch, Robert A.); DelBello, MP (DelBello, Melissa P.)
Source: PSYCHIATRIC ANNALS **Volume:** 37 **Issue:** 7 **Pages:** 465-476 **Published:** JUL 2007
Accession Number: WOS:000248257900003
ISSN: 0048-5713

Record 32 of 50 = NA (no mention of bipolar disorder)

Title: Immigrant youth at risk for disorders of mood: Recognizing complex dynamics
Author(s): Yearwood, EL (Yearwood, Edilma L.); Crawford, S (Crawford, Shanikqua); Kelly, M (Kelly, Matthew); Moreno, N (Moreno, Nina)
Source: ARCHIVES OF PSYCHIATRIC NURSING **Volume:** 21 **Issue:** 3 **Pages:** 162-171 **DOI:** 10.1016/j.apnu.2007.02.006 **Published:** JUN 2007
Abstract: The number of youth immigrating to the United States from Latin America and the Caribbean has consistently and dramatically been increasing. However, little research or epidemiological data that capture the mental health status of these youth from their countries of origin or once they enter the United States exist. As a result of migration and the acculturation process, these youth are at risk for exacerbation of preexisting mood disorders or development of mood or other psychiatric symptoms. Premigration social and environmental stressors affecting this population include poverty, exposure to violence, sexual or physical victimization, and substance abuse. Postmigration stressors include loss (of friends, family, country, and lifestyle), changes in social support, negative experiences in the United States, language difficulties, and academic challenges. This review of the existing literature will describe the contextual experiences of immigrant Latin American and Caribbean youth from their country of origin and as new immigrants in the United States, discuss their risk for mood disorders, highlight relevant assessment data that should be obtained, and identify treatment implications for advanced practice psychiatric-mental health nurses working with this population. (C) 2007 Elsevier Inc. All rights reserved.
Accession Number: WOS:000247499200006
PubMed ID: 17556109
ISSN: 0883-9417

Record 33 of 50 = PRO
Title: Rates, types, and psychosocial correlates of legal charges in adolescents with newly diagnosed bipolar disorder
Author(s): Barzman, DH (Barzman, Drew H.); DelBello, MP (DelBello, Melissa P.); Fleck, DE (Fleck, David E.); Lehmkuhl, H (Lehmkuhl, Heather); Strakowski, SM (Strakowski, Stephen M.)
Source: BIPOLAR DISORDERS **Volume:** 9 **Issue:** 4 **Pages:** 339-344 **DOI:** 10.1111/j.1399-5618.2007.00423.x **Published:** JUN 2007
Abstract: Objectives: To examine the rates, types, and psychosocial correlates of legal charges in adolescents with newly diagnosed bipolar disorder (BD).
Methods Adolescents (n = 80), between the ages of 12 and 21 years (mean = 15.6, standard deviation = 2.3), hospitalized for their initial manic or mixed episode of BD, were evaluated for the incidence of prior juvenile offending (i.e., legal charges). We examined potential psychosocial correlates associated with legal charges using chi-square, t-tests, and discriminant function analyses to determine if there were differences between adolescents who did and did not offend prior to their first manic episode.
Results: Juvenile antisocial behaviors were common (55%) for adolescents with newly diagnosed BD. Discriminant function analysis revealed that older age at first treatment ($p < 0.01$), sexual activity over the previous month ($p < 0.05$), therapeutic use of stimulants ($p < 0.05$), and anxiety disorders were the most significant factors to differentiate between bipolar adolescents who offended and those who did not (Wilks' lambda = 0.80, $p < 0.005$).
Conclusions: Our findings indicate that there are identifiable psychosocial correlates associated with antisocial behaviors in adolescents with newly diagnosed BD that may improve our understanding of juvenile antisocial behaviors.
Accession Number: WOS:000247110600004
PubMed ID: 17547580
Conference Title: 6th International Conference on Bipolar Disorder
Conference Date: JUN 16-18, 2005
Conference Location: Pittsburgh, PA
ISSN: 1398-5647

Record 34 of 50 = PRO
Title: Child behavior checklist profiles of children and adolescents with and at high risk for developing bipolar disorder
Author(s): Giles, LL (Giles, Lisa L.); DelBello, MP (DelBello, Melissa P.); Stanford, KE (Stanford, Kevin E.); Strakowski, SM (Strakowski, Stephen M.)
Source: CHILD PSYCHIATRY & HUMAN DEVELOPMENT **Volume:** 38 **Issue:** 1 **Pages:** 47-55 **DOI:** 10.1007/s10578-006-0041-6 **Published:** JUN 2007
Abstract: In order to recognize behavioral patterns in children and adolescents at risk for developing bipolar disorder, this study examined Child Behavior Checklist (CBCL) profiles of bipolar offspring both with (BD group) and without ("at-risk" or AR group) bipolar disorder themselves. The BD youth had three CBCL subscale T scores >= 70 (attention problems, delinquent behavior, and aggression) and scored significantly higher than healthy comparison youth on all CBCL subscales. AR youth did not have any T scores >= 70; however, they scored higher than healthy comparisons in the anxiety/depression, attention problems, aggression, and withdrawal subscales. AR and BD youth differed significantly on all scales except somatic complaints and anxiety/depression.
Accession Number: WOS:000246149700004
PubMed ID: 17160586
ISSN: 0009-398X

Record 35 of 50 = PRO
Title: Longitudinal course of pediatric bipolar disorder
Author(s): Birmaher, B (Birmaher, Boris)
Source: AMERICAN JOURNAL OF PSYCHIATRY **Volume:** 164 **Issue:** 4 **Pages:** 537-539 **DOI:** 10.1176/appi.ajp.164.4.537 **Published:** APR 2007
Accession Number: WOS:000245402600001
PubMed ID: 17403961
ISSN: 0002-953X

Record 36 of 50 = PRO
Title: Treating common psychiatric disorders associated with attention-deficit/hyperactivity disorder
Author(s): Kunwar, A (Kunwar, Arun); Dewan, M (Dewan, Mantosh); Faraone, SV (Faraone, Stephen V.)
Source: EXPERT OPINION ON PHARMACOTHERAPY **Volume:** 8 **Issue:** 5 **Pages:** 555-562 **DOI:**

10.1517/14656566.8.5.555 **Published:** APR 2007
Abstract: Attention-deficit/hyperactivity disorder (ADHD) often occurs along with other psychiatric disorders, with estimated comorbiclity rates of 50 - 90%. Comorbidity greatly influences presentation, diagnosis and prognosis, complicates treatment and significantly increases the morbidity and disease burden of ADHD. Commonly co-occurring psychiatric disorders are disruptive behavior disorder, anxiety, depression, bipolar disorder and substance use disorders. This article provides a brief review of effective strategies for treating the most common psychiatric disorders associated with ADHD. This paper also discusses knowledge gaps in the understanding of treatment of comorbid disorders associated with ADHD, and directions for future research.
Accession Number: WOS:000245321600004
PubMed ID: 17376012
ISSN: 1465-6566

Record 37 of 50 = PRO
Title: A strategy for identifying phenotypic subtypes: Concordance of symptom dimensions between sibling pairs who met screening criteria for a genetic linkage study of childhood-onset bipolar disorder using the Child Bipolar Questionnaire
Author(s): Papolos, D (Papolos, Demitri); Hennen, J (Hennen, John); Cockerham, MS (Cockerham, Melissa S.); Lachman, H (Lachman, Herbert)
Source: JOURNAL OF AFFECTIVE DISORDERS **Volume:** 99 **Issue:** 1-3 **Pages:** 27-36 **DOI:** 10.1016/j.jad.2006.08.014 **Published:** APR 2007
Abstract: Background: Specific symptom dimensions have been used to establish phenotypic subgroups in recent genetic studies of bipolar disorder. In preparation for a genetic linkage study of childhood-onset bipolar disorder (COBPD), we conducted an exploratory analysis of the concordance of prominent symptom dimensions between sibling pairs (N=260) who screened positive for COBPD. This report presents data on the potential usefulness of these dimensions in genotyping.
Method: A principal components factor analysis was conducted on the symptoms of 2795 children who screened positive for COBPD on the Child Bipolar Questionnaire (CBQ). The resulting factors were used in a concordance analysis between 260 proband/sibling pairs and 260 proband/matched comparison pairs.
Results: Ten factors were extracted. The strongest concordance coefficients (rho) between probands and siblings, and the widest contrasts between proband/sibling vs. proband/comparison pairs, were for Factor 9 (Fear of harm), Factor 5 (Aggression), Factor 10 (Anxiety), Factor 4 (Sensory sensitivity), Factor 6 (Sleep-wake cycle disturbances), and Factor 2 (Attention/Executive function deficits). Based on factor loadings and multivariate analyses, CBQ items were selected for a "Core Index" subscale that had a robust concordance estimate in the sibpair group (rho=0.514, 95% CI 0.450-0.577) as compared to the proband-matched comparison group (rho=0.093, 95% CI 0.008 to 0.178).
Limitations: Research diagnostic interviews (K-SADS P/L) were conducted to confirm bipolar diagnosis in only a subsample (N=100) of the children whose data were used for the concordance analysis.
Conclusions: Our data suggest a profile of heritable clinical dimensions in addition to classic mood symptomatology in COBPD. These features may represent a more homogeneous phenotypic subtype of COBPD that may prove more useful for delineating the neurobiology and genetics of the disorder than standard diagnostic models. (c) 2006 Elsevier B.V. All rights reserved.
Accession Number: WOS:000245154300004
PubMed ID: 17049378
ISSN: 0165-0327

Record 38 of 50 = PRO
Title: Life stress and the course of early-onset bipolar disorder
Author(s): Kim, EY (Kim, Eunice Y.); Miklowitz, DJ (Miklowitz, David J.); Biuckians, A (Biuckians, Adrine); Mullen, K (Mullen, Kimberley)
Source: JOURNAL OF AFFECTIVE DISORDERS **Volume:** 99 **Issue:** 1-3 **Pages:** 37-44 **DOI:** 10.1016/j.jad.2006.08.022 **Published:** APR 2007
Abstract: Background: Studies of adult bipolar patients and adolescents with major depression indicate that life stress and mood symptoms are temporally and causally related to one another. This study examined whether levels of life stress predict levels of mood symptoms among bipolar adolescents participating in a treatment development study of family-focused psychoeducation and pharmacotherapy.
Methods: Bipolar adolescents (n=38) who reported a period of acute mood symptoms within the prior 3 months were recruited for a 1-year study of life stress. Clinician-administered evaluations were completed with adolescents and parents at 3-month intervals for up to 12 months, using the UCLA Life Stress Interview and the K-SADS Mania and Depression Rating Scales.
Results: Chronic stress in family, romantic and peer relationships was associated with less improvement in mood symptoms over the study year. The frequency of severe, independent life events also predicted less improvement in mood symptoms. Higher levels of chronic stress in family and romantic relationships, and higher severity of independent events, were more strongly associated with mood symptoms among older adolescents. Results were independent of adolescents' psychosocial treatment regimens.
Limitations: The majority of adolescents received family-focused psychoeducational treatment and all were being treated with psychotropic medication. The influence of life stress on mood symptoms may have been attenuated by intensive intervention.
Conclusions: Stress is linked to changes in mood symptoms among bipolar adolescents, although correlations between life events and symptoms vary with age. Chronic stress in family, romantic, and peer relationships are important targets for psychosocial intervention. (c) 2006 Elsevier B.V. All rights reserved.
Accession Number: WOS:000245154300005
PubMed ID: 17084905
ISSN: 0165-0327

Record 39 of 50 = PRO
Title: Childhood antecedent disorders to bipolar disorder in adults: A controlled study
Author(s): Henin, A (Henin, Aude); Biederman, J (Biederman, Joseph); Mick, E (Mick, Eric); Hirshfeld-Becker, DR (Hirshfeld-Becker, Dina R.); Sachs, GS (Sachs, Gary S.); Wu, Y (Wu, Yelena); Yan, L (Yan, Leslie); Ogutha, J (Ogutha, Jacqueline); Nierenberg, AA (Nierenberg, Andrew A.)
Source: JOURNAL OF AFFECTIVE DISORDERS **Volume:** 99 **Issue:** 1-3 **Pages:** 51-57 **DOI:** 10.1016/j.jad.2006.09.001 **Published:** APR 2007

Abstract: Objective: The aim of the study was to examine antecedent childhood psychiatric disorders in adult patients with bipolar disorder.
Method: Using structured diagnostic interviews, childhood psychiatric diagnoses of 83 referred patients with diagnosed DSM-IV bipolar disorder were compared to those of 308 adults without mood disorders.
Results: Patients with bipolar disorder had significantly higher rates of childhood disruptive behavior disorders (ADHD, oppositional-defiant disorder, and conduct disorder), childhood anxiety disorders (separation anxiety and overanxious disorder), and enuresis, compared to patients without mood disorders. The presence of these childhood disorders was associated with an earlier age of onset of bipolar illness.
Limitations: The retrospective nature of the study may have affected both the rates of disorders recalled, as well as the ages of onset of disorders. Different referral sources for bipolar and comparison participants may have also impacted findings.
Conclusions: Bipolar disorder in adults is frequently preceded by childhood disruptive behavior and anxiety disorders. These childhood disorders may be important markers of risk for adult bipolar disorder. (c) 2006 Elsevier B.V. All rights reserved.
Accession Number: WOS:000245154300007
PubMed ID: 17045657
ISSN: 0165-0327

Record 40 of 50 = PRO
Title: Attention-deficit/hyperactivity disorder: A neuropsychological perspective towards DSM-V
Author(s): Stefanatos, GA (Stefanatos, Gerry A.); Baron, IS (Baron, Ida Sue)
Source: NEUROPSYCHOLOGY REVIEW **Volume:** 17 **Issue:** 1 **Pages:** 5-38 **DOI:** 10.1007/s11065-007-9020-3 **Published:** MAR 2007
Abstract: Neuropsychological methods and techniques have much to offer in the evaluation of the individual suspected as having Attention-Deticit/Hyperactivity Disorder (ADHD). After a review of the historical evolution of the ADHD concept, incidence and prevalence, and DSM-IV criteria for diagnosis, especially as regards omission related to gender differences, and other associated cultural, familial, socioenvironmental, and subject influences, this paper describes a number of dilemmas and obstacles encountered in clinical practice. Included are the confounds associated with the wide range of possible comorbidities, the insufficiency of current DSM-IV criteria, the emergence of subtype differentiation and its impact on diagnosis and treatment. The complex relationship between neuropsychological constructs and ADHD, and obstacles to valid assessment are also addressed. The complexities associated with a thorough ADHD evaluation are viewed within an impressive and expansive existing scientific framework and recommendations are made for future directions.
Accession Number: WOS:000245014400002
PubMed ID: 17318413
ISSN: 1040-7308

Record 41 of 50 = PRO
Title: Psychopharmacology of pediatric bipolar disorder: a review
Author(s): Smarty, S (Smarty, Sylvester); Findling, RL (Findling, Robert L.)
Source: PSYCHOPHARMACOLOGY **Volume:** 191 **Issue:** 1 **Pages:** 39-54 **DOI:** 10.1007/s00213-006-0569-y **Published:** MAR 2007
Abstract: Rationale Pediatric bipolar disorder (PBD) is a chronic and debilitating psychiatric illness. It is associated with many short-term and long-term complications including poor academic and social performance, legal problems and increased risk of suicide. Moreover, it is often complicated by other serious psychiatric disorders including attention deficit hyperactivity disorder, oppositional defiant disorder, conduct disorder and substance use disorders. For these reasons, there is a need for effective treatment for PBD.
Objectives To review available data from published reports of the treatment of PBD, highlighting those treatment practices for which there is scientific evidence. To suggest directions for future research.
Materials and methods A comprehensive Medline search was performed to identify published reports from 1995 to 2006. Reports with the greatest methodological stringency received greater focus.
Results There is limited evidence from double-blind, placebo-controlled trials regarding the treatment of PBD. Available data suggests that lithium, some anticonvulsants and second-generation antipsychotics may be equally beneficial in the acute monotherapy for youth with mixed or manic states. However, because of limited response to acute monotherapy, there is increased justification for combination therapy. There is very limited data on the treatment of the depressed phase of bipolar illness in the youth. Also, very few studies have addressed the treatment of comorbidities and maintenance/relapse prevention in PBD.
Conclusion Although significant progress was made in the treatment of youth with bipolar disorder, there is a need for more methodologically stringent research to more precisely define evidence-based treatment strategies for PBD.
Accession Number: WOS:000244304000005
PubMed ID: 17093980
ISSN: 0033-3158

Record 42 of 50 = PRO
Title: Childhood-onset bipolar disorder: Evidence for increased familial loading of psychiatric illness
Author(s): Rende, R (Rende, Richard); Birmaher, B (Birmaher, Boris); Axelson, D (Axelson, David); Strober, M (Strober, Michael); Gill, MK (Gill, Mary Kay); Valeri, S (Valeri, Sylvia); Chiappetta, L (Chiappetta, Laurel); Ryan, N (Ryan, Neal); Leonard, H (Leonard, Henrietta); Hunt, J (Hunt, Jeffrey); Iyengar, S (Iyengar, Satish); Keller, M (Keller, Martin)
Source: JOURNAL OF THE AMERICAN ACADEMY OF CHILD AND ADOLESCENT PSYCHIATRY **Volume:** 46 **Issue:** 2 **Pages:** 197-204 **DOI:** 10.1097/01.chi.0000246069.85577.9e **Published:** FEB 2007
Abstract: Objective: To determine whether childhood-onset bipolar disorder (BP) is associated with an increased psychiatric family history compared with adolescent-onset BP. Method: Semistructured psychiatric interviews were conducted for 438 youth with BP spectrum disorders. To evaluate the effects of age at onset and psychiatric family history, the sample was divided into childhood-onset BP (age and BP onset < 12 years; n = 192), adolescents with early-onset BP (age > 12 years and BP onset < 12 years; n = 136), and adolescents with late-onset BP (age and BP onset >= 12 years; n = 110). Lifetime family history of psychiatric illness was ascertained for first- and second-degree relatives through both direct interview of caretakers and the Family History Screen. Results: After significant demographic and clinical factors were controlled for, children and adolescents with childhood-onset BP showed higher percentages of positive first-degree family history for depression, anxiety, attention-

deficit/hyperactivity, conduct, and substance dependence disorders and suicidal behaviors compared with adolescents with late onset. Subjects with childhood-onset BP also showed elevated familial loading for depression and attention-deficit/hyperactive disorder in second-degree relatives. Conclusions: These data support a model that postulates a higher density of familial risk for a broad range of psychopathology in childhood-onset BP. J Am. Acad. Child Adolesc. Psychiatry, 2007;46(2):197-204.
Accession Number: WOS:000243737900007
PubMed ID: 17242623
ISSN: 0890-8567

Record 43 of 50 = PRO
Title: Maintenance model of integrated psychosocial treatment in pediatric bipolar disorder: A pilot feasibility study
Author(s): West, AE (West, Amy E.); Henry, DB (Henry, David B.); Pavuluri, MN (Pavuluri, Mani N.)
Source: JOURNAL OF THE AMERICAN ACADEMY OF CHILD AND ADOLESCENT PSYCHIATRY **Volume:** 46 **Issue:** 2 **Pages:** 205-212 **DOI:** 10.1097/01.chi.0000246068.85577.d7 **Published:** FEB 2007
Abstract: Objective: The chronic and refractory course of pediatric bipolar disorder merits the study of adjunctive psychosocial interventions designed to facilitate long-term improvements. The objective of this study is to conduct a pilot study of a maintenance model of the child- and family-focused cognitive-behavioral therapy program (CFF-CBT), which comprises psychosocial booster sessions and optimized pharmacotherapy, and to assess whether positive effects seen after the acute phase of treatment could be sustained overtime with the use of this model. Method: The study design was an open trial with the goal of assessing feasibility of such a maintenance model over time. Thirty-four patients 5 to 17 years of age who underwent CFF-CBT were delivered the maintenance model of treatment over a 3-year period and assessed for symptom changes (Children's Global Impressions Scale-Bipolar) and global functioning (Children's Global Assessment Scale). Results: Results indicated that participation in the maintenance model of CFF-CBT treatment was associated with positive effects in symptoms and functioning over the 3-year follow-up period. There were no statistically significant differences in postacute-phase treatment scores and scores at years 1, 2, or 3 on any study measures, indicating the maintenance of clinically significant improvements. Conclusions: These findings suggest that maintenance treatment models are feasible and may help facilitate the long-term management of symptoms. Controlled clinical trials that build on this model will help advance treatments for pediatric bipolar disorder toward addressing the low recovery and high relapse rates associated with the disorder. J. Am. Acad. Child Adolesc. Psychiatry, 2007;46(2):205-212.
Accession Number: WOS:000243737900008
PubMed ID: 17242624
ISSN: 0890-8567

Record 44 of 50 = SCEP
Title: Trends in the inpatient mental health treatment of children and adolescents in US community hospitals between 1990 and 2000
Author(s): Case, BG (Case, Brady G.); Olfson, M (Olfson, Mark); Marcus, SC (Marcus, Steven C.); Siegel, C (Siegel, Carole)
Source: ARCHIVES OF GENERAL PSYCHIATRY **Volume:** 64 **Issue:** 1 **Pages:** 89-96 **DOI:** 10.1001/archpsyc.64.1.89 **Published:** JAN 2007
Abstract: Context: Previous work has demonstrated marked changes in inpatient mental health service use by children and adolescents in the 1980s and early 1990s, but more recent, comprehensive, nationally representative data have not been reported.
Objective: To describe trends in inpatient treatment of children and adolescents with mental disorders between 1990 and 2000.
Design and Setting: Analysis of the Healthcare Cost and Utilization Project Nationwide Inpatient Sample, a nationally representative sample of discharges from US community hospitals sponsored by the Agency for Healthcare Research and Quality.
Patients: Patients aged 17 years and younger discharged from US community hospitals with a principal diagnosis of a mental disorder.
Main Outcome Measures: Changes in the number and population-based rate of discharges, total inpatient days and average length of stay, charges, diagnoses, dispositions, and patient demographic and hospital characteristics.
Results: Although the total number of discharges, population-based discharge rate, and daily charges did not significantly change between 1990 and 2000, the total number of inpatient days and mean charges per visit each fell by approximately one half. Median length of stay declined 63% over the decade from 12.2 days to 4.5 days. Declines in median and mean lengths of stay were observed for most diagnostic categories and remained significant after controlling for changes in background patient and hospital characteristics. Discharge rates for psychotic and mood disorders as well as intentional self-injuries increased while rates for adjustment disorders fell. Discharges to short-term, nursing, and other inpatient facilities declined.
Conclusions: The period between 1990 and 2000 was characterized by a transformation in the length of inpatient mental health treatment for young people. Community hospitals evaluated, treated, and discharged mentally ill children and adolescents far more quickly than 10 years earlier despite higher apparent rates of serious illness and self-harm and fewer transfers to intermediate and inpatient care.
Accession Number: WOS:000243273200010
PubMed ID: 17199058
ISSN: 0003-990X

Record 45 of 50 = PRO
Title: Clinical characteristics of bipolar disorder in very young children
Author(s): Danielyan, A (Danielyan, Arman); Pathak, S (Pathak, Sanjeev); Kowatch, RA (Kowatch, Robert A.); Arsman, SP (Arsman, Sarah P.); Johns, ES (Johns, Erin S.)
Source: JOURNAL OF AFFECTIVE DISORDERS **Volume:** 97 **Issue:** 1-3 **Pages:** 51-59 **DOI:** 10.1016/j.jad.2006.05.028 **Published:** JAN 2007
Abstract: Background: Clinical information about bipolar disorder (BPD) in preschool-age (3-7 years old) children is extremely limited. This study examined clinical presentations, applicability of the DSM-IV diagnostic criteria, comorbidity, recovery and relapse rates, as well as some treatment strategies used in the management of BPD in preschoolers.
Methods: The charts of 26 outpatient children, ages 3-7, refereed to a child psychiatry outpatient clinic with mood and behavioral symptoms, were retrospectively reviewed.
Results: The majority of the patients were referred with the tentative diagnosis of ADHD but the most common diagnoses made by child and adolescent psychiatrists at the time of initial evaluation were BPD NOS (61.5%), followed by BPD 1 (26.9%), and

mood disorder NOS (23.1%). Thirty-eight percent of the patients had one or more comorbid diagnoses. The most common presenting symptoms were irritability (84.6%) and aggression (88.5%). The most widely prescribed class of medications after diagnosis in the clinic was atypical antipsychotics and mood stabilizers. Twenty-six percent of the patients were treated with a combination of atypical antipsycbotics and mood stabilizers.
Limitations: Retrospective design; small sample size; lack of a comparison group.
Conclusions: The course of BPD with onset in preschool years is complicated with high recovery and relapse rates. The questions of development of age-appropriate diagnostic criteria, long-term prognosis and treatment strategies used in this population require further intensive investigation. (c) 2006 Elsevier B.V. All rights reserved.
Accession Number: WOS:000243734600006
PubMed ID: 16822549
ISSN: 0165-0327

Record 46 of 50 = PRO
Title: Fertility and childhood bipolar disorder
Author(s): Surja, AAS (Surja, Anton Agus S.); El-Mallakh, RS (El-Mallakh, Rif S.)
Source: MEDICAL HYPOTHESES **Volume:** 69 **Issue:** 3 **Pages:** 587-589 **DOI:** 10.1016/j.mehy.2006.12.055 **Published:** 2007
Abstract: The observation that the diagnosis of bipolar illness is increasingly being made in the young is fascinating and potentially quite instructive. Several potential reasons have been put forward, which may all play a role. These include increased awareness, a cohort effect, changes in the diagnostic criteria, increased use of stimulants and antidepressants unmasking the illness, and others.
It is interesting to note that this increase in recognition of bipolar illness in the young comes about one generation after the introduction of lithium as a therapeutic agent in bipolar disorder. We propose that the introduction of lithium may have increased fertility (broadly defined) of bipolar patients allowing for the expression of genetic anticipation by having a second and third generation of offspring that are affected at earlier ages. A similar phenomenon was seen in schizophrenia after the introduction of phenothiazines for the treatment of psychosis.
These pharmacologic and social changes may have all conspired to increase reproductive success of bipolar subjects, giving rise to a new generation of bipolar patients with earlier onset and more severe manifestation of their disorder. (c) 2007 Elsevier Ltd. All rights reserved.
Accession Number: WOS:000248861400026
PubMed ID: 17379426
ISSN: 0306-9877

Record 47 of 50 = PRO
Title: Psychosocial Interventions for Bipolar Disorder: A Review of Literature and Introduction of the Systematic Treatment Enhancement Program
Author(s): Miklowitz, DJ (Miklowitz, David J.); Otto, MW (Otto, Michael W.)
Source: PSYCHOPHARMACOLOGY BULLETIN **Volume:** 40 **Issue:** 4 **Pages:** 116-131 **Published:** 2007
Abstract: What is the evidence that psychosocial treatment adds to the efficacy of pharmacotherapy in forestalling episodes of bipolar disorder (BPD)? This article gives the rationale for including psychosocial intervention in the outpatient maintenance of BPD. Attention is placed on the three psychosocial modalities that have achieved empirical support in randomized trials: family psychoeducational treatment, cognitive-behavioral therapy, and interpersonal and social rhythm therapy. These three treatments a re being contrasted with a psychosocial control condition in the context of the ongoing, multi-center Systematic Treatment Enhancement Pro gram for Bipolar Disorder (STEP-BD). The objectives, de sign, and potential contributions of the STEP-B D study are explained. Future directions for the evaluation and dissemination of manual-based psychosocial interventions are discussed. Psychopharmacology Bulletin. 2007;40(4):116-131.
Accession Number: WOS:000207810600008
PubMed ID: 18227782
ISSN: 0048-5764

Record 48 of 50 = PRO
Title: Co-occurrence of bipolar and attention-deficit hyperactivity disorders in children
Author(s): Singh, MK (Singh, Manpreet K.); DelBello, MP (DelBello, Melissa P.); Kowatch, RA (Kowatch, Robert A.); Strakowski, SM (Strakowski, Stephen M.)
Source: BIPOLAR DISORDERS **Volume:** 8 **Issue:** 6 **Pages:** 710-720 **DOI:** 10.1111/j.1399-5618.2006.00391.x **Published:** DEC 2006
Abstract: Objectives: Pediatric bipolar disorder (BPD) and attention-deficit hyperactivity disorder (ADHD) co-occur more frequently than expected by chance. In this review, we examine 4 potential explanations for the high rate of this common co-occurrence: (i) BPD symptom expression leads to overdiagnosis of ADHD in BPD youth; (ii) ADHD is a prodromal or early manifestation of pediatric-onset BPD; (iii) ADHD and associated factors (e.g., psychostimulants) lead to the onset of pediatric BPD; and (iv) ADHD and BPD share an underlying biological etiology (i.e., a common familial or genetic risk or underlying neurophysiology).
Methods: Peer-reviewed publications of studies of children and adolescents with comorbid BPD and ADHD were reviewed.
Results: There is a bidirectional overlap between BPD and ADHD in youth, with high rates of ADHD present in children with BPD (up to 85%), and elevated rates of BPD in children with ADHD (up to 22%). Phenomenologic, genetic, family, neuroimaging, and treatment studies revealed that BPD and ADHD have both common and distinct characteristics. While there are data to support all 4 explanations postulated in this paper, the literature most strongly suggests that ADHD symptoms represent a prodromal or early manifestation of pediatric-onset BPD in certain at-risk individuals. Bipolar disorder with comorbid ADHD may thus represent a developmentally specific phenotype of early-onset BPD.
Conclusions: The etiology of comorbid BPD and ADHD is likely multifactorial. Additional longitudinal and biological studies are warranted to clarify the relationships between BPD and ADHD since they may have important diagnostic and treatment implications.
Accession Number: WOS:000242373200007
PubMed ID: 17156157
ISSN: 1398-5647

Record 49 of 50 = PRO
Title: The efficacy and tolerability of quetiapine versus divalproex for the treatment of impulsivity and reactive aggression in adolescents with co-occurring bipolar disorder and disruptive behavior disorder(s)
Author(s): Barzman, DH (Barzman, Drew H.); DelBello, MP (DelBello, Melissa P.); Adler, CM (Adler, Caleb M.); Stanford, KE (Stanford, Kevin E.); Strakowski, SM (Strakowski, Stephen M.)
Source: JOURNAL OF CHILD AND ADOLESCENT PSYCHOPHARMACOLOGY **Volume:** 16 **Issue:** 6 **Pages:** 665-670 **DOI:** 10.1089/cap.2006.16.665 **Published:** DEC 2006
Abstract: Objective: The aim of this study was to compare the efficacy and tolerability of quetiapine and divalproex for the treatment of impulsivity and reactive aggression in adolescents with co-occurring bipolar disorder and disruptive behavior disorders.
Method: Patients were included in this post hoc analysis if they scored >= 14 on the Positive and Negative Syndrome Scale (PANSS) Excited Component (EQ and >= 4 on at least one of the PANSS EC items, had a current diagnosis of bipolar I disorder, manic or mixed episode, and had a lifetime and/or current diagnosis of a disruptive behavioral disorder (DBD) [conduct disorder (CD) or oppositional defiant disorder (ODD)]. Thirty-three (92%) of the 36 subjects with bipolar disorder and DBD met the PANSS EC inclusion criteria. These thirty-three adolescents were randomized to quetiapine (400-600 mg/day) or divalproex (serum level 80-120 mu g/mL) for 28 days in this double-blinded study. The primary efficacy measure was change in PANSS Excited Component (EQ score over the study period and at each time point.
Results: Repeated measures analysis of variance (ANOVA) demonstrated statistically significant within-treatment-group effects for divalproex (baseline = 20.6, end point = 13.3, $p < 0.0001$) and quetiapine (baseline = 18.8, end point = 10.8, $p < 0.0001$) for the PANSS EC. There were no statistically significant treatment group differences in PANSS EC changes from baseline to end point scores ($p = 0.7$, $d = 0.14$). Mixed regression analyses (comparison of slopes, DAY*TREATMENT) revealed that there was no significant difference in the rate of improvement in the PANSS EC scores between the two treatment groups [$F(1,31) = 0.78$, p 0.39, $d = 0.28$].
Conclusions: Quetiapine and divalproex showed similar efficacy for the treatment of impulsivity and reactive aggression related to co-occurring bipolar and disruptive behavior disorders in adolescents. Quetiapine and divalproex are both useful as monotherapy for the treatment of impulsivity and reactive aggression in adolescents with bipolar and disruptive behavior disorders. Placebo-controlled studies are necessary.
Accession Number: WOS:000243605300029
PubMed ID: 17201610
ISSN: 1044-5463

Record 50 of 50 = PRO
Title: Psychonathology in female with attention-deficit/hyperactivity disorder: A controlled, five-year prospective study
Author(s): Biederman, J (Biederman, Joseph); Monuteaux, MC (Monuteaux, Michael C.); Mick, E (Mick, Eric); Spencer, T (Spencer, Thomas); Wilens, TE (Wilens, Timothy E.); Klein, KL (Klein, Kristy L.); Price, JE (Price, Julia E.); Faraone, SV (Faraone, Stephen V.)
Source: BIOLOGICAL PSYCHIATRY **Volume:** 60 **Issue:** 10 **Pages:** 1098-1105 **DOI:** 10.1016/j.biospych.2006.02.031 **Published:** NOV 15 2006
Abstract: Background: Despite the importance of understanding the long-term outcome of children with attention-deficit/hyperactivity disorder (ADHD), the available literature is predominantly based on male samples. This study estimated the lifetime burden of comorbid psychopathology in a large sample of girls with and without ADHD followed up over five years.
Methods: We conducted a blind, five-year prospective longitudinal study of girls with (n = 140) and without (n = 122) ADHD, aged 6-18 years at baseline, consecutively ascenained from either community pediatricians or psychiatrists at an academic medical center. At the five-year follow-up, 123 (8896) and 112 (92%) of the ADHD and control children, respectively, were re-assessed at a mean age of 16.7 years. Psychiatric disorders were assessed using blinded structured diagnostic interviews.
Results. At follow-up, females with ADHD were at significantly higher risk than controls to manffest disruptive behavior, mood and anxiety disorders, and substance dependence. The magnitude of increased risk was greatest,for major depression and oppositional defiant disorder, followed by substance dependence and anxiety disorders.
Conclusions: These prospective follow-up findings documenting high morbidity associated with ADHD extend to females previously reported findings in male samples and underscore the importance of early recognition and intervention efforts for youth with ADHD of both genders.
Accession Number: WOS:000241939200011
PubMed ID: 16712802
ISSN: 0006-3223

Record 1 of 50 = PRO
Title: The evolving face of pediatric mania
Author(s): Biederman, J (Biederman, Joseph)
Source: BIOLOGICAL PSYCHIATRY **Volume:** 60 **Issue:** 9 **Pages:** 901-902 **DOI:** 10.1016/j.biopsych.2006.09.016 **Published:** NOV 1 2006
Accession Number: WOS:000241691600001
PubMed ID: 17056392
ISSN: 0006-3223

Record 2 of 50 = PRO
Title: Biological risk factors in pediatric bipolar disorder
Author(s): Pavuluri, MN (Pavuluri, Mani N.); Henry, DB (Henry, David B.); Nadimpalli, SS (Nadimpalli, Sruti S.); O'Connor, MM (O'Connor, Megan Marlow); Sweeney, JA (Sweeney, John A.)
Source: BIOLOGICAL PSYCHIATRY **Volume:** 60 **Issue:** 9 **Pages:** 936-941 **DOI:** 10.1016/j.biopsych.2006.04.002 **Published:** NOV 1 2006

Abstract: Background- The current study attempted to determine whether neurodevelopmental and acquired brain abnormalities are more common in pediatric bipolar disorder (PBD).
Methods: The study sample consisted of 98 subjects with a mean age of 11.5 +/- 3.3 years comprising three demographically matched groups: healthy controls (HC, n = 28), subjects with bipolar disorder - Type 1 (PBD, n = 3 7), and bipolar disorder - Type 1 combined with attention deficit hyperactivity disorder (PBD+ADHD, n = 33). Family history of PBD was determined using the Family History Screen. Additional measures were administered to assess the history on perinatal risk, development milestones, serious physical illnesses, and bead injury.
Results: Logistic regression showed that that family history and perinatal risk factors predicted the diagnosis of PBD. PBD diagnosis was 15 times higher among those with a family history of BD. Second, for every additional perinatal risk factor such as prenatal exposure to drugs or birth complications, the risk of having a PBD diagnosis increased more than six-fold.
Conclusions: Having a positive familial history of BD in a first degree relative and perinatal insults may elevate the risk for developing PBD. Presence of these risk factors, especially in the context of clinical signs of affect dysregulation, should alert clinicians to screen for PBD.
Accession Number: WOS:000241691600006
PubMed ID: 16806102
ISSN: 0006-3223

Record 3 of 50 = PRO
Title: Caudate nucleus volume and cognitive performance: Are they related in childhood psychopathology?
Author(s): Voelbel, GT (Voelbel, Gerald T.); Bates, ME (Bates, Marsha E.); Buckman, JF (Buckman, Jennifer F.); Pandina, G (Pandina, Gahan); Hendren, RL (Hendren, Robert L.)
Source: BIOLOGICAL PSYCHIATRY **Volume:** 60 **Issue:** 9 **Pages:** 942-950 **DOI:** 10.1016/j.biopsych.2006.03.071 **Published:** NOV 1 2006
Abstract: Background: Impaired neuropsychological test performance, especially on tests of executive function and attention, is often seen in children diagnosed with autism spectrum disorders (ASD). Structures involved in fronto-striatal circuitry, such as the caudate nucleus, may support these cognitive abilities. However, few studies have examined caudate volumes specifically in children with ASD, or correlated caudate volumes to cognitive ability.
Methods: Neuropsychological test scores and caudate volumes of children with ASD were compared to those of children with bipolar disorder (BD) and of typically developing (TD) children. The relationship between test performance and caudate volumes was analyzed.
Results. The ASD group displayed larger Tight and left caudate volumes, and modest executive deficits, compared to ID controls. While caudate volume inversely predicted performance on the Wisconsin Card Sorting Test in all participants, it differentially predicted performance on measures of attention across the ASD, BD and TD groups.
Conclusions. Larger caudate volumes were related to impaired problem solving. On a test of attention, larger left caudate volumes predicted increased impulsivity and more omission errors in the ASD group as compared to the TD group, however smaller volume predicted poorer discriminant responding as compared to the BD group.
Accession Number: WOS:000241691600007
PubMed ID: 16950212
ISSN: 0006-3223

Record 4 of 50 = PRO
Title: Impact of neurocognitive function on academic difficulties in pediatric bipolar disorder: A clinical translation
Author(s): Pavuluri, MN (Pavuluri, Mani N.); O'Connor, MM (O'Connor, Megan Marlow); Harral, EM (Harral, Erin M.); Moss, M (Moss, Melissa); Sweeney, JA (Sweeney, John A.)
Source: BIOLOGICAL PSYCHIATRY **Volume:** 60 **Issue:** 9 **Pages:** 951-956 **DOI:** 10.1016/j.biopsych.2006.03.027 **Published:** NOV 1 2006
Abstract: Background: Previous research has demonstrated that academic and neuropsychological functions are compromised in pediatric bipolar disorder (PBD). Investigation of the degree to which neuropsychological deficits might contribute to those academic problems is needed to aid in the recognition and intervention for school achievement difficulties in PBD.
Methods: A sample of 55 children and adolescents with PBD with and without attention-deficit/hyperactivity disorder (ADHD) (PBD group, n = 28; PBD+ADHD group, n = 27) were tested with a computerized neurocognitive battery and standardized neuropsychological tests. Age range of subjects was 7-17 years, with the mean age of 11.97 (3.18) years. Parents completed a structured questionnaire on school and academic functioning.
Results: Logistic regression analyses indicated that executive function, attention, working memory, and verbal memory scores were poorer in those with a history of reading/writing difficulties. A separate logistic regression analysis found that attentional dysfunction predicted math difficulties. These relationships between neuropsychological function and academic difficulties were not different in those with PBD+ADHD than in those with PBD alone.
Conclusions: In PBD neuropsychological deficits in the areas of attention, working memory, and organization/problem solving skills all contribute to academic difficulties. Early identification and intervention for these difficulties might help prevent lower academic achievement in PBD.
Accession Number: WOS:000241691600008
PubMed ID: 16730333
ISSN: 0006-3223

Record 5 of 50 = PRO
Title: A pilot study of antidepressant-induced mania in pediatric bipolar disorder: Characteristics, risk factors, and the serotonin transporter gene
Author(s): Baumer, FM (Baumer, Fiona M.); Howe, M (Howe, Meghan); Gallelli, K (Gallelli, Kim); Simeonova, DL (Simeonova, Diana Lorgova); Hallmayer, J (Hallmayer, Joachim); Chang, KD (Chang, Kiki D.)
Source: BIOLOGICAL PSYCHIATRY **Volume:** 60 **Issue:** 9 **Pages:** 1005-1012 **DOI:** 10.1016/j.biopsych.2006.06.010 **Published:** NOV 1 2006
Abstract: Background: Antidepressant-induced mania (ALV) has been described in bipolar disorder (BD) and has been associated with the sbort-allele of the serotonin transporter gene (5-HTT). We wished to investigate the frequency of and risk factors for AIM in pediatric patients with or at high risk for BD.
Methods: Fifty-two children and adolescents (30 with BD and 22 with subthreshold manic symptoms, 15.1 +/- 3.4 years old), all

with a parent with BD, were interviewed with their parents for manic/depressive symptoms occurring before and after past antidepressant treatment. The 47 subjects with serotonin reuptake inhibitor (SSRI) exposure were genotyped for the 5-HTT polymorphism.
Results: Fifty percent of subjects were AIM+ and 25.5% had new onset of suicidal ideation. The AIM+ and AIM- groups did not differ significantly in relation to allele (p =.36) orgenotype (p =.53) frequencies of the 5-HTT polymorphism. The AIM+ subjects were more likely to have more comorbidities (3.2 vs. 2.4; p =.02) and be BD type 1 (p =.04) than AIM- subjects.
Conclusions: Youth with or at high risk for BD may be particularly vulnerable to SSRI AIM and thus should be monitored if given SSRIs. In this preliminary study, we did not find that the 5-HTT polymorphism significantly influenced vulnerability to AIM.
Accession Number: WOS:000241691600015
PubMed ID: 16945343
Conference Title: Conference on Pediatric Bipolar Disorder
Conference Date: APR 16, 2005
Conference Location: Coral Gables, FL
Conference Sponsors: NIMH
ISSN: 0006-3223

Record 6 of 50 = PRO
Title: Diagnosis and management of childhood bipolar disorder in the primary care setting
Author(s): Faust, DS (Faust, Douglas S.); Walker, D (Walker, Douglas); Sands, M (Sands, Mark)
Source: CLINICAL PEDIATRICS **Volume:** 45 **Issue:** 9 **Pages:** 801-808 **DOI:** 10.1177/0009922806295279 **Published:** NOV 2006
Abstract: Early-onset bipolar disorder (BD) is often misdiagnosed and inadequately treated because of the varying constellation of symptoms that occur across different developmental stages, the variety of disorders with similar presentation, and the frequent comorbidities. The etiology of BD is complex, but research confirms the major role that genetics and environment play in its development. The pediatrician initially identifies most cases, with subsequent referral to mental health providers. A complex case involving a child initially diagnosed with attention deficit hyperactivity disorder (ADHD) and later found to have comorbid childhood BD is considered, illustrating diagnostic considerations and appropriate behavioral and psychopharmacological intervention.
Accession Number: WOS:000241346300003
PubMed ID: 17041167
ISSN: 0009-9228

Record 7 of 50 = PRO
Title: CALMING THE BIPOLAR STORM: TREATING ACUTE MANIA AND MIXED EPISODES IN PATIENTS WITH BIPOLAR DISORDER
Author(s): Zajecka, JM (Zajecka, John M.)
Source: CNS SPECTRUMS **Volume:** 11 **Issue:** 11 **Pages:** 1-+ **Published:** NOV 2006
Abstract: Bipolar disorder is a seriously debilitating psychiatric disorder that greatly affects patients and their loved ones. Although bipolar disorder is one of the most frequently occurring mental disorders worldwide, many patients, particularly those with mixed mania, remain misdiagnosed. Compared to pure mania, mixed episodes of bipolar disorder present with symptoms that can be more challenging to treat. However, proper diagnosis and early treatment can usually alter the course of the illness, and remission is certainly possible.
This expert roundtable supplement reviews the differences between acute manic and mixed episodes in patients with bipolar disorder, explains proper dosing and the advantages of different dosage formulations, and identifies the rationale for monotherapy and combination therapy in these patient populations. The aim is to educate clinicians about ways to diagnose and treat the mood state aggressively and safely, especially in light of the many new treatment options available.
Accession Number: WOS:000207076400001
PubMed ID: 17075560
ISSN: 1092-8529

Record 8 of 50 = PRO
Title: Calming the bipolar storm: Treating acute mania and mixed episodes in patients with bipolar disorder
Author(s): Zajecka, JM (Zajecka, John M.)
Source: CNS SPECTRUMS **Volume:** 11 **Issue:** 11 **Pages:** A1-A13 **Published:** NOV 2006
Abstract: Bipolar disorder is a seriously debilitating psychiatric disorder that greatly affects patients and their loved ones. Although bipolar disorder is one of the most frequently occurring mental disorders worldwide, many patients, particularly those with mixed mania, remain misdiagnosed. Compared to pure mania, mixed episodes of bipolar disorder present with symptoms that can be more challenging to treat. However, proper diagnosis and early treatment can usually alter the course of the illness, and remission is certainly possible.
This expert roundtable supplement reviews the differences between acute manic and mixed episodes in patients with bipolar disorder, explains proper dosing and the advantages of different dosage formulations, and identifies the rationale for monotherapy and combination therapy in these patient populations. The aim is to educate clinicians about ways to diagnose and treat the mood state aggressively and safely, especially in light of the many new treatment options available.
Accession Number: WOS:000242419000002
ISSN: 1092-8529

Record 9 of 50 = PRO
Title: Empirical evidence for the use of lithium and anticonvulsants in children with psychiatric disorders
Author(s): Lopez-Larson, M (Lopez-Larson, Melissa); Frazier, JA (Frazier, Jean A.)
Source: HARVARD REVIEW OF PSYCHIATRY **Volume:** 14 **Issue:** 6 **Pages:** 285-304 **DOI:** 10.1080/10673220601082869 **Published:** NOV-DEC 2006
Abstract: Background: The use of psychotropic medications-in particular, mood stabilizers-in youths with psychiatric illness has grown. There are trends toward polypharmacy and the increased use of newer mood stabilizers in youths with psychiatric illness despite a paucity of studies examining the short- and long-term efficacy and safety of these agents in the pediatric population.

Method: PubMed was used to identify peer-reviewed publications from the past 30 years (January 1975 to August 2005) studying lithium and anticonvulsants in youths with psychiatric illness. Results: Evidence supporting the use of lithium and valproate in the treatment of juvenile bipolar disorder and reactive aggression has grown. Evidence for the use of other anticonvulsants in youths with psychiatric illness is sparse. Side effects from lithium and anticonvulsants are typically mild to moderate. Data are accumulating in regard to the longer-term safety of lithium and DVPX in the juvenile psychiatric population. Although data in regard to the newer anticonvulsants are limited, they may have more desirable side-effect profiles. Conclusion: Double-blind, placebo-controlled trials of lithium and anticonvulsants are greatly needed as clinical use of these agents has risen without sufficient evidence supporting their efficacy in the pediatric population.
Accession Number: WOS:000243265500002
PubMed ID: 17162653
ISSN: 1067-3229

Record 10 of 50 = PRO
Title: Bipolar disorder in a preschooler: Long-term ramifications of an early diagnosis and treatment
Author(s): Maalouf, FT (Maalouf, Fadi T.); Ziegler, RG (Ziegler, Robert G.); Schlozman, S (Schlozman, Steven); Prince, JB (Prince, Jefferson B.)
Source: HARVARD REVIEW OF PSYCHIATRY **Volume:** 14 **Issue:** 6 **Pages:** 319-329 **DOI:** 10.1080/10673220601082851 **Published:** NOV-DEC 2006
Accession Number: WOS:000243265500004
PubMed ID: 17162655
ISSN: 1067-3229

Record 11 of 50 = PRO
Title: Psychotic symptoms in pediatric bipolar disorder and family history of psychiatric illness
Author(s): Rende, R (Rende, Richard); Birmaher, B (Birmaher, Boris); Axelson, D (Axelson, David); Strober, M (Strober, Michael); Gill, MK (Gill, Mary Kay); Valeri, S (Valeri, Sylvia); Chiappetta, L (Chiappetta, Laurel); Ryan, N (Ryan, Neal); Leonard, H (Leonard, Henrietta); Hunt, J (Hunt, Jeffrey); Iyengar, S (Iyengar, Satish); Keller, M (Keller, Martin)
Source: JOURNAL OF AFFECTIVE DISORDERS **Volume:** 96 **Issue:** 1-2 **Pages:** 127-131 **DOI:** 10.1016/j.jad.2006.05.022 **Published:** NOV 2006
Abstract: Background: Few studies have examined the specificity and non-specificity in patterns of familial loading for presentation of psychotic symptoms in pediatric bipolar disorder (BP).
Methods: Diagnostic assessment of 263 pediatric BP probands included lifetime history of psychotic symptoms as well as longitudinal follow-up; family history of psychiatric illness was determined for 1st degree relatives.
Results: Pediatric BP probands with lifetime, history of psychosis had a higher percentage of positive family history of anxiety disorders and suicide attempts as compared to probands with no history of psychosis.
Discussion: Familial loading for a spectrum of internalizing disorders is associated with presentation of psychotic symptoms in pediatric BP. (c) 2006 Elsevier B.V. All rights reserved.
Accession Number: WOS:000241930900018
PubMed ID: 16814395
ISSN: 0165-0327

Record 12 of 50 = PRO
Title: Pilot sample of very early onset bipolar disorder in a military population moderates the association of negative life events and non-fatal suicide attempt
Author(s): Pettit, JW (Pettit, Jeremy W.); Paukert, AL (Paukert, Amber L.); Joiner, TE (Joiner, Thomas E., Jr.); Rudd, MD (Rudd, M. David)
Source: BIPOLAR DISORDERS **Volume:** 8 **Issue:** 5 **Pages:** 475-484 **DOI:** 10.1111/j.1399-5618.2006.00353.x **Part:** 1 **Published:** OCT 2006
Abstract: Objective: To examine the moderating effects of very early onset diagnostic status (<= 13 years) upon the association between life events and non-fatal suicide attempt.
Methods: Measures of negative life events, suicidal ideation and current suicide attempt were administered to 298 military-based young adults at entry to treatment for suicidality. Current and lifetime diagnoses were assigned using the Diagnostic Interview Schedule. The predictive ability of negative life events for non-fatal suicide attempt was examined separately for the total sample and for those with retrospectively determined histories of very early onset bipolar disorder (VEOBPD; n = 16), very early onset major depressive disorder (VEOMDD; n = 21) and very early onset anxiety disorder (VEOANX; n = 53).
Results: Negative life events and suicide attempt were significantly and positively associated among those with no history of VEOBPD (OR = 1.30, 95% CI = 1.02-1.65, $p < 0.05$), including those with VEOMDD and VEOANX. Consistent with expectation, VEOBPD moderated the association between negative life events and suicide attempt (OR = 0.88, 95% CI = 0.78-0.99, $p < 0.05$), such that negative life events were non-significantly and negatively associated with the presence of a suicide attempt (OR = 0.21, 95% CI = 0.04-1.02, $p = 0.09$) among patients with a history of VEOBPD.
Conclusions: Despite similar rates of suicide attempt among all diagnostic groups, life stress did not contribute to attempt among those with VEOBPD. These findings are consistent with the severity and chronicity of VEOBPD. Potential explanations of these findings include a scarring effect on coping skills and increased sensitization to life stress.
Accession Number: WOS:000241241300008
PubMed ID: 17042885
ISSN: 1398-5647

Record 13 of 50 = PRO (considers stress as aetiological factor, but assumes PBD validity)
Title: The stress sensitization hypothesis: Understanding the course of bipolar disorder
Author(s): Dienes, KA (Dienes, Kimberly A.); Hammen, C (Hammen, Constance); Henry, RM (Henry, Risha M.); Cohen, AN (Cohen, Amy N.); Daley, SE (Daley, Shannon E.)
Source: JOURNAL OF AFFECTIVE DISORDERS **Volume:** 95 **Issue:** 1-3 **Pages:** 43-49 **DOI:** 10.1016/j.jad.2006.04.009 **Published:** OCT 2006
Abstract: Background: The influence of psychosocial stress on the course of bipolar disorder has been increasingly recognized. The authors tested hypotheses about both stress and early adversity "sensitization" on the course of bipolar disorder over a one-

year period.
Methods: The participants were 58 adults (29 male and 29 female) with a diagnosis of bipolar I disorder. They were evaluated every three months for one year. Stressful life events and the presence of early adversity were assessed by structured interview.
Results: There was no significant interaction between stress and episode number in the prediction of bipolar recurrence. The interaction of early adversity severity and stressful life events significantly predicted recurrence in a manner consistent with the sensitization hypothesis. Participants with early adversity reported lower levels of stress prior to recurrence than those without early adversity. Individuals with early adversity also had a significantly younger age of bipolar onset.
Limitations: The sample size was small and the number of past episodes was determined retrospectively, mainly through self-report.
Conclusions: Severe early adversity may result in a greater effect of stress on bipolar recurrence and earlier onset of bipolar disorder, suggesting the need for further studies of stress mechanisms in bipolar disorder and of treatments designed to intervene early among those at risk.
Accession Number: WOS:000241477700006
PubMed ID: 16837055
ISSN: 0165-0327

Record 14 of 50 = SCEP
Title: Phenomenology and diagnosis of bipolar disorder in children, adolescents, and adults: Complexities and developmental issues
Author(s): Carlson, GA (Carlson, Gabrielle A.); Meyer, SE (Meyer, Stephanie E.)
Source: DEVELOPMENT AND PSYCHOPATHOLOGY **Volume:** 18 **Issue:** 4 **Pages:** 939-969 **DOI:** 10.1017/S0954579406060470 **Published:** FAL 2006
Abstract: This review addresses the phenomenology of mania/bipolar disorder from a developmental psychopathology perspective and uses cases with longitudinal information to illustrate major points. Beginning with a summary of the phenomenology of bipolar illness as it occurs in adults, the authors identify diagnostic complexities unique to children and adolescents. These include the challenges of characterizing elation and grandiosity; differentiating mania from comorbid symptoms, rages, sequelae of maltreatment, and typical developmental phenomena; and the unique manifestations of psychosis. We conclude with the observation that a significant difference between early and later onset bipolar disorder is that, in the former, there appears to be a global delay or arrest in the development of appropriate affect regulation; whereas in adult-onset bipolar illness, emotion dysregulation generally presents as an intermittent phenomenon. At this juncture, the study of childhood bipolar illness would benefit from a developmental psychopathology perspective to move beyond the level of cross-sectional symptom description to begin to study individuals over time, focusing on developmental, environmental, genetic, and neurobiological influences on manifest behavior.
Accession Number: WOS:000241933300002
PubMed ID: 17064424
ISSN: 0954-5794

Record 15 of 50 = PRO
Title: Defining and validating bipolar disorder in the preschool period
Author(s): Luby, J (Luby, Joan); Belden, A (Belden, Andy)
Source: DEVELOPMENT AND PSYCHOPATHOLOGY **Volume:** 18 **Issue:** 4 **Pages:** 971-988 **DOI:** 10.1017/S0954579406060482 **Published:** FAL 2006
Abstract: The clinical characteristics and adaptive functioning of preschoolers who met DSM-IV criteria for bipolar disorder versus psychiatric and healthy comparison groups were investigated. A community-based sample of 303 preschoolers (3-6 years of age) and their caregivers was ascertained. Diagnostic classification based on parent report of mania symptoms was made using an age-appropriate psychiatric interview. Results indicated that 26 preschoolers met DSM-IV criteria for bipolar disorder who could be identified based the presence of 13 core age-adjusted mania items. These children could be clearly differentiated from children in two psychiatric groups (DSM-IV disruptive disorders, and major depressive disorder) and a "healthy" comparison group based on a specific symptom constellation. Findings indicated that preschoolers in the bipolar group were significantly more ($p < .05$) impaired than the two psychiatric and healthy groups based on independent measures. Further, even after controlling for comorbid attention-deficit/hyperactivity disorder (81% comorbidity rate), the bipolar group remained significantly ($p < .05$) more impaired in multiple domains compared to preschoolers with DSM-IV disruptive disorders and healthy controls. Findings suggested that children as young as 3 years can manifest DSM-IV bipolar disorder when age adjusted symptom descriptions are employed, and that these children can be distinguished from healthy and disruptive disordered preschoolers. Recommendations for future research in this area that integrates developmental and mental health models are made.
Accession Number: WOS:000241933300003
PubMed ID: 17064425
ISSN: 0954-5794

Record 16 of 50 = PRO
Title: Diagnostic and measurement issues in the assessment of pediatric bipolar disorder: Implications for understanding mood disorder across the life cycle
Author(s): Youngstrom, E (Youngstrom, Eric); Meyers, O (Meyers, Oren); Youngstrom, JK (Youngstrom, Jennifer Kogos); Calabrese, JR (Calabrese, Joseph R.); Findling, RL (Findling, Robert L.)
Source: DEVELOPMENT AND PSYCHOPATHOLOGY **Volume:** 18 **Issue:** 4 **Pages:** 989-1021 **DOI:** 10.1017/S0954579406060494 **Published:** FAL 2006
Abstract: The goal of this paper is to review assessment research of bipolar disorder in children and adolescents. The review addresses numerous themes: the benefits and costs of involving clinical judgment in the diagnostic process, particularly with regard to diagnosis and mood severity ratings; the validity of parent, teacher, and youth self-report of manic symptoms; how much cross-situational consistency is typically shown in mood and behavior; the extent to which a parent's mental health status influences their report of child behavior; how different measures compare in terms of detecting bipolar disorder, the challenges in comparing the performance of measures across research groups, and the leading candidates for research or clinical use; evidence-based strategies for interpreting measures as diagnostic aids; how test performance changes when a test is used in a new setting and what implications this has for research samples as well as clinical practice; the role of family history of mood disorder within an assessment framework; and the implications of assessment research for the understanding of phenomenology of bipolar

disorder from a developmental framework.
Accession Number: WOS:000241933300004
PubMed ID: 17064426
ISSN: 0954-5794

Record 17 of 50 = PRO
Title: Course and outcome of bipolar spectrum disorder in children and adolescents: A review of the existing literature
Author(s): Birmaher, B (Birmaher, Boris); Axelson, D (Axelson, David)
Source: DEVELOPMENT AND PSYCHOPATHOLOGY **Volume:** 18 **Issue:** 4 **Pages:** 1023-1035 **DOI:** 10.1017/S0954579406060500 **Published:** FAL 2006
Abstract: The longitudinal course of children and adolescents with bipolar disorder (BP) is manifested by frequent changes in symptom polarity with a fluctuating course showing a dimensional continuum of bipolar symptom severity from subsyndromal to mood syndromes meeting full Diagnostic and Statistical Manual of Mental Disorders criteria. These rapid fluctuations in mood appear to be more accentuated than in adults with BP, and combined with the high rate of comorbid disorders and the child's cognitive and emotional developmental stage, may explain the difficulties encountered diagnosing and treating BP youth. Children and adolescents with early-onset, low socioeconomic status, subsyndromal mood symptoms, long duration of illness, rapid mood fluctuation, mixed presentations, psychosis, comorbid disorders, and family psychopathology appear to have worse longitudinal outcome. BP in children and adolescents is associated with high rates of hospitalizations, psychosis, suicidal behaviors, substance abuse, family and legal problems, as well as poor psychosocial functioning. These factors, in addition to the enduring and rapid changeability of symptoms of this illness from very early in life, and at crucial stages in their lives, deprive BP children of the opportunity for normal psychosocial development. Thus, early recognition and treatment of BP in children and adolescents is of utmost importance.
Accession Number: WOS:000241933300005
PubMed ID: 17064427
ISSN: 0954-5794

Record 18 of 50 = PRO
Title: A cognitive vulnerability-stress perspective on bipolar spectrum disorders in a normative adolescent brain, cognitive, and emotional development context
Author(s): Alloy, LB (Alloy, Lauren B.); Abramson, LY (Abramson, Lyn Y.); Walshaw, PD (Walshaw, Patricia D.); Keyser, J (Keyser, Jessica); Gerstein, RK (Gerstein, Rachel K.)
Source: DEVELOPMENT AND PSYCHOPATHOLOGY **Volume:** 18 **Issue:** 4 **Pages:** 1055-1103 **DOI:** 10.1017/S0954579406060524 **Published:** FAL 2006
Abstract: Why is adolescence an "age of risk" for onset of bipolar spectrum disorders? We discuss three clinical phenomena of bipolar disorder associated with adolescence (adolescent age of onset, gender differences, and specific symptom presentation) that provide the point of departure for this article. We present the cognitive vulnerability-transactional stress model of unipolar depression, evidence for this model, and its extension to bipolar spectrum disorders. Next, we review evidence that life events, cognitive vulnerability, the cognitive vulnerability-stress combination, and certain developmental experiences (poor parenting and maltreatment) featured in the cognitive vulnerability-stress model play a role in the onset and course of bipolar disorders. We then discuss how an application of the cognitive vulnerability-stress model can explain the adolescent age of onset, gender differences, and adolescent phenomenology of bipolar disorder. Finally, we further elaborate the cognitive vulnerability-stress model by embedding it in the contexts of normative adolescent cognitive (executive functioning) and brain development, normative adolescent development of the stress-emotion system, and genetic vulnerability. We suggest that increased brain maturation and accompanying increases in executive functioning along with augmented neural and behavioral stress-sensitivity during adolescence combine with the cognitive vulnerability-stress model to explain the high-risk period for onset of bipolar disorder, gender differences, and unique features of symptom presentation during adolescence.
Accession Number: WOS:000241933300007
PubMed ID: 17064429
ISSN: 0954-5794

Record 19 of 50 = SMD
Title: Emotion regulation in children and adolescents: Boundaries between normalcy and bipolar disorder
Author(s): Dickstein, DP (Dickstein, Daniel P.); Leibenluft, E (Leibenluft, Ellen)
Source: DEVELOPMENT AND PSYCHOPATHOLOGY **Volume:** 18 **Issue:** 4 **Pages:** 1105-1131 **DOI:** 10.1017/S0954579406060536 **Published:** FAL 2006
Abstract: Much controversy has surrounded the diagnosis of bipolar disorder (BD) in children and adolescents. However, recent work from an affective neuroscience perspective has advanced what is known about the boundaries of emotion regulation in BD compared to typically developing youth. In this article, we first briefly review the clinical issues that have contributed to this diagnostic controversy. Second, we discuss our phenotyping system, which can be used to guide neurobiological research designed to address these controversial issues. Third, we review what is known about the fundamentals of emotion regulation in human and nonhuman primate models. Fourth, we present recent data demonstrating how children and adolescents with BD differ from those without psychopathology on measures of emotion regulation. Taken as a whole, this work implicates a neural circuit encompassing the prefrontal cortex, amygdala, and striatum in the pathophysiology of pediatric BD.
Accession Number: WOS:000241933300008
PubMed ID: 17064430
ISSN: 0954-5794

Record 20 of 50 = PRO
Title: Will neuroimaging ever be used to diagnose pediatric bipolar disorder?
Author(s): Chang, K (Chang, Kiki); Adleman, N (Adleman, Nancy); Wagner, C (Wagner, Christopher); Barnea-Goraly, N (Barnea-Goraly, Naama); Garrett, A (Garrett, Amy)
Source: DEVELOPMENT AND PSYCHOPATHOLOGY **Volume:** 18 **Issue:** 4 **Pages:** 1133-1146 **DOI:** 10.1017/S0954579406060548 **Published:** FAL 2006
Abstract: There is a great need for discovery of biological markers that could be used diagnostically for pediatric onset

disorders, particularly those with potentially confusing phenomenology such as pediatric-onset bipolar disorder (BD). Obtaining these markers would help overcome current subjective diagnostic techniques of relying on parent and child interview and symptomatic history. Brain imaging may be the most logical choice for a diagnostic tool, and certain neurobiological abnormalities have already been found in pediatric BD. However, much work remains to be done before neuroimaging can be used reliably to diagnose this disorder, and because of the nature of BD and the limitations of imaging technology and technique, neuroirnaging will likely at most be only a diagnostic aide in the near future. In this paper we discuss the characteristics of pediatric BD that complicate the use of biological markers as diagnostic tools, how neuroirnaging techniques have been used to study pediatric BD so far, and the limitations and potential of such techniques for future diagnostic use.
Accession Number: WOS:000241933300009
PubMed ID: 17064431
ISSN: 0954-5794

Record 21 of 50 = PRO
Title: Pharmacological interventions for bipolar youth: Developmental considerations
Author(s): DelBello, MP (DelBello, Melissa P.); Kowatch, RA (Kowatch, Robert A.)
Source: DEVELOPMENT AND PSYCHOPATHOLOGY **Volume:** 18 **Issue:** 4 **Pages:** 1231-1246 **DOI:** 10.1017/S0954579406060597 **Published:** FAL 2006
Abstract: Despite the high prevalence rate, there have been relatively few controlled studies to systematically examine pharmacological treatments for children and adolescents with bipolar disorder. We review the differences in clinical characteristics between youth and adults with bipolar disorder and the extant literature of pharmacological treatments for children and adolescents with bipolar disorder, as well as discuss the effectiveness of pharmacological interventions for treating children and adolescents who are at familial risk for developing bipolar disorder. Although the number of controlled studies of youth with manic and mixed episodes is rapidly growing, there are few studies examining treatments for depression and the prevention of recurrent affective episodes in this population. Although children and adolescents with bipolar disorder commonly present with co-occurring psychiatric disorders, such as attention-deficit/hyperactivity disorder, there are limited data to guide the treatment of these patients. Recently, studies have begun to characterize prodromal manifestations of bipolar disorder and identify early intervention strategies for treating children and adolescents with an elevated risk for developing bipolar disorder.
Accession Number: WOS:000241933300014
PubMed ID: 17064436
ISSN: 0954-5794

Record 22 of 50 = PRO
Title: Early-onset bipolar disorder: A family treatment perspective
Author(s): Miklowitz, DJ (Miklowitz, David J.); Biuckians, A (Biuckians, Adrine); Richards, JA (Richards, Jeffrey A.)
Source: DEVELOPMENT AND PSYCHOPATHOLOGY **Volume:** 18 **Issue:** 4 **Pages:** 1247-1265 **DOI:** 10.1017/S0954579406060603 **Published:** FAL 2006
Abstract: Mood disorder symptoms and their associated functional impairments are hypothesized to come about as the result of the conjoint, interactive influences of genetic, biological, and psychological vulnerabilities, family distress, and life stress at different points of development. We discuss a developmental psychopathology model that delineates pathways to high family conflict and mood exacerbation among early-onset bipolar patients. New data from a treatment development study indicate that adolescent bipolar patients in high expressed emotion families have more symptomatic courses of illness over 2 years than adolescents in low expressed emotion families. Chronic and episodic stressors are also correlated with lack of mood improvement while adolescents are in treatment. Family-focused treatment (FFT) given in conjunction with pharmacotherapy appears to ameliorate the course of bipolar disorder in adults. This treatment has recently been modified to address the developmental presentation of bipolar disorder among adolescents. We present data from an open trial of FFT and pharmacotherapy (N = 20) indicating that bipolar adolescents stabilize in mania, depression, and parent-rated problem behaviors over 2 years. Future research should focus on clarifying the developmental pathways to early-onset bipolar disorder and the role of protective factors and preventative psychosocial interventions in delaying the first onset of the disorder.
Accession Number: WOS:000241933300015
PubMed ID: 17064437
ISSN: 0954-5794

Record 23 of 50 = PRO
Title: Adapting interpersonal and social rhythm therapy to the developmental needs of adolescents with bipolar disorder
Author(s): Hlastala, SA (Hlastala, Stefanie A.); Frank, E (Frank, Ellen)
Source: DEVELOPMENT AND PSYCHOPATHOLOGY **Volume:** 18 **Issue:** 4 **Pages:** 1267-1288 **DOI:** 10.1017/S0954579406060615 **Published:** FAL 2006
Abstract: interpersonal and social rhythm therapy (IPSRT) is a manual-based adjunctive psychotherapy specific to the treatment of bipolar disorder. This paper reviews the theoretical rationale and empirical evidence for the efficacy of IPSRT in combination with pharmacotherapy for adults with bipolar I disorder. We then provide an overview of the developmental modifications being made to IPSRT to increase its relevance to adolescents with bipolar disorder.
Accession Number: WOS:000241933300016
PubMed ID: 17064438
ISSN: 0954-5794

Record 24 of 50 = PRO
Title: Clinical experience with anticonvulsant medication in pediatric epilepsy and comorbid bipolar spectrum disorder
Author(s): Salpekar, JA (Salpekar, Jay A.); Conry, JA (Conry, Joan A.); Doss, W (Doss, Wright); Cushner-Weinstein, S (Cushner-Weinstein, Sandra); Pearl, PL (Pearl, Phillip L.); Weinstein, SL (Weinstein, Steven L.); Gaillard, WD (Gaillard, William D.)
Source: EPILEPSY & BEHAVIOR **Volume:** 9 **Issue:** 2 **Pages:** 327-334 **DOI:** 10.1016/j.yebeh.2006.06.004 **Published:** SEP 2006
Abstract: Anticonvulsant drugs are first-line treatments for both bipolar mood disorder and epilepsy; however, few studies have explored treatment options when these disorders co-occur. The aim of this study was to identify bipolar disorder symptoms common in pediatric epilepsy and to determine whether anticonvulsant monotherapy might be a practical treatment

consideration. A retrospective chart review identified 38 children with bipolar spectrum disorder and epilepsy comorbidity. Two mental health clinicians independently assessed psychiatric diagnoses, symptoms, and assigned retrospective CGI-I ratings for psychiatric symptoms. Common bipolar symptoms included impulsivity, psychomotor agitation, and explosive rage. Forty-two medication trials with 11 different anticonvulsants were identified. Of the 30 instances in which anticonvulsant monotherapy was attempted, carbamazepine, divalproex sodium, lamotrigine, and oxcarbazepine were associated with better psychiatric CGI-I ratings than other monotherapies ($P < 0.01$). Results suggest that in many cases, selected anticonvulsants appeared to simultaneously treat both epilepsy and mood disorder. Controlled trials are necessary to further ascertain optimal anticonvulsant usage.
Accession Number: WOS:000240624900014
PubMed ID: 16861047
Conference Title: 58th Annual Meeting of the American-Epilepsy-Society
Conference Date: DEC 03-07, 2004
Conference Location: New Orleans, LA
Conference Sponsors: Amer Epilepsy Soc
ISSN: 1525-5050

Record 25 of 50 = PRO
Title: Earlier recognition and treatment of prepubertal-onset bipolar disorder
Author(s): Post, RM (Post, Robert M.); Findling, RL (Findling, Robert L.); Kowatch, RA (Kowatch, Robert A.)
Source: PSYCHIATRIC ANNALS **Volume:** 36 **Issue:** 9 **Pages:** 630-636 **Published:** SEP 2006
Accession Number: WOS:000240569400007
Conference Title: 4th Annual Psychiatric Annals Symposium on Targeted Treatments - Mood and Comorbid Disorders
Conference Date: MAR, 2006
Conference Location: New York, NY
ISSN: 0048-5713

Record 26 of 50 = PRO
Title: Pediatric bipolar disease: current and future perspectives for study of its long-term course and treatment
Author(s): Strober, M (Strober, Michael); Birmaher, B (Birmaher, Boris); Ryan, N (Ryan, Neal); Axelson, D (Axelson, David); Valeri, S (Valeri, Sylvia); Leonard, H (Leonard, Henrietta); Iyengar, S (Iyengar, Satish); Gill, MK (Gill, Mary Kay); Hunt, J (Hunt, Jeffrey); Keller, M (Keller, Martin)
Source: BIPOLAR DISORDERS **Volume:** 8 **Issue:** 4 **Pages:** 311-321 **DOI:** 10.1111/j.1399-5618.2006.00313.x **Published:** AUG 2006
Abstract: Aim and methods: Findings from recent long-term, prospective longitudinal studies of the course, outcome and naturalistic treatment of adults with bipolar illness are highlighted as background for long-term developmental study of pediatric bipolar illness.
Results: Accumulating knowledge of bipolar illness in adults underscores a high risk for multiple recurrences through the lifespan, significant medical morbidity, high rates of self-harm, economic and social burden and frequent treatment resistance with residual symptoms between major episodes. At present, there is no empirical foundation to support any assumption about the long-term course or outcome of bipolar illness when it arises in childhood or adolescence, or the effects of conventional pharmacotherapies in altering its course and limiting potentially adverse outcomes. The proposed research articulates specific descriptive aims that draw on adult findings and outlines core methodological requirements for such an endeavor.
Conclusions: Innovations in the description and quantitative analysis of prospective longitudinal clinical data must now be extended to large, systematically ascertained pediatric cohorts recruited through multicenter studies if there is to be a meaningful scientific advance in our knowledge of the enduring effects of bipolar illness and the potential value of contemporary approaches to its management.
Accession Number: WOS:000239111900001
PubMed ID: 16879132
ISSN: 1398-5647

Record 27 of 50 = TRAD (passing mention of mania but traditional perspective and focus on depression)
Title: Depressive symptoms as a longitudinal predictor of sexual risk behaviors among US middle and high school students
Author(s): Lehrer, JA (Lehrer, JA); Shrier, LA (Shrier, LA); Gortmaker, S (Gortmaker, S); Buka, S (Buka, S)
Source: PEDIATRICS **Volume:** 118 **Issue:** 1 **Pages:** 189-200 **DOI:** 10.1542/peds.2005-1320 **Published:** JUL 2006
Abstract: OBJECTIVE. The purpose of this study was to examine whether depressive symptoms are predictive of subsequent sexual risk behavior in a national probability sample of US middle and high school students.
METHODS. Sexually active, unmarried, middle and high school students (n = 4152) participated in home interviews in waves I and II of the National Longitudinal Study of Adolescent Health, at an similar to 1-year interval. Associations between baseline depressive symptoms and sexual risk behaviors over the course of the following year were examined separately for boys and girls, adjusting for demographic variables, religiosity, same-sex attraction/behavior, sexual intercourse before age 10, and baseline sexual risk behavior.
RESULTS. In adjusted models, boys and girls with high depressive symptom levels at baseline were significantly more likely than those with low symptom levels to report >= 1 of the examined sexual risk behaviors over the course of the 1-year follow-up period. For boys, high depressive symptom levels were specifically predictive of condom nonuse at last sex, birth control nonuse at last sex, and substance use at last sex; these results were similar to those of parallel analyses with a continuous depression measure. For girls, moderate depressive symptoms were associated with substance use at last sex, and no significant associations were found between high depressive symptom levels and individual sexual risk behaviors. Parallel analyses with the continuous depression measure found significant associations for condom nonuse at last sex, birth control nonuse at last sex, >= 3 sexual partners, and any sexual risk behavior.
CONCLUSION. In this study, depressive symptoms predicted sexual risk behavior in a national sample of male and female middle and high school students over a 1-year period.
Accession Number: WOS:000238726100023
PubMed ID: 16818565
ISSN: 0031-4005

Record 28 of 50 = PRO
Title: Limbic hyperactivation during processing of neutral facial expressions in children with bipolar disorder
Author(s): Rich, BA (Rich, Brendan A.); Vinton, DT (Vinton, Deborah T.); Roberson-Nay, R (Roberson-Nay, Roxann); Hommer, RE (Hommer, Rebecca E.); Berghorst, LH (Berghorst, Lisa H.); McClure, EB (McClure, Erin B.); Fromm, SJ (Fromm, Stephen J.); Pine, DS (Pine, Daniel S.); Leibenluft, E (Leibenluft, Ellen)
Source: PROCEEDINGS OF THE NATIONAL ACADEMY OF SCIENCES OF THE UNITED STATES OF AMERICA **Volume:** 103 **Issue:** 23 **Pages:** 8900-8905 **DOI:** 10.1073/pnas.0603246103 **Published:** JUN 6 2006
Abstract: Reflecting a paradigm shift in clinical neuroscience, many chronic psychiatric illnesses are now hypothesized to result from perturbed neural development. However, most work in this area focuses on schizophrenia. Here, we extend this paradigm to pediatric bipolar disorder (BID), thus demonstrating traction in the developmental psychobiology perspective. To study amygdala dysfunction, we examined neural mechanisms mediating face processing in 22 youths (mean age 14.21 +/- 3.11 yr) with BD and 21 controls of comparable age, gender, and IQ. Event-related functional MRI compared neural activation when attention was directed to emotional aspects of faces (hostility, subjects' fearfulness) vs. nonemotional aspects (nose width). Compared with controls, patients perceived greater hostility in neutral faces and reported more fear when viewing them. Also, compared with controls, patients had greater activation in the left amygdala, accumbens, putamen, and ventral prefrontal cortex when rating face hostility, and greater activation in the left amygdala and bilateral accumbens when rating their fear of the face. There were no between-group behavioral or neural differences in the nonemotional conditions. Results implicate deficient emotion-attention interactions in the pathophysiology of BD in youth and suggest that developmental psychobiology approaches to chronic mental illness have broad applicability.
Accession Number: WOS:000238278400057
PubMed ID: 16735472
ISSN: 0027-8424

Record 29 of 50 = SCEP (Lithium toxicity problems, skeptical tone re PBD)
Title: Lithium administration to preadolescent rats causes long-lasting increases in anxiety-like behavior and has molecular consequences
Author(s): Youngs, RM (Youngs, RM); Chu, MS (Chu, MS); Meloni, EG (Meloni, EG); Naydenov, A (Naydenov, A); Carlezon, WA (Carlezon, WA); Konradi, C (Konradi, C)
Source: JOURNAL OF NEUROSCIENCE **Volume:** 26 **Issue:** 22 **Pages:** 6031-6039 **DOI:** 10.1523/JNEUROSCI.0580-06.2006 **Published:** MAY 31 2006
Abstract: Lithium (Li) is frequently used in the treatment of bipolar disorder (BPD), a debilitating condition that is increasingly diagnosed in children and adolescents. Because the symptoms of BPD in children are different from the typical symptoms in adulthood and have significant overlap with other childhood psychiatric disorders, this disorder is notoriously difficult to diagnose. This raises the possibility that some children not affected by BPD are treated with Li during key periods of brain development. The objective of this investigation was to examine the long-term effects of Li on the developing brain via a series of behavioral and molecular studies in rats. Rat pups were reared on Li chow for 3 weeks. Parallel groups were tested while on Li chow or 2 and 6 weeks after discontinuation of treatment. We found increased measures of anxiety-like behavior at all times tested. Gene microarray studies of the amygdala revealed that Li affected the expression of gene transcripts of the synapse and the cytoskeleton, suggesting that the treatment induced synaptic adjustments. Our study indicates that Li can alter the trajectory of brain development. Although the effects of Li on the normal brain seems unfavorable, effects on the abnormal brain cannot be determined from these studies alone and may well be therapeutic. Our results indicate that Li administration to the normal brain has the potential for lasting adverse effects.
Accession Number: WOS:000238040400021
PubMed ID: 16738246
ISSN: 0270-6474

Record 30 of 50 = PRO
Title: Risperidone for the treatment of affective symptoms in children with disruptive behavior disorder: A post hoc analysis of data from a 6-week, multicenter, randomized, double-blind, parallel-arm study
Author(s): Biederman, J (Biederman, Joseph); Mick, E (Mick, Eric); Faraone, SV (Faraone, Stephen V.); Wozniak, J (Wozniak, Janet); Spencer, T (Spencer, Thomas); Pandina, G (Pandina, Gahan)
Source: CLINICAL THERAPEUTICS **Volume:** 28 **Issue:** 5 **Pages:** 794-800 **DOI:** 10.1016/j.clinthera.2006.05.009 **Published:** MAY 2006
Abstract: Background: Despite the increasing recognition of bipolar disorder in childhood, there have been no controlled, randomized clinical trials of atypical antipsychotics in this population. Preliminary data from open-label trials in children suggest that these agents might be effective in treating pediatric bipolar disorder, however.
Objective: The purpose of this post hoc analysis of data from Aman et al was to determine the effects of risperidone in the management of affective symptoms in children with disruptive behavioral disorders (DBDs).
Methods: This report presents a secondary analysis of a previously reported 6-week, multicenter, double-blind, randomized, parallel-arm trial comparing 6 weeks of administration of risperidone (flexible dosing starting at 0.02 mg (.) kg(-1) (.) d(-1) and titrated up to 0.06 mg (.) kg(-1) (.) d(-1)) versus placebo in children with DBDs and subaverage intelligence. Twenty-four candidate affective symptoms of mania and depression were extracted from the 64-item Nisonger Child Behavior Rating Form (NCBRF). To define independent dimensions of mood-disorder psychopathology, these 24 symptoms were assigned 1 of 3 independent dimensions (symptoms of mania) based on loading: explosive irritability; agitated, expansive, grandiose; and depression. A fourth, nonaffective independent dimension encompassed a combination of nonaffective symptoms on the NCBRF Conduct Problem sub-scale. To assess treatment effect, each independent dimension was assigned a score derived from the sum of the symptoms that loaded on that dimension at weeks 2, 4, and 6 of study drug administration.
Results: A total of 110 patients were included in the independent-dimension analysis (89 boys, 21 girls; risperidone, 49 patients; placebo, 61 patients; mean [SD] age, 8.6 [2.3] and 8.1 [2.4] years in the risperidone and placebo groups, respectively; mean [SD] weight, 33.9 [12.8] and 32.1 [12.0] kg in the risperidone and placebo groups, respectively). The treatment-effect analysis found that the mean scores of all 3 independent dimensions were significantly reduced with risperidone compared with placebo at weeks 2, 4, and 6 (all, $P <= 0.03$). The effect sizes of improvement in these factors ranged from 0.44 to 0.95 at end point.
Conclusions: The results of this post hoc analysis of affective symptoms of DBDs using data from a previously published randomized, double-blind clinical comparison of risperidone and placebo in the treatment of children with DBDs and subaverage intelligence suggest that risperidone was effective in treating the factors of explosive irritability; agitated, expansive, grandiose;

and depression.
Accession Number: WOS:000238169400016
PubMed ID: 16861101
ISSN: 0149-2918

Record 31 of 50 = PRO
Title: Child mania rating scale: Development, reliability, and validity
Author(s): Pavuluri, MN (Pavuluri, MN); Henry, DB (Henry, DB); Devineni, B (Devineni, B); Carbray, JA (Carbray, JA); Birmaher, B (Birmaher, B)
Source: JOURNAL OF THE AMERICAN ACADEMY OF CHILD AND ADOLESCENT PSYCHIATRY **Volume:** 45 **Issue:** 5 **Pages:** 550-560 **DOI:** 10.1097/01.chi.0000205700.40700.50 **Published:** MAY 2006
Abstract: Objective: To develop a reliable and valid parent-report screening instrument for mania, based on DSM-IV symptoms. Method: A 21-item Child Mania Rating Scale-Parent version (CMRS-P) was completed by parents of 150 children (42.3% female) ages 10.3 +/- 2.9 years (healthy controls = 50; bipolar disorder = 50; attention-deficit/hyperactivity disorder [ADHD] = 50). The Washington University Schedule for Affective Disorders and Schizophrenia was used to determine DSM-IV diagnosis. The Young Mania Rating Scale, Schedule for Affective Disorders and Schizophrenia Mania Rating Scale, Child Behavior Checklist, and Child Depression Inventory were completed to estimate the construct validity of the measure. Results: Exploratory and confirmatory factor analysis of the CMRS-P indicated that the scale was unidimensional. The internal consistency and retest reliability were both 0.96. Convergence of the CMRS-P with the Washington University Schedule for Affective Disorders and Schizophrenia mania module, the Schedule for Affective Disorders and Schizophrenia Mania Rating Scale, and the Young Mania Rating Scale was excellent (.78-.83). The scale did not correlate as strongly with the Conners parent-rated ADHD scale, the Child Behavior Checklist -Attention Problems and Aggressive Behavior subscales, or the child self-report Child Depression Inventory (.29-51). Criterion validity was demonstrated in analysis of receiver operating characteristics curves, which showed excellent sensitivity and specificity in differentiating children with mania from either healthy controls or children with ADHD (areas under the curve of .91 to .96). Conclusion: The CMRS-P is a promising parent-report scale that can be used in screening for pediatric mania.
Accession Number: WOS:000237098400006
PubMed ID: 16601399
Conference Title: 51st Annual Meeting of the American-Academy-of-Child-and-Adolescent-Psychiatry
Conference Date: OCT 19-24, 2004
Conference Location: Washington, DC
Conference Sponsors: Amer Acad Child & Adolescent Psychiat
ISSN: 0890-8567

Record 32 of 50 = PRO
Title: Age, rapid-cycling, and pharmacotherapy effects on ventral prefrontal cortex in bipolar disorder: A cross-sectional study
Author(s): Blumberg, HP (Blumberg, HP); Krystal, JH (Krystal, JH); Bansal, R (Bansal, R); Martin, A (Martin, A); Dziura, J (Dziura, J); Durkin, K (Durkin, K); Martin, L (Martin, L); Gerard, E (Gerard, E); Charney, DS (Charney, DS); Peterson, BS (Peterson, BS)
Source: BIOLOGICAL PSYCHIATRY **Volume:** 59 **Issue:** 7 **Pages:** 611-618 **DOI:** 10.1016/j.biopsych.2005.08.031 **Published:** APR 1 2006
Abstract: Background: Neuroimaging data suggest that deficits in ventral prefrontal cortex (VPFC) function in bipolar disorder (BD) progress during adolescence and young adulthood. However, the developmental trajectory of VPFC morphological abnormalities in BD is unknown. This study investigated potential age-dependent volume abnormalities in VPFC in BD.
Methods: Thirty-seven individuals diagnosed with BD I (14 adolescents, 10 young adults and 13 older adults) and 56 healthy comparison subjects (HC) participated in imaging. Gray and white matter volumes of VPFC were measured using high-resolution structural magnetic resonance imaging (MRI). We used a mixed model, repeated measures analysis to examine VPFC volumes across age groups while co-varying for total brain volume. Potential effects of illness features including rapid-cycling and medication were explored.
Results: VPFC volumes declined with age ($p<.001$). The diagnosis-by-age group interaction was significant ($p=.01$). Relative to HC subjects, VPFC gray and white matter volumes were significantly smaller in BD patients only in young adulthood ($p=.04$). In participants with BD, VPFC volumes were significantly smaller in participants with rapid-cycling than participants without rapid-cycling ($p=.02$). Conversely, current use of medication was associated with larger VPFC gray matter volumes ($p=.005$), independent of age.
Conclusions: These preliminary findings suggest the presence of a more rapid initial decline in VPFC volumes with age in adolescents and young adults with BD than HC. These findings also suggest that the rapid-cycling subtype of BD is associated with larger VPFC volume deficits than the non-rapid-cycling subtype, and that pharmacotherapy may have trophic or protective effects on VPFC volumes in BD patients.
Accession Number: WOS:000236315700006
PubMed ID: 16414030
ISSN: 0006-3223

Record 33 of 50 = PRO
Title: The neurophysiology of childhood and adolescent bipolar disorder
Author(s): DelBello, MP (DelBello, MP); Adler, CM (Adler, CM); Strakowski, SM (Strakowski, SM)
Source: CNS SPECTRUMS **Volume:** 11 **Issue:** 4 **Pages:** 298-311 **Published:** APR 2006
Abstract: Introduction: Children and adolescents with bipolar disorder often present with higher rates of mixed episodes, rapid cycling, and co-occurring attention-deficit/hyperactivity disorder than adults with bipolar disorder. It is unclear whether the differences in clinical presentation between youth and adults with bipolar disorder are due to differences in underlying etiologies or developmental differences in symptom manifestation. Neuroimaging studies of children and adolescents with bipolar disorder may clarify whether neurobiological abnormalities associated with early- and adult-onset bipolar disorder are distinct. Moreover, children and adolescents with bipolar disorder are typically closer to their illness onset than bipolar adults, providing a window of opportunity for identifying core neurobiological characteristics of the illness (ie, disease biomarkers) that are independent of repeated affective episodes and other confounding factors associated with illness course.
Methods: Peer-reviewed publications of neuroimaging studies of bipolar children and adolescents were reviewed.

Results: Structural, neurochemical, and neuro-functional abnormalities in prefrontal and medical temporal and subcortical limbic structures, including the striatum, amygdala, and possibly hippocampus, are present in children and adolescents with bipolar disorder.
Conclusion: Differences between neurobiological abnormalities in bipolar youth and adults as well as recommendations for future research directions are discussed.
Accession Number: WOS:000237185000014
PubMed ID: 16641835
ISSN: 1092-8529

Record 34 of 50 = PRO
Title: Course of bipolar illness after history of childhood trauma
Author(s): Leverich, GS (Leverich, GS); Post, RM (Post, RM)
Source: LANCET **Volume:** 367 **Issue:** 9516 **Pages:** 1040-1042 **DOI:** 10.1016/S0140-6736(06)68450-X **Published:** APR 1 2006
Accession Number: WOS:000236673200010
PubMed ID: 16581389
ISSN: 0140-6736

Record 35 of 50 = PRO (extremely favourable to PBD in a school psychology journal)
Title: Early onset bipolar spectrum disorder: Psychopharmacological, psychological, and educational management
Author(s): Mcintosh, DE (Mcintosh, DE); Trotter, JS (Trotter, JS)
Source: PSYCHOLOGY IN THE SCHOOLS **Volume:** 43 **Issue:** 4 **Pages:** 451-460 **DOI:** 10.1002/pits.20159 **Published:** APR 2006
Abstract: Although published research continues to advocate medication as the first line of treatment for early onset bipolar spectrum disorder (EOBSD; N. Lofthouse & M.A. Fristad, 2004). preliminary research demonstrating the utility of cognitive, cognitive-behavioral, and psychoeducational therapies is promising. It appears as if future treatment of EOBSD will most likely include a combination of psychosocial treatments and medications; however, additional research needs to be conducted to support this assumption. This article provides a brief overview of published research related to EOBSD, the most common medications used to treat EOBSD, and preliminary research on the effectiveness of psychological treatments with children and adolescents classified with EOBSD. Finally, due to the lack of published behavioral and educational management strategies, this article provides practical suggestions for helping children and adolescents with EOBSD within the home and school settings. (c) 2006 Wiley Periodicals, Inc.
Accession Number: WOS:000236698300005
ISSN: 0033-3085
eISSN: 1520-6807

Record 36 of 50 = PRO (focus on Body Dysmorphic Disorder but favourable citing of Geller & Luby 1997 re PBD)
Title: Clinical features of body dysmorphic disorder in adolescents and adults
Author(s): Phillips, KA (Phillips, KA); Didie, ER (Didie, ER); Menard, W (Menard, W); Pagano, ME (Pagano, ME); Fay, C (Fay, C); Weisberg, RB (Weisberg, RB)
Source: PSYCHIATRY RESEARCH **Volume:** 141 **Issue:** 3 **Pages:** 305-314 **DOI:** 10.1016/j.psychres.2005.09.014 **Published:** MAR 30 2006
Abstract: Body dysmorphic disorder (BDD) usually begins during adolescence, but its clinical features have received little investigation in this age group. Two hundred individuals with BDD (36 adolescents; 164 adults) completed interviewer-administered and self-report measures. Adolescents were preoccupied with numerous aspects of their appearance, most often their skin, hair, and stomach. Among the adolescents, 94.3% reported moderate, severe, or extreme distress due to BDD, 80.6% had a history of suicidal ideation, and 44.4% had attempted suicide. Adolescents experienced high rates and levels of impairment in school, work, and other aspects of psychosocial functioning. Adolescents and adults were comparable on most variables, although adolescents had significantly more delusional BDD beliefs and a higher lifetime rate of suicide attempts. Thus, adolescents with BDD have high levels of distress and rates of functional impairment, suicidal ideation, and suicide attempts. BDD's clinical features in adolescents appear largely similar to those in adults. (c) 2005 Elsevier Ireland Ltd. All rights reserved.
Accession Number: WOS:000237045400009
PubMed ID: 16499973
ISSN: 0165-1781

Record 37 of 50 = PRO
Title: Open-label lithium for the treatment of adolescents with bipolar depression
Author(s): Patel, NC (Patel, NC); Delbello, MP (Delbello, MP); Bryan, HS (Bryan, HS); Adler, CM (Adler, CM); Kowatch, RA (Kowatch, RA); Stanford, K (Stanford, K); Strakowski, SM (Strakowski, SM)
Source: JOURNAL OF THE AMERICAN ACADEMY OF CHILD AND ADOLESCENT PSYCHIATRY **Volume:** 45 **Issue:** 3 **Pages:** 289-297 **DOI:** 10.1097/01.chi.0000194569.70912.a7 **Published:** MAR 2006
Abstract: Objectives: To investigate the effectiveness and tolerability of lithium for the treatment of acute depression in adolescents with bipolar disorder. We hypothesized that patients receiving open-label treatment with lithium during a 6-week period would experience a statistically and clinically significant decrease in depressive symptoms and tolerate lithium treatment fairly well. Method: Twenty-seven adolescents (12-18 years old) with an episode of depression associated with bipolar disorder type I received open-label lithium 30 mg/kg (twice-daily dosing), which was adjusted to achieve a therapeutic serum level (1.0-1.2 mEq/L). Effectiveness measures included the Children's Depression Rating Scale-Revised (CDRS-R) and Clinical Global Impressions Scale for Bipolar Disorder (CGI-BP). Adverse events were assessed weekly. Results: Mean CDRS-R scores significantly decreased from baseline to endpoint (mean [SD] change = -25.5 (20.4); $p < .001$), resulting in a large effect size of 1.7. Response and remission rates (defined by a >= 50% reduction in CDRS-R score from baseline to endpoint, and a CDRS-R score < 28 and a CGI-BP Improvement score of 1 or 2, respectively) were 48% and 30%. Side effects, which were generally mild to moderate in severity, included headache (74%), nausea/vomiting (67%), stomachache (30%), and abdominal cramps (19%). Conclusions: The findings of this study indicate that lithium may be effective and is relatively well tolerated for the treatment of an acute episode of depression in adolescents with bipolar disorder. Controlled studies of lithium in adolescent bipolar depression are needed.

Accession Number: WOS:000235722700004
PubMed ID: 16540813
ISSN: 0890-8567

Record 38 of 50 = PRO
Title: A double-blind randomized pilot study comparing quetiapine and divalproex for adolescent mania
Author(s): Delbello, MP (Delbello, MP); Kowatch, RA (Kowatch, RA); Adler, CM (Adler, CM); Stanford, KE (Stanford, KE); Welge, JA (Welge, JA); Barzman, DH (Barzman, DH); Nelson, E (Nelson, E); Strakowski, SM (Strakowski, SM)
Source: JOURNAL OF THE AMERICAN ACADEMY OF CHILD AND ADOLESCENT PSYCHIATRY **Volume:** 45 **Issue:** 3 **Pages:** 305-313 **DOI:** 10.1097/01.chi.0000194567.63289.97 **Published:** MAR 2006
Abstract: Objective: To determine the comparative efficacy of quetiapine and divalproex for the treatment of adolescent mania. Method: Fifty adolescents (ages 12-18 years) with bipolar I disorder, manic or mixed episode, were randomized to quetiapine (400-600 mg/day) or divalproex (serum level 80-120 mu g/mL) for 28 days for this double-blind study, which was conducted from July 2002 through January 2004. The primary efficacy measure was change in Young Mania Rating Scale (YMRS) score across the study period. Results: Repeated measures analysis of variance using the last-observation carried forward data indicated no statistically significant group difference in YMRS scores across the 28 days of the study ($p = 0.3$). Mixed regression analyses (comparison of slopes) revealed that improvement in YMRS scores occurred more rapidly in the quetiapine than in the divalproex group for both the last-observation carried forward ($p = 0.01$) and observed data ($p = 0.03$). Response and remission rates were significantly greater in the quetiapine than in the divalproex group ($p < .03$). Rates of adverse events did not differ significantly between groups. Conclusions: The results suggest that quetiapine is at least as effective as divalproex in the treatment of acute manic symptoms associated with adolescent bipolar disorder; however, a quicker reduction of manic symptoms may occur with quetiapine as compared with divalproex. Quetiapine may be useful as monotherapy for the treatment of adolescents with manic or mixed episodes, although placebo-controlled studies are necessary.
Accession Number: WOS:000235722700006
PubMed ID: 16540815
Conference Title: 51st Annual Meeting of the American-Academy-of-Child-and-Adolescent-Psychiatry
Conference Date: OCT 19-24, 2004
Conference Location: Washington, DC
Conference Sponsors: Amer Acad Child & Adolescent Psychiat
ISSN: 0890-8567

Record 39 of 50 = PRO (extremely positive view on PBD in a school psychology journal)
Title: Bipolar disorder in childhood and early adolescence.
Author(s): Reddy, LA (Reddy, LA); Atamanoff, T (Atamanoff, T)
Source: SCHOOL PSYCHOLOGY QUARTERLY **Volume:** 21 **Issue:** 1 **Pages:** 112-117 **DOI:** 10.1521/scpq.2006.21.1.112 **Published:** SPR 2005
Accession Number: WOS:000236488100008
ISSN: 1045-3830

Record 40 of 50 = NA (focus solely on learning disabilities)
Title: High roads and low roads: Learning disabilities in California, 1976-1998
Author(s): Ong-Dean, C (Ong-Dean, Colin)
Source: SOCIOLOGICAL PERSPECTIVES **Volume:** 49 **Issue:** 1 **Pages:** 91-113 **DOI:** 10.1525/sop.2006.49.1.91 **Published:** SPR 2006
Abstract: This study examines the historical relationships among privilege, race, and learning disability (LD) diagnosis. Whereas recent research links disability diagnosis primarily with racial and socioeconomic disadvantage (assuming a "low road" to disability), it is argued that in the case of LD, privileged children initially received the most diagnoses (suggesting a "high road" to disability). Using California data from 1976, 1986, and 1998, this study explores causes of LD diagnosis by examining the effects of students' individual race and district-level minority proportion. Initially, LD diagnosis appears at markedly higher rates in low-minority districts. Over time, this effect diminishes, while the effect of individual race increases, with black and Hispanic students becoming increasingly likely to receive an LD diagnosis as compared to white students. This article then discusses the critical implications of these findings for disability studies, and the relationship of social privilege to parents' role in determining the identification and accommodation of disabilities.
Accession Number: WOS:000238931500005
ISSN: 0731-1214

Record 41 of 50 = PRO
Title: Clinical course of children and adolescents with bipolar spectrum disorders
Author(s): Birmaher, B (Birmaher, B); Axelson, D (Axelson, D); Strober, M (Strober, M); Gill, MK (Gill, MK); Valeri, S (Valeri, S); Chiappetta, L (Chiappetta, L); Ryan, N (Ryan, N); Leonard, H (Leonard, H); Hunt, J (Hunt, J); Iyengar, S (Iyengar, S); Keller, M (Keller, M)
Source: ARCHIVES OF GENERAL PSYCHIATRY **Volume:** 63 **Issue:** 2 **Pages:** 175-183 **DOI:** 10.1001/archpsyc.63.2.175 **Published:** FEB 2006
Abstract: Context: Despite the high morbidity associated with bipolar disorder (BP), few studies have prospectively studied the course of this illness in youth.
Objective: To assess the longitudinal course of BP spectrum disorders (BP-I, BP-II, and not otherwise specified [BP-NOS]) in children and adolescents.
Design: Subjects were interviewed, on average, every 9 months for an average of 2 years using the Longitudinal Interval Follow-up Evaluation.
Setting: Outpatient and inpatient units at 3 university centers.
Participants: Two hundred sixty-three children and adolescents (mean age, 13 years) with BP-I ($n = 152$), BP-II ($n = 19$), and BP-NOS ($n = 92$).
Main Outcome Measures: Rates of recovery and recurrence, weeks with syndromal or subsyndromal mood symptoms, changes

in symptoms and polarity, and predictors of outcome.
Results: Approximately 70% of subjects with BP recovered from their index episode, and 50% had at least 1 syndromal recurrence, particularly depressive episodes. Analyses of weekly mood symptoms showed that 60% of the follow-up time, subjects had syndromal or subsyndromal symptoms with numerous changes in symptoms and shifts of polarity, and 3% of the time, psychosis. Twenty percent of BP-II subjects converted to BP-I, and 25% of BP-NOS subjects converted to BP-I or BP-II. Early-onset BP, BP-NOS, long duration of mood symptoms, low socioeconomic status, and psychosis were associated with poorer outcomes and rapid mood changes. Secondary analyses comparing BP-I youths with BP-I adults showed that youths significantly more time symptomatic and had more mixed/cycling episodes, mood symptom changes, and polarity switches.
Conclusions: Youths with BP spectrum disorders showed a continuum of BP symptom severity from subsyndromal to full syndromal with frequent mood fluctuations. Results of this study provide preliminary validation for BP-NOS.
Accession Number: WOS:000235150900008
PubMed ID: 16461861
ISSN: 0003-990X

Record 42 of 50 = PRO
Title: Affective instability as rapid cycling: theoretical and clinical implications for borderline personality and bipolar spectrum disorders
Author(s): MacKinnon, DF (MacKinnon, DF); Pies, R (Pies, R)
Source: BIPOLAR DISORDERS **Volume:** 8 **Issue:** 1 **Pages:** 1-14 **DOI:** 10.1111/j.1399-5618.2006.00283.x **Published:** FEB 2006
Abstract: Objectives: The Diagnostic and Statistical Manual of Mental Disorders guidelines provide only a partial solution to the nosology and treatment of bipolar disorder in that disorders with common symptoms and biological correlates may be categorized separately because of superficial differences related to behavior, life history, and temperament. The relationship is explored between extremely rapid switching forms of bipolar disorder, in which manic and depressive symptoms are either mixed or switch rapidly, and forms of borderline personality disorder in which affective lability is a prominent symptom.
Methods: A MedLine search was conducted of articles that focused on rapid cycling in bipolar disorder, emphasizing recent publications (2001-2004).
Results: Studies examined here suggest a number of points of phenomenological and biological overlap between the affective lability criterion of borderline personality disorder and the extremely rapid cycling bipolar disorders. We propose a model for the development of 'borderline' behaviors on the basis of unstable mood states that sheds light on how the psychological and somatic interventions may be aimed at 'breaking the cycle' of borderline personality disorder development. A review of pharmacologic studies suggests that anticonvulsants may have similar stabilizing effects in both borderline personality disorder and rapid cycling bipolar disorder.
Conclusions: The same mechanism may drive both the rapid mood switching in some forms of bipolar disorder and the affective instability of borderline personality disorder and may even be rooted in the same genetic etiology. While continued clinical investigation of the use of anticonvulsants in borderline personality disorder is needed, anticonvulsants may be useful in the treatment of this condition, combined with appropriate psychotherapy.
Accession Number: WOS:000234575000001
PubMed ID: 16411976
ISSN: 1398-5647

Record 43 of 50 = PRO
Title: Phenomenology associated with age at onset in patients with bipolar disorder at their first psychiatric hospitalization
Author(s): Patel, NC (Patel, NC); DelBello, MP (DelBello, MP); Keck, PE (Keck, PE); Strakowski, SM (Strakowski, SM)
Source: BIPOLAR DISORDERS **Volume:** 8 **Issue:** 1 **Pages:** 91-94 **DOI:** 10.1111/j.1399-5618.2006.00247.x **Published:** FEB 2006
Abstract: Objective: To compare the clinical presentation of patients with early-onset (age < 18 years) and typical-onset (age 20-30 years) bipolar disorder at the time of first hospitalization.
Methods: Patients, aged 12-45 years at their first psychiatric hospitalization, with a DSM-IV diagnosis of bipolar disorder, manic or mixed, were evaluated on measures of manic, depressive, and positive psychotic symptoms. Differences in symptom profiles between early- and typical-onset groups were examined.
Results: One hundred three early-onset and 58 typical-onset patients were compared. Mixed episodes were more common in the early-onset group, while psychotic features and current substance use were more common in the typical-onset group. There was no significant difference in manic symptom severity ratings between early- and typical-onset groups ($F = 1.8$, $df = 11, 144$, $p = 0.06$). However, these groups differed in depressive ($F = 4.2$, $df = 16, 139$, $p < 0.001$) and positive psychotic ($F = 2.8$, $df = 16, 139$, $p = 0.001$) symptom profiles. Typical-onset bipolar patients reported more severe weight loss and formal thought disorder compared with early-onset patients.
Conclusions: Depressive and positive psychotic symptoms may differ in association with age at onset among patients with bipolar disorder. Additional studies are necessary to determine whether homogeneous phenotypes of bipolar disorder can be delineated based upon age at onset.
Accession Number: WOS:000234575000011
PubMed ID: 16411986
ISSN: 1398-5647

Record 44 of 50 = PRO
Title: Combination lithium and divalproex sodium in pediatric bipolar symptom restabilization
Author(s): Findling, RL (Findling, RL); McNamara, NK (McNamara, NK); Stansbrey, R (Stansbrey, R); Gracious, BL (Gracious, BL); Whipkey, RE (Whipkey, RE); Demeter, CA (Demeter, CA); Reed, MD (Reed, MD); Youngstrom, EA (Youngstrom, EA); Calabrese, JR (Calabrese, JR)
Source: JOURNAL OF THE AMERICAN ACADEMY OF CHILD AND ADOLESCENT PSYCHIATRY **Volume:** 45 **Issue:** 2 **Pages:** 142-148 **DOI:** 10.1097/01.chi.0000189135.05060.8a **Published:** FEB 2006
Abstract: Objective: It has been reported that bipolar disorder may become less responsive to previously effective treatment with each symptomatic relapse. The primary goal of this study was to assess the rate of restabilization after the resumption of lithium (Li+) plus divalproex (DVPX) following relapse on either agent as monotherapy. Method: This is a prospective, 8-week, open-label outpatient Li+/DVPX combination therapy trial. Patients ages 5 to 17 years with bipolar disorder type I or 11, who

had achieved symptom remission with Li+/DVPX combination therapy and subsequently relapsed during treatment with Li+ or DVPX monotherapy were enrolled between January 1999 and January 2003. Results: Thirty-eight patients with a mean age of 10.5 years entered the study. Thirty-four (89.5%) patients responded to treatment with Li+/DVPX mood stabilizer therapy alone, but four patients required adjunctive antipsychotic treatment to address residual symptomatology. Overall, reinitiation of Li+/DVPX combination therapy was well tolerated with no subjects discontinuing because of a medication-related adverse event. Conclusions: It appears that most youths with bipolar disorder who stabilize on combination Li+/DVPX therapy and subsequently relapse during monotherapy can safely and effectively be restabilized with the reinitiation of Li+/DVPX combination treatment.
Accession Number: WOS:000234808000003
PubMed ID: 16429084
ISSN: 0890-8567

Record 45 of 50 = PRO
Title: Young adult outcome of attention deficit hyperactivity disorder: a controlled 10-year follow-up study
Author(s): Biederman, J (Biederman, J); Monuteaux, MC (Monuteaux, MC); Mick, E (Mick, E); Spencer, T (Spencer, T); Wilens, TE (Wilens, TE); Silva, JM (Silva, JM); Snyder, LE (Snyder, LE); Faraone, SV (Faraone, SV)
Source: PSYCHOLOGICAL MEDICINE **Volume:** 36 **Issue:** 2 **Pages:** 167-179 **DOI:** 10.1017/S0033291705006410 **Published:** FEB 2006
Abstract: Background. Out-objective was to estimate the lifetime prevalence of psychopathology in a sample of youth with and without attention deficit hyperactivity disorder (ADHD) through young adulthood using contemporaneous diagnostic and analytic techniques.
Method. We conducted a case-control, 10-year prospective study of ADHD youth. At baseline, we assessed consecutively referred male, Caucasian children with (n = 140) and without (n = 120) DSM-III-R ADHD, aged 6-18 years, ascertained from psychiatric and pediatric sources to allow for generalizability of results. At the 10-year follow-up, 112 (80%) and 105 (88%) of the ADHD and control children, respectively, were reassessed (mean age 22 years). We created the following categories of psychiatric disorders: Major Psychopathology (mood disorders and psychosis), Anxiety Disorders, Antisocial Disorders (conduct, oppositional-defiant, and antisocial personality disorder), Developmental Disorders (elimination, language, and tics disorder), and Substance Dependence Disorders (alcohol, drug, and nicotine dependence), as measured by blinded structured diagnostic interview.
Results. The lifetime prevalence for all categories of psychopathology were significantly greater in ADHD young adults compared to controls, with hazard ratios and 95% confidence intervals of 6(.)1 (3(.)5-10(.)7), 2(.)2 (1(.)5-3(.)2), 5(.)9 (3(.)9-8(.)8), 2(.)5 (1(.)7-3(.)6), and 2(.)0 (1(.)3-3(.)0), respectively, for the categories described above.
Conclusions. By their young adult years, ADHD Youth were at high risk for a wide range of adverse psychiatric outcomes including markedly elevated rates of antisocial, addictive, mood and anxiety disorders. These prospective findings provide further evidence for the high morbidity associated with ADHD across the life-cycle and stress the importance of early recognition of this disorder for prevention and intervention strategies.
Accession Number: WOS:000235200800003
PubMed ID: 16420713
ISSN: 0033-2917

Record 46 of 50 = PRO
Title: Correlates of sleep and pediatric bipolar disorder
Author(s): Mehl, RC (Mehl, Rochelle C.); O'Brien, LM (O'Brien, Louise M.); Jones, JH (Jones, Janet H.); Dreisbach, JK (Dreisbach, Julie K.); Mervis, CB (Mervis, Carolyn B.); Gozal, D (Gozal, David)
Source: SLEEP **Volume:** 29 **Issue:** 2 **Pages:** 193-197 **Published:** FEB 1 2006
Abstract: Study Objective: To determine, based on a large community sample, the prevalence and associated sleep characteristics of children with a bipolar mood disturbance behavioral profile.
Methods: Participants who fit the pediatric bipolar disorder profile as derived from the Child Behavior Checklist were matched to control participants for age, sex, ethnicity, parentally reported attention-deficit/hyperactivity disorder, psychotropic medication usage, and apnea-hypopnea indexes. Paired comparisons were made between the groups to examine differences on polysomnographic data and parentally reported sleep characteristics.
Results: Thirteen (-3%) of 438 participants fit the pediatric bipolar disorder profile. These children demonstrated significant sleep-continuity disturbances with poorer sleep efficiency and more awakenings after sleep onset, less rapid eye movement sleep, and longer periods of slow-wave sleep than their matched counterparts during overnight polysomnography. In addition, responses to a parental-report questionnaire about child sleep behavior suggest these children have significant sleep problems, including more difficulty initiating sleep, restless sleep, nightmares, and morning headaches relative to the control group.
Conclusions: Children with a pediatric bipolar disorder profile display consistent quantitative differences in sleep relative to matched controls. Prevalence rates of pediatric bipolar disorder, as assessed by the Child Behavior Checklist, are consistent with those found in the adult bipolar population.
Accession Number: WOS:000240123500011
PubMed ID: 16494087
ISSN: 0161-8105

Record 47 of 50 = PRO
Title: Pediatric bipolar disorder: Emerging diagnostic and treatment approaches
Author(s): Kowatch, RA (Kowatch, RA); DelBello, MP (DelBello, MP)
Source: CHILD AND ADOLESCENT PSYCHIATRIC CLINICS OF NORTH AMERICA **Volume:** 15 **Issue:** 1 **Pages:** 73-+ **DOI:** 10.1016/j.chc.2005.08.013 **Published:** JAN 2006
Abstract: Pediatric bipolar disorders are prevalent psychiatric disorders that seriously disrupt the lives of children, adolescents, and their families [1-3]. Numerous studies have shown that children and adolescents who have bipolar disorder have significantly higher rates of morbidity and mortality, including psychosocial morbidity with impaired family and peer relationships [4], impaired academic performance with increased rates of school failure and school dropouts [5], increased levels of substance abuse, increased rates of suicide attempts and completion, legal difficulties, and multiple hospitalizations [2,6]. It is important that these disorders be recognized early so that the appropriate treatments may be started and these negative outcomes minimized.

Accession Number: WOS:000234522400006
PubMed ID: 16321726
ISSN: 1056-4993

Record 48 of 50 = PRO
Title: Focus on childhood and adolescent mental health
Author(s): DelBello, MP (DelBello, MP)
Source: JOURNAL OF CLINICAL PSYCHIATRY **Volume:** 67 **Issue:** 1 **Pages:** 5-6 **Published:** JAN 2006
Accession Number: WOS:000235151000001
PubMed ID: 16426081
ISSN: 0160-6689

Record 49 of 50 = PRO
Title: Bipolar disorder and comorbid anxiety disorders in children and adolescents
Author(s): Wagner, KD (Wagner, KD)
Source: JOURNAL OF CLINICAL PSYCHIATRY **Volume:** 67 **Pages:** 16-20 **Supplement:** 1 **Published:** 2006
Abstract: Recent attention has focused on the association between bipolar disorder and comorbid anxiety disorders in children and adolescents. There is a high rate of comorbidity between bipolar disorder and anxiety disorders in children and youths. Often, a child or adolescent with bipolar disorder has multiple comorbid anxiety disorders. In general, anxiety disorders precede the development of bipolar disorder in children. Comorbid disorders may worsen the course of each individual disorder. Pharmacologic management of the comorbid anxiety disorder is complicated by potential mood destabilization in a child or adolescent with bipolar disorder.
Accession Number: WOS:000235193500004
Conference Title: Teleconference on the Recognition and Management of Bipolar Disorder with Comorbid Anxiety
Conference Date: JUN 02, 2005
Conference Location: ELECTR NETWORK
ISSN: 0160-6689

Record 50 of 50 = PRO
Title: DHD and comorbidity in childhood
Author(s): Spencer, TJ (Spencer, Thomas J.)
Source: JOURNAL OF CLINICAL PSYCHIATRY **Volume:** 67 **Pages:** 27-31 **Supplement:** 8 **Published:** 2006
Abstract: In recent years, evidence has been accumulating regarding high levels of comorbidity between attention-deficit/hyperactivity disorder (ADHD) and a number of disorders, including mood and anxiety disorders and conduct disorder. Thus, ADHD is most likely a group of conditions, rather than a single homogeneous clinical entity, with potentially different etiologic and modifying risk factors and different outcomes. Follow-up studies of children with ADHD indicate that subgroups of subjects with ADHD and comorbid disorders have a poorer outcome as evidenced by significantly greater social, emotional, and psychological difficulties. Investigation of these issues should help to clarify the etiology, course, and outcome of ADHD.
Accession Number: WOS:000239988700005
PubMed ID: 16961427
Conference Title: Teleconference on New Developments in the Treatment of Attention-Deficit/Hyperactivity Disorder
Conference Date: MAY 16, 2005
Conference Location: ELECTR NETWORK
ISSN: 0160-6689

Record 1 of 50 = PRO
Title: The health care crisis of childhood-onset bipolar illness: Some recommendations for its amelioration
Author(s): Post, RM (Post, RM); Kowatch, RA (Kowatch, RA)
Source: JOURNAL OF CLINICAL PSYCHIATRY **Volume:** 67 **Issue:** 1 **Pages:** 115-125 **Published:** JAN 2006
Abstract: Objective: To describe new data on the incidence and impact of childhood- and adolescent-onset bipolar illness and make recommendations to help accelerate the acquisition of knowledge in this area. Data Sources: Two large, multicenter outpatient studies in adults with DSM-IV bipolar disorder-the Systematic Treatment Enhancement Program for Bipolar Disorder and the Bipolar Collaborative Network-were the primary sources of retrospective data on age at onset.
Study Selection: We focused on the 2 retrospective studies because they supplied more immediate data on age at onset and long-term prognosis than current prospective studies.
Data Synthesis: The 2 studies revealed that 15% to 28% of adults experienced an onset of their illness prior to age 13 years. Those with childhood versus adult onset had a more severe, complicated, and adverse course of bipolar illness, assessed retrospectively and confirmed prospectively during naturalistic treatment. The time lag from onset of first symptoms to first treatment was strongly inversely related to age at onset and averaged 16.8 +/- 10 years in those with childhood onset. Recommendations include defining temporary consensus threshold criteria for each bipolar subtype and their prodromes; conducting studies using less onerous than traditional designs, including randomized open comparisons to acquire preliminary data in this age cohort; and forming clinical and academic treatment outcome networks to more quickly acquire treatment outcome data in this understudied population.
Conclusions: The data reveal a very substantial rate of childhood-onset bipolar illness, extraordinary delays in onset to first treatment, and a very adverse long-term outcome. Several approaches to accelerating the rate of acquisition of treatment outcome data in this cohort are outlined.
Accession Number: WOS:000235151000018
PubMed ID: 16426098
ISSN: 0160-6689

Record 2 of 50 = PRO
Title: Review and meta-analysis of the phenomenology and clinical characteristics of mania in children and adolescents
Author(s): Kowatch, RA (Kowatch, RA); Youngstrom, EA (Youngstrom, EA); Danielyan, A (Danielyan, A); Findling, RL (Findling, RL)
Source: BIPOLAR DISORDERS **Volume:** 7 **Issue:** 6 **Pages:** 483-496 **DOI:** 10.1111/j.1399-5618.2005.00261.x **Published:**

DEC 2005
Abstract: Objective: Using predetermined criteria for study quality and methods, a literature review and meta-analysis of seven reports about pediatric bipolar disorder (BPD) was conducted to determine if there is a consistent picture of the phenomenology and clinical characteristics of BPD in children and adolescents.
Methods: Searches were conducted in MedLine and PsycINFO using the terms mania, BPD, children and adolescents, and was limited to published articles in peer-reviewed journals. Seven reports were selected that met the following criteria: a systematic method for the elicitation and reporting of symptoms and clinical characteristics of subjects; subjects were interviewed by a trained researcher or clinician; ages 5-18 years; use of a diagnostic system, either DSM or RDC for categorization; a consensus method for the establishment of the diagnosis of BPD.
Results: Most DSM-IV symptoms of mania were common in the children and adolescents with BPD with the most common symptoms being increased energy, distractibility, and pressured speech. On average, four of five bipolar cases also showed threshold levels of irritable mood and grandiosity, and more than 70% of all cases showed elated/euphoric mood, decreased need for sleep, or racing thoughts. Roughly 69% of cases also showed poor judgment, whereas only half of bipolar cases demonstrated flight of ideas, and slightly more than one-third showed hypersexuality or psychotic features.
Conclusions: The clinical picture that emerges is that of children or adolescents with periods of increased energy (mania or hypomania), accompanied by distractibility, pressured speech, irritability, grandiosity, racing thoughts, decreased need for sleep and euphoria/elation.
Accession Number: WOS:000233818300002
PubMed ID: 16403174
ISSN: 1398-5647

Record 3 of 50 = PRO
Title: The CBCL predicts DSM bipolar disorder in children: a receiver operating characteristic curve analysis
Author(s): Faraone, SV (Faraone, SV); Althoff, RR (Althoff, RR); Hudziak, JJ (Hudziak, JJ); Monuteaux, M (Monuteaux, M); Biederman, J (Biederman, J)
Source: BIPOLAR DISORDERS **Volume:** 7 **Issue:** 6 **Pages:** 518-524 **DOI:** 10.1111/j.1399-5618.2005.00271.x **Published:** DEC 2005
Abstract: Background: No clear consensus has been reached yet on how best to characterize children who suffer from pediatric bipolar disorder (PBD). The CBCL-PBD profile on the Child Behavior Checklist (CBCL) has been consistently reported showing deviant findings on the Attention Problems, Aggressive Behavior, and Anxious-Depressed subscales.
Aim: To examine the sensitivity and specificity of the proposed CBCL-PBD profile for determining DSM diagnosis of PBD.
Methods: We applied receiver operating characteristic (ROC) curve analysis to data from 471 probands from two family studies of attention deficit hyperactivity disorder and their 410 siblings.
Results: The CBCL-PBD score demonstrated an area under the curve (AUC) of 0.97 for probands and 0.82 for siblings for current diagnosis of PBD, suggesting that the CBCL-PBD provided a highly efficient way of identifying subjects with a current diagnosis of PBD in this sample.
Conclusions: These findings suggest that the CBCL-PBD may provide a highly efficient way of screening for childhood bipolar disorder.
Accession Number: WOS:000233818300005
PubMed ID: 16403177
ISSN: 1398-5647

Record 4 of 50 = PRO
Title: History of suicide attempts in pediatric bipolar disorder: factors associated with increased risk
Author(s): Goldstein, TR (Goldstein, TR); Birmaher, B (Birmaher, B); Axelson, D (Axelson, D); Ryan, ND (Ryan, ND); Strober, MA (Strober, MA); Gill, MK (Gill, MK); Valeri, S (Valeri, S); Chiappetta, L (Chiappetta, L); Leonard, H (Leonard, H); Hunt, J (Hunt, J); Bridge, JA (Bridge, JA); Brent, DA (Brent, DA); Keller, M (Keller, M)
Source: BIPOLAR DISORDERS **Volume:** 7 **Issue:** 6 **Pages:** 525-535 **DOI:** 10.1111/j.1399-5618.2005.00263.x **Published:** DEC 2005
Abstract: Background: Despite evidence indicating high morbidity associated with pediatric bipolar disorder (BP), little is known about the prevalence and clinical correlates of suicidal behavior among this population.
Objective: To investigate the prevalence of suicidal behavior among children and adolescents with BP, and to compare subjects with a history of suicide attempt to those without on demographic, clinical, and familial risk factors.
Methods: Subjects were 405 children and adolescents aged 7-17 years, who fulfilled DSM-IV criteria for BPI (n = 236) or BPII (n = 29), or operationalized criteria for BP not otherwise specified (BP NOS; n = 140) via the Schedule for Affective Disorders and Schizophrenia for School-Aged Children. As part of a multi-site longitudinal study of pediatric BP (Course and Outcome of Bipolar Youth), demographic, clinical, and family history variables were measured at intake via clinical interview with the subject and a parent/guardian.
Results: Nearly one-third of BP patients had a lifetime history of suicide attempt. Attempters, compared with non-attempters, were older, and more likely to have a lifetime history of mixed episodes, psychotic features, and BPI. Attempters were more likely to have a lifetime history of comorbid substance use disorder, panic disorder, non-suicidal self-injurious behavior, family history of suicide attempt, history of hospitalization, and history of physical and/or sexual abuse. Multivariate analysis found that the following were the most robust set of predictors for suicide attempt: mixed episodes, psychosis, hospitalization, self-injurious behavior, panic disorder, and substance use disorder.
Conclusions: These findings indicate that children and adolescents with BP exhibit high rates of suicidal behavior, with more severe features of BP illness and comorbidity increasing the risk for suicide attempt. Multiple clinical factors emerged distinguishing suicide attempters from non-attempters. These clinical factors should be considered in both assessment and treatment of pediatric BP.
Accession Number: WOS:000233818300006
PubMed ID: 16403178
ISSN: 1398-5647

Record 5 of 50 = PRO
Title: Comorbid ADHD is associated with altered patterns of neuronal activation in adolescents with bipolar disorder performing a simple attention task

Author(s): Adler, CM (Adler, CM); DelBello, MP (DelBello, MP); Mills, NP (Mills, NP); Schmithorst, V (Schmithorst, V); Holland, S (Holland, S); Strakowski, SM (Strakowski, SM)
Source: BIPOLAR DISORDERS **Volume:** 7 **Issue:** 6 **Pages:** 577-588 **DOI:** 10.1111/j.1399-5618.2005.00257.x **Published:** DEC 2005
Abstract: Objective: Bipolar disorder is increasingly recognized as a significant source of psychiatric morbidity in children and adolescents. Younger bipolar patients symptomatically differ from adults, and frequently present with comorbid disorders, particularly attention-deficit hyperactivity disorder (ADHD). The neurophysiological relationship between these two disorders, however, remains unclear. In this study we utilized functional magnetic resonance imaging (fMRI) to compare activation patterns during performance of a simple attention task between bipolar adolescents with and without ADHD.
Methods: Eleven bipolar adolescents with comorbid ADHD and 15 bipolar adolescents without comorbidity were recruited tResults: Group performance did not significantly differ in percentage correct ($p = 0.36$) or discriminability ($p = 0.11$). ADHD comorbidity was associated with less activation in the ventrolateral prefrontal cortex (Brodmann 10) and anterior cingulate, and greater activation in posterior parietal cortex and middle temporal gyrus. Comorbid ADHD was associated with substantial differences in patterns of correlation between performance and voxel- by- voxel activation.o participate in fMRI scans. A single-digit continuous performance task alternated with a control task in a block-design paradigm. between-group comparisons were made using voxel-by-voxel analysis. Follow-up correlations were made between performance and activation.
Results: Group performance did not significantly differ in percentage correct ($p = 0.36$) or discriminability ($p = 0.11$). ADHD comorbidity was associated with less activation in the ventrolateral prefrontal cortex (Brodmann 10) and anterior cingulate, and greater activation in posterior parietal cortex and middle temporal gyrus. Comorbid ADHD was associated with substantial differences in patterns of correlation between performance and voxel-by-voxel activation.
Conclusions: Our findings suggest that comorbid ADHD in bipolar adolescents is associated with activation of alternative pathways during performance of a simple attention task. The pattern of differences suggests that bipolar adolescents with comorbid ADHD demonstrate decreased activation of prefrontal regions, compared with bipolar adolescents without ADHD, and preferentially recruit portions of posterior parietal and temporal cortex.
Accession Number: WOS:000233818300011
PubMed ID: 16403183
ISSN: 1398-5647

Record 6 of 50 = PRO
Title: N-acetylaspartate levels in bipolar offspring with and at high-risk for bipolar disorder
Author(s): Gallelli, KA (Gallelli, KA); Wagner, CM (Wagner, CM); Karchemskiy, A (Karchemskiy, A); Howe, M (Howe, M); Spielman, D (Spielman, D); Reiss, A (Reiss, A); Chang, KD (Chang, KD)
Source: BIPOLAR DISORDERS **Volume:** 7 **Issue:** 6 **Pages:** 589-597 **DOI:** 10.1111/j.1399-5618.2005.00266.x **Published:** DEC 2005
Abstract: Objectives: Studies have reported decreased N-acetylaspartate (NAA) in dorsolateral prefrontal cortex (DLPFC) of adults and children with bipolar disorder (BD), suggesting decreased neuronal density in this area. However, it is unclear if this finding represents neurodegeneration after or a trait marker present before BD onset. To address this question, we used proton magnetic resonance spectroscopy (H-1-MRS) to compare DLPFC levels of NAA among bipolar offspring with early-onset BD, bipolar offspring with subsyndromal symptoms of BD and healthy children.
Methods: Participants were 9-18 years old, and included 60 offspring of parents with bipolar I or II disorder (32 with BD and 28 with subsyndromal symptoms of BD), and 26 healthy controls. H-1-MRS at 3 T was used to study 8-cm(3) voxels placed in left and right DLPFC.
Results: There were no significant group differences in mean right or left DLPFC NAA/Cr ratios. Exploratory analyses of additional metabolites (myoinositol, choline) also yielded no significant group differences. NAA/Cr ratios were not correlated with age, duration of illness, or exposure to lithium or valproate.
Conclusions: Our findings suggest that DLPFC NAA/Cr ratios cannot be used as a trait marker for BD. Although we did not find decreased DLPFC NAA/Cr ratios in children and adolescents with BD, it is still possible that such levels begin to decrease after longer durations of illness into adulthood. Longitudinal neuroimaging studies of patients with BD accounting for developmental and treatment factors are needed to further clarify the neurodegenerative aspects of BD.
Accession Number: WOS:000233818300012
PubMed ID: 16403184
ISSN: 1398-5647

Record 7 of 50 = PRO
Title: Family, twin, adoption, and molecular genetic studies of juvenile bipolar disorder
Author(s): Althoff, RR (Althoff, RR); Faraone, SV (Faraone, SV); Rettew, DC (Rettew, DC); Morley, CP (Morley, CP); Hudziak, JJ (Hudziak, JJ)
Source: BIPOLAR DISORDERS **Volume:** 7 **Issue:** 6 **Pages:** 598-609 **DOI:** 10.1111/j.1399-5618.2005.00268.x **Published:** DEC 2005
Abstract: Juvenile bipolar disorder (JBD) has been a subject of significant research and debate. Phenotypic differences between JBD and adult-onset bipolar disorder have led researchers to question whether or not similar neuropathologic mechanisms will be found. While much is known about the genetic and environmental contributions to the adult-onset phenotype, less is known about their contributions to JBD. Here, we review family, twin, adoption, and molecular genetic studies of JBD. Behavioral genetic data suggest both genetic and environmental contributions to JBD, while molecular genetic studies find linkage to age of onset of bipolar disorder to chromosomes 12p, 14q, and 15q. Additionally, changes associated with symptom age of onset have been recently reported in the brain-derived neurotrophic factor (BDNF) and glycogen synthase kinase 3-beta (GSK3-beta) genes. We contend that further progress in discovering the precise genetic and environmental contributions to JBD may depend on advances in phenotypic refinement, an increased appreciation of comorbid conditions, and more investigation of the longitudinal course of the disorder.
Accession Number: WOS:000233818300013
PubMed ID: 16403185
ISSN: 1398-5647

Record 8 of 50 = PRO
Title: Frequency of manic symptoms and bipolar disorder in psychiatrically hospitalized adolescents using the K-SADS Mania

Rating Scale
Author(s): Hunt, JI (Hunt, JI); Dyl, J (Dyl, J); Armstrong, L (Armstrong, L); Litvin, E (Litvin, E); Sheeran, T (Sheeran, T); Spirito, A (Spirito, A)
Source: JOURNAL OF CHILD AND ADOLESCENT PSYCHOPHARMACOLOGY **Volume:** 15 **Issue:** 6 **Pages:** 918-930 **DOI:** 10.1089/cap.2005.15.918 **Published:** DEC 2005
Abstract: Objective: The aim of this study was to assess the frequency of manic symptoms and bipolar spectrum disorders in an adolescent inpatient psychiatric sample using the Kiddie Schedule for Affective Disorders and Schizophrenia (K-SADS) Mania Rating Scale (MRS), parent and adolescent measures.
Method: A total of 391 consecutive admissions to a psychiatric inpatient unit were assessed using the K-SADS MRS, the Childhood Inventory of Psychiatric Syndromes (CHIPS), and other clinically relevant measures.
Results: The frequency of Diagnostic and Statistical Manual of Mental Disorders, 4th edition (DSM-IV) manic symptoms in this population was generally high. However, only 19.6% received a consensus diagnosis of juvenile bipolar disorder. The K-SADS MRS discriminated bipolar from non-bipolar patients when parents rated symptoms but not when rated by adolescents.
Conclusions: This study of non-selected adolescents over a one-year period demonstrates that bipolar spectrum disorders in an inpatient population are common, and that the use of the KSADS MRS is effective in identifying this syndrome.
Accession Number: WOS:000234442700042
PubMed ID: 16379512
ISSN: 1044-5463

Record 9 of 50= PRO
Title: Impulsive aggression with irritability and responsive to divalproex: A pediatric bipolar spectrum disorder phenotype?
Author(s): Barzman, DH (Barzman, DH); McConville, BJ (McConville, BJ); Masterson, B (Masterson, B); McElroy, S (McElroy, S); Sethuraman, G (Sethuraman, G); Moore, K (Moore, K); Kahwaty, AM (Kahwaty, AM); Nelson, D (Nelson, D)
Source: JOURNAL OF AFFECTIVE DISORDERS **Volume:** 88 **Issue:** 3 **Pages:** 279-285 **DOI:** 10.1016/j.jad.2005.08.006 **Published:** NOV 2005
Abstract: Background: The objective of this retrospective chart review was to evaluate the phenomenology and response to divalproex in a sub-population of children admitted to an inpatient setting with severe impairing symptoms of irritability and aggression. In addition, we examined whether the symptomatology of this group was consistent with a pediatric divalproex-responsive bipolar spectrum disorder.
Methods: The charts of 46 child and adolescent patients with prominent impulsive aggression with irritability admitted to a crisis stabilization center were assessed retrospectively. Impulsive aggressive symptoms were assessed for admission and discharge severity by two clinicians using the Overt Aggression Scale (OAS) and the Anger-Hostility Subscale of the SCL-90 (SCL-A), with overall functioning changes assessed using the Children's Global Assessment Scale (C-GAS).
Results: Statistically significant improvements were obtained for the group in the C-GAS, with significant decreases in the OAS and the SCL-A scores at discharge, following a maximal 14-day stay. No severe side effects were reported. All patients met the criteria for a potential pediatric bipolar phenotype.
Limitations: This was a retrospective study without randomization or a control group. Additionally, the non-blinded design may have biased the raters concerning the effectiveness of divalproex for impulsive aggression.
Conclusions: Our data are in line with divalproex response in children and adolescents with target symptoms of explosive temper and mood instability. Our data further suggest that such symptoms, coupled with impulsive aggression and irritability, as well as related manic Symptoms, constitute a pediatric divalproex-responsive bipolar spectrum disorder. (c) 2005 Elsevier B.V. All rights reserved.
Accession Number: WOS:000233225400004
PubMed ID: 16169087
ISSN: 0165-0327
eISSN: 1573-2517

Record 10 of 50 = PRO
Title: Clinical correlates of bipolar disorder in a large, referred sample of children and adolescents
Author(s): Biederman, J (Biederman, J); Faraone, SV (Faraone, SV); Wozniak, J (Wozniak, J); Mick, E (Mick, E); Kwon, A (Kwon, A); Cayton, GA (Cayton, GA); Clark, SV (Clark, SV)
Source: JOURNAL OF PSYCHIATRIC RESEARCH **Volume:** 39 **Issue:** 6 **Pages:** 611-622 **DOI:** 10.1016/j.jpsychires.2004.08.003 **Published:** NOV 2005
Abstract: Objective: To compare the prevalence, clinical correlates, and comorbidity among children and adolescents with bipolar disorder (BPD) assessed in the early 1990s (first cohort) with those evaluated over the last 7 years (second cohort).
Methods: Subjects were consecutively referred children (N = 108) and adolescents (N = 197) with a DSM-III-R BPD diagnosis, referred to a child psychiatry service and evaluated with identical structured assessment methods.
Results: Mania was identified in 16% of referred youth in both age groups and cohorts; in both age groups and cohorts, the clinical picture was predominantly irritable and mixed, and the course was chronic. Youth with BPD in both age groups and cohorts frequently had comorbidity with ADHD, psychosis and anxiety disorders. They also had high rates of psychiatric hospitalization and evidence of severely impaired psychosocial functioning.
Conclusions: The consistency of clinical features of bipolar disorder seen across age groups (children vs. adolescents) and cohorts (early and late cohorts) over the past decade supports the hypothesis that BPD in the young is a severe condition afflicting a sizeable minority of referred youth. These findings replicate and extend our previous characterization of an early onset mania, which may represent a developmental subtype of BPD. (c) 2004 Elsevier Ltd. All rights reserved.
Accession Number: WOS:000232409200008
PubMed ID: 16009376
ISSN: 0022-3956

Record 11 of 50 = PRO
Title: Sequence variation in the human dopamine transporter gene in children with attention deficit hyperactivity disorder
Author(s): Mazei-Robison, MS (Mazei-Robison, MS); Couch, RS (Couch, RS); Shelton, RC (Shelton, RC); Stein, MA (Stein, MA); Blakely, RD (Blakely, RD)
Source: NEUROPHARMACOLOGY **Volume:** 49 **Issue:** 6 **Pages:** 724-736 **DOI:**

10.1016/j.neuropharm.2005.08.003 **Published:** NOV 2005
Abstract: The activity of the presynaptic dopamine (DA) transporter (DAT) is critical in mediating the magnitude and duration of dopaminergic signaling in the brain. Multiple genetic studies have found an association between attention deficit hyperactivity disorder (ADHD) and a variable number tandem repeat (VNTR) in the 3'-untranslated region (3'VNTR) of the hDAT gene (SLC6A3), however none of these studies examined the hDAT coding region for polymorphisms. Thus, we sought evidence of polymorphisms in hDAT, focusing on the coding region and splice junctions, utilizing genomic DNA from children diagnosed with ADHD. Two separate ADHD cohorts (N = 70 and N = 42) were screened and sampled for both status of the 3'VNTR and for common/novel genomic variants. We found evidence of increased DAT variation in African-American subjects as well as in predominately hyperactive-impulsive probands. Cumulatively, multiple hDAT sequence variants were identified, including five novel variants, as well as one nonsynonymous single nucleotide polymorphism (SNP), converting Ala559 to Val (A559V). A559V was identified in two Caucasian male siblings with ADHD and both subjects were homozygous for the ADHD-associated, 10-repeat 3'VNTR allele. Interestingly, the A559V variant was previously identified in a subject with bipolar disorder [Grunhage et al., 2000. Molecular Psychiatry 5, 275], a psychiatric disorder that has a significant number of overlapping symptoms with ADHD. (c) 2005 Elsevier Ltd. All rights reserved.
Accession Number: WOS:000233217700002
PubMed ID: 16171832
ISSN: 0028-3908

Record 12 of 50 = PRO
Title: Neuropsychological functioning in youth with bipolar disorder
Author(s): Doyle, AE (Doyle, AE); Wilens, TE (Wilens, TE); Kwon, A (Kwon, A); Seidman, LJ (Seidman, LJ); Faraone, SV (Faraone, SV); Fried, R (Fried, R); Swezey, A (Swezey, A); Snyder, L (Snyder, L); Biederman, J (Biederman, J)
Source: BIOLOGICAL PSYCHIATRY **Volume:** 58 **Issue:** 7 **Pages:** 540-548 **DOI:** 10.1016/j.biopsych.2005.07.019 **Published:** OCT 1 2005
Abstract: Background: Little is known about the neuropsychological status of youth with, bipolar disorder (BPD) or whether cognitive deficits in this population are accounted for by comorbidity with attention deficit/hyperactivity disorder (ADHD). We compared neuropsychological and academic functioning of youth with and without DSM-IV BPD, controlling for effects of comorbid ADHD.
Methods: Fifty-seven youth with BPD and 46 healthy control subjects were assessed on a battery of clinical neuropsychological measures including subtests from the Wechsler Intelligence Scales for Children and Adults (Third Editions), the Stroop, the Wisconsin Card Sorting Test, the Ret-Osterreith Complex Figure, an auditory working memory Continuous Performance Test, a measure of verbal learning, and the Wide Range Achievement Test-Third Edition.
Results: Bipolar disorder was associated with impairments on subtests reflecting sustained attention, working memory, and processing speed after controlling for ADHD. Additionally, decrements of moderate effect sizes were ound,for measures of interference control, abstract problem solving, and verbal learning but did not meet criteria for statistical significance.
Conclusions: After controlling for ADHD, youth with BPD show neuropsychological deficits similar to impairments found in adults with the disorder. Further studies are needed to understand the clinical implications of these impairments as well as their role in the underlying risk for pediatric BPD.
Accession Number: WOS:000232866300005
PubMed ID: 16199011
Conference Title: Conference on Pediatric Bipolar Disorder
Conference Date: APR 02-03, 2004
Conference Location: Boston, MA
ISSN: 0006-3223

Record 13 of 50 = PRO
Title: Psychopathology in the offspring of parents with bipolar disorder: A controlled study
Author(s): Henin, A (Henin, A); Biederman, J (Biederman, J); Mick, E (Mick, E); Sachs, GS (Sachs, GS); Hirshfeld-Becker, DR (Hirshfeld-Becker, DR); Siegel, RS (Siegel, RS); McMurrich, S (McMurrich, S); Grandin, L (Grandin, L); Nierenberg, AA (Nierenberg, AA)
Source: BIOLOGICAL PSYCHIATRY **Volume:** 58 **Issue:** 7 **Pages:** 554-561 **DOI:** 10.1016/j.biopsych.2005.06.010 **Published:** OCT 1 2005
Abstract: Background: To examine the risk for psychopathology in offspring at risk for bipolar disorder and the course of psycbiatric disorders in these youth.
Methods: Using structured diagnostic interviews (Structured Clinical Interviewfor DSM-IV[SCID] and Kiddie Schedule for Affective Disorders and Schizophrenia [K-SADS]), psychiatric diagnoses of 117 nonreferred offspring of parents with diagnosed bipolar disorder were compared with those of 171 age- and gender-matched offspring of parents without bipolar disorder or major depression.
Results: Compared with offspring of parents without mood disorders, high-risk youth bad elevated rates of major depression and bipolar disorder, anxiety, and disruptive behavior disorders. High-risk offspring also bad signfcantly more impaired Global Assessment of Functioning (GAF) scores, higher rates of psychiatric treatment, and higher rates of placement in special education classes. Disruptive behavior disorders, separation anxiety disorder, generalized anxiety disorder (GAD), social phobia, and depression tended to have their onset in early or middle childhood, whereas bipolar disorder, obsessive-compulsive disorder (OCD), panic disorder, and substance use disorder had onset most frequently in adolescence.
Conclusions: These findings support the hypothesis that offspring of parents with bipolar disorder are at significantly increased risk for developing a wide range of severe psychiatric disorders and accompanying dysfunction. Early disruptive behavior and anxiety disorders, as well as early-onset depression, may be useful markers of risk.for subsequent bipolar disorder in high-risk samples.
Accession Number: WOS:000232866300007
PubMed ID: 16112654
ISSN: 0006-3223

Record 14 of 50 = PRO
Title: Bipolar diagnoses in community mental health: Achenbach child behavior checklist profiles and patterns of comorbidity
Author(s): Youngstrom, E (Youngstrom, E); Youngstrom, JK (Youngstrom, JK); Starr, M (Starr, M)

Source: BIOLOGICAL PSYCHIATRY **Volume:** 58 **Issue:** 7 **Pages:** 569-575 **DOI:** 10.1016/j.biopsych.2005.04.004 **Published:** OCT 1 2005
Abstract: Background: There are converging findings about pediatric bipolar disorder (PBD) in terms of associated comorbidity and behavior problem profiles on the Achenbach Child Behavior Checklist (CBCL). However, no study has examined clinical or demographic characteristics of youths clinically diagnosed with bipolar disorder in a low-income, diverse community clinical sample.
Methods: Archival data (N = 3086 cases) from six urban community mental health centers (CMHC) were reviewed to determine the base rate of bipolar disorder and the demographic and clinical characteristics (comorbidity and CBCL profiles) associated with the diagnosis.
Results: Roughly 6% of the sample received clinical diagnoses of PBD. Patterns of comorbidity and CBCL profiles were highly similar to published samples. However, elevated CBCL scores were not specific to bipolar disorder, since they were also frequently high for nonbipolar cases.
Conclusions: There appears to be substantial convergence between the demographic and clinical characteristics of cases clinically diagnosed with PBD versus those diagnosed with semistructured research interviews, strengthening the validity of both sets of diagnoses. At the same time, the CBCL appears to do poorly discriminating clinical diagnoses of PBD, due to the pervasive externalizing behavior problems in CMHC samples and the variable presentation of PBD cases.
Accession Number: WOS:000232866300009
PubMed ID: 15950197
ISSN: 0006-3223

Record 15 of 50 = PRO
Title: Heterogeneity of irritability in attention-deficit/hyperactivity disorder subjects with and without mood disorders
Author(s): Mick, E (Mick, E); Spencer, T (Spencer, T); Wozniak, J (Wozniak, J); Biederman, J (Biederman, J)
Source: BIOLOGICAL PSYCHIATRY **Volume:** 58 **Issue:** 7 **Pages:** 576-582 **DOI:** 10.1016/j.biopsych.2005.05.037 **Published:** OCT 1 2005
Abstract: Background: We hypothesized that irritability is a heterogeneous symptom distinguished by severity and that attending to this heterogeneity would impact the relationship between irritability and bipolar disorder.
Methods: A total of 274 ADHD children were administered the Kiddie Schedule for Affective Disorders and Schizophrenia (Epidemiologic Version) structured diagnostic interview. Three measures of irritability were identified. oppositional defiant disorder (ODD)-type irritability, mad/cranky irritability, and super-angry/grouchy/cranky irritability. Subjects were stratified as having bipolar disorder (n = 30), unipolar depression (n = 100), and no history of depression or bipolar disorder (non-mood-disordered, n = 144).
Results: Oppositional defiant disorder-type irritability was very common in all ADHD subjects, was the least impairing, and did not increase the risk of mood disorder. Mad/cranky irritability was common in only ADHD children with a mood disorder, was more impairing than the ODD-type irritability, and was predictive of unipolar depression. Super-angry/grouchy/cranky irritability was common only in ADHD children with bipolar disorder, was the most impairing, and was predictive of both unipolar depression and bipolar disorder. Two percent of the subjects with ODD-type irritability only, 6% of subjects with mad/cranky irritability, and 46% of subjects with super-angry/grouchy/cranky irritability were diagnosed with bipolar disorder.
Conclusions: These results challenge the conclusion that irritability is necessarily a poor diagnostic indicator of bipolar disorder in children.
Accession Number: WOS:000232866300010
PubMed ID: 16084859
Conference Title: Conference on Pediatric Bipolar Disorder
Conference Date: APR 02-03, 2004
Conference Location: Boston, MA
ISSN: 0006-3223

Record 16 of 50 = PRO
Title: How cardinal are cardinal symptoms in pediatric bipolar disorder? An examination of clinical correlates
Author(s): Wozniak, J (Wozniak, J); Biederman, J (Biederman, J); Kwon, A (Kwon, A); Mick, E (Mick, E); Faraone, S (Faraone, S); Orlovsky, K (Orlovsky, K); Schnare, L (Schnare, L); Cargol, C (Cargol, C); van Grondelle, A (van Grondelle, A)
Source: BIOLOGICAL PSYCHIATRY **Volume:** 58 **Issue:** 7 **Pages:** 583-588 **DOI:** 10.1016/j.biopsych.2005.08.014 **Published:** OCT 1 2005
Abstract: Background: The main goal of this study was to test whether the hypothesized cardinal symptom of euphoria results in differences in clinical correlates in bipolar youth ascertained with no a priori assumptions about cardinal symptoms.
Methods: Subjects (n = 86) satisfying DSM-IV criteria,for bipolar disorder with and without the proposed cardinal symptom of euphoria were compared in their bipolar symptom pattern, functioning and patterns of comorbidity.
Results: Among Criterion A (abnormal mood), we found that severe irritability was the predominant abnormal mood rather than euphoria (94% vs. 51%). We also found that among Criterion B items, grandiosity was not uniquely over represented in youth with mania, nor did the rate of grandiosity differ whether irritability or irritability and euphoria were the Criterion A mood symptom. Neither symptom profiled patterns of comorbidity nor measures of functioning differed related to the presence or absence of euphoria.
Conclusions: These findings challenge the notion that euphoria represents a cardinal symptom of mania in children. Instead they support the clinical relevance of severe irritability as the most common presentation of mania in the young. They also support the use of unmodified DSM-IV criteria in establishing the diagnosis of mania in pediatric populations.
Accession Number: WOS:000232866300011
PubMed ID: 16197929
ISSN: 0006-3223

Record 17 of 50 = PRO
Title: Open-label, 8-week trial of olanzapine and risperidone for the treatment of bipolar disorder in preschool-age children
Author(s): Biederman, J (Biederman, J); Mick, E (Mick, E); Hammerness, P (Hammerness, P); Harpold, T (Harpold, T); Aleardi, M (Aleardi, M); Dougherty, M (Dougherty, M); Wozniak, J (Wozniak, J)
Source: BIOLOGICAL PSYCHIATRY **Volume:** 58 **Issue:** 7 **Pages:** 589-594 **DOI:** 10.1016/j.biopsych.2005.03-019 **Published:** OCT 1 2005

Abstract: Background: To evaluate short-term safety and efficacy of atypical antipychotics in a single-site, prospective, open-label, 8-week study of risperidone and olanzapine monotherapy in preschoolers with bipolar disorder (BPD).
Methods: Risperidone was initiated at an open-label dose of .25 mg/day, increased weekly according to response and tolerability to a maximum does of 2.0 mg/day. Olanzapine was initiated at 1.25 mg/day and increased to no more than 10 mg/day.
Results: Thirty-one children aged 4-6 years were treated with olanzapine (n = 15, 6.3 +/- 2.3 mg/day) or risperidone (n = 16 1.4 +/- .5 mg/day). At study end point (week 8 or last observation carried forward), there was a 18.3 +/- 11.9 point (t = -5.6, p < .001) reduction in risperidone-treated subjects and a 12.1 +/- 10.4 point (t = - 4.4, p < .001) reduction in Young Mania Rating Scale (YMRS) scores in olanzapine-treated subjects that did not differ between groups (t = 1.4, p =.2). Response criteria (Clinical Global Impression improvement of "Much" or "Very Much" improved or a YMRS change of >= 30% or more) indicated no difftrence in rate of response with risperidone and olanzapine (69% vs. 53%, X-(1)(2) =.8, p =.4).
Conclusions: This prospective open study suggests that treatment with risperidone or olanzapine may result in a rapid reduction of symptoms of mania it? preschool children with BPD. Because of substantial residual symptomatology and adverse effects, however, a pressing need exists to identify additional safe and effective treatments for the management of BPD in this high-risk population.
Accession Number: WOS:000232866300012
PubMed ID: 16239162
Conference Title: Conference on Pediatric Bipolar Disorder
Conference Date: APR 02-03, 2004
Conference Location: Boston, MA
ISSN: 0006-3223

Record 18 of 50 = PRO
Title: Rapid mood switching and suicidality in familial bipolar disorder
Author(s): MacKinnon, DF (MacKinnon, DF); Potash, JB (Potash, JB); McMahon, FJ (McMahon, FJ); Simpson, SG (Simpson, SG); DePaulo, JR (DePaulo, JR); Zandi, PP (Zandi, PP)
Group Author(s): Natl Inst Mental Hlth Bipolar Dis
Source: BIPOLAR DISORDERS **Volume:** 7 **Issue:** 5 **Pages:** 441-448 **DOI:** 10.1111/j.1399-5618.2005.00236.x **Published:** OCT 2005
Abstract: Objectives: Rapidly alternating or mixed mood states in bipolar disorder are associated with a particularly high risk for suicidal behavior. Are individuals with these patterns of illness more likely to develop suicidal intentions, or are they less able to resist them? This analysis examines the specific contribution of rapid switching and other variables to the relative likelihood of having or acting on self-reported suicidal thought and action, in a large group of individuals with bipolar disorder.
Methods: The analysis included 1574 family members with bipolar disorder interviewed for a multi-site bipolar disorder genetic linkage study. Two models were tested, using the same set of demographic and clinical data points as independent variables. One model tested the influence of rapid switching and other variables on self-reported suicidal thought or action (i.e., suicidality), while the other tested the influences on suicidal action only among those who reported a history of suicidality.
Results: Over 75% of subjects had contemplated suicide and 38% reported a history of suicidal behavior. A history of rapid switching was associated with higher likelihood of a history of suicidality, as was panic disorder. Familial suicidal behavior, as well as drug abuse, increased the likelihood of suicidal action among suicidal individuals, but did not increase the likelihood of becoming suicidal. Female sex, early age at onset, and several demographic factors were associated with both facets of suicidality.
Conclusion: Factors associated with high acuity of distress, such as panic attacks and unstable moods, appear to enhance the risk of suicidality in general. Factors that affected the threshold for action without increasing suicidality overall can also be seen as markers of impulsive decision-making. Of the two distinct kinds of suicidal risk, the latter - the likelihood of action given intent - appears to be the more familial.
Accession Number: WOS:000231980700006
PubMed ID: 16176437

Record 19 of 50 = TRAD
Title: Comorbidity between ADHD and symptoms of bipolar disorder in a community sample of children and adolescents
Author(s): Reich, W (Reich, W); Neuman, RJ (Neuman, RJ); Volk, HE (Volk, HE); Joyner, CA (Joyner, CA); Todd, RD (Todd, RD)
Source: TWIN RESEARCH AND HUMAN GENETICS **Volume:** 8 **Issue:** 5 **Pages:** 459-466 **DOI:** 10.1375/183242705774310105 **Published:** OCT 2005
Abstract: The prevalence and frequency of comorbidity of possible bipolar disorder was examined with attention-deficit hyperactivity disorder (ADHD) in a nonreferred population of twins. Children and adolescents aged 7 to 18 years with a history of manic symptoms were identified from a population-based twin sample obtained from state birth records (n = 1610). The sample was enriched for ADHD; however, there was also a random control sample (n = 466), which allowed a look at the population prevalence of the disorder. Juveniles with threshold or below threshold manic episodes were further assessed for comorbidity with Diagnostic and Statistical Manual of Mental Disorders (4th ed.; DSM-IV; American Psychiatric Association, 1994) and population-defined ADHD subtypes (from latent class analysis) using Fisher's exact test. Nine juveniles who exhibited DSM-IV manic (n = 1), hypomanic (n = 2) or below threshold episodes (n = 6) were identified. The population prevalence of broadly defined mania in the random sample was 0.2%. The possible manic episodes showed significant comorbidity with population-defined severe combined and talkative ADHD subtypes. It can be concluded that there is a significant association of bipolar symptoms with two population-defined subtypes of ADHD. Episodes of possible bipolar disorders as defined by DSM-IV are uncommon in this nonreferred sample. Children and adolescents with ADHD appear to be only modestly at increased risk for bipolar disorders.
Accession Number: WOS:000232592500005
PubMed ID: 16212835
ISSN: 1832-4274

Record 20 of 50 = NA
Title: Psychiatric comorbidity in adult attention deficit hyperactivity disorder: Findings from multiplex families
Author(s): McGough, JJ (McGough, JJ); Smalley, SL (Smalley, SL); McCracken, JT (McCracken, JT); Yang, M (Yang, M); Del'Homme, M (Del'Homme, M); Lynn, DE (Lynn, DE); Loo, S (Loo, S)

Source: AMERICAN JOURNAL OF PSYCHIATRY **Volume:** 162 **Issue:** 9 **Pages:** 1621-1627 **DOI:** 10.1176/appi.ajp.162.9.1621 **Published:** SEP 2005
Abstract: Objective: Patterns of psychiatric comorbidity were assessed in adults with and without attention deficit hyperactivity disorder (ADHD) identified through a genetic study of families containing multiple children with ADHD.
Method: Lifetime ADHD and comorbid psychopathology were assessed in 435 parents of children with ADHD. Rates and mean ages at onset of comorbid psychopathology were compared in parents with lifetime ADHD, parents with persistent ADHD, and those without ADHD. Age-adjusted rates of comorbidity were compared with Kaplan-Meier survival curves. Logistic regression was used to assess additional risk factors for conditions more frequent in ADHD subjects.
Results: The parents with ADHD were significantly more likely to be unskilled workers and less likely to have a college degree. ADHD subjects had more lifetime psychopathology; 87% had at least one 56% had at least two other psychiatric disorders, compared with 64% and 27%, respectively, in non-ADHD subjects. ADHD was associated with greater disruptive behavior, substance use, and mood and anxiety disorders and with earlier onset of major depression, dysthymia, oppositional defiant disorder, and conduct disorder. Group differences based on Kaplan-Meier age-corrected risks were consistent with those for raw frequency distributions. Male sex added risk for disruptive behavior disorders. Female sex and oppositional defiant disorder contributed to risk for depression and anxiety. ADHD was not a significant risk factor for substance use disorders when male sex, disruptive behavior disorders, and socioeconomic status were controlled.
Conclusions: Adult ADHD is associated with significant lifetime psychiatric comorbidity that is not explained by clinical referral bias.
Accession Number: WOS:000231559300008
PubMed ID: 16135620
ISSN: 0002-953X

Record 21 of 50 = PRO
Title: Toward an evidence-based assessment of pediatric bipolar disorder
Author(s): Youngstrom, EA (Youngstrom, EA); Findling, RL (Findling, RL); Youngstrom, JK (Youngstrom, JK); Calabrese, JR (Calabrese, JR)
Source: JOURNAL OF CLINICAL CHILD AND ADOLESCENT PSYCHOLOGY **Volume:** 34 **Issue:** 3 **Pages:** 433-448 **DOI:** 10.1207/s15374424jccp3403_4 **Published:** SEP 2005
Abstract: This article outlines a provisional evidence-based approach to the assessment of pediatric bipolar disorder (PBD). Public attention to PBD and the rate of diagnosis have both increased substantially in the past decade. Accurate diagnosis is crucial to avoid harm due to mislabeling or unnecessary medication exposure. Because there are no proven efficacious or effective treatments for PBD, the role of assessment is heightened to demonstrate efficacy in individual cases as well as to identify cases for participation in clinical trials. This review discusses (a) the state of psychopathology research regarding PBD; (b) the likely base rate of PBD in multiple clinical settings; (c) the diagnostic value of family history; (d) challenges to differential diagnosis, including comorbidity and symptom overlap with other diagnoses, shortcomings in contemporary assessment methods, and the cyclical nature of PBD; (e) practical methods for improving diagnosis, focusing on the most discriminative symptoms, extending the temporal window of assessment to capture mood changes, and using screening tools within an actuarial framework; and (f) monitoring response to treatment using a variety of assessment methods. Twelve recommendations are offered to move toward an evidence-based assessment model for PBD.
Accession Number: WOS:000230703500004
PubMed ID: 16026213
ISSN: 1537-4416

Record 22 of 50 = PRO
Title: Pediatric bipolar disorder: A review of the past 10 years
Author(s): Pavuluri, MN (Pavuluri, MN); Birmaher, B (Birmaher, B); Naylor, MW (Naylor, MW)
Source: JOURNAL OF THE AMERICAN ACADEMY OF CHILD AND ADOLESCENT PSYCHIATRY **Volume:** 44 **Issue:** 9 **Pages:** 846-871 **DOI:** 10.1097/01.chi.0000170554.23422.cl **Published:** SEP 2005
Abstract: Objective: To review the literature of the past decade covering the epidemiology, clinical characteristics, assessment, longitudinal course, biological and psychosocial correlates, and treatment and prevention of pediatric bipolar disorder (BD).
Method: A computerized search for articles published during the past 10 years was made and selected studies are presented.
Results: Pediatric BD is increasingly recognized, and there are several prevailing views on core features of this disorder. The incidence and prevalence of the disorder and the associated comorbidities vary according to study setting and criteria used. This disorder is highly recurrent and accompanied by substantial psychiatric and psychosocial morbidity. Familial studies, including "top down" (offspring of parents with BD) and "bottom up" (relatives of youths with BD) studies indicate that pediatric BD is aggregated in families with adult or later-onset BD and suggest the existence of genetic predisposition. Greater understanding of the risk factors for early onset BD and recognition of the phenomenology of prodromal symptoms offers hope for early identification and prevention. Neuroimaging studies indicate frontotemporal and frontostriatal pathology, but none of these findings seems to be disorder specific. Combination pharmacotherapies appear promising, and the field awaits further short- and long-term randomized, placebo-controlled trials. Preliminary studies of various psychotherapies, including psychoeducation strategies tailored specifically for BD in youths, look encouraging. Conclusions: Considerable advances have been made in our knowledge of pediatric BD; however, differing viewpoints on the clinical presentation of BD in children are the rule. Phenomenological and longitudinal studies and biological validation using genetic, neurochemical, neurophysiological, and neuroimaging methods may strengthen our understanding of the phenocopy. Randomized, controlled treatment studies for the acute and maintenance treatment of BD disorder are warranted.
Accession Number: WOS:000231428800007
PubMed ID: 16113615
ISSN: 0890-8567

Record 23 of 50 = PRO
Title: Structural brain magnetic resonance imaging of limbic and thalamic volumes in pediatric bipolar disorder
Author(s): Frazier, JA (Frazier, JA); Chiu, SF (Chiu, SF); Breeze, JL (Breeze, JL); Makris, N (Makris, N); Lange, N (Lange, N); Kennedy, DN (Kennedy, DN); Herbert, MR (Herbert, MR); Bent, EK (Bent, EK); Koneru, VK (Koneru, VK); Dieterich, ME (Dieterich, ME); Hodge, SM (Hodge, SM); Rauch, SL (Rauch, SL); Grant, PE (Grant, PE); Cohen, BM (Cohen, BM); Seidman, LJ (Seidman, LJ); Caviness, VS (Caviness, VS); Biederman, J (Biederman, J)

Source: AMERICAN JOURNAL OF PSYCHIATRY **Volume:** 162 **Issue:** 7 **Pages:** 1256-1265 **DOI:** 10.1176/appi.ajp.162.7.1256 **Published:** JUL 2005
Abstract: Background: Youths with bipolar disorder are ideal for studying illness pathophysiology given their early presentation, lack of extended treatment, and high genetic loading. Adult bipolar disorder MRI studies have focused increasingly on limbic structures and the thalamus because of their role in mood and cognition. On the basis of adult studies, the authors hypothesized a priori that youths with bipolar disorder would have amygdalar, hippocampal, and thalamic volume abnormalities.
Method: Forty-three youths 6 - 16 years of age with DSM-IV bipolar disorder (23 male, 20 female) and 20 healthy comparison subjects (12 male, eight female) similar in age and sex underwent structured and clinical interviews, neurological examination, and cognitive testing. Differences in limbic and thalamic brain volumes, on the logarithmic scale, were tested using a two-way (diagnosis and sex) univariate analysis of variance, with total cerebral volume and age controlled.
Results: The subjects with bipolar disorder had smaller hippocampal volumes. Further analysis revealed that this effect was driven predominantly by the female bipolar disorder subjects. In addition, both male and female youths with bipolar disorder had significantly smaller cerebral volumes. No significant hemispheric effects were seen.
Conclusions: These findings support the hypothesis that the limbic system, in particular the hippocampus, may be involved in the pathophysiology of pediatric bipolar disorder. While this report may represent the largest MRI study of pediatric bipolar disorder to date, more work is needed to confirm these findings and to determine if they are unique to pediatric bipolar disorder.
Accession Number: WOS:000230196500006
PubMed ID: 15994707
ISSN: 0002-953X

Record 24 of 50 = PRO
Title: Clinical and diagnostic implications of lifetime attention-deficit/hyperactivity disorder comorbidity in adults with bipolar disorder: Data from the first 1000 STEP-BD participants
Author(s): Nierenberg, AA (Nierenberg, AA); Miyahara, S (Miyahara, S); Spencer, T (Spencer, T); Wisniewski, SR (Wisniewski, SR); Otto, MW (Otto, MW); Simon, N (Simon, N); Pollack, MH (Pollack, MH); Ostacher, MJ (Ostacher, MJ); Yan, L (Yan, L); Siegel, R (Siegel, R); Sachs, GS (Sachs, GS)
Group Author(s): STEP BD Investigators
Source: BIOLOGICAL PSYCHIATRY **Volume:** 57 **Issue:** 11 **Pages:** 1467-1473 **DOI:** 10.1016/j.biopsych.2005.01.036 **Published:** JUN 1 2005
Abstract: Background: Systematic studies of children and adolescents with a diagnosis of bipolar disorder show that rates of attention-deficit/hyperactivity disorder (ADHD) range from 60% to 90%, but the prevalence and implications of ADHD in adults with bipolar disorder are less clear.
Methods: The first consecutive 1000 adults with bipolar disorder enrolled in the National Institute of Mental Health's Systematic Treatment Enhancement Program for Bipolar Disorder (STEP-BD) were assessed for lifetime ADHD. The retrospective course of bipolar disorder. current mood state, and prevalence of other comorbid psychiatric diagnoses were compared for the groups with and without lifetime comorbid ADHD.
Results: The overall lifetime prevalence of comorbid ADHD in this large cohort of bipolar patients was 9.5% (95% confidence interval 7.6%-11.49%); 14.7% of male patients and 5.8% of female, patients with bipolar disorder had lifetime ADHD. Patients with bipolar disorder and ADHD bad the onset of their mood disorder approximately 5 years earlier. After adjusting for age of onset, those with ADHD comorbidity had shorter period of wellness and were more frequently depressed. We found that patients with bipolar disorder comorbid with ADHD had a greater number of other comorbic/psychiatric diagnoses compared with those without comorbid ADHD, with substantially higher rates of several anxiety disorders and alcohol and substance abuse and dependence.
Conclusions: Lifetime ADHD is a frequent comorbid condition in adults with bipolar disorder, associated with a worse course of bpolar disorder and greater burden of other psychiatric comorbid conditions. Studies are needed that focus on the efficacy and safety of treating ADHD comorbid with bipolar disorder.
Accession Number: WOS:000229570500033
PubMed ID: 15950022
Conference Title: Conference on Pediatric Bipolar Disorder
Conference Date: MAR 21-22, 2003
Conference Location: Washington, DC
Conference Sponsors: NIMH

Record 25 of 50 = PRO
Title: Divalproex sodium for pediatric mixed mania: a 6-month prospective trial
Author(s): Pavuluri, MN (Pavuluri, MN); Henry, DB (Henry, DB); Carbray, JA (Carbray, JA); Naylor, MW (Naylor, MW); Janicak, PG (Janicak, PG)
Source: BIPOLAR DISORDERS **Volume:** 7 **Issue:** 3 **Pages:** 266-273 **DOI:** 10.1111/j.1399-5618.2005.00204.x **Published:** JUN 2005
Abstract: Objective: This prospective 6-month open trial examined the effectiveness and safety of divalproex sodium (DVPX) in pediatric mixed mania.
Method: Thirty-four subjects with a mean age of 12.3 (SD = 3.7) years, DSM-IV diagnosis of a current mixed episode and a baseline Young Mania Rating Scale (YMRS) score > 20 were treated with DVPX monotherapy. The primary outcome measures were the YMRS and the Child Depression Rating Scale-Revised. Secondary measures were the Clinical Global Impression Scale for Bipolar Disorder (CGI-BP) and the Children's Global Assessment of Functioning Scale (C-GAS). Measures of safety and tolerability were also administered.
Results: Effect size (Cohen's d) based on change scores from baseline was 2.9 for the YMRS and 1.23 for the CDRS-R. Response rate (&GE; 50% change from baseline YMRS score and &LE; 40 score on CDRS-R at the end of study) was 73.5%. The remission rate (&GE; 50% change from baseline on YMRS, &LE; 40 on CDRS-R, CGI-BP-Improvement subscale of &LE; 2, and &GE; 51 CGAS score) was 52.9%. Significant improvements (p < 0.001) from baseline were seen for mean scores on all outcome measures (i.e., YMRS, CGI-BP, CDRS-R, and C-GAS). DVPX was safe and well tolerated with no serious adverse events during the 6-month trial.
Conclusion: This study provides evidence for the effectiveness and safety of DVPX in the treatment of pediatric mixed mania

over a 6-month period. Placebo-controlled, randomized trials involving larger samples will ultimately shed light on the efficacy of this agent.
Accession Number: WOS:000229081100006
PubMed ID: 15898964
ISSN: 1398-5647

Record 26 of 50 = SCEP
Title: Early onset bipolar disorder: Clinical and research considerations
Author(s): Carlson, GA (Carlson, GA)
Source: JOURNAL OF CLINICAL CHILD AND ADOLESCENT PSYCHOLOGY **Volume:** 34 **Issue:** 2 **Pages:** 333-343 **DOI:** 10.1207/s15374424jccp3402_13 **Published:** JUN 2005
Abstract: This article examined some of the reasons for confusion and controversy surrounding the frequency of diagnosis of bipolar disorder especially in prepubertal children. Four case vignettes are used to articulate questions surrounding manifestations of euphoria and grandiosity, informant variance, diagnostic implications of medication-induced behavioral toxicity, and treatment implications of family history. Although extant literature cited addresses some of the issues, specific research is needed for definitive answers.
Accession Number: WOS:000228809100013
PubMed ID: 15901234
ISSN: 1537-4416

Record 27 of 50 = PRO
Title: Pharmacotherapy of children and adolescents with bipolar disorder
Author(s): Kowatch, RA (Kowatch, RA); Delbello, MP (Delbello, MP)
Source: PSYCHIATRIC CLINICS OF NORTH AMERICA **Volume:** 28 **Issue:** 2 **Pages:** 385-+ **DOI:** 10.1016/j.psc.2005.02.001 **Published:** JUN 2005
Abstract: This article discusses recent studies of pharmacotherapy for children and adolescents with bipolar disorder.
Accession Number: WOS:000229048800006
PubMed ID: 15826738
ISSN: 0193-953X

Record 28 of 50 = PRO
Title: \Magnetic resonance imaging studies in early-onset bipolar disorder: A critical review
Author(s): Frazier, JA (Frazier, JA); Ahn, MS (Ahn, MS); DeJong, S (DeJong, S); Bent, EK (Bent, EK); Breeze, JL (Breeze, JL); Giuliano, AJ (Giuliano, AJ)
Source: HARVARD REVIEW OF PSYCHIATRY **Volume:** 13 **Issue:** 3 **Pages:** 125-140 **DOI:** 10.1080/10673220591003597 **Published:** MAY-JUN 2005
Abstract: Background: Neuroimaging studies of early-onset bipolar disorder (BD) are important in order to establish a fuller understanding of the underlying pathophysiology of the illness. The advantages of studying BD in children and adolescents include the relative absence of some confounds present in adult-onset research, such as lengthy duration of illness and exposure to treatments, greater number of mood episodes, and the presence of substance abuse or dependence. Finally, studying youths with the disorder may enhance our knowledge about the neural mechanisms of affective dysregulation and may specifically elucidate whether there are abnormalities that are unique to the early-onset form of the illness. Methods: PubMed was used to identify peer-reviewed publications from the past 15 years (January 1990 to January 2005) that used brain-imaging techniques (anatomic, functional, and biochemical) to research early-onset BD. Results: Eleven studies using anatomic magnetic resonance imaging (MRI), seven using magnetic resonance spectroscopy (MRS), and two using functional MRI (fMRI) were identified. Structural abnormalities were reported in total cerebral, white matter, superior temporal gyrus, putamen, thalamus, amygdala, and hippocampal volumes. Deficits in cortical gray matter were also reported. Using MRS, abnormalities were reported in the dorsolateral prefrontal cortex, anterior cingulate, and basal ganglia. One fMRI study found increased activation in the putamen and thalamus of BD youths compared to controls, and a second found abnormal prefrontal-subcortical activation in familial pediatric BD. Conclusion: Published MRI studies of early-onset BD are few. Nonetheless, extant data implicate abnormalities in brain regions thought to regulate mood and cognition. Synthesis of the findings into an overall model of anatomic and functional disruption is difficult due to the methodological variations among studies and the limitations of individual studies, such as the use of small sample sizes, the heterogeneity of sample characteristics, and the wide range of brain structures selected for analysis. Recommendations are offered to guide future research. It will be important for future studies to reproduce prior findings and determine which findings are unique to early-onset BD, relative to adult-onset illness. In addition, studies will need to establish the extent to which early-onset BD may overlap with comorbid disruptive, mood, anxiety, or psychotic disorders.
Accession Number: WOS:000230421000001
PubMed ID: 16020026
ISSN: 1067-3229

Record 29 of 50 = PRO
Title: Double-blind 18-month trial of lithium versus divalproex maintenance treatment in pediatric bipolar disorder
Author(s): Findling, RL (Findling, RL); McNamara, NK (McNamara, NK); Youngstrom, EA (Youngstrom, EA); Stansbrey, R (Stansbrey, R); Gracious, BL (Gracious, BL); Reed, MD (Reed, MD); Calabrese, JR (Calabrese, JR)
Source: JOURNAL OF THE AMERICAN ACADEMY OF CHILD AND ADOLESCENT PSYCHIATRY **Volume:** 44 **Issue:** 5 **Pages:** 409-417 **DOI:** 10.1097/01.chi.0000155981.83865.ea **Published:** MAY 2005
Abstract: Objective: To determine whether divalproex sodium (DVPX) was superior to lithium carbonate (Li+) in the maintenance monotherapy treatment of youths diagnosed with bipolar disorder who had been previously stabilized on combination Li+ and DVPX (Li+/DVPX) pharmacotherapy. Method: Youths ages 5-17 years with bipolar I or II disorder were initially treated with Li+/DVPX. Patients meeting remission criteria for four consecutive weeks were then randomized in a double-blind fashion to treatment with either Li+ or DVPX for up to 76 weeks. Study participation ended if the subject required additional clinical intervention or if the subject did not adhere to study procedures. Results: Patients were recruited between July 1998 and May 2002. One hundred thirty-nine youths with a mean (SD) age of 10.8 (3.5) years were initially treated with Li+/DVPX for a mean (SD) duration of 10.7 (5.4) weeks. Sixty youths were then randomized to receive monotherapy with Li+ (n = 30) or DVPX (n = 30). The Li+ and DVPX treatment groups did not differ in survival time until emerging symptoms of

relapse (p = .55) or survival time until discontinuation for any reason (p = .72). Conclusions: DVPX was not found to be superior to Li+ as maintenance treatment in youths who stabilized on combination Li+/DVPX pharmacotherapy.
Accession Number: WOS:000228610000005
PubMed ID: 15843762
ISSN: 0890-8567

Record 30 of 50 = SCEP
Title: The increased diagnosis of "Juvenile bipolar disorder": What are we treating?
Author(s): Harris, J (Harris, J)
Source: PSYCHIATRIC SERVICES **Volume:** 56 **Issue:** 5 **Pages:** 529-531 **DOI:** 10.1176/appi.ps.56.5.529 **Published:** MAY 2005
Accession Number: WOS:000228894700003
PubMed ID: 15876571
ISSN: 1075-2730

Record 31 of 50 = PRO
Title: An open-label trial of risperidone in children and adolescents with bipolar disorder
Author(s): Biederman, J (Biederman, J); Mick, E (Mick, E); Wozniak, J (Wozniak, J); Aleardi, M (Aleardi, M); Spencer, T (Spencer, T); Faraone, SV (Faraone, SV)
Source: JOURNAL OF CHILD AND ADOLESCENT PSYCHOPHARMACOLOGY **Volume:** 15 **Issue:** 2 **Pages:** 311-317 **DOI:** 10.1089/cap.2005.15.311 **Published:** APR 2005
Abstract: Objective: The aim of this study was to evaluate the potential of risperidone as a treatment of pediatric bipolar disorder.
Methods: This was an 8-week, open-label, prospective study of risperidone monotherapy (1.25 +/- 1.5 mg/d) for 30 bipolar youths (manic, mixed, or hypomanic; 6-17 years of age).
Results: Twenty-two of the 30 youths (73%) completed the study. Using predefined criteria for improvement (a Clinical Global Impressions Improvement in Mania score of +/- 2 at endpoint), the response rate for manic symptoms was 70%. The significant reduction in symptoms of mania resulted in a mean Young Mania Rating Scale (YMRS) score 13.5 at endpoint, indicating mild residual symptoms. Weight increased significantly from baseline (2.1 +/- 2.0 kg; $p < 0.001$) and there was a four-fold increase in prolactin levels from baseline ($P < 0.001$).
Conclusions: Open-label risperidone treatment was associated with a significant shortterm improvement of symptoms of pediatric bipolar disorder. Future placebo-controlled, double-blind studies are needed to confirm these preliminary results.
Accession Number: WOS:000229787000019
PubMed ID: 15910215
ISSN: 1044-5463

Record 32 of 50 = PRO
Title: Treatment guidelines for children and adolescents with bipolar disorder
Author(s): Kowatch, RA (Kowatch, RA); Fristad, M (Fristad, M); Birmaher, B (Birmaher, B); Wagner, KD (Wagner, KD); Findling, RL (Findling, RL); Hellander, M (Hellander, M)
Group Author(s): Child Psychiat Workgroup on Bipola
Source: JOURNAL OF THE AMERICAN ACADEMY OF CHILD AND ADOLESCENT PSYCHIATRY **Volume:** 44 **Issue:** 3 **Pages:** 213-235 **DOI:** 10.1097/00004583-200503000-00006 **Published:** MAR 2005
Abstract: Clinicians who treat children and adolescents with bipolar disorder desperately need current treatment guidelines. These guidelines were developed by expert consensus and a review of the extant literature about the diagnosis and treatment of pediatric bipolar disorders. The four sections of these guidelines include diagnosis, comorbidity, acute treatment, and maintenance treatment. These guidelines are not intended to serve as an absolute standard of medical or psychological care but rather to serve as clinically useful guidelines for evaluation and treatment that can be used in the care of children and adolescents with bipolar disorder. These guidelines are subject to change as our evidence base increases and practice patterns evolve.
Accession Number: WOS:000227197100006
PubMed ID: 15725966
ISSN: 0890-8567

Record 33 of 50 = SCEP
Title: Commentary: Treatment guidelines for child and adolescent bipolar disorder
Author(s): McClellan, J (McClellan, J)
Source: JOURNAL OF THE AMERICAN ACADEMY OF CHILD AND ADOLESCENT PSYCHIATRY **Volume:** 44 **Issue:** 3 **Pages:** 236-239 **DOI:** 10.1097/00004583-200503000-00007 **Published:** MAR 2005
Accession Number: WOS:000227197100007
PubMed ID: 15725967
ISSN: 0890-8567

Record 34 of 50 = PRO
Title: Aripiprazole in the treatment of pediatric bipolar disorder: A systematic chart review
Author(s): Biederman, J (Biederman, J); McDonnell, MA (McDonnell, MA); Wozniak, J (Wozniak, J); Spencer, T (Spencer, T); Aleardi, M (Aleardi, M); Falzone, R (Falzone, R); Mick, E (Mick, E)
Source: CNS SPECTRUMS **Volume:** 10 **Issue:** 2 **Pages:** 141-148 **Published:** FEB 2005
Abstract: Background: Pediatric bipolar diorder is a serious neuropsychiatric disorder asociated with high levels of morbidity and disabilty.
Objective: This is a systematic chart review of all outpatient youth with the diagnosis of bipolar disorder and bipolar spectrum disorder treated with aripiprazole either alone or as add-on to ongoing treatments.
Method: Medical records were reviewed to identify all subjects with bipolar and bipolar spectrum disorder prescribed aripiprazole in our clinic. During the chart review, the Clinical Global Impression scale was completed by the treating clinicians to determine usefullness.

Results: Forty-one youths (mean age +/- SD: 11.4 +/- 3.5 years) with bipolar spectrum disorder who had been treated with aripiprazole were identified. These children received a mean daily dose of aripiprazole 16.0 +/- 7.9 mg over an average of 4.6 months. Using a Clinical Global Impression-Improvement scale score of < 2 (very much/much improved) to define robust improvement, 71% showed improvement in manic symptoms Treatment with aripiprazole was well tolerated.
Conclusion: This study suggests that aripiprazole may be a useful and well-tolerated treatment for youth with bipolar disorder and it supports the need for controlled clinical trials of this compound in juvenile mania.
Accession Number: WOS:000236753000018
PubMed ID: 15685125
ISSN: 1092-8529

Record 35 of 50 = PRO
Title: Randomized, placebo-controlled trial of mixed amphetamine salts for symptoms of comorbid ADHD in pediatric bipolar disorder after mood stabilization with divalproex sodium
Author(s): Scheffer, RE (Scheffer, RE); Kowatch, RA (Kowatch, RA); Carmody, T (Carmody, T); Rush, AJ (Rush, AJ)
Source: AMERICAN JOURNAL OF PSYCHIATRY **Volume:** 162 **Issue:** 1 **Pages:** 58-64 **DOI:** 10.1176/appi.ajp.162.1.58 **Published:** JAN 2005
Abstract: Objective: The purpose of this study was to determine whether adjunctive use of a psychostimulant (mixed amphetamine salts) was safe and efficacious for treatment of symptoms of attention deficit hyperactivity disorder (ADHD) in pediatric outpatients with bipolar I or bipolar II disorder and concurrent ADHD whose manic symptoms had been stabilized through treatment with divalproex sodium.
Method: An 8-week open-label trial of divalproex sodium to control manic symptoms and to discern the effect of divalproex sodium on ADHD was followed by a 4-week randomized, double-blind, placebo-controlled crossover trial to determine if mixed amphetamine salts was safe and effective for treatment of ADHD symptoms. Patients in the crossover trial continued to receive divalproex sodium. Diagnoses, made by clinical interview, were confirmed with the Washington University in St. Louis Kiddie Schedule for Affective Disorders and Schizophrenia. The Young Mania Rating Scale (for manic symptoms) and the Clinical Global Impression of improvement (for ADHD symptoms) were the primary outcome measures.
Results: Forty subjects ages 6-17 years with bipolar I disorder (77.5%0) or bipolar II disorder (22.5%) and a Young Mania Rating Scale score greater than or equal to14 entered open treatment with divalproex sodium. With divalproex sodium, 32 subjects achieved greater than or equal to50% reduction in Young Mania Rating Scale baseline scores, but only three participants had significant improvement in ADHD symptoms. For the 30 subjects who entered the placebo-controlled crossover trial, mixed amphetamine salts was significantly more effective than placebo for ADHD symptoms. No significant side effects or worsening of manic symptoms was observed.
Conclusions: Pediatric patients with bipolar disorder and concurrent ADHD can be safely and effectively treated with mixed amphetamine salts after their manic symptoms are stabilized with divalproex sodium. Divalproex sodium alone (8-week trial) is not an effective treatment for ADHD in the context of bipolar disorder.
Accession Number: WOS:000226262000011
PubMed ID: 15625202
ISSN: 0002-953X

Record 36 of 50 = NA (focus on adult bipolar, only cites Geller & Luby 1997 in passing to mention high rate substance use in adolescents with bipolar disorder)
Title: Efficacy of valproate maintenance in patients with bipolar disorder and alcoholism - A double-blind placebo-controlled study
Author(s): Salloum, IM (Salloum, IM); Cornelius, JR (Cornelius, JR); Daley, DC (Daley, DC); Kirisci, L (Kirisci, L); Himmelhoch, JM (Himmelhoch, JM); Thase, ME (Thase, ME)
Source: ARCHIVES OF GENERAL PSYCHIATRY **Volume:** 62 **Issue:** 1 **Pages:** 37-45 **DOI:** 10.1001/archpsyc.62.1.37 **Published:** JAN 2005
Abstract: Background: More than half of all individuals with bipolar disorder have a substance abuse problem at some point in their lifetime. Patients with comorbid substance abuse disorders often are excluded from clinical trials. Thus, treatments targeting this high-risk clinical population are lacking.
Objective: To evaluate the efficacy of divalproex sodium (hereafter referred to as valproate) in decreasing alcohol use and stabilizing mood symptoms in acutely ill patients with bipolar disorder and alcoholism.
Design: A 24-week, double-blind, placebo-controlled, randomized parallel-group trial.
Setting: A university hospital serving as a primary catchment-area hospital and tertiary-care facility.
Participants: Fifty-nine subjects with diagnoses of bipolar I disorder and alcohol dependence.
Intervention: All study subjects received treatment as usual, including lithium carbonate and psychosocial interventions, and were randomized to receive valproate or placebo.
Main Outcome Measures: Primary alcohol use outcomes included changes in alcohol use as indicated by changes in proportion of heavy drinking days and number of drinks per heavy drinking day. Other alcohol use outcomes included proportion of any drinking days, number of drinks per drinking day, and relapse to sustained heavy drinking. Mood outcomes included changes in depressive and manic symptoms. We used the mixed model to analyze longitudinal data. The first model used time of assessment, bipolar subtype (mixed, manic, or depressed), and treatment group (placebo or valproate) as covariates. The second nested model included the additional covariate of medication adherence.
Results: The valproate group had a significantly lower proportion of heavy drinking days (P=.02) and a trend toward fewer drinks per heavy drinking day (P=.055) than the placebo group. When medication adherence was added as covariate, the valproate group had significantly fewer drinks per heavy drinking day (P=.02) and fewer drinks per drinking day (P=.02). Higher valproate serum concentration significantly correlated with improved alcohol use outcomes. Manic and depressive symptoms improved equally in both groups. Level of gamma-glutamyl transpeptidase was significantly higher in the placebo group compared with the valproate group.
Conclusions: Valproate therapy decreases heavy drinking in patients with comorbid bipolar disorder and alcohol dependence. The results of this study indicate the potential clinical utility of the anticonvulsant mood stabilizer, valproate, in bipolar disorder with co-occurring alcohol dependence.
Accession Number: WOS:000226250300005
PubMed ID: 15630071
Conference Title: 26th Annual Meeting of the Research-Society-on-Alcoholism

Conference Date: JUN 21-26, 2003
Conference Location: FT LAUDERDALE, FL
Conference Sponsors: Res Soc Alcoholism
ISSN: 0003-990X

Record 37 of 50 = PRO
Title: Rapid cycling bipolar disorder - Clinical characteristics and treatment options
Author(s): Coryell, W (Coryell, W)
Source: CNS DRUGS **Volume:** 19 **Issue:** 7 **Pages:** 557-569 **DOI:** 10.2165/00023210-200519070-00001 **Published:** 2005
Abstract: Approximately one of six patients who seek treatment for bipolar disorder present with a rapid cycling pattern. In comparison with other patients who have bipolar disorder, these individuals experience more affective morbidity in both the immediate and distant future and are more likely to experience recurrences despite treatment with lithium or anticonvulsants. Particular care should be given to distinguishing rapid cycling bipolar disorder from attention-deficit hyperactivity disorder in children or adolescents and from borderline personality disorder in adults. Perhaps four of five cases of rapid cycling resolve within a year, but the pattern may persist for many years in the remaining patients. As with bipolar disorder in general, depressive symptoms produce the most morbidity over time.
Controlled studies have not established that antidepressants provoke switching or rapid cycling, but neither have they been shown consistently to have benefits in bipolar illness. Successful management will often require a sequence of trials with mood stabiliser drugs, beginning with lithium in treatment-naive patients. Efforts to minimise adverse effects, and the recognition that full benefits may not be apparent for several months, will make the premature abandonment of a potentially helpful treatment less likely. Placebo-controlled studies so far provide the most support for the use of lithium and lamotrigine as prophylactic agents. The combination of lithium and carbamazepine, valproate or lamotrigine for maintenance has some support from controlled studies, as does the adjunctive use of olanzapine.
Accession Number: WOS:000230836800001
PubMed ID: 15984894
ISSN: 1172-7047

Record 38 of 50 = PRO
Title: Impact of bipolar disorder on employers - Rationale for workplace interventions
Author(s): Montejano, LB (Montejano, LB); Goetzel, RZ (Goetzel, RZ); Ozminkowski, RJ (Ozminkowski, RJ)
Source: DISEASE MANAGEMENT & HEALTH OUTCOMES **Volume:** 13 **Issue:** 4 **Pages:** 267-280 **DOI:** 10.2165/00115677-200513040-00005 **Published:** 2005
Abstract: Among the typical employer's workforce, there are employees with various physical and psychological conditions that may affect their healthcare costs and productivity. One such condition, bipolar disorder, is especially costly. Despite many available treatments, a large portion of bipolar disorder-related costs are not related to direct healthcare expenditures, but rather are indirect expenditures related to lost productivity. Thus, ensuring that employees who exhibit symptoms of bipolar disorder receive a timely and correct diagnosis followed by appropriate treatment may prove cost effective. To accomplish this, employer-sponsored health plans should have adequate resources to provide treatment to employees and dependents with bipolar disorder and use evidence-based guidelines to treat the disorder. Increasing awareness of bipolar disorder through education and training in the workplace or the establishment of employee assistance programs may help link those with the disorder to treatment. The provision of reasonable workplace accommodations to employees with bipolar disorder may increase productivity, resulting in additional savings. The coordination of all health plan programs and related services provided to employees is an important consideration. By becoming knowledgeable about bipolar disorder and its treatments, employers can better work with insurers, health management vendors, and intermediary organizations to provide worksite and health plan programs to assist their affected employees.
Accession Number: WOS:000231227900005
ISSN: 1173-8790

Record 39 of 50 = PRO
Title: Antidepressant-induced manic conversion: A developmentally informed synthesis of the literature
Author(s): Lim, CJ (Lim, CJ); Leckman, JF (Leckman, JF); Young, C (Young, C); Martin, A (Martin, A)
Source: INTERNATIONAL REVIEW OF NEUROBIOLOGY, VOL 65 **Book Series:** INTERNATIONAL REVIEW OF NEUROBIOLOGY **Volume:** 65 **Pages:** 25-52 **DOI:** 10.1016/S0074-7742(04)65002-1 **Published:** 2005
Abstract: There has been much recent attention on the adverse effects of serotonin reuptake inhibitors on children and adolescents. One well-known adverse effect of antidepressants in adults is manic induction. Our group recently used an administrative database to study the effects of age on antidepressant-induced manic conversion and found that peri-pubertal children may be most vulnerable to manic induction. This review will address the following questions: (1) What is known about antidepressant-induced mania and rapid cycling in children and adolescents? (2) Could antidepressant exposure in children and adolescents lead to long-term mood destabilization?; and finally, (3) What research and clinical recommendations can be made based on what is known thus far?
Accession Number: WOS:000231756300002
PubMed ID: 16140052
ISSN: 0074-7742

Record 40 of 50 = PRO
Title: The impact of bipolar depression
Author(s): Post, RM (Post, RM)
Source: JOURNAL OF CLINICAL PSYCHIATRY **Volume:** 66 **Pages:** 5-10 **Supplement:** 5 **Published:** 2005
Abstract: Bipolar disorder is a chronic, intermittent illness that is associated with high morbidity and mortality. In addition, patients with bipolar disorder often have comorbid psychiatric conditions (such as anxiety disorders, alcohol or substance abuse, and eating disorders) or medical disorders (such as obesity), which result in increased burden of illness for the patients, family members, and treating clinicians. Although bipolar disorder consists of recurring episodes of mania and depression, patients spend more time depressed than manic. Bipolar depression is associated with a greater risk of suicide and of impairment in work, social, or family life than mania. This health burden also results in direct and indirect economic costs to the individual and society at large. Bipolar depression is often undiagnosed or misdiagnosed as unipolar depression, resulting in incorrect or

inadequate treatment. Available treatments for bipolar depression include medications such as lithium, selected anticonvulsants, and the atypical antipsychotics. Traditional antidepressants are not recommended as monotherapy for bipolar depression as they can induce switching to mania. Early and accurate diagnosis, aggressive management, and earlier prophylactic treatment regimens are needed to overcome the impact of depressive episodes in patients with bipolar disorder.
Accession Number: WOS:000230322300002
PubMed ID: 16038596
Conference Title: Roundtable Meeting on the Burden of Bipolar Illness
Conference Date: APR 30, 2004
Conference Location: New York, NY
Conference Sponsors: AstraZeneca Pharmaceut
ISSN: 0160-6689

Record 41 of 50 = PRO
Title: Recognizing and managing bipolar disorder in children
Author(s): Wozniak, J (Wozniak, J)
Source: JOURNAL OF CLINICAL PSYCHIATRY **Volume:** 66 **Pages:** 18-23 **Supplement:** 1 **Published:** 2005
Abstract: Bipolar disorder affects people of all ages, including preschool-aged children. Two major difficulties in diagnosing children with bipolar disorder are its overlap with attention-deficit/hyperactivity disorder (ADHD) and its developmentally distinct presentation from that in adults, with high rates of irritability, chronicity, and mixed states. Comorbid conditions are common in bipolar disorder and, in addition to ADHD, include depression, anxiety disorders, oppositional defiant disorder, and conduct disorder. Family studies have helped to confirm the validity of bipolar disorder in children. In terms of treatment, children do not appear to respond well to conventional mood stabilizers alone. However, using an atypical antipsychotic either alone or in addition to another mood stabilizer has shown utility in treating manic symptoms, depression in mixed states, and aggression. Amphetamine salts have been helpful in treating bipolar children with comorbid ADHD, but no data are available on treating comorbid depression in bipolar children. Because childhood-onset mania is commonly chronic rather than episodic, highly comorbid, and characterized by high rates of irritability, future clinical trials should examine the overlap of mania with other disorders in children to determine routes to accurate diagnosis and treatment.
Accession Number: WOS:000227337700004
PubMed ID: 15693748
Conference Title: Teleconference on New Perspectives in Treating Bipolar Disorder
Conference Date: MAY 26, 2004
Conference Location: ELECTR NETWORK
Conference Sponsors: GlaxoSmithKline
ISSN: 0160-6689

Record 42 of 50 = PRO
Title: Prepubertal and early adolescent bipolar I disorder: Review of diagnostic validation by Robins and Guze criteria
Author(s): Geller, B (Geller, B); Tillman, R (Tillman, R)
Source: JOURNAL OF CLINICAL PSYCHIATRY **Volume:** 66 **Pages:** 21-28 **Supplement:** 7 **Published:** 2005
Abstract: The phenomenology of pediatric bipolar disorder is a controversial topic in the field of child psychiatry. The first National Institute of Mental Health-funded study in the field, Phenomenology and Course of Pediatric Bipolar Disorders, selected a conservative phenotype for credibility in a contentious field. To address the problems of differentiation of mania from attention-deficit/hyperactivity disorder (ADHD) and of the ubiquitous manifestation of irritability across child psychiatry diagnoses, a prepubertal and early adolescent bipolar 1 disorder phenotype (PEA-BP) was defined by DSM-IV bipolar 1 disorder (manic or mixed phase) with elation and/or grandiosity as one criterion. This criterion avoided diagnosing mania by symptoms that overlapped with those of ADHD (e.g., hyperactivity, distractibility) and ensured that subjects had at least 1 of the cardinal symptoms of mania (i.e., elation or grandiosity). This definition was analogous to the requirement that DSM-IV major depressive disorder include at least I of the cardinal symptoms of depression (i.e., sad mood or anhedonia). Subjects were 93 children with a mean +/- SD age of 10.9 +/- 2.6 years. Validation of the phenotype was shown according to Robins and Guze criteria: unique symptoms that did not overlap with those of ADHD, stability of the diagnosis (did not become ADHD or other disorders on follow-up) as shown by a 4-year prospective longitudinal study, significantly higher familial aggregation of bipolar disorder in relatives of PEA-BP versus ADHD and healthy control probands, and family-based linkage disequilibrium of the brain-derived neurotrophic factor Va166 allele in PEA-BP probands. Furthermore, PEA-BP resembled the most severe adult bipolar disorder, manifested by a chronic, ultradian-cycling, mixed manic, psychotic course. A conservatively defined child mania phenotype met the Robins and Guze criteria for establishing diagnostic validity in psychiatric illness. Continuities between PEA-BP and adult bipolar disorder and relationships of PEA-BP to other descriptions of child mania are discussed.
Accession Number: WOS:000232011600004
PubMed ID: 16124838
Conference Title: Symposium on Developmental Neurobiology and Psychiatry - Challenges and Best Practices for Studies in Children and Adolescents
Conference Date: OCT 03-04, 2003
Conference Location: Henderson, NV
Conference Sponsors: Otsuka Pharmaceut Inc, Abbott, Amer Fdn Suicide Prevent, AstraZeneca, Bristol-Mayers Squibb Co, Forest, GlaxoSmithKline, Janssen, Natl Alliance Res Schizophrenia & Depress, Natl Inst Mental Hlth, Pfizer Inc, Stanley Fdn/Natl Alliance Mentally III, Wyeth-Ayerst
ISSN: 0160-6689

Record 43 of 50 = NA (does not mention bipolar or mania in text, but states a large cohort of adolescents upon discharge from hospital have a rate of comorbid affective disorder of only 0.4%, and cites "affective disorder" rates in community studies as between 3% and 8% by citing Geller & Luby 1997)
Title: Trends in diagnosis rates for autism and ADHD at hospital discharge in the context of other psychiatric diagnoses
Author(s): Mandell, DS (Mandell, DS); Thompson, WW (Thompson, WW); Weintraub, ES (Weintraub, ES); DeStefano, F (DeStefano, F); Blank, MB (Blank, MB)
Source: PSYCHIATRIC SERVICES **Volume:** 56 **Issue:** 1 **Pages:** 56-62 **DOI:** 10.1176/appi.ps.56.1.56 **Published:** JAN 2005

Abstract: Objective: Concerns have been raised over observed increases in the number of children who are given a diagnosis of a neurodevelopmental disorder. The goal of this study was to examine trends by age and calendar year in the diagnosis of two of these disorders, autism and attention-deficit hyperactivity disorder (ADHD), in the context of other psychiatric disorders in a sample of hospitalized children. Methods: Data from the Healthcare Cost and Utilization Project (HCUP) were used for descriptive analyses of secular trends of diagnosed psychiatric disorders between 1989 and 2000. Changes over time in rates of diagnosis of autism, ADHD, affective disorders, and substance-related disorders were examined and compared. Results: Substance-related disorders were the most common mental disorders recorded at hospital discharge and increased by 39 percent between 1989 and 2000. Affective disorder was the next most common diagnosis and increased by 138 percent. Although autism and ADHD were far less common, their diagnosis rates nearly quadrupled over the course of the study. Although rates of diagnosis of affective and substance-related disorders generally increased over the lifespan, diagnosis of autism and ADHD followed a very different pattern, with peaks in rates at ages seven and 12. Conclusions: Increases in rates of diagnosis of etiologically unrelated mental disorders suggest that there have been changes in diagnostic practices over time, increases in community prevalence of these disorders, and increased likelihood of hospitalizations for different mental disorders.
Accession Number: WOS:000226217200010
PubMed ID: 15637193

Record 44 of 50 = PRO
Title: Absence of gender differences in pediatric bipolar disorder: findings from a large sample of referred youth
Author(s): Biederman, J (Biederman, J); Kwon, A (Kwon, A); Wozniak, J (Wozniak, J); Mick, E (Mick, E); Markowitz, S (Markowitz, S); Fazio, V (Fazio, V); Faraone, SV (Faraone, SV)
Source: JOURNAL OF AFFECTIVE DISORDERS **Volume:** 83 **Issue:** 2-3 **Pages:** 207-214 **DOI:** 10.1016/j.jad.2004.08.005 **Published:** DEC 2004
Abstract: Background: Because little is known about gender differences in pediatric bipolar disorder, we evaluated whether gender moderates the expression of pediatric bipolar disorder in a large clinical sample.
Methods: Subjects were consecutively referred youth aged 18 years or less who met full criteria for DSM-III-R bipolar disorder (BPD) (females, n=74; BD males, n=224). All subjects were assessed with a structured diagnostic interview and measures of psychosocial and family functioning.
Results: Most of the bipolar subjects (91% of males, 70% of females) also had ADHD. Bipolar disorder was equally prevalent in both genders. Among females and males, severe irritability (83% and 80%, respectively), mixed presentation (87% and 84%, respectively), chronic course (84% and 77%, respectively) and prepubertal onset (78% and 93%, respectively) predominated the clinical picture. We found no meaningful differences between genders in the number of BPD symptoms, type of treatment for BPD (counseling, medication, hospitalization), severity of educational deficits, severity of family and interpersonal functioning or patterns of psychiatric comorbidity.
Conclusions: Because gender does not moderate the clinical expression of pediatric bipolar disorder, our data does not suggest that gender specific criteria for the disorder are warranted.
Accession Number: WOS:000225822100014
PubMed ID: 15555715
ISSN: 0165-0327

Record 45 of 50 = PRO
Title: The effectiveness and tolerability of aripiprazole for pediatric bipolar disorders: A retrospective chart review
Author(s): Barzman, DH (Barzman, DH); DelBello, MP (DelBello, MP); Kowatch, RA (Kowatch, RA); Gernert, B (Gernert, B); Fleck, DE (Fleck, DE); Pathak, S (Pathak, S); Rappaport, K (Rappaport, K); Delgado, SV (Delgado, SV); Campbell, P (Campbell, P); Strakowski, SM (Strakowski, SM)
Source: JOURNAL OF CHILD AND ADOLESCENT PSYCHOPHARMACOLOGY **Volume:** 14 **Issue:** 4 **Pages:** 593-600 **DOI:** 10.1089/cap.2004.14.593 **Published:** WIN 2004
Abstract: Objective: The aim of this retrospective chart review was to evaluate the effectiveness and tolerability of aripiprazole for the treatment of children and adolescents with bipolar disorders.
Methods: The medical charts of all children and adolescents with a DSM-IV diagnosis of bipolar disorder, type I, type II, not otherwise specified (NOS), or schizoaffective disorder, bipolar type, and who were treated with aripiprazole were reviewed by two child and adolescent psychiatrists who independently confirmed their DSM-IV diagnoses, severity, and the improvement of illness using the Clinical Global Impression (CGI) Severity and Improvement scores for bipolar disorder (CGI-BP) and the Clinical Global Assessment Scale (CGAS).
Results: Thirty patients who were treated with aripiprazole were identified (mean starting dose = 9 +/- 4 mg/day, mean final dose = 10 +/- 3 mg/day). The overall response rate, defined by a CGI-Improvement score of less than or equal to 2 at endpoint, was 67%. There was a statistically significant improvement in CGAS scores (48 +/- 11 to 65 +/- 11, signed rank = 191, $p < 0.0001$) and CGI-S scores (4.2 +/- 0.8 to 2.8 +/- 1.0, signed rank = -172, $p < 0.0001$, effect size = 1.90) from baseline to endpoint. No serious adverse events were identified. Common side effects were sedation (n = 10, 33%), akathisia (n = 7, 23%), and gastrointestinal disturbances (n = 2, 7%). Baseline and endpoint weights were available for 14 (47%) of the patients. Change in weight ranged from +5 to -21 kg and 12 (86%) of 14 patients lost weight (mean weight loss was 3 6 kg).
Conclusions: This retrospective chart review suggests that aripiprazole may be effective and well tolerated for children and adolescents with bipolar disorders. Controlled studies of aripiprazole for the treatment of pediatric bipolar disorder are necessary.
Accession Number: WOS:000226592100049
PubMed ID: 15662152
ISSN: 1044-5463

Record 46 of 50 = PRO
Title: Effectiveness of collaborative problem solving in affectively dysregulated children with oppositional-defiant disorder: Initial findings
Author(s): Greene, RW (Greene, RW); Ablon, JS (Ablon, JS); Monuteaux, MC (Monuteaux, MC); Goring, JC (Goring, JC); Henin, A (Henin, A); Raezer-Blakely, L (Raezer-Blakely, L); Edwards, G (Edwards, G); Markey, J (Markey, J); Rabbitt, S (Rabbitt, S)
Source: JOURNAL OF CONSULTING AND CLINICAL PSYCHOLOGY **Volume:** 72 **Issue:** 6 **Pages:** 1157-1164 **DOI:**

10.1037/0022-006X.72.6.1157 **Published:** DEC 2004
Abstract: Oppositional-defiant disorder (ODD) refers to a recurrent pattern of negativistic, defiant, disobedient, and hostile behavior toward authority figures. Research has shown that children with ODD and comorbid mood disorders may be at particular risk for long-term adverse outcomes, including conduct disorder. In this study, the authors examined the effectiveness of a cognitive-behavioral model of intervention-called collaborative problem solving (CPS)-in comparison with parent training (PT) in 47 affectively dysregulated children with ODD. Results indicate that CPS produced significant improvements across multiple domains of functioning at posttreatment and at 4-month follow-up. These improvements were in all instances equivalent, and in many instances superior, to the improvements produced by PT. Implications of these findings for further research on and treatment selection in children with ODD are discussed.
Accession Number: WOS:000225801700022
PubMed ID: 15612861
ISSN: 0022-006X

Record 47 of 50 = PRO
Title: Bipolar disorder and substance abuse
Author(s): Levin, FR (Levin, FR); Hennessy, G (Hennessy, G)
Source: BIOLOGICAL PSYCHIATRY **Volume:** 56 **Issue:** 10 **Pages:** 738-748 **DOI:** 10.1016/j.biopsych.2004.05.008 **Published:** NOV 15 2004
Abstract: Substance use disorders arc over represented in individuals with bipolar and bipolar spectrum disorders. Although awareness of this phenomenon has increased over the past 20 years, few empirically based treatment strategies have been developed for this challenging patient population. This review examines the relationship between bipolar and substance use disorders and treatment options that have been studied in this patient population. First, we examine the high prevalence rates of substance use disorders in individuals diagnosed with bipolar disorder, the common problems associated with establishing a bipolar disorder diagnosis in individuals who abuse substances, the possible explanations for the frequent coexistence of bipolar and substance use disorders, and the negative effect of substance abuse on the course of and treatment outcomes for bipolar disorder. The review then focuses on treatment approaches for this patient population, including integrated group therapy for co-occurring bipolar and substance use disorders and pharmacotherapies that target both disorders. Finally, we present suggestions for medications that might be tested for their efficacy in treating both disorders in specific subgroups of patients with bipolar and substance use disorders.
Accession Number: WOS:000225349300009
PubMed ID: 15556118
Conference Title: Conference on Impact of Substance Abuse on the Diagnosis, Course, and Treatment of Mood Disorders
Conference Date: NOV 19-20, 2003
Conference Location: Washington, DC
Conference Sponsors: Depress & Bipolar Support Alliance, Abbott Lab, Amer Coll Neuropsychopharmacol, AstraZemeca Pharmaceut, Bristol-Myer Squibb Co, Cyberon Inc, Eli Lilly & Co, GlaxoSmithKline, Janssen Pharmaceut Products, Merck & Co Inc, Wyeth Pharmaceut
ISSN: 0006-3223

Record 48 of 50 = PRO
Title: New medication strategies for comorbid substance use and bipolar affective disorders
Author(s): Kosten, TR (Kosten, TR); Kosten, TA (Kosten, TA)
Source: BIOLOGICAL PSYCHIATRY **Volume:** 56 **Issue:** 10 **Pages:** 771-777 **DOI:** 10.1016/j.biopsych.2004.07.019 **Published:** NOV 15 2004
Abstract: Comorbidity of substance abuse disorders (SUD) with bipolar disorders (BPD) is a serious treatment problem. Childhood BPD can be further complicated by comorbidity with attention-deficit/hyperactivity disorder (ADHD) and later SUD during adolescence. The aim of this article is to review the literature on pharmacotherapies for these patients. Developing the ideal pharmacotherapy for BPD and SUD can be informed by the role of gamma-aminobutyric acid (GABA) in the neurobiology of SUD. This ideal pharmacotherapy would have several key characteristics. These characteristics include treating the BPD, relieving withdrawal symptoms, and preventing relapse to SUD. The ideal medication should have low abuse liability, require infrequent dosing, be well tolerated, and have few side effects. A medication approaching this ideal is the GABA enhancer valproate. Adding atypical antipsychotic agents might not improve valproate's efficacy, but combining GABA medications with selective serotonin reuptake inhibitors holds promise for SUD with depression. Pemoline might be the best option for minimizing the risk of SUD complicating comorbid ADHD with BPD.
Accession Number: WOS:000225349300013
PubMed ID: 15556122
Conference Title: Conference on Impact of Substance Abuse on the Diagnosis, Course, and Treatment of Mood Disorders
Conference Date: NOV 19-20, 2003
Conference Location: Washington, DC
Conference Sponsors: Depress & Bipolar Support Alliance, Abbott Lab, Amer Coll Neuropsychopharmacol, AstraZemeca Pharmaceut, Bristol-Myer Squibb Co, Cyberon Inc, Eli Lilly & Co, GlaxoSmithKline, Janssen Pharmaceut Products, Merck & Co Inc, Wyeth Pharmaceut
ISSN: 0006-3223

Record 49 of 50 = PRO
Title: Risk of substance use disorders in adolescents with bipolar disorder
Author(s): Wilens, TE (Wilens, TE); Biederman, J (Biederman, J); Kwon, A (Kwon, A); Ditterline, J (Ditterline, J); Forkner, P (Forkner, P); Moore, H (Moore, H); Swezey, A (Swezey, A); Snyder, L (Snyder, L); Henin, A (Henin, A); Wozniak, J (Wozniak, J); Faraone, SV (Faraone, SV)
Source: JOURNAL OF THE AMERICAN ACADEMY OF CHILD AND ADOLESCENT PSYCHIATRY **Volume:** 43 **Issue:** 11 **Pages:** 1380-1386 **DOI:** 10.1097/01.chi.0000140454.89323.99 **Published:** NOV 2004
Abstract: Objective: Previous work in adults and youths has suggested that juvenile onset bipolar disorder (BPD) is associated with an elevated risk of substance use disorders (SUD). Considering the public health importance of this issue, the authors now report on a controlled study of adolescents with and without BPD to evaluate the risk of SUD. Method: Probands with DSM-IV BPD (n = 57, mean age +/- SD = 13.3 +/- 2.4 years) and without DSM-IV BPD (n = 46, 13.6 +/- 2.2 years) were studied.

Structured psychiatric interviews and multiple measures of SUD were collected. Results: Bipolar disorder was associated with a highly significant risk factor for SUD (32% versus 7%, Z = 2.9, p = .004) that was not accounted for by conduct disorder (adjusted odds ratio = 5.4, p = .018). Adolescent-onset BPD (greater than or equal to 13 years) was associated with a higher risk of SUD compared with those with child-onset BPD (chi(1)(2) = 9.3, p = .002). Conclusions: These findings strongly indicate that BPD, especially adolescent onset, is a significant risk factor for SUD independently of conduct disorder.
Accession Number: WOS:000224630900015
PubMed ID: 15502597
ISSN: 0890-8567

Record 50 of 50 = PRO
Title: Is pediatric mania a developmental subtype of bipolar disorder?
Author(s): Biederman, J (Biederman, J)
Source: EUROPEAN NEUROPSYCHOPHARMACOLOGY **Volume:** 14 **Pages:** S137-S137 **Supplement:** 3 **Published:** OCT 2004
Accession Number: WOS:000225460400042
Conference Title: 17th Congress of the European-College-of-Neuropsychopharmacology
Conference Date: OCT 09-13, 2004
Conference Location: Stockholm, SWEDEN
Conference Sponsors: European Coll Neuropsychopharmacol
ISSN: 0924-977X

Record 1 of 50 = PRO
Title: Treatment-emergent mania in pediatric bipolar disorder: a retrospective case review
Author(s): Faedda, GL (Faedda, GL); Baldessarini, RJ (Baldessarini, RJ); Glovinsky, IP (Glovinsky, IP); Austin, NB (Austin, NB)
Source: JOURNAL OF AFFECTIVE DISORDERS **Volume:** 82 **Issue:** 1 **Pages:** 149-158 **DOI:** 10.1016/j.jad.2003.12.011 **Published:** OCT 1 2004
Abstract: Background: Pediatric bipolar disorder (BPD) can be misdiagnosed as a depressive, attention, conduct, or anxiety disorder and treatment with antidepressants and stimulants is common. Risk of adverse outcomes related to such treatment remains poorly defined. Methods: We analyzed clinical records of 82 children (mean age 10.6 years) meeting modified DSM-IV diagnostic criteria for BPD to evaluate risk and timing of operationally-defined treatment-emergent mania (TEM) or increased mood-cycling following pharmacological treatment. Results: Of 82 juvenile BPD patients, 57 (69%) had been given a mood-elevating agent at least once; 33/57 (58%) so-exposed met criteria for TEM, with median latency of 14 days; TEM was observed twice as often with antidepressants as stimulants (44% vs. 18%). TEM led to first-recognition of BPD in 14 cases (17%), and some drug-exposed children (4-9%) had prominent suicidal, homicidal or psychotic behavior. In addition to recent exposure to a mood-elevating agent, TEM was associated with early-onset anxiety and female gender. Limitations: Findings are retrospective in clinically diagnosed and treated outpatients, but involved otherwise unselected cases of juvenile BPD. Conclusions: TEM was reported in 58% of children with probable juvenile BPD within several weeks of new exposure to a mood-elevating agent.
Accession Number: WOS:000224670500020
PubMed ID: 15465590
Conference Title: 5th International Conference on Bipolar Disorder
Conference Date: JUN, 2003
Conference Location: Pittsburgh, PA
ISSN: 0165-0327

Record 2 of 50 = PRO
Title: Further evidence of unique developmental phenotypic correlates of pediatric bipolar disorder: findings from a large sample of clinically referred preadolescent children assessed over the last 7 years
Author(s): Biederman, J (Biederman, J); Faraone, SV (Faraone, SV); Wozniak, J (Wozniak, J); Mick, E (Mick, E); Kwon, A (Kwon, A); Aleardi, M (Aleardi, M)
Source: JOURNAL OF AFFECTIVE DISORDERS **Volume:** 82 **Pages:** S45-S58 **DOI:** 10.1016/j.jad.2004.05.021 **Supplement:** 1 **Published:** OCT 2004
Abstract: Background: A comparison of the prevalence, clinical correlates, and patterns of comorbidity among children with bipolar disorder (BPD) assessed in the early 1990s (1st cohort) with those evaluated over the last 7 years (2nd cohort).
Method: Subjects in both cohorts were children aged : 12 years referred to a child psychiatry service and evaluated with identical assessment methods. Children with a DSM-III-R BPD diagnosis (1st cohort, n=43; 2nd cohort, n=129) were identified. For comparison purposes, we used aftention-deficit/hyperactivity disorder (ADHD) children without BPD referred to the same clinic during the same time period (1st cohort, n=164; 2nd cohort, n=450).
Results: Analogous to 1st cohort findings, 2nd cohort results showed that (1) mania was identified in 17% of subjects; (2) the clinical picture was predominantly irritable and mixed, and the course was chronic; (3) BPD children frequently met criteria for major depression, ADHD, psychosis, and anxiety disorders; and (4) BPD children had high rates of psychiatric hospitalization and had evidence of severely impaired psychosocial functioning.
Conclusion: These findings confirm that pediatric BPD is a severe clinical disorder afflicting a sizable number of referred preadolescent children. Its unique phenotypic features and patterns of comorbidity support the hypothesis that clinically referred pediatric bipolar disorder represents a very severe developmental subtype of bipolar disorder.
Accession Number: WOS:000226117600006
PubMed ID: 15571789
Conference Title: 2nd International Conference on Pediatric Bipolar Disorder
Conference Date: MAR 21, 2003
Conference Location: Washington, DC
Conference Sponsors: NIMH
ISSN: 0165-0327

Record 3 of 50 = PRO
Title: A prospective follow-up study of pediatric bipolar disorder in boys with attention-deficit/hyperactivity disorder
Author(s): Biederman, J (Biederman, J); Mick, E (Mick, E); Faraone, SV (Faraone, SV); Van Patten, S (Van Patten, S); Burback, M (Burback, M); Wozniak, J (Wozniak, J)
Source: JOURNAL OF AFFECTIVE DISORDERS **Volume:** 82 **Pages:** S17-S23 **DOI:** 10.1016/j.jad.2004.05.012 **Supplement:** 1 **Published:** OCT 2004
Abstract: Objective: To examine patterns of persistence and remission in pediatric bipolar disorder attending to syndromatic, symptomatic, functional and affective definitions of remission of bipolar symptomatology in a longitudinal sample of ADHD children with comorbid bipolar disorder.
Methods: ADHD boys (128) were followed over 1- and 4-year follow-up assessments with structured diagnostic interviews to assess the persistence of psychiatric comorbidity. The course and duration of bipolar disorder was estimated by calculating the time from age at onset and the age at remission reported at either the 1- or 4-year follow-up assessments.
Results: Twenty-two (17%, Prevalent Cases) subjects met criteria for bipolar disorder at the baseline assessment. The average age of these subjects was 10.5+/-3.0 (range: 6 to 17 years) at baseline and 14.4+/-3.1 years of age at follow-up. The rate of remission was heavily dependent on the definition used. The rate of functional remission was the lowest and the rate of syndromatic remission was the highest. Regardless of the definition used, however, the disorder was chronic and lasted many years.
Limitations: These data should be considered preliminary due to the sample size and the absence of mood symptom rating scales.
Conclusions: That less than 20% of subjects attained functional remission or euthymia over the entire time period evaluated provides further evidence that pediatric bipolar disorder is a chronic mood disorder with a poor prognosis. (C) 2004 Elsevier B.V. All rights reserved.
Accession Number: WOS:000226117600003
PubMed ID: 15571786
Conference Title: 2nd International Conference on Pediatric Bipolar Disorder
Conference Date: MAR 21, 2003
Conference Location: Washington, DC
Conference Sponsors: NIMH
ISSN: 0165-0327

Record 4 of 50 = PRO
Title: Family-focused treatment for adolescents with bipolar disorder
Author(s): Miklowitz, DJ (Miklowitz, DJ); George, EL (George, EL); Axelson, DA (Axelson, DA); Kim, EY (Kim, EY); Birmaher, B (Birmaher, B); Schneck, C (Schneck, C); Beresford, C (Beresford, C); Craighead, WE (Craighead, WE); Brent, DA (Brent, DA)
Source: JOURNAL OF AFFECTIVE DISORDERS **Volume:** 82 **Pages:** S113-S128 **DOI:** 10.1016/j.jad.2004.05.020 **Supplement:** 1 **Published:** OCT 2004
Abstract: Background: Research has begun to elucidate the optimal pharmacological treatments for pediatric-onset bipolar patients, but few studies have examined the role of psychosocial interventions as adjuncts to pharmacotherapy in maintenance treatment. This article describes an adjunctive family-focused psychoeducational treatment for bipolar adolescents (FFT-A). The adult version of FFT has been shown to be effective in forestalling relapses in two randomized clinical trials involving bipolar adults.
Methods: FFT-A is administered to adolescents who have had an exacerbation of manic, depressed, or mixed symptoms within the last 3 months. It is given in 21 outpatient sessions of psychoeducation, communication enhancement training, and problem solving skills training. We describe modifications to the adult FFT model to address the developmental issues and unique clinical presentations of pediatric-onset patients.
Results: An open treatment trial involving 20 bipolar adolescents (11 boys, 9 girls; mean age 14.8 +/- 1.6) found that the combination of FFT-A and mood stabilizing medications was associated with improvements in depression symptoms, mania symptoms, and behavior problems over 1 year.
Limitations: These early results are based on a small-scale open trial.
Conclusions: Results from an ongoing randomized controlled trial will clarify whether combining FFT-A with pharmacotherapy improves the 2-year course of adolescent bipolar disorder. If the results are positive, then a structured manual-based psychosocial approach will be available for clinicians who treat adolescent bipolar patients in the community. (C) 2004 Elsevier B.V. All rights reserved.
Accession Number: WOS:000226117600012
PubMed ID: 15571785
Conference Title: 2nd International Conference on Pediatric Bipolar Disorder
Conference Date: MAR 21, 2003
Conference Location: Washington, DC
Conference Sponsors: NIMH
ISSN: 0165-0327

Record 5 of 50 = PRO
Title: The diagnosis of preschool bipolar disorder presenting with mania: open pharmacological treatment
Author(s): Scheffer, RE (Scheffer, RE); Apps, JAN (Apps, JAN)
Source: JOURNAL OF AFFECTIVE DISORDERS **Volume:** 82 **Pages:** S25-S34 **DOI:** 10.1015/j.jad.2004.05.019 **Supplement:** 1 **Published:** OCT 2004
Abstract: Background: Diagnosis of bipolar disorder (BPD) in preschool children is controversial, although preliminary data suggest that children with BPD may present with classic manic symptoms in a more chronic, rapid cycling presentation. While children with BPD are extremely dysfunctional, presenting symptoms and symptom expression remains to be further defined. Clarification of the presentation of BPD in children could result in better treatment.
Methods: Thirty-one patients, ages 2-5 years, were identified by chart review of all children treated at our pediatric bipolar clinic. All available historical, symptom, and treatment information was collected and summarized.
Results: Patients were similar to2:1 male: female, predominantly Caucasian, with an average age of symptom onset of 3 years. Most frequent presenting symptoms (100%) included irritability, increased energy, and aggression. Prominent symptoms (>80%) included euphoria, grandiosity, decreased need for steep, pressured speech, and distractibility. Eighty percent of patients had

concurrent Attention-Deficit Hyperactivity Disorder (ADHD). Twenty-one of the 31 patients reported prior treatment attempts with either a stimulant or antidepressant without the protective benefit of a mood stabilizer, and of these, 13 (62%) reported a worsening of mood symptoms during that treatment period. Twenty-six of 31 were initially treated in our clinic openly with a mood stabilizer, primarily valproic acid, with a significant decrease in manic symptoms (p=0.03) following initial treatment. Long-term treatment demonstrated continued improvements from baseline (p=0.01).
Limitations: The retrospective design of this study limits the conclusions that can be drawn. Due to the lack of a formal protocol, treatment was open and based on clinical judgment on an individual case basis.
Conclusions: The symptom expression in these patients allowed for diagnosis according to DSM-IV criteria. Treatment with mood stabilizers was clinically effective, with corresponding significant developmental benefits.
Accession Number: WOS:000226117600004
PubMed ID: 15571787
Conference Title: 2nd International Conference on Pediatric Bipolar Disorder
Conference Date: MAR 21, 2003
Conference Location: Washington, DC
Conference Sponsors: NIMH
ISSN: 0165-0327

Record 6 of 50 = PRO
Title: Effects of adolescent manic symptoms on agreement between youth, parent, and teacher ratings of behavior problems
Author(s): Youngstrom, EA (Youngstrom, EA); Findling, RL (Findling, RL); Calabrese, JR (Calabrese, JR)
Source: JOURNAL OF AFFECTIVE DISORDERS **Volume:** 82 **Pages:** S5-S16 **DOI:** 10.1016/j.jad.2004.05.016 **Supplement:** 1 **Published:** OCT 2004
Abstract: Background: Little is known about the extent to which manic symptoms might influence the self-report ratings of adolescents as compared to parent and teacher ratings, although there are clinical reasons to believe that mania would increase disagreement.
Methods: Parents and youths between the ages of 11 and 17 years were evaluated with the Schedule for Affective Disorders and Schizophrenia for School-Age Children (KSADS), Young Mania Rating Scale, and Child Depression Rating Scale-Revised. Based on the KSADS results, subjects were assigned to either a bipolar spectrum group (e.g., meeting criteria for a diagnosis of bipolar I, II, cyclothymia, or NOS) or a "nonbipolae" group (including depressive disorders, disruptive behaviors disorders, and other axis I diagnoses). Parents and youths both completed the Achenbach rating scales and the General Behavior Inventory (GBI). Teachers also completed the Achenbach scales.
Results: Youth self-report of manic symptoms showed lower correlations with clinician ratings than did parent ratings. Youths with a bipolar diagnosis also show poorer agreement about their depressive symptoms. There was some evidence that bipolar youths underreported symptoms, even after controlling for parent history of mood disorder. The youth's own manic symptoms partially mediated the effect of a bipolar diagnosis on rater disagreement.
Limitations: Diagnoses and mood ratings were based on both parent and youth interviews.
Conclusions: Findings strongly suggest that cross-informant agreement can be substantially affected by the youth's own psychopathology. Youths with a bipolar diagnosis tend to underreport their manic symptoms compared to parental report. Results emphasize the importance of gathering collateral sources of information in evaluating juvenile mania, and also suggest that parent reported problems should not be discounted out of hand.
Accession Number: WOS:000226117600002
PubMed ID: 15571790
Conference Title: 2nd International Conference on Pediatric Bipolar Disorder
Conference Date: MAR 21, 2003
Conference Location: Washington, DC
Conference Sponsors: NIMH
ISSN: 0165-0327

Record 7 of 50 = PRO
Title: Intramuscular ziprasidone for acute agitation in adolescents
Author(s): Hazaray, E (Hazaray, E); Ehret, J (Ehret, J); Posey, DJ (Posey, DJ); Petti, TA (Petti, TA); McDougle, CJ (McDougle, CJ)
Source: JOURNAL OF CHILD AND ADOLESCENT PSYCHOPHARMACOLOGY **Volume:** 14 **Issue:** 3 **Pages:** 464-470 **DOI:** 10.1089/cap.2004.14.464 **Published:** FAL 2004
Abstract: Several neuropsychiatric disorders in children and adolescents often present with aggressive behavior. In fact, aggression is one of the most common reasons for psychiatric admission for inpatient hospitalization. Psychotropic medication can be helpful in reducing the need for more restrictive interventions, such as seclusion or restraint. The use of "as needed" (PRN) medications has been reported to decrease seclusion and restraint in a university-affiliated hospital setting. In our study, we report the cases of 3 youngsters whose escalating aggression responded to intramuscular ziprasidone with an immediate calming effect and good clinical outcome.
Accession Number: WOS:000224838500022
PubMed ID: 15650504
ISSN: 1044-5463

Record 8 of 50 = PRO
Title: Ziprasidone monotherapy in pediatric bipolar disorder
Author(s): Barnett, MS (Barnett, MS)
Source: JOURNAL OF CHILD AND ADOLESCENT PSYCHOPHARMACOLOGY **Volume:** 14 **Issue:** 3 **Pages:** 471-477 **DOI:** 10.1089/1044546042389073 **Published:** FAL 2004
Abstract: Four children, aged 7-16 years, with bipolar disorder were switched to ziprasidone from mood stabilizers, anticonvulsants, or other atypical antipsychotics because of poor response, troubling side effects, breakthrough symptoms, or concern over potential toxicity. Within 3 days, patients experienced a resolution of hypomania, hallucinations, aggression, irritability, depression, and insomnia. One 16-year-old, who was switched from carbamazapine, also required adjunctive lorazepam for situational anxiety; the others either responded to, or were ultimately managed with, ziprasidone monotherapy.

Side effects were mostly mild and transitory. Patients experiencing sedation or wakefulness at dose escalation were maintained at the previous 20- or 40-mg dose level until side effects resolved. Ziprasidone's efficacy, fast onset of action, and good safety profile warrant a more systematic study of this agent in pediatric patients with bipolar disorder.
Accession Number: WOS:000224838500023
PubMed ID: 15650505
ISSN: 1044-5463

Record 9 of 50 = PRO
Title: Community-based care for youths with early and very-early onset bipolar I disorder
Author(s): Jerrell, JM (Jerrell, JM); Shugart, MA (Shugart, MA)
Source: BIPOLAR DISORDERS **Volume:** 6 **Issue:** 4 **Pages:** 299-304 **DOI:** 10.1111/j.1399-5618.2004.00129.x **Published:** AUG 2004
Abstract: Objective: Phenomenological and treatment differences between children and adolescents with bipolar I disorder in a public mental health system were examined.
Method: A systematic medical record review was performed on a sample of 83 patients, focusing on documented DSM IV symptoms of mania or depression, attention deficit hyperactivity disorder, conduct disorder, schizophrenia, and post-traumatic stress disorder. Cross-tabulation and logistic regression analyses were performed comparing the presence/absence of symptoms for each disorder and treatments provided for children and adolescents.
Results: Prepubertal patients were significantly more likely to be male, easily distracted, inattentive, detached from others, hyper-vigilant, prescribed stimulant medication, and to meet the diagnostic criteria for attention-deficit/hyperactivity disorder or Conduct Disorder than adolescents.
Conclusions: Consistent with the published literature, phenomenological differences between children and adolescents are present and being recognized for differential diagnosis and treatment by community practitioners. More attention to documenting some cardinal symptoms of mania, the persistence of bipolar symptoms, and the nature of cycling for those with mixed states is needed.
Accession Number: WOS:000222356100004
PubMed ID: 15225147
ISSN: 1398-5647

Record 10 of 50 = PRO
Title: Pediatric bipolar disorder: phenomenology and course of illness
Author(s): Faedda, GL (Faedda, GL); Baldessarini, RJ (Baldessarini, RJ); Glovinsky, IP (Glovinsky, IP); Austin, NB (Austin, NB)
Source: BIPOLAR DISORDERS **Volume:** 6 **Issue:** 4 **Pages:** 305-313 **DOI:** 10.1111/j.1399-5618.2004.00128.x **Published:** AUG 2004
Abstract: Background: Specific features and diagnostic boundaries of childhood bipolar disorder (BD) remain controversial, and its differentiation from other disorders challenging, owing to high comorbidity with other common childhood disorders, and frequent lack of an episodic course typical of adult BD.
Methods: We repeatedly examined children meeting DSM-IV criteria for BD (excluding episode-duration requirements) and analyzed their clinical records to evaluate age-at-onset, family history, symptoms, course, and comorbidity.
Results: Of 82 juveniles (aged 10.6 +/- 3.6 years) diagnosed with BD, 90% had a family history of mood or substance-use disorders, but only 10% of patients had been diagnosed with BD. In 74%, psychopathology was recognized before age 3, usually as mood and sleep disturbances, hyperactivity, aggression, and anxiety. At onset, dysphoric-manic and mixed presentations were most common (48%), euphoric mania less (35%), and depression least (17%). Subtype diagnoses were: BP-I (52%) > BP-II (40%) > cyclothymia (7%). DSM episode-duration criteria were met in 52% of cases, and frequent shifts of mood and energy were common.
Limitations: Partly retrospective study of clinically diagnosed referred outpatients without a comparison group.
Conclusions: Pediatric BD is often mis- or undiagnosed, although it often manifests with mood lability and sleep disturbances early in life. DSM BD criteria inconsistent with clinical findings require revision for pediatric application.
Accession Number: WOS:000222356100005
PubMed ID: 15225148
ISSN: 1398-5647

Record 11 of 50 = PRO
Title: Chart review of the impact of attention-deficit/hyperactivity disorder comorbidity on response to lithium or divalproex sodium in adolescent mania
Author(s): State, RC (State, RC); Frye, MA (Frye, MA); Altshuler, LL (Altshuler, LL); Strober, M (Strober, M); DeAntonio, M (DeAntonio, M); Hwang, S (Hwang, S); Mintz, J (Mintz, J)
Source: JOURNAL OF CLINICAL PSYCHIATRY **Volume:** 65 **Issue:** 8 **Pages:** 1057-1063 **Published:** AUG 2004
Abstract: Purpose: Although adolescent onset of bipolar disorder is common, the optimal treatment approach for mania in this age group remains understudied. Comorbid attention-deficit/hyperactivity disorder (ADHD) has been reported to predict lithium resistance in adolescents with bipolar disorder. Little is known about response to divalproex sodium in adolescents with bipolar disorder comorbid with ADHD. This study was conducted to evaluate comparative response rates to lithium and divalproex sodium in adolescent mania with and without this comorbidity.
Method: Medical records were reviewed for 42 patients (ages 12-19 years) who were hospitalized for acute mania and discharged with a diagnosis of DSM-III-R or DSM-IV bipolar disorder on either lithium (N = 29) or divalproex sodium (N = 13) treatment. A clinician blinded to treatment status rated improvement on the basis of abstracted notes in each case utilizing the Clinical Global Impressions Scale modified for use in bipolar illness (CGI-BP). Response was defined as a discharge CGI-BP overall change score of I or 2 (much or very much improved). Data were collected from January 1992 through May 1999.
Results: 36/42 (85.7%) patients presented with mixed mania, and 14/41 (34.1%)patients had a history of ADHD. The overall response rate was 80.9% (34/42). 92.6% (25/27) of patients without ADHD were responders versus 57.1% (8/14) of subjects with comorbid ADHD (p =.007). There were no significant differences in response rates for lithium versus divalproex sodium in subjects with and without ADHD.
Conclusion: These retrospective data suggest overall equivalent response rates for lithium and divalproex sodium in predominantly mixed adolescent mania. However, a history of ADHD was associated with a significantly diminished acute

response to both divalproex sodium and lithium as a primary treatment for the manic phase of bipolar disorder.
Accession Number: WOS:000223671800005
PubMed ID: 15323589
Conference Title: 153rd Annual Meeting of the American-Psychiatric-Association
Conference Date: MAY 13-18, 2000
Conference Location: CHICAGO, ILLINOIS
Conference Sponsors: Amer Psychiat Assoc
ISSN: 0160-6689

Record 12 of 50 = NA (focus on Li toxicity, no comment on acceptance or skepticism of PBD)
Title: Lithium toxicity-induced wide-complex tachycardia in a pediatric patient
Author(s): Francis, J (Francis, J); Hamzeh, RK (Hamzeh, RK); Lantin-Hermoso, MR (Lantin-Hermoso, MR)
Source: JOURNAL OF PEDIATRICS **Volume:** 145 **Issue:** 2 **Pages:** 235-240 **DOI:** 10.1016/j.jpeds.2004.05.028 **Published:** AUG 2004
Accession Number: WOS:000223406200022
PubMed ID: 15289775
ISSN: 0022-3476
eISSN: 1097-6833

Record 13 of 50 = TRAD
Title: Sustained attention and visual processing speed in children and adolescents with bipolar disorder and other psychiatric disorders
Author(s): McCarthy, J (McCarthy, J); Arrese, D (Arrese, D); McGlashan, A (McGlashan, A); Rappaport, B (Rappaport, B); Kraseski, K (Kraseski, K); Conway, F (Conway, F); Mule, C (Mule, C); Tucker, J (Tucker, J)
Source: PSYCHOLOGICAL REPORTS **Volume:** 95 **Issue:** 1 **Pages:** 39-47 **DOI:** 10.2466/pr0.95.1.39-47 **Published:** AUG 2004
Abstract: To investigate the cognitive functioning of children and adolescents with bipolar illness, 112 child and adolescent psychiatric inpatients and day-hospital patients at a state psychiatric hospital were administered the Wechsler Intelligence Scale for Children-III (WISC-III) as part of an admission psychological assessment. There were 22 patients with Bipolar Disorder and 90 with other psychiatric disorders; all were between 8 and 17 years of age. The patients with Bipolar Disorder had a mean age of 14 yr., a mean Verbal IQ of 78, a mean Performance IQ of 76, and a mean Full Scale IQ of 75. When their WISC-III scores were compared with those who had Schizophrenia Spectrum disorders (Schizophrenia and Schizoaffective Disorder), Psychosis Not Otherwise Specified, Attention Deficit Hyperactivity Disorder, and Conduct Disorder and Oppositional Defiant Disorder, there were no significant between-group mean differences for Verbal IQ, but patients with Bipolar Disorder had a significantly lower mean Performance IQ than those with ADHD and those with Conduct Disorder and Oppositional Defiant Disorder. Contrary to the expectation that the patients with Bipolar Disorder might have better sustained attention (higher Digit Span scores) than those with Schizophrenia Spectrum disorders and worse visual processing speed (lower Coding scores) than the other diagnostic groups, the bipolar patients' Digit Span and Coding scores did not differ significantly from those of the other groups. The patients with Psychosis, Not Otherwise Specified had significantly lower mean Performance IQ, Full Scale IQ, and Coding than the ADHD and the Conduct Disorder and Oppositional Disorder groups.
Accession Number: WOS:000223685800006
PubMed ID: 15460356
ISSN: 0033-2941

Record 14 of 50 = PRO
Title: Comparing the diagnostic accuracy of six potential screening instruments for bipolar disorder in youths aged 5 to 17 years
Author(s): Youngstrom, EA (Youngstrom, EA); Findling, RL (Findling, RL); Calabrese, JR (Calabrese, JR); Gracious, BL (Gracious, BL); Demeter, C (Demeter, C); Bedoya, DD (Bedoya, DD); Price, M (Price, M)
Source: JOURNAL OF THE AMERICAN ACADEMY OF CHILD AND ADOLESCENT PSYCHIATRY **Volume:** 43 **Issue:** 7 **Pages:** 847-858 **DOI:** 10.1097/01.chi.0000125091.35109.1e **Published:** JUL 2004
Abstract: Objective: To compare the diagnostic efficiency of six index tests as predictors of juvenile bipolar disorder in two large outpatient samples, aged 5 to 10 and 11 to 17 years, gathered from 1997 to 2002. Method: DSM-IV diagnosis was based on a semistructured diagnostic interview (Schedule for Affective Disorders and Schizophrenia for School-Age Children) with the parent and youth sequentially, blind to scores on the index tests. Participants were 318 youths aged 5 to 10 (50% with bipolar diagnoses) and 324 youths aged 11 to 17 (41% with bipolar diagnoses). Areas under the curve (AUCs) from receiver operating characteristic analyses and multilevel likelihood ratios quantified test performance. Results: Parent report (AUCs from 0.78 to 0.84 in both age groups) outperformed teacher (AUCs 0.57 in the younger sample and 0.70 in the older sample) or adolescent measures (AUCs 0.67 [General Behavior Inventory] and 0.71 [Youth Self-Report]) at identifying bipolar disorders. Combining tests did not produce clinically meaningful classification improvement. Conclusions: Parent report was more useful than teacher report or adolescent self-report on the index tests studied. Results generally replicated across both age groups. Parent report on these instruments could facilitate differential diagnosis of bipolar disorder in youths aged 5 to 17 years, especially by decreasing the rate of false-positive diagnoses.
Accession Number: WOS:000222246700010
PubMed ID: 15213586
ISSN: 0890-8567

Record 15 of 50 = PRO
Title: Psychosocial interventions for children with early-onset bipolar spectrum disorder
Author(s): Lofthouse, N (Lofthouse, N); Fristad, MA (Fristad, MA)
Source: CLINICAL CHILD AND FAMILY PSYCHOLOGY REVIEW **Volume:** 7 **Issue:** 2 **Pages:** 71-88 **DOI:** 10.1023/B:CCFP.0000030286.75522.5f **Published:** JUN 2004
Abstract: Once considered virtually nonexistent, bipolar disorder in children has recently received a great deal of attention from mental health professionals and the general public. This paper provides a current review of literature pertaining to the psychosocial treatment of children with early-onset bipolar spectrum disorder (EOBPSD). Commencing with evidence of the emerging interest in this topic, we then focus on terminology, the rationale for studying EOBPSD in children, current research

and clinical progress, possible explanations for the recent increase in recognition, and essential issues that form the foundation of effective psychosocial treatment. Next we explore areas of research with direct implications for psychosocial treatment. These include biological and psychosocial risk factors associated with bipolar disorder; and the psychosocial treatment of adult-onset bipolar disorder, childhood-onset unipolar disorder, and anger management in children. Following this, we discuss treatments being developed and tested for children with EOBPSD. Finally, we conclude with recommendations for future studies needed to move the field forward.
Accession Number: WOS:000221881000001
PubMed ID: 15255173
ISSN: 1096-4037

Record 16 of 50 = PRO
Title: The role of family systems in severe and recurrent psychiatric disorders: A developmental psychopathology view
Author(s): Miklowitz, DJ (Miklowitz, DJ)
Source: DEVELOPMENT AND PSYCHOPATHOLOGY **Volume:** 16 **Issue:** 3 **Pages:** 667-688 **DOI:** 10.1017/S0954579404004729 **Published:** SUM 2004
Abstract: Family systems theory has been highly influential in the study of recurrent psychiatric disorders. This review examines two interrelated domains: research on expressed emotion (EE) attitudes among relatives (criticism, hostility, or emotionally overinvolvement) and relapses of schizophrenia or bipolar disorder, and randomized trials of family intervention in these populations. The literature is discussed in terms of contemporary systems theory and concepts from developmental psychopathology research. Several conclusions are drawn: (a) levels of EE are correlated with caregivers' attributions regarding the controllability of patients' behaviors; (b) EE attitudes are associated with bidirectional, mutually influential cycles of interaction between relatives and patients; and (c) family psychoeducational therapy, when combined with pharmacotherapy, is associated with lower rates of relapse in schizophrenia and bipolar illness. Underlying disturbances in family systems may emerge in response to illness symptoms in a family member, but also have recursive effects on the developmental course of the illness once manifest. The nature and stability of these recursive effects will depend on dynamic processes in the patient, the relative, and their relationship. Future research should elucidate mediating and moderating variables in the pathways from EE to patients' outcomes, and the conditions under which family treatments bring about favorable outcomes of psychiatric disorder.
Accession Number: WOS:000224825300011
PubMed ID: 15605631
ISSN: 0954-5794

Record 17 of 50 = TRAD (notes the PBD controversy)
Title: Evolution of a Journal: Outing some ghosts from the closet
Author(s): McDermott, JF (McDermott, JF)
Source: JOURNAL OF THE AMERICAN ACADEMY OF CHILD AND ADOLESCENT PSYCHIATRY **Volume:** 43 **Issue:** 6 **Pages:** 650-659 **DOI:** 10.1097/01.chi.0000122732.72597.95 **Published:** JUN 2004
Accession Number: WOS:000221545700005
PubMed ID: 15167081
ISSN: 0890-8567

Record 18 of 50 = PRO
Title: Four-year prospective outcome and natural history of mania in children with a prepubertal and early adolescent bipolar disorder phenotype
Author(s): Geller, B (Geller, B); Tillman, R (Tillman, R); Craney, JL (Craney, JL); Bolhofner, K (Bolhofner, K)
Source: ARCHIVES OF GENERAL PSYCHIATRY **Volume:** 61 **Issue:** 5 **Pages:** 459-467 **DOI:** 10.1001/archpsyc.61.5.459 **Published:** MAY 2004
Abstract: Background: Diagnosis of child mania has been contentious.
Objective: To investigate natural history and prospective validation of the existence and long-episode duration of mania in children.
Design: Four-year prospective longitudinal study of 86 subjects with intake episode mania who were all assessed at 6, 12, 18, 24, 36, and 48 months. The phenotype was defined as DSM-IV bipolar I disorder (manic or mixed) with at least I cardinal symptom (elation and/or grandiosity) to ensure differentiation from attention-deficit/hyperactivity disorder. Parent and child informants were separately interviewed, by highly experienced research nurses, using the Washington University in St Louis Kiddie Schedule for Affective Disorders and Schizophrenia (WASH-U-KSADS). A Children's Global Assessment Scale score of 60 or less was needed to establish definite impairment. Treatment was by subjects' community practitioners.
Setting: Research unit in a university medical school
Participants: Subjects were obtained from psychiatric and pediatric sites by consecutive new case ascertainment, and their baseline age was 10.8 +/- 2.7 years. Onset of the baseline episode was 7.4 +/- 3.5 years. (Data are given as mean +/-SD.)
Main Outcome Measures: Episode duration, weeks ill, recovery/relapse rates, and outcome predictors.
Results: Prospective episode duration of manic diagnoses, using onset of mania as baseline date, was 79.2 +/- 66.7 consecutive weeks. Any bipolar disorder diagnosis occurred during 67.1% +/- 28.5% of total weeks, during the 209.4 +/- 3.3 weeks of follow-up. Subjects spent 56.9% +/- 28.8% of total weeks with mania or hypomania (unipolar or mixed), and 38.7% +/- 28.8% of these were with mania. Major or minor depression and dysthymia (unipolar or mixed) occurred during 47.1% +/- 30.4% of total weeks. Polarity switches occurred 1.1 +/- 0.7 times per year. Low maternal warmth predicted faster relapse after recovery from mania (X-2=13.6, P=.0002), and psychosis predicted more weeks ill with mania or hypomania (F-1.80= 12.2, P=.0008). Pubertal status and sex were not predictive. (Data are given as mean +/-SD.)
Conclusions: These findings validate the existence, long-episode duration, and chronicity of child mania. Differences from the natural history of adult bipolar disorder are discussed.
Accession Number: WOS:000221178800004
PubMed ID: 15123490
ISSN: 0003-990X

Record 19 of 50 = PRO
Title: Recognizing and treating uncommon behavioral and emotional disorders in children and adolescents who have been severely maltreated: Bipolar disorders

Author(s): Haugaard, JJ (Haugaard, JJ)
Source: CHILD MALTREATMENT **Volume:** 9 **Issue:** 2 **Pages:** 131-138 **DOI:** 10.1177/1077559504264305 **Published:** MAY 2004
Abstract: Although it was assumed for many years that children do not experience bipolar disorder, it has been recently recognized that some children do. Those who have been severely maltreated may be at an increased risk for developing a bipolar disorder. This article explores the symptoms of the bipolar disorder as well as strategies for distinguishing these symptoms from those of children experiencing more common disorders. Treatment strategies, including the use of medication, for children experiencing bipolar disorder and their families are examined.
Accession Number: WOS:000224030000002
PubMed ID: 15104881
ISSN: 1077-5595

Record 20 of 50 = PRO
Title: Psychotic symptoms in pediatric bipolar disorder
Author(s): Pavuluri, MN (Pavuluri, MN); Herbener, ES (Herbener, ES); Sweeney, JA (Sweeney, JA)
Source: JOURNAL OF AFFECTIVE DISORDERS **Volume:** 80 **Issue:** 1 **Pages:** 19-28 **DOI:** 10.1016/S0165-0327(03)00053-3 **Published:** MAY 2004
Abstract: Background: There is under-recognition or misdiagnosis of pediatric bipolar disorder with psychotic features. It is of major public health importance to recognize psychosis in bipolar disorder. Method: Original research on phenomenological description of psychosis and external validators including family history, longitudinal course and treatment effects are systematically reviewed. Age differences, sampling, and interview methods of the studies on pediatric bipolar disorder that reported psychotic features are compared. Critical differentiating features between pediatric bipolar disorder and pediatric schizophrenia are summarized given the presence of overlapping psychotic features. Results: Prevalence of psychotic features in pediatric bipolar disorder ranged from 16 to 87.5% based on age and methodological differences. The most common psychotic features are mood congruent delusions, mainly grandiose delusions. Psychotic features appear in the context of affective symptoms in pediatric bipolar disorder as opposed to schizophrenia where psychotic symptoms are independent of them. Family history of affective psychosis aggregated in probands with bipolar disorder. Limitations: There is discrepancy in clinical appraisal of what constitutes psychosis and pediatric bipolar disorder, apart from the differences in methodology and nature of the samples. Conclusion: Clinicians must be vigilant in identifying psychosis in pediatric bipolar disorder, especially when there is a positive family history of psychosis. (C) 2003 Elsevier B.V. All rights reserved.
Accession Number: WOS:000221147500003
PubMed ID: 15094254
ISSN: 0165-0327

Record 21 of 50 = PRO
Title: Child- and family-focused cognitive-behavioral therapy for pediatric bipolar disorder: Development and preliminary results
Author(s): Pavuluri, MN (Pavuluri, MN); Graczyk, PA (Graczyk, PA); Henry, DB (Henry, DB); Carbray, JA (Carbray, JA); Heidenreich, J (Heidenreich, J); Miklowitz, DJ (Miklowitz, DJ)
Source: JOURNAL OF THE AMERICAN ACADEMY OF CHILD AND ADOLESCENT PSYCHIATRY **Volume:** 43 **Issue:** 5 **Pages:** 528-537 **DOI:** 10.1097/01.chi.0000116743.71662.f8 **Published:** MAY 2004
Abstract: Objective: To describe child- and family-focused cognitive-behavioral therapy (CFF-CBT), a new developmentally sensitive psychosocial intervention for pediatric bipolar disorder (PBD) that is intended for use along with medication. CFF-CBT integrates principles of family-focused therapy with those of CBT. The theoretical framework is based on (1) the specific problems of children and families coping with bipolar disorder, (2) a biological theory of excessive reactivity, and (3) the role of environmental stressors in outcome. CFF-CBT actively engages parents and children over 12 hour-long sessions. Method: An exploratory investigation was conducted to determine the feasibility of CFF-CBT. Participants included 34 patients with PBD (mean age 11.33 years, SD = 3.06) who were treated with CFF-CBT plus medication in a specialty clinic. Treatment integrity, adherence, and parent satisfaction were assessed. Symptom severity and functioning were evaluated before and after treatment using the severity scales of the Clinical Global Impression Scales for Bipolar Disorder (CGI-BP) and the Children's Global Assessment Scale (CGAS) respectively. Results: On completion of therapy, patients with PBD showed significant reductions in severity scores on all CGI-BP scales and significantly higher CGAS scores compared to pretreatment results. High levels of treatment integrity, adherence, and satisfaction were achieved. Conclusions: CFF-CBT has a strong theoretical and conceptual foundation and represents a promising approach to the treatment of PBD. Preliminary results support the potential feasibility of the intervention.
Accession Number: WOS:000221014800006
PubMed ID: 15100559
ISSN: 0890-8567

Record 22 of 50 = PRO
Title: The prevalence and co-morbidity of subthreshold psychiatric conditions
Author(s): Lewinsohn, PM (Lewinsohn, PM); Shankman, SA (Shankman, SA); Gau, JM (Gau, JM); Klein, DN (Klein, DN)
Source: PSYCHOLOGICAL MEDICINE **Volume:** 34 **Issue:** 4 **Pages:** 613-622 **DOI:** 10.1017/S0033291703001466 **Published:** MAY 2004
Abstract: Background. In previous studies of subthreshold conditions, co-morbidity has been largely ignored. The purpose was to examine rates of co-morbidity among subthreshold disorders and between subthreshold and full-syndrome disorders for the major non-psychotic classes of disorders from DSM-IV.
Method. Participants came from the Oregon Adolescent Depression Project (mean age = 16-6 years; females = 52.1%). On the basis of a diagnostic interview (K-SADS), participants were assigned to eight subthreshold disorders (MDD, bipolar, eating, anxiety, alcohol use, substance use, conduct, ADHD).
Results. Of the 1704 adolescents in the analyses, 52.5% had at least one subthreshood disorder. Of those, 40.0% had also experienced a co-morbid Subthreshold condition, and 29.9% of those had a second co-morbid subthreshold condition. Of those with a subthreshold, 36.4% also had a full syndrome. The Subthreshold forms of externalizing disorders were co-morbid with each other. As expected, subthreshold anxiety was co-morbid with Subthreshold MDD but subthreshold anxiety was also co-morbid with subthreshold alcohol, conduct, and ADHD. The pattern of co-morbidities was nearly identical for males and

females.
Conclusions. The hypotheses that externalizing disorders Would be co-morbid with other externalizing disorders and that internalizing disorders would be co-morbid with other internalizing disorders was partially supported. Co-morbidities between Subthreshold disorders and between Subthreshold disorders and full syndrome should impact future research and clinical practice. The assessment of subthreshold disorders needs to include the assessment of other subthreshold and full-syndrome conditions.
Accession Number: WOS:000221647700005
PubMed ID: 15099416
ISSN: 0033-2917

Record 23 of 50 = PRO
Title: Three potential susceptibility loci shown by a genome-wide scan for regions influencing the age at onset of mania
Author(s): Faraone, SV (Faraone, SV); Glatt, SJ (Glatt, SJ); Su, J (Su, J); Tsuang, MT (Tsuang, MT)
Source: AMERICAN JOURNAL OF PSYCHIATRY **Volume:** 161 **Issue:** 4 **Pages:** 625-630 **DOI:** 10.1176/appi.ajp.161.4.625 **Published:** APR 2004
Abstract: Objective: The age at onset of bipolar disorder is associated with clinical features of the illness, including duration, severity, and pattern of comorbidity with other disorders. Age at onset is familial and heritable, and it correlates inversely with the prevalence of bipolar disorder among relatives. Because age at onset may have utility in resolving the complexity and heterogeneity of the disorder, the authors sought to identify chromosomal loci that harbor the genes influencing this trait.
Method: A genome scan of 539 genotyped people in 97 families ascertained for the NIMH Bipolar Disorder Genetics Initiative was performed by using multipoint variance-components linkage analysis.
Results: The age at onset of mania was significantly heritable in these families. Three chromosomal regions yielded nonsignificant but suggestive multipoint lod scores greater than 2.5, with the strongest evidence observed at markers D12S1292, GATA31B, and GATA50C, on chromosomes 12p, 14q, and 15q, respectively.
Conclusions: Although firm conclusions await an independent replication, these results suggest that three regions of the genome may contain genes influencing the age at onset of mania in bipolar disorder. To the authors' knowledge, these regions have not been implicated previously in risk for the disorder, suggesting that separate sets of genes influence disease susceptibility and the age which it appears.
Accession Number: WOS:000221276200007
PubMed ID: 15056507
ISSN: 0002-953X

Record 24 of 50 = PRO
Title: Somatic treatment of bipolar disorder in children and adolescents
Author(s): Weller, EB (Weller, EB); Danielyan, AK (Danielyan, AK); Weller, RA (Weller, RA)
Source: PSYCHIATRIC CLINICS OF NORTH AMERICA **Volume:** 27 **Issue:** 1 **Pages:** 155-+ **DOI:** 10.1016/S0193-953X(03)00116-3 **Published:** MAR 2004
Abstract: Although many classes of psychotropic medications, including mood stabilizers, antidepressants, anticonvulsants, antipsychotics, and psychostimulants, have been used to treat bipolar disorder in recent years, mood stabilizers seem to be the most efficacious agents for bipolar patients, regardless of age. Although the biopsychosocial approach to treatment is recommended for all patients, this article focuses only on the somatic treatment of bipolar disorder in children and adolescents.
Accession Number: WOS:000220712600011
PubMed ID: 15062636
ISSN: 0193-953X

Record 25 of 50 = PRO
Title: Magnetic resonance imaging analysis of amygdala and other subcortical brain regions in adolescents with bipolar disorder
Author(s): DelBello, MP (DelBello, MP); Zimmerman, ME (Zimmerman, ME); Mills, NP (Mills, NP); Getz, GE (Getz, GE); Strakowski, SM (Strakowski, SM)
Source: BIPOLAR DISORDERS **Volume:** 6 **Issue:** 1 **Pages:** 43-52 **DOI:** 10.1046/j.1399-5618.2003.00087.x **Published:** FEB 2004
Abstract: Objectives: Few studies have examined the abnormalities that underlie the neuroanatomy of bipolar disorder in youth. The aim of this study was to evaluate brain regions that are thought to modulate mood utilizing quantitative analyses of thin-slice magnetic resonance imaging (MRI) scans of adolescents with bipolar disorder. We hypothesized that adolescents with bipolar disorder would exhibit abnormalities in brain regions that are involved in the regulation of mood including the amygdala, globus pallidus, caudate, putamen, and thalamus.
Methods: Bipolar adolescents (n = 23) and healthy subjects (n = 20) matched for age, race, sex, socioeconomic status, IQ, education and Tanner stage, were evaluated using the Washington University at St Louis Kiddie-Schedule for Affective Disorders and Schizophrenia (WASH-U K-SADS). Contiguous 1 mm axial T1-weighted MRI slices were obtained using a GE 1.5 T MR scanner. Regions of interest (ROI) included total cerebral volume, amygdala, globus pallidus, caudate, putamen, and thalamus.
Results: Total cerebral volume was smaller in bipolar adolescents than in healthy adolescents. A MANCOVA revealed a significant group difference in overall ROI volumes after adjusting for total cerebral volume. Specifically, adolescents with bipolar disorder exhibited smaller amygdala and enlarged putamen compared with healthy subjects.
Conclusions: Our findings indicate that adolescents with bipolar disorder exhibit abnormalities in some of the brain regions that are thought to be involved in the regulation of mood. Additional structural and functional neuroimaging investigations of children, adolescents, and adults with bipolar disorder are necessary to clarify the role of these brain regions in the neurophysiology of adolescent bipolar disorder.
Accession Number: WOS:000188809800005
PubMed ID: 14996140
ISSN: 1398-5647

Record 26 of 50 PRO

Title: Phenomenology and epidemiology of childhood psychiatric disorders that may necessitate treatment with atypical antipsychotics
Author(s): DelBello, M (DelBello, M); Grcevich, S (Grcevich, S)
Source: JOURNAL OF CLINICAL PSYCHIATRY **Volume:** 65 **Pages:** 12-19 **Supplement:** 6 **Published:** 2004
Abstract: Children and adolescents commonly present to clinical settings with more severe psychopathology than previously recognized. Physicians evaluating children may be confronted with clinical manifestations of early-onset schizophrenia, including command hallucinations and delusional thinking, severe irritability and suicidality associated with juvenile-onset bipolar disorder, or the severe aggression of a child with a pervasive developmental disorder. In these as well as other clinical situations, the potential risks and benefits of treatment with atypical antipsychotics should be considered. In this article, we summarize the clinical manifestations of psychiatric disorders in children and adolescents, with particular attention to the disorders for which the benefits of prescribing an atypical antipsychotic may outweigh the potential risks. We also describe the differences in the clinical presentation of these disorders between youth and adults.
Accession Number: WOS:000222312700003
PubMed ID: 15104522
ISSN: 0160-6689

Record 27 of 50 = PRO (cites Wozniak et al 1995 uncritically)
Title: The psychopharmacologic treatment of violent youth
Author(s): Gilligan, J (Gilligan, J); Lee, B (Lee, B)
Edited by: Devine J; Gilligan J; Miczek KA; Shaikh R; Pfaff D
Source: YOUTH VIOLENCE: SCIENTIFIC APPROACHES TO PREVENTION **Book Series:** ANNALS OF THE NEW YORK ACADEMY OF SCIENCES **Volume:** 1036 **Pages:** 356-381 **DOI:** 10.1196/annals.1330.019 **Published:** 2004
Abstract: Aggressive violence has been described as the greatest problem and the most frequent reason for referrals in child and adolescent psychiatry. In this country we have only partially emerged from an epidemic of violence that was really an epidemic of youth violence. Thus it is hardly surprising that psychiatrists are being asked more and more frequently whether psychiatric medications might help to diminish the toll from this behavioral plague. Medications are useful and appropriate for only a small minority of the people who commit serious violence. Even when they are indicated, they can never be the sole treatment modality, but should be supplemented by psychological and social therapies. When the violence is a byproduct or symptom of an underlying mental illness, treating that illness is generally the most effective method of preventing future violence on a long-term basis. However, most violence is not committed by those who are mentally ill, and most of the mentally ill never commit a serious act of violence. That is why many attempts have been made to discover whether there are drugs that diminish the symptom, violence, even when there is no underlying mental illness for which drugs would normally be prescribed. In fact there are several, and their indications and use are reviewed here. Different principles govern the acute short-term emergency treatment of a violent crisis and the long-term treatment of those who are chronically and repetitively violent, and these differences are also summarized here.
Accession Number: WOS:000229993700023
PubMed ID: 15817749
Conference Title: Conference on Scientific Approaches to Youth Violence Prevention
Conference Date: APR 24-26, 2004
Conference Location: New York, NY
Conference Sponsors: New York Acad Sci, Mushett Family Fdn
ISSN: 0077-8923
ISBN: 1-57331-525-7

Record 28 of 50 = PRO
Title: Amygdala and hippocampal volumes in adolescents and adults with bipolar disorder
Author(s): Blumberg, HP (Blumberg, HP); Kaufman, J (Kaufman, J); Martin, A (Martin, A); Whiteman, R (Whiteman, R); Zhang, JHY (Zhang, JHY); Gore, JC (Gore, JC); Charney, DS (Charney, DS); Krystal, JH (Krystal, JH); Peterson, BS (Peterson, BS)
Source: ARCHIVES OF GENERAL PSYCHIATRY **Volume:** 60 **Issue:** 12 **Pages:** 1201-1208 **DOI:** 10.1001/archpsyc.60.12.1201 **Published:** DEC 2003
Abstract: Background: The purported functions of medial temporal lobe structures suggest their involvement in the pathophysiology of bipolar disorder (BD). Previous reports of abnormalities in the volume of the amygdala and hippocampus in patients with BD have been inconsistent in their findings and limited to adult samples. Appreciation of whether volumetric abnormalities are early features of BD or whether the abnormalities represent neurodegenerative changes associated with illness duration is limited by the paucity of data in juvenile samples.
Objective: To investigate amygdala and hippocampal volume in adults and adolescents with BD.
Setting and Participants: Subjects included 36 individuals (14 adolescents and 22 adults) in outpatient treatment for BD type I at a university hospital or Veterans Affairs medical center or in the surrounding community, and 56 healthy comparison subjects (23 adolescents and 33 adults).
Design and Main Outcome Measures: Amygdala and hippocampal volumes were defined and measured on high-resolution anatomic magnetic resonance imaging scans. We used a mixed-model, repeated-measures statistical analysis to compare amygdala and hippocampal volumes across groups while covarying for total brain volume, age, and sex. Potential effects of illness features were explored, including rapid cycling, medication, alcohol or other substance dependence, duration, and mood state.
Results: For both the amygdala and hippocampal regions, we found an overall significant volume reduction in the BD compared with the control group (P<.0001). Amygdala volume reductions (15.6%) were highly significant (P<.0001). We observed a nonsignificant trend (P=.054) toward reductions in hippocampal volumes of lesser magnitude (5.3%). Effects of illness features were not detected.
Conclusions: These results suggest that BD is associated with decreased volumes of medial temporal lobe structures, with greater effect sizes in the amygdala than in the hippocampus. These abnormalities are likely manifested early in the course of illness, as they affected adolescent and adult subjects similarly in this sample.
Accession Number: WOS:000187022200004
PubMed ID: 14662552
ISSN: 0003-990X

Record 29 of 50 = TRAD (notes the PBD controversy)
Title: Clinical case presentation: Therapeutic challenges in adolescent-onset bipolar disorder
Author(s): Ramasamy, D (Ramasamy, D); Ambrosini, P (Ambrosini, P); Coffey, B (Coffey, B)
Source: JOURNAL OF CHILD AND ADOLESCENT PSYCHOPHARMACOLOGY **Volume:** 13 **Issue:** 4 **Pages:** 425-430 **Published:** WIN 2003
Accession Number: WOS:000188851800026
ISSN: 1044-5463
eISSN: 1557-8992

Record 30 of 50 = PRO
Title: Defining a developmental subtype of bipolar disorder in a sample of nonreferred adults by age at onset
Author(s): Mick, E (Mick, E); Biederman, J (Biederman, J); Faraone, SV (Faraone, SV); Murray, K (Murray, K); Wozniak, J (Wozniak, J)
Source: JOURNAL OF CHILD AND ADOLESCENT PSYCHOPHARMACOLOGY **Volume:** 13 **Issue:** 4 **Pages:** 453-462 **DOI:** 10.1089/104454603322724841 **Published:** WIN 2003
Abstract: Objective: To test the hypothesis that the age at onset of bipolar disorder would identify a developmental subtype of bipolar disorder in adults characterized by increased levels of irritability, chronic course, rapid cycling, and comorbidity with attention deficit hyperactivity disorder.
Methods: Forty-four adult subjects diagnosed with bipolar disorder were selected from large family studies of youth with and without attention deficit hyperactivity disorder. These subjects were stratified by the age at onset in childhood (younger than 13 years; n = 8, 18%), adolescence (13-18 years; n = 12, 27%, or adulthood (older than 19 years; n = 24, 55%). All subjects were administered structure diagnostic interviews and a brief cognitive battery.
Results: In contrast with adult-onset bipolar disorder, child-onset bipolar disorder was associated with a longer duration of illness, more irritability than euphoria, a mixed presentation, a more chronic or rapid-cycling course, and increased comorbidity with childhood disruptive behavior disorders and anxiety disorders.
Conclusion: Stratification by age at onset of bipolar disorder identified subgroups of adult subjects with differing clinical correlates. This pattern of correlates is consistent with findings documented in children with pediatric bipolar disorder and supports the hypothesis that child-onset bipolar disorder may represent a developmental subtype of the disorder.
Accession Number: WOS:000188851800031
PubMed ID: 14977458
ISSN: 1044-5463

Record 31 of 50 = PRO
Title: A preliminary study of the kiddie schedule for affective disorders and schizophrenia for school-age children mania rating scale for children and adolescents
Author(s): Axelson, D (Axelson, D); Birmaher, BJ (Birmaher, BJ); Brent, D (Brent, D); Wassick, S (Wassick, S); Hoover, C (Hoover, C); Bridge, J (Bridge, J); Ryan, N (Ryan, N)
Source: JOURNAL OF CHILD AND ADOLESCENT PSYCHOPHARMACOLOGY **Volume:** 13 **Issue:** 4 **Pages:** 463-470 **DOI:** 10.1089/104454603322724850 **Published:** WIN 2003
Abstract: Objective: To construct a mania rating scale designed for children and adolescents.
Methods: Fourteen questions from the Kiddie Schedule for Affective Disorders and Schizophrenia for School-Age Children-Present Episode (K-SADS-P) 1986 version plus a new item assessing mood lability were used to construct a clinician-rated mania rating scale (K-SADS-MRS). Interrater reliability was determined prospectively with 22 patients from a bipolar outpatient clinic. Sensitivity to treatment effects was determined in a separate cohort of 23 patients.
Results: Internal consistency (Cronbach's alpha = 0.94) and interrater reliability (intraclass correlation coefficient = 0.97 between two raters) were high. Convergent validity with the Clinical Global Impressions-Severity scale (bipolar version) was good ($r(s) = 0.91$, $p < 0.001$). Treatment responders had significantly greater reduction in K-SADS-MRS scores than non-responders (-15.6 +/- 8.7 vs. 0.3 +/- 8.8), $t(21) = 4.2$, $p < 0.001$. The K-SADS-MRS scores differentiated bipolar patients who had clinically significant manic symptoms from those who did not, with a sensitivity of 87% and a specificity of 81%.
Conclusion: The K-SADS-MRS shows promise as a rating scale for measuring manic symptom severity in pediatric bipolar patients.
Accession Number: WOS:000188851800032
PubMed ID: 14977459
ISSN: 1044-5463

Record 32 of 50 = PRO
Title: Employing parent, teacher, and youth self-report checklists in identifying pediatric bipolar spectrum disorders: An examination of diagnostic accuracy and clinical utility
Author(s): Kahana, SY (Kahana, SY); Youngstrom, EA (Youngstrom, EA); Findling, RL (Findling, RL); Calabrese, JR (Calabrese, JR)
Source: JOURNAL OF CHILD AND ADOLESCENT PSYCHOPHARMACOLOGY **Volume:** 13 **Issue:** 4 **Pages:** 471-488 **DOI:** 10.1089/104454603322724869 **Published:** WIN 2003
Abstract: The diagnosis of bipolar spectrum disorders (BPSD) is difficult to evaluate in child and adolescent populations. The current study examines whether commonly used behavior checklists - the Child Behavior Checklist, Teacher Report Form, and the Youth Self-Report form-are clinically useful in making a differential diagnosis between BPSD and other disorders. This study is the first to investigate the validity of integrating pairs of informants using these instruments to differentiate individuals with BPSD from those with disruptive behavior disorders, major depressive disorder, and any child or adolescent not meeting criteria for BPSD. Parent report best predicted diagnostic status, yet diagnostic efficiency statistics associated with these checklists were relatively poor. Results indicate that the Child Behavior Checklist has limited utility when attempting to derive clinically meaningful information about the presentation of juvenile BPSD.
Accession Number: WOS:000188851800033
PubMed ID: 14977460
ISSN: 1044-5463

Record 33 of 50 = PRO
Title: Mania in six preschool children
Author(s): Tumuluru, RV (Tumuluru, RV); Weller, EB (Weller, EB); Fristad, MA (Fristad, MA); Weller, RA (Weller, RA)
Source: JOURNAL OF CHILD AND ADOLESCENT PSYCHOPHARMACOLOGY **Volume:** 13 **Issue:** 4 **Pages:** 489-494 **DOI:** 10.1089/104454603322724878 **Published:** WIN 2003
Abstract: At least nine cases of apparent preschool manic-depressive illness have been previously reported in the literature. In each of these children, a strong family history of affective illness was noted. In this report, the case histories of six preschool children ages 3 to 5 years with bipolar illness are summarized. These six were obtained from a sample of 36 consecutively hospitalized preschool children. Thus 17% of these hospitalized preschool children had bipolar illness. All had irritable mood, strong family history of affective illness, and previous presentation with symptoms of attention deficit hyperactivity disorder. They were diagnosed following a thorough clinical interview. Five children were treated with lithium; all five improved. Preschool mania exists as an identifiable entity and may respond to classic pharmacologic treatments.
Accession Number: WOS:000188851800034
PubMed ID: 14977461
ISSN: 1044-5463

Record 34 of 50 = PRO
Title: Patterns of comorbidity and dysfunction in clinically referred preschool and school-age children with bipolar disorder
Author(s): Wilens, TE (Wilens, TE); Biederman, J (Biederman, J); Forkner, P (Forkner, P); Ditterline, J (Ditterline, J); Morris, M (Morris, M); Moore, H (Moore, H); Galdo, M (Galdo, M); Spencer, TJ (Spencer, TJ); Wozniak, J (Wozniak, J)
Source: JOURNAL OF CHILD AND ADOLESCENT PSYCHOPHARMACOLOGY **Volume:** 13 **Issue:** 4 **Pages:** 495-505 **DOI:** 10.1089/104454603322724887 **Published:** WIN 2003
Abstract: Objective: Despite its common onset in preschool years, few studies have examined the characteristics of bipolar disorder (BPD) in preschoolers. This study reports on the clinical characteristics, psychiatric comorbidity, and functioning of preschoolers identified with BPD who were referred to a pediatric psychiatric clinic.
Methods: Structured psychiatric interviews assessing lifetime psychopathology by Diagnostic and Statistical Manual of Mental Disorders (third edition, revised) criteria were completed with parents about their children and confirmed by clinical interview of the child. Family, social, and overall functioning were also assessed at intake. Findings from preschoolers ages 4 to 6 years were compared with a group of children ages 7 to 9 years (school age).
Results: We identified 44 preschoolers and 29 consecutively ascertained school-age youth with BPD. Preschoolers had similar rates of comorbid psychopathology compared to school-age youth with BPD. Preschoolers and school-age children with BPD typically manifest symptoms of mania and major depression simultaneously (mixed states). Both preschoolers and school-age children had substantial impairment in school, social, and overall functioning.
Conclusions: These results suggest that clinically referred preschoolers with BPD share with school-age children with BPD high rates of comorbid psychopathology and impaired functioning. Follow-up of these clinically referred preschoolers with BPD evaluating the stability of their diagnoses, treatment response, and their long-term outcome is necessary.
Accession Number: WOS:000188851800035
PubMed ID: 14977462
ISSN: 1044-5463

Record 35 of 50 = PRO
Title: Clinical correlates of episodicity in juvenile mania
Author(s): Bhangoo, RK (Bhangoo, RK); Dell, ML (Dell, ML); Towbin, K (Towbin, K); Myers, FS (Myers, FS); Lowe, CH (Lowe, CH); Pine, DS (Pine, DS); Leibenluft, E (Leibenluft, E)
Source: JOURNAL OF CHILD AND ADOLESCENT PSYCHOPHARMACOLOGY **Volume:** 13 **Issue:** 4 **Pages:** 507-514 **DOI:** 10.1089/104454603322724896 **Published:** WIN 2003
Abstract: Objective: Researchers debate whether the diagnostic criteria for mania should differ between children and adults. Specifically, although the Diagnostic and Statistical Manual of Mental Disorders (fourth edition; DSM-IV) requires episodic mood changes, children commonly are diagnosed as manic on the basis of chronic irritability. In this preliminary study, children carrying a diagnosis of bipolar disorder (BPD) in the community were classified as having either episodic or chronic symptoms. We hypothesized that the episodic group would be more likely to have a history of psychosis and a parental history of BPD, whereas the chronic group would be more likely to have conduct disorder.
Methods: Parents of children carrying the BPD diagnosis were interviewed on the telephone to obtain psychiatric and family histories. Children were considered episodic (n = 34) if they had a history of one or more DSM-IV manic/hypomanic episodes meeting full duration criteria and chronic (n = 53) if they had no discernable episodes.
Results: The episodic group was more likely to have had psychosis, parental history of BPD, and to have experienced each manic symptom except for irritability and psychomotor agitation. Children in the episodic group were also more likely to have had a depressive episode meeting full DSM-IV criteria and were more likely to have made a suicide attempt. Children in the chronic group were not more likely to meet criteria for conduct disorder but were more likely to exhibit violence toward others.
Conclusions: These preliminary data indicate that, among children being treated for BPD in the community, those with discrete episodes of mania may be more likely to have a lifetime history of psychosis and a parental history of BPD. The latter hypothesis should be tested in a sample where relatives are interviewed directly.
Accession Number: WOS:000188851800036
PubMed ID: 14977463
ISSN: 1044-5463

Record 36 of 50 = PRO
Title: Medication use in children and adolescents treated in the community for bipolar disorder
Author(s): Bhangoo, RK (Bhangoo, RK); Lowe, CH (Lowe, CH); Myers, FS (Myers, FS); Treland, J (Treland, J); Curran, J (Curran, J); Towbin, KE (Towbin, KE); Leibenluft, E (Leibenluft, E)
Source: JOURNAL OF CHILD AND ADOLESCENT PSYCHOPHARMACOLOGY **Volume:** 13 **Issue:** 4 **Pages:** 515-522 **DOI:** 10.1089/104454603322724904 **Published:** WIN 2003
Abstract: We assessed the use of mood stabilizers, stimulants, antipsychotic medication, and selective serotonin reuptake inhibitors in children being treated in the community for bipolar disorder (BPD). One hundred eleven patients were screened via parent phone interview for possible inclusion in a phenomenological study of BPD. Data were obtained on the patients'

medication trials and side effects. The results of the study indicated that children and adolescents who carry a diagnosis of BPD are treated with a mean of 3.40 +/- 1.48 medications and have had a mean of 6.32 +/- 3.67 trials of psychotropic medication in the past. Ninety-eight percent have had a trial of a mood stabilizer or anticonvulsant, with the most common being valproate (79%), lithium (51%), and gabapentin (29%).
Accession Number: WOS:000188851800037
PubMed ID: 14977464
ISSN: 1044-5463

Record 37 of 50 = PRO
Title: Ages of onset and rates of syndromal and subsyndromal comorbid DSM-IV diagnoses in a prepubertal and early adolescent bipolar disorder phenotype
Author(s): Tillman, R (Tillman, R); Geller, B (Geller, B); Bolhofner, K (Bolhofner, K); Craney, JL (Craney, JL); Williams, M (Williams, M); Zimerman, B (Zimerman, B)
Source: JOURNAL OF THE AMERICAN ACADEMY OF CHILD AND ADOLESCENT PSYCHIATRY **Volume:** 42 **Issue:** 12 **Pages:** 1486-1493 **DOI:** 10.1097/01.chi.0000091943.28938.08 **Published:** DEC 2003
Abstract: Objective: To study rates and ages of onset of DSM-IV syndromal and subsyndromal comorbidity in a prepubertal and early adolescent bipolar disorder phenotype (PEA-BP) (N = 93) compared to attention-deficit/hyperactivity disorder (ADHD) (N = 81). Method: The WASH-U-KSADS was given by raters blinded to subject group separately to mothers about their children and to children about themselves. PEA-BP was defined as DSM-IV mania with at least one cardinal symptom of mania (elation or grandiosity) to avoid diagnosing using only symptoms that overlapped with those for ADHD. Syndromal diagnoses required a CGAS score of 60 or less to ensure severity at a level of definite "caseness." Results: PEA-BP subjects were aged 10.9 (SD = 2.6) at baseline and 6.8 (SD = 3.4) at onset of first mania episode. Rates of oppositional defiant disorder and total number of comorbidities were significantly higher in the PEA-BP group than the ADHD group. In PEA-BP subjects, mean ages of onset of ADHD occurred before the first manic episode, and obsessive compulsive, oppositional defiant, social phobia, generalized anxiety, separation anxiety, and conduct disorders occurred after. Conclusions: Onsets of ADHD before mania and of oppositional defiant disorder/conduct disorder after mania have clinical and research implications. These include the need to examine for mania symptoms in children with ADHD and/or oppositional defiant disorder/conduct disorder and to develop scales to differentiate preschool mania from ADHD. Comparison with other studies demonstrated the importance of DSM system and severity scales in reporting comorbidity rates.
Accession Number: WOS:000186729200016
PubMed ID: 14627884
ISSN: 0890-8567

Record 38 of 50 = PRO
Title: Depression and bipolar support alliance consensus statement on the unmet needs in diagnosis and treatment of mood disorders in children and adolescents
Author(s): Coyle, JT (Coyle, JT); Pine, DS (Pine, DS); Charney, DS (Charney, DS); Lewis, L (Lewis, L); Nemeroff, CB (Nemeroff, CB); Carlson, GA (Carlson, GA); Joshi, PT (Joshi, PT); Reiss, D (Reiss, D); Todd, RD (Todd, RD); Hellander, M (Hellander, M)
Group Author(s): Depression & Dipolar Support
Source: JOURNAL OF THE AMERICAN ACADEMY OF CHILD AND ADOLESCENT PSYCHIATRY **Volume:** 42 **Issue:** 12 **Pages:** 1494-1503 **DOI:** 10.1097/01.chi.0000091945.28938.8f **Published:** DEC 2003
Abstract: Objective: To focus attention on the critical unmet needs of children and adolescents with mood disorders and to make recommendations for future research and allocation of healthcare resources. Method: The 36-member Consensus Development Panel consisted of experts in child/adolescent or adult psychiatry and psychology, pediatrics, and mental health advocacy. Reviews of the literature concerning youth mood disorders were performed on the subjects of risk factors, prevention, diagnosis, treatment, and services delivery, and opinions and experiences of mental health advocates were obtained. Results: The Consensus Development Panel listened to presentations and participated in discussions. Independent workgroups of clinicians, scientists, and mental health advocates considered the evidence and prepared preliminary statements. Workgroup leaders presented drafts for discussion by the Consensus Development Panel. The final document was reviewed by the entire group and edited to incorporate input from all participants. Conclusions: Evidence suggests high rates of unmet needs for children and adolescents with depression or bipolar disorder. Training is largely limited to child mental health specialists; general psychiatrists, pediatricians, and other primary care physicians receive little or no training. As a result, treatment patterns may reflect adult treatment plans that are not validated for youths. Effective treatments have been identified and some preliminary prevention models have been developed, but they are not yet widely applied. Patients experience limited exposure to clinicians adequately trained to address their problems and little information to guide care decisions, particularly concerning bipolar disorder. National efforts are required to restructure healthcare delivery and provider training and to immediately develop more advanced research on pathophysiology, prevention, and services delivery effectiveness.
Accession Number: WOS:000186729200017
PubMed ID: 14627885
ISSN: 0890-8567

Record 39 of 50 = PRO
Title: Antidepressant exposure in bipolar children
Author(s): Cicero, D (Cicero, D); El-Mallakh, RS (El-Mallakh, RS); Holman, J (Holman, J); Robertson, J (Robertson, J)
Source: PSYCHIATRY-INTERPERSONAL AND BIOLOGICAL PROCESSES **Volume:** 66 **Issue:** 4 **Pages:** 317-322 **DOI:** 10.1521/psyc.66.4.317.25437 **Published:** WIN 2003
Abstract: BIPOLAR disorder is increasingly diagnosed in children and adolescents. Given that antidepressants may precipitate mania, and with increased use of antidepressants in youths, it is reasonable to ask whether antidepressant administration might play a role in inducing earlier manic episodes. We reviewed all consecutive admissions with a diagnosis of bipolar disorder to a university-affiliated children's hospital, and collected information regarding previous exposure to antidepressants and stimulants. The mean age of diagnosis of bipolar disorder in our cohort was 12 +/- SD 3.47 years. Children who received prior antidepressant and/or stimulant treatments had an earlier bipolar diagnosis (10.7 +/- 3.05 years) than children never exposed to these medications (12.7 +/- 4.3 years; one-tailed $t = -1.33$, $df = 22$, $p = .099$, power = .93). Stimulants appeared to be tolerated for a longer duration than antidepressants (55.5 +/- 20.42 months vs. 6.7 +/- 8.22 months, $t = 6.6$, $df = 12$, $p = .0001$). Despite

methodological imperfections, results indicate that children exposed to antidepressants appear to be diagnosed with bipolar disorder earlier than those never exposed to these medications. Although far from conclusive, these data are consistent with the hypothesis that antidepressant treatment is associated with a manic episode earlier than might occur spontaneously.
Accession Number: WOS:000188465600003
PubMed ID: 14964693
ISSN: 0033-2747

Record 40 of 50 = PRO
Title: Heterogeneity and the genetics of bipolar disorder
Author(s): Faraone, SV (Faraone, SV); Tsuang, MT (Tsuang, MT)
Source: AMERICAN JOURNAL OF MEDICAL GENETICS PART C-SEMINARS IN MEDICAL GENETICS **Volume:** 123C **Issue:** 1 **Pages:** 1-9 **DOI:** 10.1002/ajmg.c.20017 **Published:** NOV 15 2003
Accession Number: WOS:000186309000001
PubMed ID: 14601031
ISSN: 0148-7299

Record 41 of 50 = PRO
Title: Toward an integration of parent and clinician report on the Young Mania Rating Scale
Author(s): Youngstrom, EA (Youngstrom, EA); Gracious, BL (Gracious, BL); Danielson, CK (Danielson, CK); Findling, RL (Findling, RL); Calabrese, J (Calabrese, J)
Source: JOURNAL OF AFFECTIVE DISORDERS **Volume:** 77 **Issue:** 2 **Pages:** 179-190 **DOI:** 10.1016/S0165-0327(02)00108-8 **Published:** NOV 2003
Abstract: Background: The Young Mania Rating Scale (YMRS) has validity in the assessment of mania in adults. The purpose of this study was to examine how the YMRS might optimally be used in the assessment of youths. Methods: Children and adolescents between the ages of 5 and 17 years of age participated in this study. All youths were evaluated with the Schedule for Affective Disorders and Schizophrenia for School-Age Children (K-SADS). Based on the K-SADS results, subjects were then assigned to one of five groups: a bipolar I group, another bipolar spectrum group, a depressive disorders group, a disruptive behaviors disorders group, and a no diagnosis group. Guardians completed a version of the YMRS modified for parent reporting. Clinicians completed the YMRS on all participating youths. Results: Both parent and clinician ratings on the YMRS assigned patients (n = 117) to the appropriate diagnostic group with 71-98% accuracy. Combining information from multiple informants did not significantly improve diagnostic group assignment. Limitations: The same raters completed the clinician YMRS and the K-SADS interview involving: the parent. Findings need replication in an independent sample with lower base rates of bipolar disorder, less rigorously trained and supervised raters, and using a prospective design to provide maximum generalizability of results. Current results should be interpreted as a 'best case' scenario. Conclusions: These data suggest that the YMRS may be a useful adjunct in assessing the severity of mania in youths. Tentative cutting scores are proposed to maximize efficiency, sensitivity, and specificity.
Accession Number: WOS:000186665100010
PubMed ID: 14607396
ISSN: 0165-0327

Record 42 of 50 = PRO
Title: The influence of gender in the familial association between ADHD and major depression
Author(s): Mick, E (Mick, E); Biederman, J (Biederman, J); Santangelo, S (Santangelo, S); Wypij, D (Wypij, D)
Source: JOURNAL OF NERVOUS AND MENTAL DISEASE **Volume:** 191 **Issue:** 11 **Pages:** 699-705 **DOI:** 10.1097/01.nmd.0000095121.16728.26 **Published:** NOV 2003
Abstract: This study estimated the impact of gender on the familial associations between attention-deficit/hyperactivity disorder (ADHD) and major depression (MD). The risk for ADHD and MD in first degree relatives was stratified by the presence of MD in boy and girl ADHD probands. In families ascertained via boy probands, the risk for MID was greater in the relatives of both the depressed ADHD and nondepressed ADHD probands. In families ascertained via girl probands, there was cosegregation and the risk of MD was greater only for those relatives of depressed ADHD probands. The results indicate that there may be two mechanisms underlying MD in ADHD families: 1) an etiologically distinct familial subtype of ADHD and MD that is more evident in females, and 2) a familial, gender-specific susceptibility to nonfamilial risk factors that mediate the onset of either ADHD or MD in males and females.
Accession Number: WOS:000186838600001
PubMed ID: 14614336
ISSN: 0022-3018

Record 43 of 50 = PRO
Title: Bipolar disorders during adolescence
Author(s): Lewinsohn, PM (Lewinsohn, PM); Seeley, JR (Seeley, JR); Klein, DN (Klein, DN)
Source: ACTA PSYCHIATRICA SCANDINAVICA **Volume:** 108 **Pages:** 47-50 **DOI:** 10.1034/j.1600-0447.108.s418.10.x **Supplement:** 418 **Published:** OCT 2003
Abstract: Objective: To examine the incidence, correlates, course and family history of bipolar disorder (BD) and subthreshold BD in adolescents.
Method: Structured diagnostic interviews were conducted with a large community sample of adolescents and their first-degree relatives, and the adolescents were re-evaluated as young adults.
Results: The first lifetime onset of BD and subthreshold BD almost always occurred in adolescence. Adolescent BD and subthreshold BD were associated with elevated impairment, comorbidity, and suicide attempts. Adolescents with BD were at increased risk for BD, and adolescents with subthreshold BD were at increased risk for major depressive disorder (MDD) in young adulthood. Relatives of BD adolescents had elevated rates of subthreshold BD and MDD, and relatives of subthreshold BD adolescents had elevated rates of BD and MDD.
Conclusion: 'Classical' BD clearly exists in adolescence, but there is also a spectrum of milder bipolar conditions. Remediating and preventing BD in adolescents should be a high public health priority.
Accession Number: WOS:000185220900010
Conference Title: 2nd International Zurich Conference on Clinical and Social Psychiatry

Conference Date: SEP 06-08, 2001
Conference Location: ZURICH, SWITZERLAND
Conference Sponsors: Eli Lissy Suisse
ISSN: 0001-690X

Record 44 of 50 = TRAD
Title: The psychotic child
Author(s): Semper, TF (Semper, TF); McClellan, JM (McClellan, JM)
Source: CHILD AND ADOLESCENT PSYCHIATRIC CLINICS OF NORTH AMERICA **Volume:** 12 **Issue:** 4 **Pages:** 679-+ **DOI:** 10.1016/S1056-4993(03)00039-7 **Published:** OCT 2003
Abstract: A comprehensive and timely evaluation of the acutely psychotic patient is a complicated task for even the most seasoned clinician. This assessment is even more challenging when the patient in question is a child or adolescent, because it requires knowledge and experience regarding the prevalence, presentation, and differential diagnosis of psychotic disorders in juveniles. The clinician must rapidly disentangle which elements of the clinical presentation indicate true psychotic thought processes versus elements that represent misunderstood developmentally appropriate phenomena, symptoms of nonpsychotic illnesses, or harbingers of an underlying primary medical illness. A thorough assessment is required before appropriate treatment can begin.
Accession Number: WOS:000186096700008
PubMed ID: 14579646
ISSN: 1056-4993

Record 45 of 50 = PRO
Title: Assessment and treatment of attention deficit hyperactivity disorder in children with comorbid psychiatric illness
Author(s): Waxmonsky, J (Waxmonsky, J)
Source: CURRENT OPINION IN PEDIATRICS **Volume:** 15 **Issue:** 5 **Pages:** 476-482 **DOI:** 10.1097/00008480-200310000-00006 **Published:** OCT 2003
Abstract: Purpose of review
Attention deficit hyperactivity disorder (ADHD) frequently occurs with a wide variety of comorbid psychiatric disorders such as conduct disorder, depression, mania, anxiety, and learning disabilities. Because the vast majority of children with ADHD are treated in primary care settings, it is important that primary medical doctors be proficient in the diagnosis and initial treatment of children with ADHD and its commonly occurring comorbid disorders. ADHD research is beginning to focus on the treatment of these comorbidly ill children. This review will summarize-the recent findings from the psychiatric literature in an attempt to provide the clinician with some initial diagnostic and treatment guidelines for ADHD and its comorbidities. Recent findings
The NIMH Multimodal Treatment Study of ADHD found that children with other disruptive behavior disorders plus ADHD respond well to stimulant medications, with behavioral interventions reducing academic and social impairment. Children with anxiety and ADHD are very responsive across multiple dimensions to behavioral and pharmacological ADHD treatments. Much less is known about the impact of depression on ADHD, and significant debate exists surrounding the identification and treatment of bipolar disorder in children with ADHD. Children with learning disabilities respond well to stimulants but often require additional educational supports. New findings suggest that treating ADHD may prevent the development of future psychiatric disorders.
Summary
The presence of comorbid illness is associated with significant additional morbidity and complicates the diagnosis, treatment, and prognosis of ADHD. Therefore, it is important to identify and treat any comorbid psychiatric conditions in a child with ADHD.
Accession Number: WOS:000185698900006
PubMed ID: 14508296
ISSN: 1040-8703

Record 46 of 50 = PRO
Title: Is there progression from irritability/dyscontrol to major depressive and manic symptoms? A retrospective community survey of parents of bipolar children
Author(s): Fergus, EL (Fergus, EL); Miller, RB (Miller, RB); Luckenbaugh, DA (Luckenbaugh, DA); Leverich, GS (Leverich, GS); Findling, RL (Findling, RL); Speer, AM (Speer, AM); Post, RM (Post, RM)
Source: JOURNAL OF AFFECTIVE DISORDERS **Volume:** 77 **Issue:** 1 **Pages:** 71-78 **DOI:** 10.1016/S0165-0327(02)00176-3 **Published:** OCT 2003
Abstract: Background: Although previous studies have discussed age-related changes in the presentation of early onset bipolar illness, the developmental progression of early symptoms remains unclear. The current study sought to trace parents' retrospective report of yearly occurrence of symptoms in a sample of children with and without a diagnosis of bipolar disorder in the community. Methods: Parents retrospectively rated the occurrence of 37 activated and withdrawn symptoms causing dysfunction for each year of their child's life (mean age 12.6 +/- 6.9). Children were divided into three groups based on parent report of diagnosis by a Community clinician: bipolar (n=78); non-bipolar diagnosis (n=38); and well (no psychiatric diagnosis) (n=82). Principal components analysis was performed to understand the relationship among the symptom variables and their potential differences among the three groups as a function of age. Results: Four symptom components were derived and these began to distinguish children with bipolar disorder from the other groups at different ages. Component 11 (irritability/dyscontrol), which included temper tantrums, poor frustration tolerance, impulsivity, increased aggression, decreased attention span, hyperactivity and irritability, began to distinguish bipolar children from the others the earliest (i.e., from ages I to 6). The other components (I, III, and IV) which included symptoms more typical of adult depression (1), mania (111), and psychosis (IV), distinguished the children with a bipolar diagnosis from the others much later (between ages 7 and 12). Limitations: The data were derived from retrospective reports by parents of their children's symptoms on a yearly symptom check list instrument which has not been previously utilized. Parents' ratings were not validated by an outside rater. Moreover, the children were diagnosed in the community and a formal diagnostic interview was not given. Conclusions: By parental report, the cluster of symptoms in the irritability/dyscontrol component may characterize the earliest precursors to an illness eventually associated with more classic manic and depressive components that are diagnosed and treated as bipolar disorder in the community. These retrospective survey data suggesting a longitudinal evolution of symptom clusters in childhood bipolar-like illness identify a number of areas for prospective research and validation.

Accession Number: WOS:000186218700008
PubMed ID: 14550937
ISSN: 0165-0327

Record 47 of 50 = PRO
Title: Occult mood disorders in 104 consecutively presenting children referred for the treatment of attention-deficit/hyperactivity disorder in a community mental health clinic
Author(s): Dilsaver, SC (Dilsaver, SC); Henderson-Fuller, S (Henderson-Fuller, S); Akiskal, HS (Akiskal, HS)
Source: JOURNAL OF CLINICAL PSYCHIATRY **Volume:** 64 **Issue:** 10 **Pages:** 1170-1176 **Published:** OCT 2003
Abstract: Objective: To ascertain the prevalence of mood disorders among consecutively evaluated prepubertal children presenting for the treatment of attention-deficit/hyperactivity disorder (ADHD) in a community mental health clinic.
Method: 104 children received systematic assessments designed to identify individuals meeting the DSM-IV criteria for major depressive disorder (MDD), mania, and ADHD. "Standard" and "modified" criteria for mania were employed. Modified criteria, in an effort to minimize false-positive diagnoses of mania, required the presence of euphoria and/or flight of ideas. A child meeting the criteria for MDD or either set of criteria for mania was categorized as having a mood disorder. Mood disorders in first-degree relatives were assessed using a systematic interview. Data were gathered from 2000 to 2002.
Results: Sixty-two children (59.6%) had a mood disorder. Compared with those who did not have a mood disorder, they were 3.3 times more likely (54.8% vs. 16.7%) to have a family history of any affective disorder ($p < .0001$) and 18.3 times more likely (43.5% vs. 2.4%) to have a family history of bipolar disorder ($p < .0001$). Twenty (32.3%) of the children with and none without a mood disorder had psychotic features ($p < .0001$). Compared with those meeting only the standard criteria for mania, those meeting the modified criteria were 9.1 times more likely (69.8% vs. 7.7%) to have a family history of an affective disorder ($p < .0001$) and 7.3 times more likely (55.8% vs. 7.7%) to have a family history of bipolar disorder ($p = .002$).
Conclusion: Children who presumably have ADHD often have unrecognized affective illness. Our findings support the view that children meeting the modified criteria for mania have veritable bipolar disorder. These findings, which were derived in the course of delivering routine clinical services in a community mental health clinic, are consistent with those obtained in research settings suggesting that children presenting with ADHD often have occult mood disorders, especially unrecognized bipolarity. We suggest that clinicians encountering children with prominent features of ADHD inquire about the presence of euphoria and flight of ideas. We submit that the presence of these "classic" manifestations of mania strongly suggests the presence of occult bipolarity, even if course of illness otherwise markedly deviates from "classic" descriptions.
Accession Number: WOS:000186327500005
PubMed ID: 14658964
ISSN: 0160-6689

Record 48 of 50 = PRO
Title: The long-term course of rapid-cycling bipolar disorder
Author(s): Coryell, W (Coryell, W); Solomon, D (Solomon, D); Turvey, C (Turvey, C); Keller, M (Keller, M); Leon, AC (Leon, AC); Endicott, J (Endicott, J); Schettler, P (Schettler, P); Judd, L (Judd, L); Mueller, T (Mueller, T)
Source: ARCHIVES OF GENERAL PSYCHIATRY **Volume:** 60 **Issue:** 9 **Pages:** 914-920 **DOI:** 10.1001/archpsyc.60.9.914 **Published:** SEP 2003
Abstract: Background: Rapid cycling among patients with bipolar affective disorders is important because of its implications for long-term prognosis and for the use of antidepressants. To our knowledge, no prospective study has, as yet, described the course of this phenomenon beyond 5 years.
Methods: From 345 patients with bipolar I or bipolar II disorder followed up for a mean (SD) of 13.7 (6.1) years as part of the National Institute of Mental Health Collaborative Depression Study, 89 (25.8%) were identified who, during 1 or more years of follow-up, manifested a pattern that met DSM-IV criteria for rapid cycling. These patients were compared with the remaining bipolar patients by demographics, overall affective morbidity, morbidity during specific treatment conditions, and the likelihood of suicidal behavior. Analyses assessed whether the use of tricyclic antidepressants for depressive symptoms was associated with the persistence of rapid cycling or with tendencies to switch from depressive to manic or hypomanic phases.
Results: The 89 patients who showed a rapid cycling pattern were significantly more likely to have had an illness onset before 17 years of age and were more likely to make serious suicide attempts. In 4 of 5 cases, rapid cycling ended within 2 years of its onset. Resolutions were not associated with decreases in tricyclic antidepressant use. Throughout follow-up, patients prone to rapid cycling experienced more depressive morbidity than other bipolar patients, particularly when lithium carbonate was being used without tricyclic antidepressants. The use of these antidepressants was not more likely in the weeks preceding shifts from depression to mania or hypomania.
Conclusions: These results indicate that bipolar patients who develop a rapid cycling pattern suffer substantial depressive morbidity and are at high risk for serious suicide attempts. These findings do. not implicate tricyclic antidepressants or, by inference, serotonin reuptake inhibitors in the promotion of affective instability.
Accession Number: WOS:000185155800008
PubMed ID: 12963673
ISSN: 0003-990X

Record 49 of 50 = PRO
Title: Current concepts in the validity, diagnosis and treatment of paediatric bipolar disorder
Author(s): Biederman, J (Biederman, J); Mick, E (Mick, E); Faraone, SV (Faraone, SV); Spencer, T (Spencer, T); Wilens, TE (Wilens, TE); Wozniak, J (Wozniak, J)
Source: INTERNATIONAL JOURNAL OF NEUROPSYCHOPHARMACOLOGY **Volume:** 6 **Issue:** 3 **Pages:** 293-300 **DOI:** 10.1017/S1461145703003547 **Published:** SEP 2003
Abstract: Despite ongoing controversy, the view that paediatric bipolar disorder is rare or non-existent has been increasingly challenged not only by case reports but also by systematic research. This research strongly suggests that paediatric bipolar disorder may not be rare but that it may be difficult to diagnose. Since children with bipolar disorder are likely to become adults with bipolar disorder, the recognition and characterization of childhood-onset bipolar disorder may help identify a meaningful developmental subtype of bipolar disorder worthy of further investigation. As recommended by Robins and Guze [American Journal of Psychiatry (1970), 126, 983-987], a psychiatric disorder may be considered a valid diagnostic entity if it can be shown to have differentiating features, evidence of familiality, specific treatment responsivity and a unique course. The goal of this article is to review our work and the extant literature within this framework to describe the evidence supporting bipolar disorder

in children as a valid clinical diagnosis.
Accession Number: WOS:000186336500012
PubMed ID: 12974996
ISSN: 1461-1457

Record 50 of 50 = PRO
Title: Life events in a prepubertal and early adolescent bipolar disorder phenotype compared to attention-deficit hyperactive and normal controls
Author(s): Tillman, R (Tillman, R); Geller, B (Geller, B); Nickelsburg, MJ (Nickelsburg, MJ); Bolhofner, K (Bolhofner, K); Craney, JL (Craney, JL); DelBello, MP (DelBello, MP); Wigh, W (Wigh, W)
Source: JOURNAL OF CHILD AND ADOLESCENT PSYCHOPHARMACOLOGY **Volume:** 13 **Issue:** 3 **Pages:** 243-251 **DOI:** 10.1089/104454603322572570 **Published:** FAL 2003
Abstract: Objective: To examine life events in subjects with a prepubertal and early adolescent bipolar disorder phenotype (PEA-BP) compared to those in subjects with attention-deficit hyperactivity disorder (ADHD) and normal controls (NC).
Methods: To optimize generalizeability, subjects with PEA-BP (n = 93) and ADHD (n = 81) were consecutively ascertained from pediatric and psychiatric sites. Subjects in the NC group (n = 94) were obtained from a random survey. PEA-BP was defined by Diagnostic and Statistical Manual of Mental Disorders (fourth edition) mania with at least one of the cardinal symptoms of mania (i.e., elation and/or grandiosity) to avoid diagnosing mania only by criteria that overlapped with those for ADHD. All subjects received comprehensive, blind research assessments of mothers about their children and separately of children about themselves. Assessment instruments included the Washington University in St. Louis Kiddie Schedule for Affective Disorders and Schizophrenia (WASH-U-KSADS) and the Life Events Checklist. Data from the Life Events Checklist were examined by total life events and by subcategories of dependent, independent, or uncertain relationships to the child.
Results: Total, independent, dependent, and uncertain life events were all significantly more frequent in the PEA-BP subjects compared to both the ADHD and NC groups.
Conclusion: Because there was no a priori reason to expect significantly more independent life events in the PEA-BP compared to the ADHD and NC groups, these results warrant further research into the role of life events in the onset of PEA-BP.
Accession Number: WOS:000186238600007
PubMed ID: 14661614
ISSN: 1044-5463

Record 1 of 50 = PRO
Title: A prepubertal and early adolescent bipolar disorder-1 phenotype: review of phenomenology and longitudinal course
Author(s): Craney, JL (Craney, JL); Geller, B (Geller, B)
Source: BIPOLAR DISORDERS **Volume:** 5 **Issue:** 4 **Pages:** 243-256 **DOI:** 10.1034/j.1399-5618.2003.00044.x **Published:** AUG 2003
Abstract: Objective: Phenomenology, assessment, longitudinal, and psychosocial findings from an ongoing, controlled, prospective study of 93 subjects with a prepubertal and early adolescent bipolar disorder phenotype (PEA-BP) will be reviewed.
Methods: Unlike adult-onset bipolar disorder, for which there were over 50 years of systematic investigations, there were a paucity of rigorous data and much controversy and skepticism about the existence and characteristics of prepubertal-onset mania. With this background, issues to address for investigation of child-onset mania included the following: (i) What to do about the differentiation of mania from attention-deficit hyperactivity disorder (ADHD). (ii) How to deal with the ubiquity of irritability as a presenting symptom in multiple child psychiatry disorders. (iii) Development of a research instrument to assess prepubertal manifestations of adult mania (i.e. children do not 'max out' credit cards or have four marriages). (iv) How to distinguish normal childhood happiness and expansiveness from pathologically impairing elated mood and grandiosity.
Results: To address these issues, a PEA-BP phenotype was defined as DSM-IV mania with elated mood and/or grandiosity as one inclusion criterion. This criterion ensured that the diagnosis of mania was not made using only criteria that overlapped with those for ADHD, and that subjects had at least one of the two cardinal symptoms of mania (i.e. elated mood and grandiose behaviors). Subjects were aged 10.9 years (SD=2.6) and age of onset of the current episode at baseline was 7.3 years (SD=3.5). Validation of PEA-BP was shown by reliable assessment, 6-month stability, and 1- and 2-year diagnostic longitudinal outcome. PEA-BP resembled the severest form of adult-onset mania by presenting with a chronic, mixed mania, psychotic, continuously (ultradian) cycling picture.
Conclusion: Counterintuitively, typical 7-year-old children with PEA-BP were more severely ill than typical 27 year olds with adult-onset mania. Moreover, longitudinal data strongly supported differentiation of PEA-BP from ADHD.
Accession Number: WOS:000184898500002
PubMed ID: 12895202
ISSN: 1398-5647

Record 2 of 50 = PRO
Title: Can adults with attention-deficit/hyperactivity disorder be distinguished from those with comorbid bipolar disorder? Findings from a sample of clinically referred adults
Author(s): Wilens, TE (Wilens, TE); Biederman, J (Biederman, J); Wozniak, J (Wozniak, J); Gunawardene, S (Gunawardene, S); Wong, J (Wong, J); Monuteaux, M (Monuteaux, M)
Source: BIOLOGICAL PSYCHIATRY **Volume:** 54 **Issue:** 1 **Pages:** 1-8 **DOI:** 10.1016/S0006-3223(03)01666-9 **Published:** JUL 1 2003
Abstract: Background: Despite data describing the overlap of attention deficit hyperactivity disorder (ADHD) and bipolar disorder (BPD) in youth, little is known about adults with these co-occurring disorders. We now evaluate the clinical characteristics of referred adults with (n = 24) and without BPD (n = 27).
Methods: Referred adults to clinical trials of ADHD were evaluated by psychiatric evaluation using DSM-IV criteria. Structured psychiatric interviews were used to systematically assess adult and childhood disorders.
Results: The vast majority of patients with ADHD plus BPD had bipolar H disorder (88%). Adults with ADHD plus BPD had higher rates of the combined subtype of ADHD compared to ADHD without BPD ($x(2) = 8.7$, $p = .003$), a greater number of DSM-IV ADHD symptoms (14.8 +/- 2.9 and 11.4 +/- 4.0; $t = -3.4$, $p < .01$), more attentional symptoms of ADHD (8.1 +/- 1.4 and 6.8 +/- 2.1; $t = -2.5$, $p < .02$; trend), poorer global functioning (47 +/- 5.9 and 52 +/- 7.4, $t = 2.6$, $p < .02$; trend), and additional

comorbid psychiatric disorders (3.7 +/- 2.5 and 2.0 +/- 1.9; t = -2.9, p <.01).
Conclusions: These results suggest that adults with ADHD plus BPD have prototypic symptoms of both disorders, suggesting that both disorders are present and are distinguishable clinically. Biol Psychiatry 2003;54: 1-8 (C) 2003 Society of Biological Psychiatry.
Accession Number: WOS:000183866000001
PubMed ID: 12842302
ISSN: 0006-3223

Record 3 of 50 = PRO (favourable citating of Geller & Luby 1997)
Title: Psychological aspects of diabetes mellitus
Author(s): Szydlo, D (Szydlo, D); van Wattum, PJ (van Wattum, PJ); Woolston, J (Woolston, J)
Source: CHILD AND ADOLESCENT PSYCHIATRIC CLINICS OF NORTH AMERICA **Volume:** 12 **Issue:** 3 **Pages:** 439-+ **DOI:** 10.1016/S0156-4993(03)00006-3 **Published:** JUL 2003
Abstract: Diabetes mellitus (DM) presents itself in two forms: insulin-dependent (type 1 DM) and non-insulin-dependent (type 2 DM). Although type 2 DM usually has an adult onset, in recent years there has been a significant rise in the number of children diagnosed with type 2 DM in the United States. Reasons for this increased frequency are believed to be a larger percentage of children who are overweight, a family history of diabetes, and a considerable increase in the use of psychotropic medication in children. The diagnosis of DM is a significant stressor not only for patients but also for their environment. Children with DM are sometimes stigmatized by their peers and relatives who do not understand the illness or are frightened by it. Some children also may need to alter several of their customary routines and are often scared to participate in activities in which they were previously engaged. The family's response to the diagnosis of DM may have a negative effect on glycemic control. Differences have been found in the way patients with type 1 DM and type 2 DM cope with and adapt to their diagnosis.
Accession Number: WOS:000184282600005
PubMed ID: 12910817
ISSN: 1056-4993

Record 4 of 50 = PRO
Title: A transactional model of oppositional behavior - Underpinnings of the Collaborative Problem Solving approach
Author(s): Greene, RW (Greene, RW); Ablon, JS (Ablon, JS); Goring, JC (Goring, JC)
Source: JOURNAL OF PSYCHOSOMATIC RESEARCH **Volume:** 55 **Issue:** 1 **Pages:** 67-75 **DOI:** 10.1016/S0022-3999(02)00585-8 **Published:** JUL 2003
Abstract: Oppositional defiant disorder (ODD) refers to a recurrent pattern of developmentally inappropriate levels of negativistic, defiant, disobedient, and hostile behavior toward authority figures. ODD is one of the most common (and debilitating) comorbid disorders within Tourette's disorder (TD). Diverse psychosocial treatment approaches have been applied to children's ODD-related behaviors. In this paper, the authors articulate a transactional developmental conceptualization of oppositional behavior and describe a cognitive-behavioral model of intervention-called Collaborative Problem Solving (CPS)-emanating from this conceptualization. The specific goals of the CPS approach are to help adults (1) understand the specific adult and child characteristics contributing to the development of a child's oppositional behavior; (2) become cognizant of three basic strategies for handling unmet expectations, including (a) imposition of adult will, (b) CPS, and (c) removing the expectation; (3) recognize the impact of each of these three approaches on parent-child interactions; and (4) become proficient, along with their children, at CPS as a means of resolving disagreements and defusing potentially conflictual situations so as to reduce oppositional episodes and improve parent-child compatibility. Summary data from an initial study documenting the effectiveness of the CPS approach (in comparison to the standard of care) are also presented.
Accession Number: WOS:000184078300010
PubMed ID: 12842233
Conference Title: International Conference of the Tourette-Syndrome-Foundation-of-Canada
Conference Date: MAY 31-JUN 02, 2002
Conference Location: MISSISSAUGA, CANADA
Conference Sponsors: Tourette Syndrome Fdn Canada
ISSN: 0022-3999

Record 5 of 50 = PRO
Title: Lamotrigine in adolescent mood disorders
Author(s): Carandang, CG (Carandang, CG); Maxwell, DJ (Maxwell, DJ); Robbins, DR (Robbins, DR); Oesterheld, JR (Oesterheld, JR)
Source: JOURNAL OF THE AMERICAN ACADEMY OF CHILD AND ADOLESCENT PSYCHIATRY **Volume:** 42 **Issue:** 7 **Pages:** 750-751 **DOI:** 10.1097/01.CHI.0000046884.27264.28 **Published:** JUL 2003
Accession Number: WOS:000183750800003
PubMed ID: 12819432
ISSN: 0890-8567

Record 6 of 50 = TRAD (interesting article about prodromal features)
Title: Prospective study of prodromal features for bipolarity in well Amish children
Author(s): Egeland, JA (Egeland, JA); Shaw, JA (Shaw, JA); Endicott, J (Endicott, J); Pauls, DL (Pauls, DL); Allen, CR (Allen, CR); Hostetter, AM (Hostetter, AM); Sussex, JN (Sussex, JN)
Source: JOURNAL OF THE AMERICAN ACADEMY OF CHILD AND ADOLESCENT PSYCHIATRY **Volume:** 42 **Issue:** 7 **Pages:** 786-796 **DOI:** 10.1097/01.CHI.0000046878.27264.12 **Published:** JUL 2003
Abstract: Objective: A prospective study of psychiatrically well Amish children to determine differences in the frequency and pattern of clinical features that may be prodromal for bipolar I disorder. Method: Children with a bipolar I parent (n = 100) and children of well parents in a matched control sample (n = 110) were assessed annually for 7 years with semistructured interviews covering medical/developmental features and symptoms/behaviors that are possibly prodromal for bipolarity. Randomized histories of these 210 children were evaluated blindly by 4 clinicians for independent ratings of risk for bipolarity. Results: Thirty-eight percent of the children of bipolar parents were rated as at risk compared with 17% of children in the control sample. Most control sample children with risk ratings had well parents with a bipolar sibling (i.e., family history positive). Children with family histories negative for mental illness rarely received even a low risk rating. Clinical features significantly (p less than or

equal to .05) more frequent among children of a bipolar parent included mood lability, low energy, anxious/worried, hyper-alert, attention problems/distractible and school role impairment, easily excited, sensitivity, somatic complaints, and stubborn/determined. Conclusion: Mini-clusters of early possible predictors suggest a natural history of episodic prodromal features rather than the chronic symptom pattern sometimes described for children at risk for bipolar disorder.
Accession Number: WOS:000183750800009
PubMed ID: 12819438
ISSN: 0890-8567

Record 7 of 50 = PRO
Title: Pediatric bipolar disorder coming of age
Author(s): Biederman, J (Biederman, J)
Source: BIOLOGICAL PSYCHIATRY **Volume:** 53 **Issue:** 11 **Pages:** 931-934 **DOI:** 10.1016/S0006-3223(03)00297-X **Published:** JUN 1 2003
Accession Number: WOS:000183339900001
PubMed ID: 12788236
ISSN: 0006-3223

Record 8 of 50 = PRO
Title: Convergence between structured diagnostic interviews and clinical assessment on the diagnosis of pediatric-onset mania
Author(s): Wozniak, J (Wozniak, J); Monuteaux, M (Monuteaux, M); Richards, J (Richards, J); Lail, KE (Lail, KE); Faraone, SV (Faraone, SV); Biederman, J (Biederman, J)
Source: BIOLOGICAL PSYCHIATRY **Volume:** 53 **Issue:** 11 **Pages:** 938-944 **DOI:** 10.1016/S0006-3223(03)00344-5 **Published:** JUN 1 2003
Abstract: Background: Uncertainties remain as to the utility of structured diagnostic methodology to aid in the diagnosis of manic symptomatology in youth. To this end, this study compared structured diagnostic interview based diagnoses of mania in children and adolescents with that of an expert clinician.
Methods: We separately and independently assessed 69 youths recruited for a study of mania in childhood, all but 2 of whom experienced mania, with a structured diagnostic interview administered by trained psychometricians and a clinical assessment by a board-certified child and adolescent psychiatrist (JW) who was blind to the structured interview results.
Results: Structured interviews and clinical evaluations converged in all but two cases (67 of 69 or 97% agreement). In one discrepant case, the structured interview diagnosed a full case of mania, but the clinical interview diagnosed cyclothymia/subthreshold mania; in the other discrepant case, the structured interview failed to diagnose mania, but the clinical interview did diagnose mania.
Conclusions: In children referred for evaluation of suspected bipolar disorder, a structured interview diagnosis of mania is very likely to be corroborated by a clinical interview. (C) 2003 Society of Biological Psychiatry.
Accession Number: WOS:000183339900003
PubMed ID: 12788238
Conference Title: Conference on Pediatric Bipolar Disorder
Conference Date: MAR, 2002
Conference Location: BOSTON, MASSACHUSETTS
ISSN: 0006-3223

Record 9 of 50 = PRO
Title: Bipolar offspring: A window into bipolar disorder evolution
Author(s): Chang, K (Chang, K); Steiner, H (Steiner, H); Dienes, K (Dienes, K); Adleman, N (Adleman, N); Ketter, T (Ketter, T)
Source: BIOLOGICAL PSYCHIATRY **Volume:** 53 **Issue:** 11 **Pages:** 945-951 **DOI:** 10.1016/S0006-3223(03)00061-1 **Published:** JUN 1 2003
Abstract: Children of parents with bipolar disorder (bipolar offspring) represent a rich cohort for study with potential for illumination of prodromal forms of bipolar disorder. Due to their high-risk nature, bipolar offspring may present phenomenological, temperamental, and biological clues to early presentations of bipolar disorder. This article reviews the evidence for establishing bipolar offspring as a high-risk cohort, the studies which point to possible prodromal states in bipolar offspring, biological findings in bipolar offspring which may be indicators of even higher risk for bipolar disorder, initial attempts at early intervention in prodromal pediatric bipolar disorder, and implications for future research. (C) 2003 Society of Biological Psychiatry.
Accession Number: WOS:000183339900004
PubMed ID: 12788239
Conference Title: Conference on Pediatric Bipolar Disorder
Conference Date: MAR, 2002
Conference Location: BOSTON, MASSACHUSETTS
ISSN: 0006-3223

Record 10 of 50 = PRO
Title: Can a subtype of conduct disorder linked to bipolar disorder be identified? Integration of findings from the Massachusetts General Hospital Pediatric Psychopharmacology Research Program
Author(s): Biederman, J (Biederman, J); Mick, E (Mick, E); Wozniak, J (Wozniak, J); Monuteaux, MC (Monuteaux, MC); Galdo, M (Galdo, M); Faraone, SV (Faraone, SV)
Source: BIOLOGICAL PSYCHIATRY **Volume:** 53 **Issue:** 11 **Pages:** 952-960 **DOI:** 10.1016/S0006-3223(03)00009-X **Published:** JUN 1 2003
Accession Number: WOS:000183339900005
PubMed ID: 12788240
Conference Title: Conference on Pediatric Bipolar Disorder
Conference Date: MAR, 2002
Conference Location: BOSTON, MASSACHUSETTS
ISSN: 0006-3223

Record 11 of 50 = PRO
Title: The genetics of pediatric-onset bipolar disorder
Author(s): Faraone, SV (Faraone, SV); Glatt, SJ (Glatt, SJ); Tsuang, MT (Tsuang, MT)
Source: BIOLOGICAL PSYCHIATRY **Volume:** 53 **Issue:** 11 **Pages:** 970-977 **DOI:** 10.1016/S0006-3223(02)01893-0 **Published:** JUN 1 2003
Abstract: Although bipolar disorder in adults has been extensively studied, early-onset forms of the disorder have received less attention. We review several lines of evidence indicating that pediatric- and early adolescent- onset bipolar disorder cases may prove the most useful for identifying susceptibility genes. Family studies have consistently found a higher rate of bipolar disorder among the relatives of early-onset bipolar disorder patients than in relatives of later-onset cases, which supports the notion of a larger genetic contribution to the early-onset cases. Comorbid pediatric bipolar disorder and attention-deficit/ hyperactivity disorder (ADHD) may also define a familial subtype of ADHD or bipolar disorder that is strongly influenced by genetic factors and may, therefore, be useful in molecular genetic studies. There are no twin and adoption studies of pediatric bipolar disorder, but the heritability of this subtype is expected to be high given the results from family studies. Thus, pediatric- and early adolescent- onset bipolar disorder may represent a genetically loaded and homogeneous subtype of-bipolar disorder, which, if used in genetic linkage and association studies, should increase power to detect risk loci and alleles. (C) 2003 Society of Biological Psychiatry.
Accession Number: WOS:000183339900007
PubMed ID: 12788242
Conference Title: Conference on Pediatric Bipolar Disorder
Conference Date: MAR, 2002
Conference Location: BOSTON, MASSACHUSETTS
ISSN: 0006-3223

Record 12 of 50 = PRO
Title: Combination pharmacotherapy in children and adolescents with bipolar disorder
Author(s): Kowatch, RA (Kowatch, RA); Sethuraman, G (Sethuraman, G); Hume, JH (Hume, JH); Kromelis, M (Kromelis, M); Weinberg, WA (Weinberg, WA)
Source: BIOLOGICAL PSYCHIATRY **Volume:** 53 **Issue:** 11 **Pages:** 978-984 **DOI:** 10.1016/S0002-3223(03)00067-2 **Published:** JUN 1 2003
Abstract: Background: The purpose of this study was to develop prospective data on the effectiveness of combination pharmacotherapy of children and adolescents with bipolar disorder during a 6-month period of prospective, semi-naturalistic treatment.
Methods: Thirty-five subjects, with a mean age of years, were treated in the extension phase of this study after having received 6-8 weeks of acute treatment with a single mood stabilizer. The extension phase of this study lasted for another 16 weeks, for a total of 24 weeks of prospective treatment. During this study phase, subjects were openly treated, and they could have their acute-phase mood stabilizer switched or augmented with another mood stabilizer, a stimulant, an antidepressant agent, or antipsychotic agent, if they were assessed to be a nonresponder to monotherapy with their initial mood stabilizer.
Results: During the extension phase of treatment, 20 of 35 subjects (58%) required treatment with one or two mood stabilizers and either a stimulant, an atypical antipsychotic agent, or an antidepressant agent. The response rate to combination therapy was very good, with 80% of subjects treated responding to combination therapy with two mood stabilizers after not responding to monotherapy with a mood stabilizer.
Conclusions: This study suggests that children and adolescents with bipolar disorder are similar to adults with bipolar disorder, who also frequently require combination therapy. (C) 2003 Society of Biological Psychiatry.
Accession Number: WOS:000183339900008
PubMed ID: 12788243
Conference Title: Conference on Pediatric Bipolar Disorder
Conference Date: MAR, 2002
Conference Location: BOSTON, MASSACHUSETTS
ISSN: 0006-3223

Record 13 of 50 = PRO
Title: Behavioral inhibition and disinhibition as hypothesized precursors to psychopathology: Implications for pediatric bipolar disorder
Author(s): Hirshfeld-Becker, DR (Hirshfeld-Becker, DR); Biederman, J (Biederman, J); Calltharp, S (Calltharp, S); Rosenbaum, ED (Rosenbaum, ED); Faraone, SV (Faraone, SV); Rosenbaum, JF (Rosenbaum, JF)
Source: BIOLOGICAL PSYCHIATRY **Volume:** 53 **Issue:** 11 **Pages:** 985-999 **DOI:** 10.1016/S0006-3223(03)00316-0 **Published:** JUN 1 2003
Abstract: Attention has been devoted over the past two decades to the identification of temperamental risk factors for child psychopathology. These qualities, evident in toddlerhood or earlier, have the advantage of being measurable in standardized laboratory observations well before children reach the age of onset or diagnosis of. psychiatric disorders. Our group's programmatic research over the past 15 years, and that of others, has provided evidence linking "behavioral inhibition to the unfamiliar" in toddlerhood or early childhood with later social anxiety disorder. In addition, recent results by our group have suggested that "behavioral disinhibition" in early childhood, measured by the same laboratory methods, may be linked with later disruptive behavior and comorbid mood disorders. In this article, we discuss our approach to the study of temperamental precursors to disorders in high-risk children, summarize the literature linking behavioral inhibition and disinhibition to later psychopathology, and suggest directions to take in applying this methodology to the search for temperamental precursors to pediatric. bipolar disorder. (C) 2003 Society of Biological Psychiatry.
Accession Number: WOS:000183339900009
PubMed ID: 12788244
Conference Title: Conference on Pediatric Bipolar Disorder
Conference Date: MAR, 2002
Conference Location: BOSTON, MASSACHUSETTS
ISSN: 0006-3223

Record 14 of 50 = PRO
Title: Researching the pathophysiology of pediatric bipolar disorder
Author(s): Leibenluft, E (Leibenluft, E); Charney, DS (Charney, DS); Pine, DS (Pine, DS)
Source: BIOLOGICAL PSYCHIATRY **Volume:** 53 **Issue:** 11 **Pages:** 1009-1020 **DOI:** 10.1016/S0006-3223(03)00069-6 **Published:** JUN 1 2003
Abstract: We suggest that the core feature of bipolar disorder (BPD) is marked state fluctuations. The pathophysiology of switches into depressed, irritable, and extreme positive valence states requires study, with the latter deserving particular focus because it represents a pathognomonic feature of BPD in both adults and children. Hypotheses regarding the pathophysiology of pediatric BPD must account for these marked state fluctuations as well as for specific developmental aspects of the illness. These developmental aspects include marked irritability (in addition to euphoria and depression) and very rapid cycles, along with high rates of attention-deficit/hyperactivity disorder. We review research on neural mechanisms underlying positive valence states and state regulation, focusing on those data relevant to BPD and to development. Researchers are beginning to explore the response of manic patients and control subjects to positive affective stimuli, and considerable research in both nonhuman primates and humans has focused on the cortico-limbic-striatal circuits mediating responses to rewarding stimuli. In control subjects, positive affect affects cognition, and data indicate that prefrontal electroencephalogram asymmetry may differ between control subjects with consistently positive affect and those with more negative affect; however, this latter generalization may not apply to adolescents. With regard to the pathophysiology of state switching in pediatric BPD, data in control subjects indicating that attention regulation plays a role in emotion regulation may be germane. In addition, research detailing physiologic and psychological responses to negative emotional stimuli in bipolar patients and control subjects may increase our understanding of the mechanisms underlying both irritability and rapid cycling seen in children with BPD. Potential foci for research on the pathophysiology of pediatric BPD include reactivity to standardized positive and negative emotional stimuli, and the interaction between emotion regulation and attentional processes. (C) 2003 Society of Biological Psychiatry.
Accession Number: WOS:000183339900011
PubMed ID: 12788246
Conference Title: Conference on Pediatric Bipolar Disorder
Conference Date: MAR, 2002
Conference Location: BOSTON, MASSACHUSETTS
ISSN: 0006-3223

Record 15 of 50 = PRO
Author(s): Mick, E (Mick, E); Biederman, J (Biederman, J); Pandina, G (Pandina, G); Faraone, SV (Faraone, SV)
Source: BIOLOGICAL PSYCHIATRY **Volume:** 53 **Issue:** 11 **Pages:** 1021-1027 **DOI:** 10.1016/S0006-3223(03)00234-8 **Published:** JUN 1 2003
Abstract: Background: A possible explanation for the ongoing controversy surrounding pediatric bipolar disorder is that differences in assessment methodologies lead to conflicting results. One way to address methodological differences in assessment across studies is to use a single standardized assessment of psychopathology to calibrate the findings reported in different studies. To this end, we conducted a meta-analysis of several studies that have employed the Child Behavior Checklist in the assessment of children with a diagnosis of bipolar disorder.
Methods: MEDLINE was searched for all publications that utilized the Child Behavior Checklist in addition to structured diagnostic interviews to assess pediatric bipolar disorder. Random effects models were used to calculate combined estimates of Child Behavior Checklist clinical subscales.
Results: Children with bipolar disorder had scaled scores of >70 in the Aggression, Attention Problems, and Anxious/Depressed subscales of the Child Behavior Checklist. The Child Behavior Checklist was useful in distinguishing bipolar from attention-deficit/hyperactivity disorder subjects.
Conclusions: While there was a significant heterogeneity in estimates between studies, a consistent pattern Of elevations in inattention/hyperactivity, depression/anxiety, and aggression was identified. (C) 2003 Society of Biological Psychiatry.
Accession Number: WOS:000183339900012
PubMed ID: 12788247
Conference Title: Conference on Pediatric Bipolar Disorder
Conference Date: MAR, 2002
Conference Location: BOSTON, MASSACHUSETTS
ISSN: 0006-3223

Record 16 of 50 =NA (even with referencing Wozniak et al 1995, does not mention mania or bipolar disorder)
Title: Comorbidity and child psychopathology: Recommendations for the next decade
Author(s): Jensen, PS (Jensen, PS)
Source: JOURNAL OF ABNORMAL CHILD PSYCHOLOGY **Volume:** 31 **Issue:** 3 **Pages:** 293-300 **DOI:** 10.1023/A:1023281513936 **Published:** JUN 2003
Abstract: This special section exemplifies and offers a number of important methodologic and conceptual advances that should provide investigators new tools for understanding comorbidity of child and adolescent psychopathology, including (a) the importance of making careful methodologic distinctions in how comorbidity is defined and operationalized, (b) specifying and justifying how data from different sources are combined, (c) teasing out the impact of potentially confounding risk factors that lead to symptom and syndrome overlaps, and (d) exploring the effects of time, timing, and order of disorder emergence on variable manifestations of comorbidity. These advances are much needed, but may still prove insufficient, given the daunting challenges in fully understanding comorbidity. Thus, future studies should be characterized by (a) more focused search for subgrouping factors and interactions related to the emergence of comorbidity, (b) careful exploration of setting- and/or informant-specific types of psychopathology, (c) development of studies that explore not just phenotypes and genotypes, but also environtypes and trajectory-types, (d) more discriminative use of information sources, including explicit efforts to reconcile (rather than combine) discrepant information, (e) clear descriptions and logical justification of when conjunctive, disjunctive, additive, and discriminative combinatorial approaches are used, (f) increased use of multidisciplinary research methods and teams, (g) increased application of multiple lines of evidence in comorbidity studies, (h) increased focus on understanding illness processes rather than just psychopathologic states, (i) development of creative new research designs, and (j) redrawing disorder boundaries when warranted.
Accession Number: WOS:000182061500005
PubMed ID: 12774862

ISSN: 0091-0627

Record 17 of 50 = PRO
Title: Depressed preschoolers with bipolar family history: A group at high risk for later switching to mania?
Author(s): Luby, JL (Luby, JL); Mrakotsky, C (Mrakotsky, C)
Source: JOURNAL OF CHILD AND ADOLESCENT PSYCHOPHARMACOLOGY **Volume:** 13 **Issue:** 2 **Pages:** 187-197 **DOI:** 10.1089/104454603322163907 **Published:** SUM 2003
Abstract: Earlier age of onset of an episode of depression and family history of bipolar disorder (FHBPD) are well known to be associated with increased rates of switching to mania in childhood major depressive disorder (MDD). These findings suggest that the youngest samples of depressed children who have FHBPD might be at very high risk for switching. The finding of a valid depressive syndrome in preschool children has raised the question of whether mania could also manifest at this early stage. We investigated FHBPD among three preschool study groups: a depressed group and two nondepressed comparison groups (attention deficit hyperactivity disorder/oppositional defiant disorder, no disorder). Increased FHBPD was found among the depressed group. Based on this, we explored whether the depressed subgroup with FHBPD (MDD + FHBPD) had a unique constellation of depressive symptoms compared to the depressed subgroup without FHBPD (MDD with no FHBPD). The MDD + FHBPD group was found to have an increased frequency of the MDD symptom of "restlessness and moves around a lot" as compared with the MDD with no FHBPD group. The question of whether this symptom could be an early precursor of later mania was explored. These findings taken together suggest that early risk factors for switching to mania may be present in a subgroup of depressed preschoolers. Longitudinal follow-up of depressed preschool samples to determine rates of switching to mania later in development is critical to determine whether such findings represent early risk factors. Future studies that directly investigate age-appropriate mania manifestations in preschool samples are now warranted.
Accession Number: WOS:000183766700009
PubMed ID: 12880512
ISSN: 1044-5463

Record 18 of 50 = TRAD
Title: Premorbid functioning in early-onset psychotic disorders
Author(s): McClellan, J (McClellan, J); Breiger, D (Breiger, D); McCurry, C (McCurry, C); Hlastala, SA (Hlastala, SA)
Source: JOURNAL OF THE AMERICAN ACADEMY OF CHILD AND ADOLESCENT PSYCHIATRY **Volume:** 42 **Issue:** 6 **Pages:** 666-672 **DOI:** 10.1097/01.CH1.0000046844.56865.6B **Published:** JUN 2003
Abstract: To examine the premorbid characteristics of youths with early-onset psychotic disorders. Method: Subjects with early-onset psychotic disorders received an extensive diagnostic evaluation upon entry into the study, including a historic review of premorbid functioning using the Premorbid Adjustment Scale. Results: Youths with schizophrenia (n = 27), bipolar disorder (n = 22), and psychosis not otherwise specified (NOS) (n = 20) were included. High rates of premorbid behavioral problems and academic difficulties were noted across all subjects. Youths with schizophrenia had higher rates of premorbid social withdrawal and global impairment. They also tended to have fewer friends. The psychosis NOS group had significantly higher rates of abuse histories and posttraumatic stress disorder. Conclusions: Premorbid abnormalities are common features of early-onset psychotic disorders. The social withdrawal and peer problems specific to youths with schizophrenia likely represent early manifestations of negative symptoms. The abuse histories in the psychosis NOS group may explain the atypical nature of their reported psychotic symptoms, which in many cases are likely posttraumatic phenomena.
Accession Number: WOS:000183022000012
PubMed ID: 12921474
ISSN: 0890-8567

Record 19 of 50 = PRO
Title: The comorbidity of bipolar disorder and axis II personality disorders: prevalence and clinical correlates
Author(s): George, EL (George, EL); Miklowitz, DJ (Miklowitz, DJ); Richards, JA (Richards, JA); Simoneau, TL (Simoneau, TL); Taylor, DO (Taylor, DO)
Source: BIPOLAR DISORDERS **Volume:** 5 **Issue:** 2 **Pages:** 115-122 **DOI:** 10.1034/j.1399-5618.2003.00028.x **Published:** APR 2003
Abstract: Objectives: Many studies have examined the prevalence and predictive validity of axis II personality disorders among unipolar depressed patients, but few have examined these issues among bipolar patients. The few studies that do exist suggest that axis II pathology complicates the diagnosis and course of bipolar disorder. This study examined the prevalence of axis II disorder in bipolar patients who were clinically remitted.
Methods: We assessed the co-occurrence of personality disorder among 52 remitted DSM-III-R bipolar patients using a structured diagnostic interview, the Personality Disorder Examination (PDE).
Results: Axis II disorders can be rated reliably among bipolar patients who are in remission. Co-diagnosis of personality disorder occurred in 28.8% of patients. Cluster B (dramatic, emotionally erratic) and cluster C (fearful, avoidant) personality disorders were more common than cluster A (odd, eccentric) disorders. Bipolar patients with personality disorders differed from bipolar patients without personality disorders in the severity of their residual mood symptoms, even during remission.
Conclusions: When structured assessment of personality disorder is performed during a clinical remission, less than one in three bipolar patients meets full syndromal criteria for an axis II disorder. Examining rates of comorbid personality disorder in broad-based community samples of bipolar spectrum patients would further clarify the linkage between these sets of disorders.
Accession Number: WOS:000182101100007
PubMed ID: 12680901
ISSN: 1398-5647

Record 20 of 50 = PRO
Title: Defining clinical phenotypes of juvenile mania
Author(s): Leibenluft, E (Leibenluft, E); Charney, DS (Charney, DS); Towbin, KE (Towbin, KE); Bhangoo, RK (Bhangoo, RK); Pine, DS (Pine, DS)
Source: AMERICAN JOURNAL OF PSYCHIATRY **Volume:** 160 **Issue:** 3 **Pages:** 430-437 **DOI:** 10.1176/appi.ajp.160.3.430 **Published:** MAR 2003
Abstract: Objective: The authors suggest criteria for a range of narrow to broad phenotypes of bipolar disorder in children; differentiated according to the characteristics of the manic or hypomanic episodes, and present methods for validation of the

criteria.
Method: Relevant literature describing bipolar disorder in both children and adults was reviewed critically, and the input of experts was sought.
Results: Areas of controversy include whether the diagnosis of bipolar disorder should require clearly demarcated affective episodes and, if so, of what duration, and whether specific hallmark symptoms of mania should be required for the diagnosis. The authors suggest a phenotypic system of juvenile mania consisting of a narrow phenotype, two intermediate phenotypes, and a broad phenotype. The narrow phenotype is exhibited by patients who meet the full DSM-IV diagnostic criteria for hypomania or mania, including the duration criterion, and also have hallmark symptoms of elevated mood or grandiosity. The intermediate phenotypes include 1) hypomania or mania not otherwise specified, in which the patient has clear episodes and hallmark symptoms, but the episodes are between 1 and 3 days in duration, and 2) irritable hypomania or mania, in which the patient has demarcated episodes with irritable, but not elevated, mood. The broad phenotype is exhibited by patients who have a chronic, nonepisodic illness that does not include the hallmark symptoms of mania but shares with the narrower phenotypes the symptoms of severe irritability and hyperarousal.
Conclusions: The presence of distinct episodes and hallmark symptoms can be used to differentiate clinical phenotypes of juvenile mania. The utility and validity of this system can be tested in subsequent research.
Accession Number: WOS:000181557600002
PubMed ID: 12611821
ISSN: 0002-953X

Record 21 of 50 = NA (about PCOS and Valproate, Geller & Luby 1997 is cited with several other papers regarding Vlalproate use)
Title: A putative relationship between valproic acid and polycystic ovarian syndrome: Implications for treatment of women with seizure and bipolar disorders
Author(s): Joffe, H (Joffe, H); Hall, JE (Hall, JE); Cohen, LS (Cohen, LS); Taylor, AE (Taylor, AE); Baldessarini, RJ (Baldessarini, RJ)
Source: HARVARD REVIEW OF PSYCHIATRY **Volume:** 11 **Issue:** 2 **Pages:** 99-108 **DOI:** 10.1080/10673220303957 **Published:** MAR-APR 2003
Accession Number: WOS:000182076700005
PubMed ID: 12868510
ISSN: 1067-3229

Record 22 of 50 = PRO
Title: Psychiatric diagnosis in preschool children - Reply
Author(s): Wilens, TE (Wilens, TE); Biederman, J (Biederman, J); Spencer, TJ (Spencer, TJ); Monuteaux, M (Monuteaux, M)
Source: JOURNAL OF THE AMERICAN ACADEMY OF CHILD AND ADOLESCENT PSYCHIATRY **Volume:** 42 **Issue:** 2 **Pages:** 128-129 **DOI:** 10.1097/01.CHI.0000037002.34553.C7 **Published:** FEB 2003
Accession Number: WOS:000180539300003
ISSN: 0890-8567

Record 23 of 50 = PRO
Title: Early recognition and differentiation of pediatric schizophrenia and bipolar disorder
Author(s): Pavuluri, MN (Pavuluri, MN); Janicak, PG (Janicak, PG); Naylor, MW (Naylor, MW); Sweeney, JA (Sweeney, JA)
Source: ADOLESCENT PSYCHIATRY, VOL 27 **Book Series:** ADOLESCENT PSYCHIATRY **Volume:** 27 **Pages:** 117-134 **Published:** 2003
Accession Number: WOS:000186215400005
ISSN: 0065-2008

Record 24 of 50 = PRO (cites research from Geller and Wozniak et al favourably about the high comorbidity between bipolar disorder and ADHD)
Title: Cognitive, behavioral, and psychiatric symptoms in two children with agenesis of the corpus callosum: Case report
Author(s): Parraga, HC (Parraga, HC); Parraga, MI (Parraga, MI); Jensen, AR (Jensen, AR)
Source: INTERNATIONAL JOURNAL OF PSYCHIATRY IN MEDICINE **Volume:** 33 **Issue:** 1 **Pages:** 107-113 **Published:** 2003
Abstract: Objective: To report two children, with normal intelligence, referred for evaluation of complex cognitive, behavioral, and psychiatric problems, in which Agenesis of Corpus Callosum (ACC) was an incidental finding. Method: Case descriptions are used and a comprehensive differential diagnosis made with previous diagnoses of partial complex seizures (PCS), psychosis, anxiety, attention deficit hyperactivity disorder (ADHD), and behavior disorder. Results: Due to the presence of multiple biopsychosocial interactions a multimodal intervention including pharmacological, behavioral, psychotherapeutic, and social approaches was implemented, with good results. Conclusion: These cases underscore the importance of conducting a comprehensive neuropsychiatric evaluation in children with severe behavior problems and other confusing symptoms. Since the incidence of ACC in behaviorally disturbed children, with normal intelligence, is unknown, physicians must accept that a reasonable degree of suspicion is warranted. Further studies are needed to facilitate physicians' awareness.
Accession Number: WOS:000184567500010
PubMed ID: 12906349
ISSN: 0091-2174

Record 25 of 50 = PRO
Title: Treatment of agitation in bipolar disorder across the life cycle
Author(s): Alderfer, BS (Alderfer, BS); Allen, MH (Allen, MH)
Source: JOURNAL OF CLINICAL PSYCHIATRY **Volume:** 64 **Pages:** 3-9 **Supplement:** 4 **Published:** 2003
Abstract: Agitation is a common and difficult problem in psychiatric patients; patients with bipolar disorder constitute a substantial proportion of the agitated psychiatric population. Agitation is often seen in bipolar patients during acute manic states, when increased energy levels and reduced need for sleep lead patients to collide with the limits of others. Agitation also occurs during mixed and depressive states, which are characterized by fluctuating energy levels and periods of irritability. Although the prevalence of agitation is similar in men and women, its presentation often differs between the sexes. In addition, the

presentations of bipolar disorder in children and in geriatric patients, and thus the manifestations of illness-related agitation, differ both from each other and from that of younger adults. Intensive treatment is required to manage agitated bipolar patients in a manner that rapidly decreases their suffering and maintains their safety and the safety of those around them. Considerations of speed and predictability tend to drive decisions in this setting more than concerns about tolerability. Oral or parenteral benzodiazepines, alone or in combination with an antipsychotic, are recommended as first-line treatment for the termination of behavioral emergencies in mania. Once behavioral control is restored, evidence suggests the combination of orally loaded divalproex sodium with an atypical antipsychotic is associated with more rapid improvement. Medication treatment of children and of geriatric patients must take into account developmental influences on the presentation of bipolar disorder in these different patient groups.
Accession Number: WOS:000182252100001
PubMed ID: 12672259
Conference Title: Conference on Management of Aggression Across the Life Cycle
Conference Date: JUN 04, 2002
Conference Location: ELECTR NETWORK
ISSN: 0160-6689

Record 26 of 50 = SMD
Title: Irritability in pediatric mania and other childhood psychopathology
Author(s): Leibenluft, E (Leibenluft, E); Blair, RJR (Blair, RJR); Charney, DS (Charney, DS); Pine, DS (Pine, DS)
Edited by: King JA; Ferris CF; Lederhendler II
Source: ROOTS OF MENTAL ILLNESS IN CHILDREN **Book Series:** ANNALS OF THE NEW YORK ACADEMY OF SCIENCES **Volume:** 1008 **Pages:** 201-218 **DOI:** 10.1196/annals.1301.022 **Published:** 2003
Abstract: Irritability is an important symptom in childhood psychopathology that has received relatively little research attention. Recent controversy concerning the diagnosis of mania in children has focused attention on how little is known about how to assess irritability in a systematic way, and about its diagnostic associations. For example, subtyping irritability according to course (chronic vs. episodic), precipitants, and family history may facilitate the identification of psychopathology and the study of pathophysiology. While normative and pathologic irritability can be differentiated reliably, the validity of the distinction is unclear. In addition, there is a need for scales designed to measure the severity of irritability in children with mood and anxiety disorders. In order to facilitate research, we propose a definition of irritability from the perspective of affective neuroscience. Because reactive aggression may be a helpful animal model for irritability, we review the neural circuitry mediating this behavior. Behavioral paradigms that evoke frustration, as well as those that assess the ability to inhibit a prepotent motor response, maintain attentional focus, execute response reversal, recognize angry faces, and regulate emotional responses, may be useful in the study of irritability. Examples of such paradigms are described, and the pharmacology of irritability is reviewed briefly.
Accession Number: WOS:000189443700020
PubMed ID: 14998886
Conference Title: Conference on Roots of Mental Illness in Children
Conference Date: MAR 15-17, 2003
Conference Location: New York, NY
Conference Sponsors: NY Acad Sci, NIMH, Janssen Pharmaceutica Inc
ISSN: 0077-8923
ISBN: 1-57331-478-1

Record 27 of 50 = PRO
Title: Parental reports of executive dysfunction in adolescents with bipolar disorder
Author(s): Shear, PK (Shear, PK); DelBello, MP (DelBello, MP); Rosenberg, HL (Rosenberg, HL); Strakowski, SM (Strakowski, SM)
Source: CHILD NEUROPSYCHOLOGY **Volume:** 8 **Issue:** 4 **Pages:** 285-295 **DOI:** 10.1076/chin.8.4.285.13511 **Published:** DEC 2002
Abstract: Bipolar disorder (BPD) is a serious mental illness that affects children and adolescents at a rate similar to that seen in adults. Extremely little is known, however, about cognitive functioning in childhood and adolescent BPD. The present study represents an initial effort to examine executive functioning in adolescents with BPD who are in a manic or mixed mood state, by collecting data from caregivers about the participants' performance on everyday tasks thought to be mediated by executive functioning abilities, using the Behavior Rating Inventory of Executive Function. In comparison to healthy volunteers, adolescents with BPD exhibited significant elevations across all of the measured functional domains. These elevations were evident even in adolescents with BPD who did not have comorbid ADHD, although they were most prominent in those with comorbidity. The findings suggest that adolescents with BPD have functional deficits on tasks requiring executive functioning skills that are not explicable solely on the basis of comorbid ADHD.
Accession Number: WOS:000182989700007
PubMed ID: 12759825
ISSN: 0929-7049

Record 28 of 50 = PRO
Title: Depressive episodes in children and adolescents with bipolar disorders
Author(s): Kowatch, RA (Kowatch, RA); DelBello, MP (DelBello, MP); Findling, RL (Findling, RL)
Source: CLINICAL NEUROSCIENCE RESEARCH **Volume:** 2 **Issue:** 3-4 **Pages:** 158-160 **Article Number:** PII S1566-2772(02)00040-3 **DOI:** 10.1016/S1566-2772(02)00040-3 **Published:** DEC 2002
Abstract: Despite the severe morbidity and mortality associated with bipolar depression, there has been very little research on this phase of bipolar disorders in adolescents or children. Pediatric bipolar disorders often present with a depressed or mixed state that may be initially diagnosed as a major depressive disorder. The treatment of a pediatric bipolar depressive episode is complicated due to the often necessary use of combinations of medication and the potential for inducing mania, hypomania or rapid cycling particularly with antidepressant agents. There are no published prospective controlled treatment studies of bipolar children or adolescents with depression and this research is much needed. In this article, we review what is known about the clinical characterisitcs and treatment of bipolar depression in children and adolescents.

Accession Number: WOS:000180273600005
ISSN: 1566-2772

Record 29 of 50 = PRO
Title: Adjunctive topiramate treatment for pediatric bipolar disorder: A retrospective chart review.
Author(s): DelBello, MP (DelBello, MP); Kowatch, RA (Kowatch, RA); Warner, J (Warner, J); Schwiers, ML (Schwiers, ML); Rappaport, KB (Rappaport, KB); Daniels, JP (Daniels, JP); Foster, KD (Foster, KD); Strakowski, SM (Strakowski, SM)
Source: JOURNAL OF CHILD AND ADOLESCENT PSYCHOPHARMACOLOGY **Volume:** 12 **Issue:** 4 **Pages:** 323-330 **DOI:** 10.1089/104454602762599862 **Published:** WIN 2002
Abstract: Objective: The objective of this study was to evaluate the effectiveness, safety, and tolerability of the anticonvulsant agent, topiramate, as adjunctive treatment for children and adolescents with bipolar disorders.
Methods: The outpatient medical charts of children and adolescents with a Diagnostic and Statistical Manual of Mental Disorders (4th ed.) diagnosis of bipolar disorder, type I or II, and who were treated with topiramate were retrospectively reviewed by two child and adolescent psychiatrists using the Clinical Global Impression (CGI) scale and the Clinical Global Assessment Scale (CGAS). Separate CGI ratings were made for mania and overall bipolar illness.
Results: Twenty-six patients (mean age 14 +/- 3.5 years). with bipolar disorder, type I (n = 23) or II (n = 3), who had been treated (mean duration 4.1 +/- 6.1 months) with topiramate (mean dose 104 +/- 77 mg/day) were identified. Response rate (defined by a CGI-Improvement score of less than or equal to 2 at endpoint) was 73% for mania and 62% for overall illness. CGAS scores significantly improved from baseline to endpoint. No serious adverse events were reported.
Conclusions: Although controlled trials are necessary, this retrospective study suggests that topiramate is effective and well tolerated as an adjunctive treatment for children and adolescents with bipolar disorder.
Accession Number: WOS:000180915700029
PubMed ID: 12625992
ISSN: 1044-5463

Record 30 of 50 = PRO
Title: Factor structure of the Young Mania Rating Scale for use with youths ages 5 to 17 years
Author(s): Youngstrom, EA (Youngstrom, EA); Danielson, CK (Danielson, CK); Findling, RL (Findling, RL); Gracious, BL (Gracious, BL); Calabrese, JR (Calabrese, JR)
Source: JOURNAL OF CLINICAL CHILD AND ADOLESCENT PSYCHOLOGY **Volume:** 31 **Issue:** 4 **Pages:** 567-572 **DOI:** 10.1207/153744202320802232 **Published:** DEC 2002
Abstract: Assessed the factor structure of the Young Mania Rating Scale (YMRS). Youths presenting to a research program specializing in the pharmacological treatment of mood and disruptive behavioral disorders (N = 612) were administered a semistructured diagnostic interview. Based on the interview, youths were placed into diagnostic groups. Highly trained raters completed the YMRS for each youth. YMRS ratings were internally consistent (alpha = .91), and exploratory and confirmatory factor analyses yielded a 7 factor solution for boys and girls in both young (S to 11 years) and older (12 to 17 years) subsamples. However, the young male group showed higher scores on several items as well as the total YMRS score. Results suggest that the YMRS total score can be meaningfully interpreted in child and adolescent samples.
Accession Number: WOS:000178549200014
PubMed ID: 12402575
ISSN: 1537-4416

Record 31 of 50 = PRO
Title: An open-label trial of divalproex in children and adolescents with bipolar disorder
Author(s): Wagner, KD (Wagner, KD); Weller, EB (Weller, EB); Carlson, GA (Carlson, GA); Sachs, G (Sachs, G); Biederman, J (Biederman, J); Frazier, JA (Frazier, JA); Wozniak, P (Wozniak, P); Tracy, K (Tracy, K); Weller, RA (Weller, RA); Bowden, C (Bowden, C)
Source: JOURNAL OF THE AMERICAN ACADEMY OF CHILD AND ADOLESCENT PSYCHIATRY **Volume:** 41 **Issue:** 10 **Pages:** 1224-1230 **DOI:** 10.1097/01.CHI.0000020278.43550.E6 **Published:** OCT 2002
Abstract: Objective: This study evaluated the safety and effectiveness of divalproex sodium (Depakote(R)) in the treatment of youths with bipolar disorder. Method: Forty bipolar disorder patients aged 7 to 19 years, with a manic. hypomanic, or mixed episode, enrolled in an open-label study of divalproex (2-8 weeks), followed by a double-blind, placebo-controlled period (8 weeks). Results: Twenty-two subjects (61%) showed greater than or equal to 50% a improvement in Mania Rating Scale (MRS) scores during the open-label period. Significant ($p < .001$) improvements from baseline were seen for mean scores of all efficacy measures, including the MRS, Manic Syndrome Scale, Behavior and Ideation Scale, Brief Psychiatric Rating Scale, Clinical Global Impressions Severity scale, and Hamilton Rating Scale for Depression. Of the 23 subjects who discontinued the study during the open-label period, 6 (15%) discontinued for ineffectiveness, 6 (15%) for intolerance, 6 (15%) for noncompliance, and 6 (15%) for other reasons. Adverse events were generally mild or moderate in severity, with the most common being headache, nausea, vomiting, diarrhea, and somnolence. Laboratory data results were unremarkable. Too few subjects participated in the double-blind period for statistical analysis. Conclusion: This study provides preliminary support for the safety and effectiveness of divalproex in the treatment of bipolar disorder in youths.
Accession Number: WOS:000178203700012
PubMed ID: 12364844
ISSN: 0890-8567

Record 32 of 50 = CONSENSUS ATTEMPT
Title: Development and natural history of mood disorders
Author(s): Costello, EJ (Costello, EJ); Pine, DS (Pine, DS); Hammen, C (Hammen, C); March, JS (March, JS); Plotsky, PM (Plotsky, PM); Weissman, MA (Weissman, MA); Biederman, J (Biederman, J); Goldsmith, HH (Goldsmith, HH); Kaufman, J (Kaufman, J); Lewinsohn, PM (Lewinsohn, PM); Hellander, M (Hellander, M); Hoagwood, K (Hoagwood, K); Koretz, DS (Koretz, DS); Nelson, CA (Nelson, CA); Leckman, JF (Leckman, JF)
Source: BIOLOGICAL PSYCHIATRY **Volume:** 52 **Issue:** 6 **Pages:** 529-542 **Article Number:** PII S0006-3223(02)01372-0 **DOI:** 10.1016/S0006-3223(02)01372-0 **Published:** SEP 15 2002
Abstract: To expand and accelerate research on mood disorders, the National Institute of Mental Health (NIMH) developed a project to formulate a strategic research plan for mood disorder research. One of the areas selected for review concerns the

development and natural history of these disorders.
The NIMH convened a multidisciplinary Workgroup of scientists to review the field and the NIMH portfolio and to generate specific recommendations. To encourage a balanced and creative set of proposals, experts were included within and outside this area of research, as well as public stakeholders.
The Workgroup identified the need for expanded knowledge of mood disorders in children and adolescents, noting important gaps in understanding the onset, course, and recurrence of early-onset unipolar and bipolar disorder. Recommendations included the need for a multidisciplinary research initiative on the pathogenesis of unipolar depression encompassing genetic and environmental risk and protective factors. Specifically, we encourage the NIMH to convene a panel of experts and advocates to review the findings concerning children at high risk for unipolar depression. Joint analyses of existing data sets should examine specific risk factors to refine models of pathogenesis in preparation for the next era of multidisciplinary research. Other priority areas include the need to assess the long-term impact of successful treatment of juvenile depression and known precursors of depression, in particular, childhood anxiety disorders. Expanded knowledge of pediatric-onset bipolar disorder was identified as a particularly pressing issue because of the severity of the disorder, the controversies surrounding its diagnosis and treatment, and the possibility that widespread use of psychotropic medications in vulnerable children may precipitate the condition. The Workgroup recommends that the NIMH establish a collaborative multisite multidisciplinary Network of Research Programs on PediatricOnset Bipolar Disorder to achieve a better understanding of its causes, course, treatment, and prevention. The NIMH should develop a capacity-building plan to ensure the availability of trained investigators in the child and adolescent field.
Mood disorders are among the most prevalent, recurrent, and disabling of all illnesses. They are often disorders of early onset. Although the NIMH has made important strides in mood disorders research, more data, beginning with at-risk infants, children, and adolescents, are needed concerning the etiology and developmental course of these disorders. A diverse program of multidisciplinary research is recommended to reduce the burden on children and families affected with these conditions.
Accession Number: WOS:000178297000005
PubMed ID: 12361667
ISSN: 0006-3223

Record 33 of 50 = PRO
Title: Topiramate plus risperidone for controlling weight gain and symptoms in preschool mania
Author(s): Pavuluri, MN (Pavuluri, MN); Janicak, PG (Janicak, PG); Carbray, J (Carbray, J)
Source: JOURNAL OF CHILD AND ADOLESCENT PSYCHOPHARMACOLOGY **Volume:** 12 **Issue:** 3 **Pages:** 271-273 **DOI:** 10.1089/104454602760386978 **Published:** FAL 2002
Accession Number: WOS:000178736200012
PubMed ID: 12427302
ISSN: 1044-5463

Record 34 of 50 = PRO
Title: Characterization of children of bipolar parents by parent report CBCL
Author(s): Dienes, KA (Dienes, KA); Chang, KD (Chang, KD); Blasey, CM (Blasey, CM); Adleman, NE (Adleman, NE); Steiner, H (Steiner, H)
Source: JOURNAL OF PSYCHIATRIC RESEARCH **Volume:** 36 **Issue:** 5 **Pages:** 337-345 **Article Number:** PII S0022-3956(02)00019-5 **DOI:** 10.1016/S0022-3956(02)00019-5 **Published:** SEP-OCT 2002
Abstract: In past research the Child Behavior Checklist (CBCL) has differentiated among various diagnostic categories for children and adolescents. However, research has not been conducted on whether the CBCL differentiates among diagnostic categories for children at high risk for development of psychopathology. This study compares four diagnostic groups [bipolar disorder (BD), attention/deficit-hyperactivity disorder (ADHD), Depressed/Anxious and No Diagnosis] within a cohort of 58 children of bipolar parents to determine whether their CBCL scores will replicate the scores of children not at high risk for bipolar disorder. The cohort of children of bipolar parents received elevated scores on the CBCL scales in comparison with non-clinical populations. In addition, the CBCL distinguished between children of bipolar parents with and without clinical disorders. Finally the BD group differed from the ADHD group only on the Aggressive Behaviors, Withdrawn and Anxious/Depressed subscales of the CBCL. Therefore the CBCL did not discriminate between the BD and ADHD groups as it had in previous studies of children with BD and unspecified family history. It is possible that this discrepancy is due to a group of children of bipolar parents with ADHD who are currently prodromal for bipolar disorder and therefore received higher scores on the CBCL based on prodromal symptomatology. A longitudinal follow-up of this cohort is necessary to ascertain whether this is the case.

Accession Number: WOS:000178254700009
PubMed ID: 12127602
ISSN: 0022-3956

Record 35 of 50 = PRO
Title: Childhood mania, attention deficit hyperactivity disorder and conduct disorder: a critical review of diagnostic dilemmas
Author(s): Kim, EY (Kim, EY); Miklowitz, DJ (Miklowitz, DJ)
Source: BIPOLAR DISORDERS **Volume:** 4 **Issue:** 4 **Pages:** 215-225 **DOI:** 10.1034/j.1399-5618.2002.01191.x **Published:** AUG 2002
Abstract: Objectives: Significant debate exists on whether early onset bipolar disorder is mistakenly attributed to attention deficit hyperactivity disorder (ADHD) or conduct disorder (CD), or whether ADHD and CD are frequently misdiagnosed as mania. We review the literature on the extent to which these disorders can be reliably differentiated, and describe the diagnostic confusion that may be the result of features common to both classes of disorders.
Methods: The review focuses on research studies that have examined whether overlapping symptoms of bipolar disorder, ADHD, and CD contribute to misdiagnosis of the two classes of disorders, the prevalence of early onset bipolar disorder with comorbid ADHD or CD, and theories regarding the origins of this comorbidity.
Results: Reliable and accurate diagnoses can be made despite the symptom overlap of bipolar disorder with ADHD and CD. Children with bipolar disorder and ADHD may have a distinct familial subtype of bipolar disorder. Some findings suggest that manic symptoms may represent `noise' that indicates the general severity of psychopathology in a child or adolescent.
Conclusions: Further prospective studies may confirm whether early onset bipolarity can be successfully differentiated from ADHD or CD, whether all three types of disorders can be recognized in comorbid cases, or whether comorbid cases represent a distinct subtype of bipolar disorder.

Accession Number: WOS:000176714100001
PubMed ID: 12190710
ISSN: 1398-5647

Record 36 of 50 = PRO
Title: Psychiatric comorbidity, family dysfunction, and social impairment in referred youth with oppositional defiant disorder
Author(s): Greene, RW (Greene, RW); Biederman, J (Biederman, J); Zerwas, S (Zerwas, S); Monuteaux, MC (Monuteaux, MC); Goring, JC (Goring, JC); Faraone, SV (Faraone, SV)
Source: AMERICAN JOURNAL OF PSYCHIATRY **Volume:** 159 **Issue:** 7 **Pages:** 1214-1224 **DOI:** 10.1176/appi.ajp.159.7.1214 **Published:** JUL 2002
Abstract: Objective: The authors sought to achieve an improved understanding of the diagnosis of oppositional defiant disorder independent of its association with conduct disorder.
Method: Family interactions, social functioning, and psychiatric comorbidity were compared in clinically referred male and female subjects with oppositional defiant disorder alone (N=643) or with comorbid conduct disorder (N=262) and a psychiatric comparison group with neither oppositional defiant disorder nor conduct disorder (N=695).
Results: Oppositional defiant disorder youth with or without conduct disorder were found to have significantly higher rates of comorbid psychiatric disorders and significantly greater family and social dysfunction relative to psychiatric comparison subjects. Differences between subjects with oppositional defiant disorder alone and those with comorbid conduct disorder were seen primarily in rates of mood disorders and social impairment. Oppositional defiant disorder was a significant correlate of adverse family and social outcomes when comorbid disorders (including conduct disorder) were controlled.
Conclusions: These results support the validity of the oppositional defiant disorder diagnosis as a meaningful clinical entity independent of conduct disorder and highlight the extremely detrimental effects of oppositional defiant disorder on multiple domains of functioning in children and adolescents.
Accession Number: WOS:000176676000021
PubMed ID: 12091202
ISSN: 0002-953X

Record 37 of 50 = PRO (mildly so)
Title: Bipolar disorder in adolescence and young adulthood
Author(s): Lewinsohn, PM (Lewinsohn, PM); Seeley, JR (Seeley, JR); Buckley, ME (Buckley, ME); Klein, DN (Klein, DN)
Source: CHILD AND ADOLESCENT PSYCHIATRIC CLINICS OF NORTH AMERICA **Volume:** 11 **Issue:** 3 **Pages:** 461-+ **Article Number:** PII S1056-4993(02)00005-6 **DOI:** 10.1016/S1056-4993(02)00005-6 **Published:** JUL 2002
Abstract: The purpose of this article is to present findings from the Oregon Adolescent Depression Project regarding full-syndrome and subthreshold bipolar disorder (BD) in adolescence and young adulthood. BD first incidence peaked around age 14 years. Adolescent BD showed significant continuity across developmental periods and was associated with adverse outcomes during young adulthood. Subthreshold BD results provide partial support for a bipolar spectrum.
Accession Number: WOS:000177711300004
PubMed ID: 12222078
ISSN: 1056-4993

Record 38 of 50 = PRO
Title: Somatic treatment of bipolar disorder in children and adolescents
Author(s): Weller, EB (Weller, EB); Danielyan, AK (Danielyan, AK); Weller, RA (Weller, RA)
Source: CHILD AND ADOLESCENT PSYCHIATRIC CLINICS OF NORTH AMERICA **Volume:** 11 **Issue:** 3 **Pages:** 595-+ **Article Number:** PII S1056-4993(02)00004-4 **DOI:** 10.1016/S1056-4993(02)00004-4 **Published:** JUL 2002
Abstract: Although many classes of psychotropic medications, including mood stabilizers, antidepressants, anticonvulsants, antipsychotics, and psychostimulants, have been used to treat bipolar disorder in recent years, mood stabilizers seem to be the most efficacious agents for bipolar patients, regardless of age. Although the biopsychosocial approach to treatment is recommended for all patients, this article focuses only on the somatic treatment of bipolar disorder in children and adolescents.
Accession Number: WOS:000177711300011
PubMed ID: 12222085
ISSN: 1056-4993

Record 39 of 50 = PRO
Title: Aggression and violence in mood disorders
Author(s): Weisbrot, DM (Weisbrot, DM); Ettinger, AB (Ettinger, AB)
Source: CHILD AND ADOLESCENT PSYCHIATRIC CLINICS OF NORTH AMERICA **Volume:** 11 **Issue:** 3 **Pages:** 649-+ **Article Number:** PII S1056-4993(02)00016-0 **DOI:** 10.1016/S1056-4993(02)00016-0 **Published:** JUL 2002
Abstract: As a common component of mood disorders, aggression can have many adverse effects on the child's or adolescent's life, including disrupting school performance and causing personal rejection by family, peers, and teachers. The problems of children and adolescents with mood disorders are compounded by comorbid aggressiveness. Without effective treatment for both problems, many of these aggressive, depressed children and adolescents go on to experience multiple failures in life leading to disturbances in character and the inability to establish fulfilling interpersonal relationships. This article is intended to heighten clinician awareness of the complex relationship between mood disorders and aggression.
Accession Number: WOS:000177711300014
PubMed ID: 12222088
ISSN: 1056-4993

Record 40 of 50 = PRO
Title: Parental attitudes towards early intervention in children at high risk for affective disorders
Author(s): Post, RM (Post, RM); Leverich, GS (Leverich, GS); Fergus, E (Fergus, E); Miller, R (Miller, R); Luckenbaugh, D (Luckenbaugh, D)
Source: JOURNAL OF AFFECTIVE DISORDERS **Volume:** 70 **Issue:** 2 **Pages:** 117-124 **Article Number:** PII S0165-0327(01)00299-3 **DOI:** 10.1016/S0165-0327(01)00299-3 **Published:** JUL 2002
Abstract: Background: Parents volunteered to complete surveys on attitudes toward treatment intervention in children at a

theoretically high (20-30%) or very high (70%) risk for affective disorders because of an assumed uni-lineal or bi-lineal family history of bipolar illness. Methods: Questions focused on examining at what ages and stage of symptom and syndrome evolution parents would wish their child to begin treatment with different types of therapeutic approaches and clinical trial designs. Sixty percent of the respondents had a personal history of unipolar or bipolar affective disorders. Results: In 156 completed surveys, 83% of parents favored acute medication intervention and 67% favored long-term medication treatment for those children at very high risk at or before the development of severe symptoms (i.e. even prior to meeting full diagnostic thresholds). On the average, parents indicated that they would enter their child in a trial of: two types of psychotherapy at a point in illness evolution between moderate and severe symptoms, two types of open medications between severe symptoms and a definite diagnosis, two blind medications at a definite diagnosis, and a blind trial of placebo and medication after a definite diagnosis but before multiple recurrences of the illness. Parents, primarily on the basis of perceived safety, would allow their children to use medications that have been found to be effective in adults. Limitations: In addition to a number of methodological limitations, responders to the survey were self-selected. Conclusions: The results indicate a willingness on the part of most parents to treat a child at high risk for affective illness early in the course of symptom evolution, even prior to a full syndromic illness or diagnosis. This and other parental views of the risk-benefit and ethical dimensions of early intervention may be helpful in the initiation and design of studies aimed at assessing the efficacy of early interventions in childhood-onset bipolar illness and its prodromes.
Accession Number: WOS:000177223600002
PubMed ID: 12117623
ISSN: 0165-0327

Record 41 of 50 = PRO
Title: Mania and attention deficit hyperactivity disorder in a prepubertal child: Diagnostic and treatment challenges
Author(s): State, RC (State, RC); Altshuler, LL (Altshuler, LL); Frye, MA (Frye, MA)
Source: AMERICAN JOURNAL OF PSYCHIATRY **Volume:** 159 **Issue:** 6 **Pages:** 918-925 **DOI:** 10.1176/appi.ajp.159.6.918 **Published:** JUN 2002
Accession Number: WOS:000175951300005
PubMed ID: 12042177
ISSN: 0002-953X

Record 42 of 50 = PRO
Title: Two-year prospective follow-up of children with a prepubertal and early adolescent bipolar disorder phenotype
Author(s): Geller, B (Geller, B); Craney, JL (Craney, JL); Bolhofner, K (Bolhofner, K); Nickelsburg, MJ (Nickelsburg, MJ); Williams, M (Williams, M); Zimerman, B (Zimerman, B)
Source: AMERICAN JOURNAL OF PSYCHIATRY **Volume:** 159 **Issue:** 6 **Pages:** 927-933 **DOI:** 10.1176/appi.ajp.159.6.927 **Published:** JUN 2002
Abstract: Objective: Longitudinal outcomes of bipolar disorder with onset in the late teenage years or in adulthood have been reported, but little is known about the natural history of childhood-onset mania This study sought to provide rates and predictors of recovery and relapse in children with a prepubertal and early adolescent bipolar disorder phenotype,
Method: Eighty-nine consecutively ascertained outpatient subjects (mean age = 10.9 years [SD=2.7]) received comprehensive research assessments, including separate interviews of mothers about their children and of children about themselves, at baseline and at 6, 12, 18, and 24 months after baseline. The study phenotype required DSM-IV mania with elation and/or grandiosity as one criterion to distinguish the study phenotype from a diagnosis of mania based on criteria overlapping with those for attention deficit hyperactivity disorder and to ensure that subjects had at least one of the two cardinal features of mania (i.e., elation and/or grandiosity), Subjects were treated by their own community practitioners,
Results: The proportions of subjects who recovered from mania and who relapsed after recovery were 65.2% and 55.2%, respectively. The mean time to recovery was 36.0 weeks (SD=25.0). Relapse occurred after a mean of 28.6 weeks (SD=13.2). Living with an intact biological family significantly predicted rate of recovery, and a low level of maternal warmth significantly predicted rate of relapse.
Conclusions: The relatively poor outcomes of these subjects may be related to their phenotypic resemblance to severely ill adults with bipolar disorder who have mixed mania, continuous rapid cycling, psychosis, and treatment-resistant psychopathology. A lower level of effectiveness of mood stabilizers in children cannot be ruled out. Although the significance of maternal warmth as a predictor is consistent with reports in adult mania, the significance of intact family as a predictor may be unique to childhood mania.
Accession Number: WOS:000175951300007
PubMed ID: 12042179
ISSN: 0002-953X

Record 43 of 50 = PRO (is implied in way PBD literature cited)
Title: International consensus statement on ADHD - January 2002
Author(s): Barkley, RA (Barkley, RA); Cook, EH (Cook, EH); Diamond, A (Diamond, A); Zametkin, A (Zametkin, A); Thapar, A (Thapar, A); Teeter, A (Teeter, A); Anastopoulos, AD (Anastopoulos, AD); Sadeh, A (Sadeh, A); Leventhal, BL (Leventhal, BL); Harris, IB (Harris, IB); Hoza, B (Hoza, B); Corbett, B (Corbett, B); Molina, B (Molina, B); Pennington, B (Pennington, B); Paternite, CE (Paternite, CE); Whalen, C (Whalen, C); Carlson, C (Carlson, C); Johnston, C (Johnston, C); Gillberg, C (Gillberg, C); Hartung, C (Hartung, C); Waschbusch, DA (Waschbusch, DA); Connor, DF (Connor, DF); Anderson, DL (Anderson, DL); Lynam, DR (Lynam, DR); Mash, EJ (Mash, EJ); Taylor, E (Taylor, E); Willcutt, E (Willcutt, E); Levy, F (Levy, F); Carlson, G (Carlson, G); DuPaul, GJ (DuPaul, GJ); Koplewicz, HS (Koplewicz, HS); Bird, HR (Bird, HR); Quay, H (Quay, H); Abikoff, H (Abikoff, H); Hodgens, JB (Hodgens, JB); McGough, JJ (McGough, JJ); Loney, J (Loney, J); Halperin, J (Halperin, J); Piacentini, J (Piacentini, J); Werry, JS (Werry, JS); Bauermeister, JJ (Bauermeister, JJ); Biederman, J (Biederman, J); Sergeant, J (Sergeant, J); McBurnett, K (McBurnett, K); Winters, KC (Winters, KC); Murphy, KR (Murphy, KR); Greenhill, L (Greenhill, L); Lewandowski, L (Lewandowski, L); Hechtman, L (Hechtman, L); Pfiffner, L (Pfiffner, L); Weyandt, LL (Weyandt, LL); Atkins, M (Atkins, M); Prior, M (Prior, M); Stein, MA (Stein, MA); Rapport, MD (Rapport, MD); Fischer, M (Fischer, M); Fristad, MA (Fristad, MA); Solanto-Gardner, M (Solanto-Gardner, M); Aman, M (Aman, M); Gordon, M (Gordon, M); DeKlyen, M (DeKlyen, M); Dulcan, M (Dulcan, M); Bukstein, O (Bukstein, O); Tolan, PH (Tolan, PH); Firestone, P (Firestone, P); Milich, R (Milich, R); McGee, R (McGee, R); Brown, RT (Brown, RT); Tannock, R (Tannock, R); Schachar, R (Schachar, R); Mannuzza, S (Mannuzza, S); Loo, SK (Loo, SK); Eyberg, S (Eyberg, S); Houghton, S (Houghton, S); Hinshaw, SP

(Hinshaw, SP); Shapiro, S (Shapiro, S); Faraone, SV (Faraone, SV); Pliszka, SR (Pliszka, SR); Evans, SW (Evans, SW); Campbell, S (Campbell, S); Sagvolden, T (Sagvolden, T); Shelton, TL (Shelton, TL); Brown, TE (Brown, TE); Joiner, T (Joiner, T); Lock, TM (Lock, TM); Spencer, T (Spencer, T); Pelham, W (Pelham, W)
Source: CLINICAL CHILD AND FAMILY PSYCHOLOGY REVIEW **Volume:** 5 **Issue:** 2 **Pages:** 89-111 **Published:** JUN 2002
Accession Number: WOS:000175504300002
PubMed ID: 12093014
ISSN: 1096-4037

Record 44 of 50 = PRO
Title: Parsing the comorbidity between bipolar disorder and anxiety disorders: A familial risk analysis
Author(s): Wozniak, J (Wozniak, J); Biederman, J (Biederman, J); Monuteaux, MC (Monuteaux, MC); Richards, J (Richards, J); Faraone, SV (Faraone, SV)
Source: JOURNAL OF CHILD AND ADOLESCENT PSYCHOPHARMACOLOGY **Volume:** 12 **Issue:** 2 **Pages:** 101-111 **DOI:** 10.1089/104454602760219144 **Published:** SUM 2002
Abstract: Background: A growing literature suggests that anxiety disorders (ANX) co-occur with bipolar disorder (BPD), but the nature of this overlap is unknown. Thus, we investigated the familial association between BPD and ANX among the first-degree relatives of children with BPD with and without comorbid ANX.
Methods: We compared relatives of four proband groups defined by the presence or absence of BPD and ANX in the proband: (1) BPD + ANX (n=23 probands, 74 relatives), (2) BPD without ANX (n=11 probands, 38 relatives), (3) ANX without BPD (n=48 probands,167 relatives), and (4) controls without BPD or ANX (n=118 probands, 385 relatives). All subjects were evaluated with structured diagnostic interviews. Diagnoses of relatives were made blind to the diagnoses of probands.
Results: The results show high rates of both BPD and ANX in relatives of children with BPD + ANX. Moreover, BPD and ANX cosegregated among the relatives of children with BPD + ANX. Although relatives of both ANX proband groups (with and without BPD) had high rates of ANX, and relatives of both BPD proband groups (with and without ANX) had high rates of BPD, the combined condition BPD + ANX was the predominant form of BPD among relatives of probands with BPD + ANX.
Conclusions: These family-genetic findings suggest that the comorbid condition BPD+ANX may be a distinct clinical entity. More work is needed to evaluate whether the presence of comorbid ANX may be a marker of very early onset BPD.
Accession Number: WOS:000176997900004
PubMed ID: 12188979
ISSN: 1044-5463

Record 45 of 50 = PRO
Title: Is bipolar disorder specifically associated with panic disorder in youths?
Author(s): Birmaher, B (Birmaher, B); Kennah, A (Kennah, A); Brent, D (Brent, D); Ehmann, M (Ehmann, M); Bridge, J (Bridge, J); Axelson, D (Axelson, D)
Source: JOURNAL OF CLINICAL PSYCHIATRY **Volume:** 63 **Issue:** 5 **Pages:** 414-419 **Published:** MAY 2002
Abstract: Objective: To replicate previous findings of high rates of bipolar disorder (BPD) in patients with panic disorder (PD) and determine if youths with both PD and BPD have more severe illness.
Method: 2025 youths aged 5 to 19 years seen at a mood and anxiety specialty clinic were assessed using the Schedule for Affective Disorders and Schizophrenia for School Aged Children-Present Episode. 4th Revision. Diagnoses were made using DSM-III and DSM-III-R criteria and then updated to conform to DSM-IV criteria. Patients were grouped into those with PD (N = 42), those with non-PD anxiety disorders (N = 407). and psychiatric controls with no anxiety diagnosis (N = 1576).
Results: Youths with PD were more likely to exhibit comorbid BPD (N = 8, 19.0%) than youths with either non-PD anxiety disorders (N = 22, 5.4%) or other nonanxious psychiatric disorders (N = 112, 7.1%). The symptoms of PD and mania were not affected by the comorbidity between PD and BPD. Youths with both PD and BPD had more psychotic symptoms and suicidal ideation than patients with PD and other non-bipolar psychiatric disorders and BPD patients with other nonanxious comorbid disorders.
Conclusion: The presence of either PD or BPD in youths made the co-occurrence of the other condition more likely, as has been noted in adults. Patients with both PD and BPD are more likely to ha e psychotic symptoms and suicidal ideation. In treating youths with PD, clinicians must be vigilant for possible comorbid BPD or risk of pharmacologic triggering of a manic or hypomanic episode. Prospective studies are needed to learn if PD predicts the onset of BPD in children and adolescents.
Accession Number: WOS:000175596300007
PubMed ID: 12019666
ISSN: 0160-6689

Record 46 of 50 = TRAD
Title: Use of antidepressants to treat depression in bipolar disorder
Author(s): El-Mallakh, RS (El-Mallakh, RS); Karippot, A (Karippot, A)
Source: PSYCHIATRIC SERVICES **Volume:** 53 **Issue:** 5 **Pages:** 580-584 **DOI:** 10.1176/appi.ps.53.5.580 **Published:** MAY 2002
Abstract: For decades, clinicians and researchers did not distinguish between bipolar and unipolar depression. The safety and efficacy of antidepressants for the treatment of unipolar depression were studied, and the data were applied to the treatment of bipolar depression without validation. As evidence has accumulated that antidepressants may adversely affect the course of bipolar illness, more research has been focused on that problem. Current evidence suggests that although antidepressants are clearly effective in the acute treatment of type I and type II bipolar depression, they are also associated with a variety of adverse outcomes. They may induce a switch to mania or hypomania at a rate two or three times the spontaneous rate. Long-term use may destabilize the illness, leading to an increase in the number of both manic and depressed episodes; induce rapid cycling (at least four episodes a year); and increase the likelihood of a mixed state. Antidepressants should be used with caution in the treatment of bipolar depression.
Accession Number: WOS:000175286300011
PubMed ID: 11986507
ISSN: 1075-2730

Record 47 of 50 = SCEP (mildly so)

Title: Advances in the diagnosis and treatment of childhood mood disorders
Author(s): McClure, EB (McClure, EB); Kubiszyn, T (Kubiszyn, T); Kaslow, NJ (Kaslow, NJ)
Source: PROFESSIONAL PSYCHOLOGY-RESEARCH AND PRACTICE **Volume:** 33 **Issue:** 2 **Pages:** 125-134 **DOI:** 10.1037//0735-7028.33.2.125 **Published:** APR 2002
Abstract: Clinicians today face difficulties in appropriately assisting children with mood disorders, whose parents may challenge diagnostic and treatment decisions based on potentially faulty information obtained from unregulated sources (e.g., the Internet, commercial books, other media). In light of this problem, as well as the U.S. Surgeon General's recent call for increases in evidence-based diagnosis and treatment of childhood disorders, it is important that psychologists educate themselves and their clients about evidence-based practices, Evidence-based assessment and psychosocial and psychopharmacological treatment procedures for childhood unipolar and bipolar mood disorders are reviewed, and specific practice recommendations are provided.
Accession Number: WOS:000174510200002
ISSN: 0735-7028

Record 48 of 50 = PRO
Title: Phenomenology of prepubertal and early adolescent bipolar disorder: Examples of elated mood, grandiose behaviors, decreased need for sleep, racing thoughts and hypersexuality
Author(s): Geller, B (Geller, B); Zimerman, B (Zimerman, B); Williams, M (Williams, M); DelBello, M (DelBello, M); Frazier, J (Frazier, J); Beringer, L (Beringer, L)
Source: JOURNAL OF CHILD AND ADOLESCENT PSYCHOPHARMACOLOGY **Volume:** 12 **Issue:** 1 **Pages:** 3-9 **DOI:** 10.1089/10445460252943524 **Published:** SPR 2002
Abstract: Objective: Children are developmentally incapable of many manifestations of bipolar symptoms described in adults (e.g., children do not "max" out credit cards or have four marriages). To address this issue, our group investigated prepubertal and early adolescent age equivalents of adult mania behaviors.
Methods: Details of the methods appear in the companion article in this issue (Geller et al. 2002a). Subjects had a prepubertal and early adolescent bipolar disorder phenotype (PEA-BP) that was validated by reliable assessment (Geller et al. 2001b), 6-month stability (Geller et al. 2000c), and 1- and 2-year longitudinal diagnostic outcome (Geller et al. 2001a, 2002b).
Results: Examples of elation, grandiosity, decreased need for sleep, racing thoughts, and hypersexuality in PEA-BP subjects were compared to examples in prepubertal normal controls and to examples in late teenage/adult-onset mania. Because it is not intuitive that children can be pathologically happy or expansive, sections on guidelines for differentiating normal versus impairing elation and grandiosity are provided.
Conclusion: Due to the high comorbidity of PEA-BP and attention deficit hyperactivity disorder (ADHD), recognition of mania symptoms that do not overlap with those for ADHD may aid in avoiding both under- and overdiagnosis of child bipolar disorder. A discussion of how "nonoverlapping with ADHD" Diagnostic and Statistical Manual of Mental Disorders (4th ed.) mania symptoms can be useful in the differential diagnosis of irritability is also provided.
Accession Number: WOS:000176595800002
PubMed ID: 12014593
ISSN: 1044-5463

Record 49 of 50 = PRO
Title: DSM-IV mania symptoms in a prepubertal and early adolescent bipolar disorder phenotype compared to attention-deficit hyperactive and normal controls
Author(s): Geller, B (Geller, B); Zimerman, B (Zimerman, B); Williams, M (Williams, M); DelBello, MP (DelBello, MP); Bolhofner, K (Bolhofner, K); Craney, JL (Craney, JL); Frazier, J (Frazier, J); Beringer, L (Beringer, L); Nickelsburg, MJ (Nickelsburg, MJ)
Source: JOURNAL OF CHILD AND ADOLESCENT PSYCHOPHARMACOLOGY **Volume:** 12 **Issue:** 1 **Pages:** 11-25 **DOI:** 10.1089/10445460252943533 **Published:** SPR 2002
Abstract: Objective: To compare the prevalence of Diagnostic and Statistical Manual of Mental Disorders, 4th edition (DSM-IV) mania symptoms in a prepubertal and early adolescent bipolar disorder phenotype (PEA-BP) to those with attention deficit hyperactivity disorder (ADHD) and normal community controls (CC).
Methods: To optimize generalizeability, subjects with PEA-BP and ADHD were consecutively ascertained from outpatient pediatric and psychiatric sites, and CC subjects were obtained from a random survey. All 268 subjects (93 with PEA-BP, 81 with ADHD, and 94 CC) received comprehensive, blind, baseline research assessments of mothers about their children and of children about themselves. PEA-BP was defined by DSM-IV mania with elation and/or grandiosity as one criterion to ensure that subjects had one of the two cardinal symptoms of mania and to avoid diagnosing mania only by criteria that overlapped with those for ADHD.
Results: Five symptoms (i.e., elation, grandiosity, flight of ideas/racing thoughts, decreased need for sleep, and hypersexuality) provided the best discrimination of PEA-BP subjects from ADHD and CC controls. These five symptoms are also mania-specific in DSM-IV (i.e., they do not overlap with DSM-IV symptoms for ADHD). Irritability, hyperactivity, accelerated speech, and distractibility were very frequent in both PEA-BP and ADHD groups and therefore were not useful for differential diagnosis. Concurrent elation and irritability occurred in 87.1% of subjects with PEA-BP. Data on suicidality, psychosis, mixed mania, and continuous rapid cycling were also provided.
Conclusion: Unlike late teenage/adult onset bipolar disorder, even subjects with PEA-BP selected for DSM-IV mania with cardinal symptoms have high rates of comorbid DSM-IV ADHD. High rates of concurrent elation and irritability were similar to those in adult mania.
Accession Number: WOS:000176595800003
PubMed ID: 12014591
ISSN: 1044-5463

Record 50 of 50 = PRO (but notes some children misdiagnosed)
Title: Can stimulant rebound mimic pediatric bipolar disorder?
Author(s): Sarampote, CS (Sarampote, CS); Efron, LA (Efron, LA); Robb, AS (Robb, AS); Pearl, PL (Pearl, PL); Stein, MA (Stein, MA)
Source: JOURNAL OF CHILD AND ADOLESCENT PSYCHOPHARMACOLOGY **Volume:** 12 **Issue:** 1 **Pages:** 63-67 **DOI:** 10.1089/10445460252943588 **Published:** SPR 2002
Abstract: The authors describe the case of a 7-year-old girl diagnosed with attention deficit hyperactivity disorder (ADHD) who,

following an unsuccessful trial of stimulant medication and subsequent mood symptoms, was diagnosed with bipolar disorder. Following a comprehensive, multidisciplinary assessment, and withdrawal of her complex medication regimen, she was rediagnosed with ADHD. She displayed a positive response to behavioral parent training and pharmacological treatment with a long-acting stimulant. The case illustrates the benefits of a comprehensive, multidisciplinary evaluation and multimodal treatment. Her dramatic response to the long-acting stimulant suggests that many of her affective symptoms were due to stimulant "rebound" versus bipolar disorder. This case highlights the complexities of differentiating severe ADHD from bipolar disorder and suggests that stimulant rebound and other iatrogenic effects should be considered during the differential diagnostic process as potential mimics of bipolar disorder.
Accession Number: WOS:000176595800008
PubMed ID: 12014597
ISSN: 1044-5463

Record 1 of 50 = PRO
Title: Pediatric bipolar mood disorder
Author(s): Weckerly, J (Weckerly, J)
Source: JOURNAL OF DEVELOPMENTAL AND BEHAVIORAL PEDIATRICS **Volume:** 23 **Issue:** 1 **Pages:** 42-56 **Published:** FEB 2002
Abstract: The diagnosis of bipolar mood disorder (BP) in preadolescents (pediatric mania) has generated considerable controversy in terms of its estimated prevalence and validity as a diagnostic category. The relative paucity of systematic studies and the current diagnostic confusion related to the disorder are often attributed to the apparent discontinuities in the childhood versus adult presentation of the illness, namely, irritability as the predominant "mood" of mania and a continuous course of symptoms. The goal of this article is to review the current literature and identify sources of confusion relating to pediatric mania by considering results to date within a larger context that include findings from studies on (1) BP illness in adults, (2) mood disorders across the lifespan, (3) the role of development in symptom expression, and (4) patterns of heritability in psychiatric disorders. Whereas much remains to be investigated in the validation of the diagnosis for children, integrating results across studies may provide a framework for understanding the differences in the presentation of severe mood disorders in children and adults.
Accession Number: WOS:000174102100007
PubMed ID: 11889351
ISSN: 0196-206X

Record 2 of 50 = PRO
Title: Patterns of psychopathology and dysfunction in clinically referred preschoolers
Author(s): Wilens, TE (Wilens, TE); Biederman, J (Biederman, J); Brown, S (Brown, S); Monuteaux, M (Monuteaux, M); Prince, J (Prince, J); Spencer, TJ (Spencer, TJ)
Source: JOURNAL OF DEVELOPMENTAL AND BEHAVIORAL PEDIATRICS **Volume:** 23 **Issue:** 1 **Pages:** S31-S36 **Supplement:** S **Published:** FEB 2002
Abstract: Despite the growing interest in the use of psychotropic medications in preschoolers, little is known about the clinical presentation of young children referred for psychiatric services. We describe the clinical characteristics, psychiatric disorders, and functioning of preschoolers referred for pediatric psychiatry evaluation. Structured psychiatric interviews assessing lifetime psychopathology by DSM-III-R criteria were completed on clinically referred youth. Family, social, and overall functioning were assessed at intake. From the pool of 1658 consecutive referrals, we identified 200 children less than or equal to (less than or equal to) 6 years of age (12%). The most common psychopathology identified was attention deficit hyperactivity disorder (ADHD) (86%), followed by other disruptive behavioral (61%), mood (43%), and anxiety disorders (28%). Cooccurring psychiatric disorders were common with preschoolers manifesting a mean of two major psychiatric disorders per child, Despite their young age, the onset of psychopathology preceded evaluation by a mean (+/-SD) of 2.2 +/- 1.3 years. Preschoolers referred for psychiatric services had high rates of psychopathology with prominent comorbidity and associated dysfunction. These preschoolers are likely to require aggressive interventions including psychopharmacology.
Accession Number: WOS:000174176700006
PubMed ID: 11875288
ISSN: 0196-206X

Record 3 of 50 = PRO
Title: Treating a child with Asperger's disorder and comorbid bipolar disorder
Author(s): Frazier, JA (Frazier, JA); Doyle, R (Doyle, R); Chiu, SF (Chiu, SF); Coyle, JT (Coyle, JT)
Source: AMERICAN JOURNAL OF PSYCHIATRY **Volume:** 159 **Issue:** 1 **Pages:** 13-21 **DOI:** 10.1176/appi.ajp.159.1.13 **Published:** JAN 2002
Accession Number: WOS:000173079200005
PubMed ID: 11772683
ISSN: 0002-953X

Record 4 of 50 = PRO
Title: Review of studies of child and adolescent offspring of bipolar parents
Author(s): DelBello, MP (DelBello, MP); Geller, B (Geller, B)
Source: BIPOLAR DISORDERS **Volume:** 3 **Issue:** 6 **Pages:** 325-334 **DOI:** 10.1034/j.1399-5618.2001.30607.x **Published:** DEC 2001
Abstract: Objective: The authors reviewed studies of child and adolescent offspring of bipolar (BP) parents. Findings from these studies are critically discussed with respect to methodological issues that can inform future designs.
Methods: A Medline search was performed to identify studies that examined child and adolescent offspring of BP parents. Publications were excluded if they did not separate offspring of BP parents from offspring of major depressive disorder or schizoaffective parents ('affective offspring') or did not separately analyze data from child- and adolescent-age versus adult offspring.
Results: Seventeen studies fit these review criteria. Rates of mood disorders in child and adolescent offspring of BP parents ranged from 5 to 67% compared with rates in offspring of healthy volunteers of 0-38%. Rates of non-mood disordered psychopathology ranged from 5 to 52% in offspring of BP parents and from 0 to 25% in offspring of healthy volunteers. Rates of

mood disorders and of other psychopathology were increased in offspring of BP parents compared with offspring of healthy volunteers in all of the eight studies that included a comparison group of offspring of healthy volunteers.
Conclusions: Studies suggest that children (less than or equal to 21 years) of BP parents are at increased risk for developing mood and other disorders (e.g., disruptive, anxiety). Therefore, additional investigations are clearly warranted. In the context of current research on diagnosis, assessment, longitudinal course and comorbidity of childhood mania, the following suggestions for the design of future studies should be considered: 1) Phenotypic specification of bipolar manifestations (e.g., BP-I, BP-II, BP-NOS) in child/adolescent offspring and in bipolar parents themselves. 2) Control groups that are pediatric-age relevant and thus include attention-deficit hyperactivity disorder. 3) Assessments that include items for prepubertal mania and for onsets and offsets of all occurrences of symptoms and of environmental factors (e.g., life events) in offspring and in parents so that trajectories of overlap and sequence between child and parental mania can be investigated. 4) These detailed onsets and offsets of symptoms are also necessary to investigate prodromal manifestations of mania in the offspring. 5) Unaffected offspring present a unique opportunity to study pre- and postmorbid cognitive and physiological endophenotypes and structural and functional brain abnormalities. Findings from offspring studies will be crucial to inform research on the development of early intervention and prevention strategies.
Accession Number: WOS:000173504800007
PubMed ID: 11843782
ISSN: 1398-5647

Record 5 of 50 = PRO
Title: Unsuspected depressive mania in pre-pubertal hispanic children referred for the treatment of 'depression' with history of social 'deviance'
Author(s): Dilsaver, SC (Dilsaver, SC)
Source: JOURNAL OF AFFECTIVE DISORDERS **Volume:** 67 **Issue:** 1-3 **Pages:** 187-192 **Article Number:** PII S0165-0327(01)00445-1 **DOI:** 10.1016/S0165-0327(01)00445-1 **Published:** DEC 2001
Abstract: Background: Despite an emerging Literature on the mixed nature of pediatric mania, initial presentation with conduct problems continues to mislead mental health clinicians. The present report focuses on Hispanic pre-pubertal children referred for the treatment of depression in the context of conduct problems. Methods: Eleven boys and two girls received a structured psychiatric assessment in a practice setting to make sense of the presenting clinical complexity. Diagnoses were assigned using the DSM-IV criteria. Results: Ten of the boys and both girls met criteria for depressive mania. Their family histories were replete with affective disorder. Five (5070) of the boys and both of the girls (100%) with depressive mania had family histories of bipolar disorder. Six (60%) of the boys and neither of the girls with depressive mania had psychotic features. Those with depressive mania exhibited clear-cut circadian changes in symptomatology. Euphoria, oscillating with affective states indicative of psychic pain, was characteristically restricted to the evenings or nighttime. However, the drive to seek treatment had stemmed from social 'deviance'. Conclusion: Children with depressive mania are often unrecognized in clinical settings. Boys with conduct problems may be disproportionately represented among such children. These data support Akiskal's hypothesis that externalizing (conduct) problems in clinically referred children with depression are indicative of bipolar disorder. (C) 2001 Elsevier Science B.V. All rights reserved.
Accession Number: WOS:000174633800020
PubMed ID: 11869767
ISSN: 0165-0327

Record 6 of 50 = PRO
Title: Valproate in very young children: an open case series with a brief follow-up
Author(s): Mota-Castillo, M (Mota-Castillo, M); Torruella, A (Torruella, A); Engels, B (Engels, B); Perez, J (Perez, J); Dedrick, C (Dedrick, C); Gluckman, M (Gluckman, M)
Source: JOURNAL OF AFFECTIVE DISORDERS **Volume:** 67 **Issue:** 1-3 **Pages:** 193-197 **Article Number:** PII S0165-0327(01)00431-1 **DOI:** 10.1016/S0165-0327(01)00431-1 **Published:** DEC 2001
Abstract: We report nine cases of juvenile mania, of which six began in the preschool years. We provide validation by clinical description, family history of bipolar disorder, worsening on stimulants, and considerable mood stabilization with divalproex. This is a relatively new area of clinical observation. and systematic studies are needed to firmly establish this diagnostic category in very young children. Our case series enriches the existing scant literature and provide the rationale for the use of mood stabilizers rather than stimulants in this juvenile population. However, no controlled studies exist on the efficacy and safety of valproate in this age group; lithium that has received greater clinical attention, has not been subjected to controlled studies either. Our clinical observations with divalproex are preliminary but encouraging. (C) 2001 Published by Elsevier Science B.V.
Accession Number: WOS:000174633800021
PubMed ID: 11869768
ISSN: 0165-0327

Record 7 of 50 = TRAD
Title: Differentiating childhood-onset schizophrenia from psychotic mood disorders
Author(s): Calderoni, D (Calderoni, D); Wudarsky, M (Wudarsky, M); Bhangoo, R (Bhangoo, R); Dell, ML (Dell, ML); Nicolson, R (Nicolson, R); Hamburger, SD (Hamburger, SD); Gochman, P (Gochman, P); Lenane, M (Lenane, M); Rapoport, JL (Rapoport, JL); Leibenluft, E (Leibenluft, E)
Source: JOURNAL OF THE AMERICAN ACADEMY OF CHILD AND ADOLESCENT PSYCHIATRY **Volume:** 40 **Issue:** 10 **Pages:** 1190-1196 **DOI:** 10.1097/00004583-200110000-00013 **Published:** OCT 2001
Abstract: Objective: The authors systematically examined a sample of patients who were referred to an ongoing National Institute of Mental Health (NIMH) study of childhood-onset schizophrenia (COS), but who received diagnoses of mood disorders at the NIMH, to analyze the reliability of these research-setting diagnoses and to characterize the patients clinically. Pilot data regarding the clinical course of these patients over a 2- to 7-year follow-up period were also obtained. Method: Thirty-three cases were selected from the 215 pediatric patients who had been screened in person from 1991 to 1999 for admission to the COS study. These 33 patients had been excluded from the COS study on the basis of a day-long evaluation, including a structured diagnostic interview, which yielded a diagnosis of a mood disorder rather than schizophrenia. This subgroup, together with six COS subjects (for a total N = 39), were included in a diagnostic reliability study in which they were reevaluated by three psychiatrists who were blind to the initial research diagnosis. In addition, pilot follow-up data regarding current function and treatment status were obtained for 25 of the 33 patients with mood disorders. Results: Overall, the interrater reliability of the

three raters was excellent (kappa = 0.90). Global reliability between these raters and the NIMH research diagnoses was good (average kappa across diagnoses = 0.61), and agreement for those patients who had mood disorders was good (86% agreement; kappa = 0.60). Pilot follow-up data indicate that none of the subjects with a diagnosed mood disorder developed a clinical course resembling schizophrenia. Conclusions: Many of the patients referred to the NIMH COS study with clinical diagnoses of schizophrenia had psychotic mood disorders diagnosed on the basis of a comprehensive research evaluation including structured diagnostic interviews, and these research diagnoses were reliable. The diagnosis of COS is difficult and requires a time-consuming evaluation process.
Accession Number: WOS:000171195200012
PubMed ID: 11589532
ISSN: 0890-8567

Record 8 of 50 = PRO
Title: A prospective open-label treatment trial of olanzapine monotherapy in children and adolescents with bipolar disorder
Author(s): Frazier, JA (Frazier, JA); Biederman, J (Biederman, J); Tohen, M (Tohen, M); Feldman, PD (Feldman, PD); Jacobs, TG (Jacobs, TG); Toma, V (Toma, V); Rater, MA (Rater, MA); Tarazi, RA (Tarazi, RA); Kim, GS (Kim, GS); Garfield, SB (Garfield, SB); Sohma, M (Sohma, M); Gonzalez-Heydrich, J (Gonzalez-Heydrich, J); Risser, RC (Risser, RC); Nowlin, ZM (Nowlin, ZM)
Source: JOURNAL OF CHILD AND ADOLESCENT PSYCHOPHARMACOLOGY **Volume:** 11 **Issue:** 3 **Pages:** 239-250 **DOI:** 10.1089/10445460152595568 **Published:** FAL 2001
Abstract: Objective: The goal of this study was to assess the effectiveness and tolerability of olanzapine in the treatment of acute mania in children and adolescents.
Methods: This was an 8-week, open-label, prospective study of olanzapine monotherapy (dose range 2.5-20 mg/day) involving 23 bipolar youths (manic, mixed, or hypomanic; 5-14 years old). Weekly assessments were made using the Young Mania Rating Scale (YMRS), Clinical Global Impressions Severity Scale (CGI-S), Brief Psychiatric Rating Scale, and Children's Depression Rating Scale. Adverse events were assessed through self-reports, vital sign and weight monitoring, laboratory analytes, and extrapyramidal symptom rating scales (Barnes Akathisia Scale, Simpson-Angus Scale, and Abnormal Involuntary Movement Scale).
Results: Twenty-two of the 23 youths (96%) completed the study. Olanzapine treatment was associated with significant improvement in mean YMRS score (-19.0 +/- 9.2, $p < 0.001$). Using predefined criteria for improvement of greater than or equal to 30% decline in the YMRS and a CGI-S Mania score of less than or equal to3 at endpoint, the overall response rate was 61%. Overall, olanzapine was well tolerated, and extrapyramidal symptom measures were not significantly different from baseline. Body weight increased significantly over the study (5.0 +/- 2.3 kg, $p < 0.001$).
Conclusions: Open-label olanzapine treatment was efficacious and well tolerated in the treatment of acute mania in youths with bipolar disorder. Future placebo-controlled, double-blind studies are warranted.
Accession Number: WOS:000171351700004
PubMed ID: 11642474
ISSN: 1044-5463

Record 9 of 50 = PRO
Title: Gabapentin and methylphenidate treatment of a preadolescent with attention deficit hyperactivity disorder and bipolar disorder
Author(s): Hamrin, V (Hamrin, V); Bailey, K (Bailey, K)
Source: JOURNAL OF CHILD AND ADOLESCENT PSYCHOPHARMACOLOGY **Volume:** 11 **Issue:** 3 **Pages:** 301-309 **DOI:** 10.1089/10445460152595630 **Published:** FAL 2001
Abstract: Gabapentin is an anticonvulsant drug released in the United States in 1993 for use as adjunctive therapy in refractory partial epilepsy. The mechanism of action of gabapentin is unknown, but the drug has very favorable pharmacokinetics and a good safety profile, which allows its use in high-risk patients. Several reports have described the successful use of gabapentin for bipolar disorders in adults, but there are no controlled studies in the use of gabapentin in children and adolescents. We describe a 12-year-old boy with a history of attention deficient hyperactivity disorder (ADHD), reading disorder, mixed receptive and expressive language disorder, encopresis, and bipolar disorder II who was treated with gabapentin 200 mg/day added to methylphenidate 30 mg/day. Within 3 weeks the improvement and stabilization of mood symptoms was remarkable, as noted by mother, teacher, and clinician, and remained so for 6 months of follow-up. Comorbid bipolar disorder and ADHD is a hotly debated topic in the child and adolescent psychiatric literature, with rates of comorbid ADHD and bipolar disorder ranging from 22% to 90%. Controlled studies are needed to evaluate the possible antimanic mood stabilizing and/or antidepressant properties or gabapentin in youths.
Accession Number: WOS:000171351700011
PubMed ID: 11642481
ISSN: 1044-5463

Record 10 of 50 = PRO
Title: Ignoring the odds: Hazards of not adding the new medical model to special education decisions
Author(s): Forness, SR (Forness, SR); Kavale, KA (Kavale, KA)
Source: BEHAVIORAL DISORDERS **Volume:** 26 **Issue:** 4 **Pages:** 269-281 **Published:** AUG 2001
Abstract: Although the traditional medical model has been vilified by special educators, new evidence on treatment and comorbidity of psychiatric disorders suggests a more relevant and effective version of this model. This evidence is reviewed briefly with the purpose of suggesting odds that a child with behavioral disorders may indeed have a disorder that is responsive to psychopharmacologic treatment. Merging the medical and behavioral models is suggested as critical to certain special education decisions in functional behavioral analyses and positive behavioral intervention.
Accession Number: WOS:000184600200001
ISSN: 0198-7429

Record 11 of 50 = PRO
Title: Rapid, continuous cycling and psychiatric co-morbidity in pediatric bipolar I disorder
Author(s): Findling, RL (Findling, RL); Gracious, BL (Gracious, BL); McNamara, NK (McNamara, NK); Youngstrom, EA (Youngstrom, EA); Demeter, CA (Demeter, CA); Branicky, LA (Branicky, LA); Calabrese, JR (Calabrese, JR)

Source: BIPOLAR DISORDERS **Volume:** 3 **Issue:** 4 **Pages:** 202-210 **DOI:** 10.1034/j.1399-5618.2001.030405.x **Published:** AUG 2001
Abstract: Objectives: The primary purpose of this study was to describe the clinical presentation of bipolar I disorder (BP-I) as it occurs in children and adolescents and to assess whether the manifestations of BP-I were similar in both age groups.
Method: Ninety youths between the ages of 5 and 17 years meeting full diagnostic symptom criteria for BP-I were included in this study. The diagnosis of BP-I was established for these youths based on the results of a semi-structured diagnostic interview and a clinical assessment by a child and adolescent psychiatrist. The course of a subset of these youngsters' illnesses was assessed using the Life Charting Method (LCM). Data regarding the clinical presentation, longitudinal history, psychiatric co-morbidities and parental psychopathology were also obtained.
Results: The clinical presentation of BP-I was similar in children and adolescents. Youths meeting diagnostic criteria for BP-I developed an average of approximately 5.8 of the 7 symptoms of mania during periods of elevated or irritable mood. BP-I was found to be a cyclic disorder characterized by high rates of rapid cycling (50%) with almost no inter-episode recovery. Almost 75% of these subjects also met diagnostic symptom criteria for a disruptive behavior disorder. High rates of mood disorders were found in fathers.
Conclusions: These data suggest that the presentation of juvenile BP-I is a cyclic and valid clinical condition with manifestations on a continuum with the later-onset forms of this illness.
Accession Number: WOS:000171174100005
PubMed ID: 11552959
ISSN: 1398-5647

Record 12 of 50 = PRO
Title: Affective illness in children and adolescents: Patterns of presentation in relation to pubertal maturation and family history
Author(s): Schraufnagel, CD (Schraufnagel, CD); Brumback, RA (Brumback, RA); Harper, CR (Harper, CR); Weinberg, WA (Weinberg, WA)
Source: JOURNAL OF CHILD NEUROLOGY **Volume:** 16 **Issue:** 8 **Pages:** 553-561 **DOI:** 10.1177/088307380101600803 **Published:** AUG 2001
Abstract: Affective illness is now recognized as a common problem in all age groups, and the various patterns have been well documented in adults. The objective of this study was to evaluate the patterns of affective illness in children and determine changes with increasing age and family history. One hundred children/adolescents with affective illness (72 boys and 28 girls; age range 2-20 years; mean age 10 years), who were consecutively referred to the Pediatric Behavioral Neurology Program, Children's Medical Center at Dallas, were evaluated for the pattern and course of affective illness symptoms, family history, and pubertal stage. Seven patterns of affective illness were identified. In the 65 prepubertal children (Tanner stage 1), disorders with hypomanic/manic symptomatology were most common (47/65, 72%): mania (2/65, 3%), hypomania (8/65, 12%), cyclothymia (11/65, 17%), juvenile rapid-cycling bipolar disorder/ultradian cycling bipolar disorder (8/65, 12%), and dysthymia with bipolar features (18/65, 28%). In contrast, the 26 fully pubertal adolescents (Tanner stages 3-5) had a predominance of patterns with only depressive symptomatology (16/26, 61%): dysthymia (4/26, 15%) and depression (12/26, 46%), along with juvenile rapid-cycling bipolar disorder/ultradian cycling bipolar disorder (6/26, 23%). Affective illness, alcoholism, and drug abuse were prominent in the family histories, regardless of the child's pattern of symptoms. Family histories of character disorder and Briquet's syndrome were also common, but thought disorder, suicide, and homicide were infrequent. This study supports the clinical observation that the presentation of affective illness changes with age: manic features predominate in younger children, whereas depressive symptomatology is more evident with pubertal maturation.
Accession Number: WOS:000171026100003
PubMed ID: 11510924
ISSN: 0883-0738

Record 13 of 50 = PRO
Title: National Institute of Mental Health research roundtable on prepubertal bipolar disorder
Author(s): Biederman, J (Biederman, J); Birmaher, B (Birmaher, B); Carlson, GA (Carlson, GA); Chang, KD (Chang, KD); Fenton, WS (Fenton, WS); Geller, B (Geller, B); Hoagwood, KE (Hoagwood, KE); Hyman, SE (Hyman, SE); Kendler, KS (Kendler, KS); Koretz, DS (Koretz, DS); Kowatch, RA (Kowatch, RA); Kupfer, DJ (Kupfer, DJ); Leibenluft, E (Leibenluft, E); Nakamura, RK (Nakamura, RK); Nottelmann, ED (Nottelmann, ED); Stover, E (Stover, E); Vitiello, B (Vitiello, B); Weiblinger, G (Weiblinger, G); Weller, E (Weller, E)
Source: JOURNAL OF THE AMERICAN ACADEMY OF CHILD AND ADOLESCENT PSYCHIATRY **Volume:** 40 **Issue:** 8 **Pages:** 871-878 **Published:** AUG 2001
Abstract: Objective: A research roundtable meeting was convened at the National Institute of Mental Health on April 27, 2000, to discuss the existing controversial areas in the diagnosis of bipolar disorder in prepubertal children. Method: Invited clinicians and researchers with expertise on bipolar disorder in children were asked to share and discuss their perspectives on diagnostic issues for bipolar disorder in prepubertal children. Results: The group reached agreement that diagnosis of bipolar disorder in prepubertal children is possible with currently available psychiatric assessment instruments. In addition to phenotypes that fit DSM-IV criteria for bipolar I and bipolar II, participants agreed on the existence of other phenotypic possibilities that do not meet diagnostic criteria. Bipolar not otherwise specified (NOS) was recommended as a "working diagnosis" for the non-DSM-IV phenotype. Conclusions: Bipolar disorder exists and can be diagnosed in prepubertal children. In children who present with both the DSM-IV and non-DSM-IV phenotypes (i.e., those given a diagnosis of bipolar-NOS), assessment should include careful evaluation of all behaviors that are impairing. Moreover, these children should be monitored systematically to explore stability and change over time in diagnosis and impairment.
Accession Number: WOS:000169985800008
ISSN: 0890-8567

Record 14 of 50 = PRO
Title: Children and adolescents with psychotic disorder not otherwise specified: A 2-to 8-year follow-up study
Author(s): Nicolson, R (Nicolson, R); Lenane, M (Lenane, M); Brookner, F (Brookner, F); Gochman, P (Gochman, P); Kumra, S (Kumra, S); Spechler, L (Spechler, L); Giedd, JN (Giedd, JN); Thaker, GK (Thaker, GK); Wudarsky, M (Wudarsky, M); Rapoport, JL (Rapoport, JL)
Source: COMPREHENSIVE PSYCHIATRY **Volume:** 42 **Issue:** 4 **Pages:** 319-325 **DOI:** 10.1053/comp.2001.24573 **Published:** JUL-AUG 2001

Abstract: Although psychotic phenomena in children with disruptive behavior disorders are more common than expected, their prognostic significance is unknown. To examine the outcome of pediatric patients with atypical psychoses, a group of 26 patients with transient psychotic symptoms were evaluated with clinical and structured interviews at the time of initial contact (mean age, 11.6 +/- 2.7 years) and at follow-up 2 to 8 years later. Measures of functioning and psychopathology were also completed at their initial assessment. Risk factors associated with adult psychotic disorders (familial psychopathology, eyetracking dysfunction in patients and their relatives, obstetrical complications, and premorbid developmental course in the proband) had been obtained at study entry. On follow-up examination (mean age, 15.7 +/- 3.4 years), 13 patients (50%) met diagnostic criteria for a major axis I disorder: three for schizoaffective disorder, four for bipolar disorder, and six for major depressive disorder. The remaining 13 patients again received a diagnosis of psychotic disorder not other-wise specified (NOS), with most being in remission from their psychotic symptoms. Among this group who had not developed a mood or psychotic disorder, disruptive behavior disorders were exceedingly common at follow-up and were the focus of their treatment. Higher initial levels of psychopathology, lower cognitive abilities, and more developmental motor abnormalities were found in patients with a poor outcome. Obstetrical, educational, and family histories did not differ significantly between the groups. Through systematic diagnostic evaluation, children and adolescents with atypical psychotic disorders can be distinguished from those with schizophrenia, a difference with important treatment and prognostic implications. Further research is needed to delineate the course and outcome of childhood-onset atypical psychoses, but preliminary data indicate improvement in psychotic symptoms in the majority of patients and the development of chronic mood disorders in a substantial subgroup. Copyright (C) 2001 by W.B. Saunders Company.
Accession Number: WOS:000169934900009
PubMed ID: 11458307
ISSN: 0010-440X

Record 15 of 50 = PRO
Title: Evolutionary recasting: ADHD, mania and its variants
Author(s): Brody, JF (Brody, JF)
Source: JOURNAL OF AFFECTIVE DISORDERS **Volume:** 65 **Issue:** 2 **Pages:** 197-215 **DOI:** 10.1016/S0165-0327(00)00170-1 **Published:** JUL 2001
Abstract: This paper reviews clinical observations and evolutionary theory in relation to attention deficit hyperactivity disorder (ADHD) on the one hand and mania and its variants on the other. Both groups of disorders resemble each other in regard to high levels of motor activity, perhaps occurring together more often than not, and are confounded in most existing research. Making distinctions requires isolating the contribution of activity level from other characteristics such as those of flawed executive functions for ADHD or grandiosity and lapses in reciprocity for mania. High activity level is an asset throughout nature except in extreme intensities or when it amplifies the characteristics of psychopathology. Fitness, social displays, and behavioral adaptations for survival are clues to some aspects of hypomania and ADHD. While hypomania can be a competitive advantage in certain niches, it appears there can be few opportunities for ADHD to do so. Indeed, the impulsiveness seen in ADHD is probably the outcome of flaws in executive functions rather than being the cause of them. Neither lapses in executive functions nor in reciprocity are apt to be domain general but may interact sharply with each person's repertoire of psychological adaptations. The author submits that a theoretical orientation as outlined here would not only help in better understanding the disorders under consideration, but could be useful in providing new directions to treatment decisions. (C) 2001 Elsevier Science B.V. All rights reserved.
Accession Number: WOS:000169077900014
PubMed ID: 11356245
ISSN: 0165-0327

Record 16 of 50 = NA (focus on MDD)
Title: Are child-, adolescent-, and adult-onset depression one and the same disorder?
Author(s): Kaufman, J (Kaufman, J); Martin, A (Martin, A); King, RA (King, RA); Charney, D (Charney, D)
Source: BIOLOGICAL PSYCHIATRY **Volume:** 49 **Issue:** 12 **Pages:** 980-1001 **DOI:** 10.1016/S0006-3223(01)01127-1 **Published:** JUN 15 2001
Abstract: This paper reviews prior research studies examining neurobiological correlates and treatment response of depression in children, adolescents, and adults. Although theta are some similarities in research findings observed across the life cycle, both children and adolescents have been found to differ fram depressed adults on measures of basal cortisol sedation, corticotropin stimulation post-corticotropin releasing hormone (CRH) infusion, response ra several serotonergic probes immunity indices, and efficacy; of a tricyclic medications. These differences are proposed to be doe to 1) developmental factors, 2) stage of illness factors (e.g., number of episodes, total duration of illness), or 3) heterogeneity in clinical outcome (e.g., recurrent unipolar course vs. new-onset bipolar disorder). Relevant clinical and preclinical studies that provide support for these alternate explanations of the discrepant findings are reviewed, and directions for future research are discussed. To determine whether child, adolescent-, and adult-onset depression represent the same condition, it is recommended that researchers II use the same neuroimaging paradigms in child, adolescent and adult depressed cohorts; 2) carefully characterize subjects' stage of illness; and 3) conduct longitudinal clinical and repeat neurobiological assessments of patients of diffrrent ages at various stages of illness. In addition careful attention to familial subtypes (e.g., depressive spectrum disorders vs. familial pure depressive disorders) and environmental factors; (e.g., trauma history) are suggested for future investigations, (C) 2001 Society of Biological Psychiatry.
Accession Number: WOS:000169568900006
PubMed ID: 11430841
ISSN: 0006-3223

Record 17 of 50 = SCEP
Title: Mood disorders in children and adolescents: An epidemiologic perspective
Author(s): Kessler, RC (Kessler, RC); Avenevoli, S (Avenevoli, S); Merikangas, KR (Merikangas, KR)
Source: BIOLOGICAL PSYCHIATRY **Volume:** 49 **Issue:** 12 **Pages:** 1002-1014 **DOI:** 10.1016/S0006-3223(01)01129-5 **Published:** JUN 15 2001
Abstract: Epidemiologic studies show that major depression is comparatively rare among children, but common among adolescents with up to a 25% lifetime prevalence by the end of adolescence. Mania is much less common, with no more than a 2% lifetime prevalence by the end of adolescence. Developmental studies that include assessments of both hormonal changes and social changes through the pubertal transition ai e needed to investigate joint biological and environmental influences an the emergence of the gender difference in depression in puberty. Although subthreshold mood disorder symptoms are common,

controversy exists about their clinical significance. This controversy is made more complex by methodologic uncertainties regarding inconsistent symptom reports obtained from patients, teachers, and children and by the pervasive existence of comorbidity Retrospective reports about age of onset in adult studies suggest that at least 50% of youngsters with major depression and 9a% of those with mania continue to have adult recurrences. These recurrences are mediated by adverse role transitions, such as truncated educational attainment and teenage childbearing that typically occur before the time of initial treatment Aggressive entrench and early treatment aimed at preventing the occurrence of adverse role effects might help decrease the persistence of child and adolescent mood disorders. Long-term follow-up studies are needed to resolve current uncertainties regarding nosology, methodology, and long-term treatment effects. Innovative epidemiologic research designs aimed at more quickly providing provisional information are also needed to advance understanding of long-term developmental processes. (C) 2001 Society of Biological Psychiatry
Accession Number: WOS:000169568900007
PubMed ID: 11430842
ISSN: 0006-3223

Record 18 of 50 = PRO
Title: Parsing pediatric bipolar disorder from its associated comorbidity with the disruptive behavior disorders
Author(s): Spencer, TJ (Spencer, TJ); Biederman, J (Biederman, J); Wozniak, J (Wozniak, J); Faraone, SV (Faraone, SV); Wilens, TE (Wilens, TE); Mick, E (Mick, E)
Source: BIOLOGICAL PSYCHIATRY **Volume:** 49 **Issue:** 12 **Pages:** 1062-1070 **DOI:** 10.1016/S0006-3223(01)01155-6 **Published:** JUN 15 2001
Abstract: The unique pattern of comorbidity: found in pediatric mania greatly complicates accurate diagnosis, the course of the disorder; and its treatment. The pattern of comorbidity is unique by adult standards, especially its overlap with attention-deficit/hyperactivity: disorder (ADHD), aggression and conduct disorder. Clinically, symptoms of mania have been discounted as severe ADHD or ignored in the context of aggressive conduct disorder. This atypicality may lead to neglect of the mood component. The addition of high rates of additional disorders contributes to the severe morbidity, dysfunction, and incapacitation frequently observed in these children. A comprehensive approach to diagnostic evaluate is the keystone to establishing an effective treatment program because response to treatment differs with individual disorders. Recognition of the multiplicity of disorders guides therapeutic options in these often refractory conditions. What was previously considered refractory ADHD, oppositionality; aggression, and conduct disorder may respond after mood stabilization. We review these issues in this article. (C) 2001 Society of Biological Psychiatry.
Accession Number: WOS:000169568900013
PubMed ID: 11430848
ISSN: 0006-3223

Record 19 of 50 = PRO
Title: Mood disorders in children and adolescents: Psychopharmacological treatment
Author(s): Emslie, GJ (Emslie, GJ); Mayes, TL (Mayes, TL)
Source: BIOLOGICAL PSYCHIATRY **Volume:** 49 **Issue:** 12 **Pages:** 1082-1090 **DOI:** 10.1016/S0006-3223(01)01149-0 **Published:** JUN 15 2001
Abstract: Mood disorders are the leading causes of morbidity, and mortality in children and adolescence. As a result, many adolescents are treated with psychopharmacologic agents such as: antidepressants and mood stabilizers. To date, research into the safetly and efficacy of these medications has lagged behind clinical practice. Several controlled trials of antidepressants in this population have recently been completed or are ongoing, yet few controlled trials of mood stabilizers have been conducted. Although acute efficacy of antidepressants is being addressed many questions remain about pharmacological treatment of early-onset mood disorders. This article will focus on unmet research needs for the psychopharmacologic treatment of child and adolescent mood disorders. (C) 2001 Society of Biological Psychiatry.
Accession Number: WOS:000169568900015
PubMed ID: 11430850
ISSN: 0006-3223

Record 20 of 50 = PRO
Title: Developmental vulnerabilities to the onset and course of bipolar disorder
Author(s): Post, RM (Post, RM); Leverich, GS (Leverich, GS); Xing, GQ (Xing, GQ); Weiss, SRB (Weiss, SRB)
Source: DEVELOPMENT AND PSYCHOPATHOLOGY **Volume:** 13 **Issue:** 3 **Pages:** 581-598 **DOI:** 10.1017/S0954579401003091 **Published:** SUM 2001
Abstract: Different types of psychosocial stressors have long been recognized as potential precipitants of both unipolar and bipolar affective episodes and the causative agents in posttraumatic stress disorder (PTSD). New preclinical data have revealed some of the neurobiological mechanisms that could convey the long-term behavioral and biochemical consequences of early stressors, Depending on the timing, quality, quantity, and degree of repetition. maternal deprivation stress in the neonatal rodent can be associated with lifelong anxiety-like behaviors, increases in stress hormones and peptides. and proneness to drug and alcohol administration, in association with acute changes in the rate of neurogenesis and apoptosis (preprogrammed cell death) and decrements in neurotrophic factors and signal transduction enzymes necessary for learning and memory. Patients with bipolar illness who have a history of early extreme adversity (physical or sexual abuse in childhood or adolescence), compared with those without, show an earlier onset of illness, faster cycling frequencies. increased suicidality, more Axis I and Axis II comorbidities (including alcohol and substance abuse), and more time ill in more than 2 years of prospective follow-up. These findings are subject to a variety of interpretations, but to the extent that the more severe course of bipolar illness characteristics are directly and causally related to these early stressful experiences, early recognition and treatment of high-risk children could be crucial in helping to prevent or ameliorate the long-term adverse consequences of these stressors.
Accession Number: WOS:000170540800009
PubMed ID: 11523849
ISSN: 0954-5794

Record 21 of 50 = PRO
Title: Disentangling chronological age from age of onset in children and adolescents with obsessive-compulsive disorder
Author(s): Geller, DA (Geller, DA); Biederman, J (Biederman, J); Faraone, SV (Faraone, SV); Bellordre, CA (Bellordre, CA); Kim, GS (Kim, GS); Hagermoser, L (Hagermoser, L); Cradock, K (Cradock, K); Frazier, J (Frazier, J); Coffey, BJ (Coffey, BJ)
Source: INTERNATIONAL JOURNAL OF NEUROPSYCHOPHARMACOLOGY **Volume:** 4 **Issue:** 2 **Pages:** 169-178 **Published:** JUN 2001
Abstract: Although paediatric obsessive-compulsive disorder (OCD) is increasingly recognized as a putative developmental subtype of the disorder, it remains uncertain as to whether additional subtyping by age at onset in childhood or adolescence is warranted. Subjects included children and adolescents meeting DSM-III-R and DSM-IV criteria for OCD referred to a specialized OCD clinic. Ali youth were systematically evaluated with structured diagnostic interviews and clinical assessment by an OCD expert. Irrespective of current age, an earlier age at onset predicted increased risk for attention deficit hyperactivity disorder, simple phobia, agoraphobia and multiple anxiety disorders, in contrast, mood and psychotic disorders were associated with chronological age and were more prevalent in older subjects. Tourette's disorder showed associations with both chronological age and age at onset. Chronological age and age at onset predicted different patterns of comorbidity and dysfunction in children and adolescents with OCD. Considering the heterogeneity of OCD. age at onset may help identify meaningful developmental subtypes of the disorder beyond chronological age.
Accession Number: WOS:000169852900010
PubMed ID: 11466167
ISSN: 1461-1457

Record 22 of 50 = PRO
Title: Discriminative validity of parent report of hypomanic and depressive symptoms on the general behavior inventory
Author(s): Youngstrom, EA (Youngstrom, EA); Findling, RL (Findling, RL); Danielson, CK (Danielson, CK); Calabrese, JR (Calabrese, JR)
Source: PSYCHOLOGICAL ASSESSMENT **Volume:** 13 **Issue:** 2 **Pages:** 267-276 **DOI:** 10.1037/1040-3590.13.2.267 **Published:** JUN 2001
Abstract: It often is difficult clinically to differentiate bipolar disorder from other mental health conditions in young people. This study evaluated a parent report measure of depressive and hypomanic/biphasic symptoms. Parents of 196 youths, who were 5 to 17 years old and presented at an outpatient research center, completed an adapted General Behavior Inventory (GBI). Factor analyses suggested two dimensions, depression (alpha = .97) and biphasic/hypomania (alpha = .95). Logistic regressions using these scales discriminated mood disorder versus disruptive behavior disorder or no diagnosis, unipolar versus bipolar disorder, and bipolar versus disruptive behavior disorder based on structured interviews. Classification rates exceeded 80%, and receiver operating characteristic analyses showed good diagnostic efficiency for the scales, with areas under the curve greater than .80. Results indicate that clinicians can use the parent-completed GBI to derive clinically meaningful information about mood disorders in youths.
Accession Number: WOS:000170892600011
PubMed ID: 11433802
ISSN: 1040-3590

Record 23 of 50 = TRAD
Title: Hemodialysis followed by continuous hemofiltration for treatment of lithium intoxication in children
Author(s): Meyer, RJ (Meyer, RJ); Flynn, JT (Flynn, JT); Brophy, PD (Brophy, PD); Smoyer, WE (Smoyer, WE); Kershaw, DB (Kershaw, DB); Custer, JR (Custer, JR); Bunchman, TE (Bunchman, TE)
Source: AMERICAN JOURNAL OF KIDNEY DISEASES **Volume:** 37 **Issue:** 5 **Pages:** 1044-1047 **DOI:** 10.1016/S0272-6386(05)80022-8 **Published:** MAY 2001
Abstract: Hemodialysis is the usual recommended treatment for severe lithium intoxication; however, rebound of lithium levels may require repeated hemodialysis treatments. We proposed that the addition of continuous hemofiltration after hemodialysis would prevent rebound by providing ongoing clearance of lithium. We report two pediatric patients with lithium intoxication treated by hemodialysis followed by continuous venovenous hemofiltration with dialysis (CVVHD). Both patients were symptomatic at presentation and had initial lithium levels more than three times the usual therapeutic range. Hemodialysis followed by CVVHD resulted in rapid resolution of symptoms, followed by continuous clearance of lithium without requiring repeated hemodialysis sessions. Both patients had return of normal mental status during CVVHD treatment, and neither patient experienced complications of hemodialysis or CVVHD. Total duration of treatment with hemodialysis followed by CVVHD was 34.5 hours for the first patient and 26 hours for the second patient. We conclude that hemodialysis followed by CVVHD is a safe and effective approach to the management of lithium intoxication in children. (C) 2001 by the National Kidney Foundation, Inc.
Accession Number: WOS:000168383500022
PubMed ID: 11325688
ISSN: 0272-6386

Record 24 of 50 = PRO
Title: Heterogeneity of childhood conduct disorder: further evidence of a subtype of conduct disorder linked to bipolar disorder
Author(s): Wozniak, J (Wozniak, J); Biederman, J (Biederman, J); Faraone, SV (Faraone, SV); Blier, H (Blier, H); Monuteaux, MC (Monuteaux, MC)
Source: JOURNAL OF AFFECTIVE DISORDERS **Volume:** 64 **Issue:** 2-3 **Pages:** 121-131 **DOI:** 10.1016/S0165-0327(00)00217-2 **Published:** MAY 2001
Abstract: Background: Although a small literature suggests that conduct disorder (CD) co-occurs with bipolar disorder (BPD), little is known about this overlap. Thus, we investigated the familial association of antisocial disorders (CD and/or antisocial personality disorder (ASPD)) and BPD among the first degree relatives of children with CD with and without comorbid BPD. Methods: We compared relatives of four proband groups defined by the presence or absence of CD and BPD in the proband: (1) CD + BPD (N = 26 probands, 92 relatives; (2) BPD without CD (BPD) (N = 19 probands, 53 relatives); (3) CD without BPD (CD) (N = 16 probands, 58 relatives); and (4) controls without BPD or CD (N = 102 probands, 338 relatives). All subjects were evaluated with structured diagnostic interviews. Diagnoses of relatives were made blind to the diagnoses of probands. Results: The results show high rates of antisocial disorders and BPD in relatives of children with CD + BPD. Moreover, antisocial disorders and BPD cosegregated among the relatives of children with CD + BPD. While relatives of both CD proband groups with and without BPD had high rates of CD/ASPD, the combined condition CD/ASPD + BPD was found exclusively among

relatives of probands with CD + BPD. Limitations: Since we pooled two datasets, subjects were not all evaluated;It the same time. Also, the lack of direct psychiatric interviews with children younger than 12 may have decreased the sensitivity of some diagnoses. Conclusions: These family-genetic findings suggest that CD and BPD represent separate disorders. Furthermore, they suggest that the comorbid condition of CD + BPD may be a distinct nosological entity. This suggests that clinicians treating CD or BPD children should consider the treatment implications of this comorbid condition.
Accession Number: WOS:000168604400002
PubMed ID: 11313079
ISSN: 0165-0327

Record 25 of 50 = PRO
Title: Prior stimulant treatment in adolescents with bipolar disorder: association with age at onset
Author(s): DelBello, MP (DelBello, MP); Soutullo, CA (Soutullo, CA); Hendricks, W (Hendricks, W); Niemeier, RT (Niemeier, RT); McElroy, SL (McElroy, SL); Strakowski, SM (Strakowski, SM)
Source: BIPOLAR DISORDERS **Volume:** 3 **Issue:** 2 **Pages:** 53-57 **DOI:** 10.1034/j.1399-5618.2001.030201.x **Published:** APR 2001
Abstract: Objectives: To compare demographic and clinical characteristics between bipolar adolescents with and without a history of stimulant treatment, we hypothesized that adolescents treated with stimulants would have an earlier age at onset of bipolar disorder, independent of co-occurring attention-deficit-hyperactivity disorder (ADHD).
Method: Thirty-four adolescents hospitalized with mania were assessed using the Washington University at St Louis Kiddie Schedule for Affective Disorders and Schizophrenia (WASH-U-KSADS). We systematically evaluated age at onset of bipolar disorder and pharmacological treatment history.
Results: Bipolar adolescents with a history of stimulant exposure prior to the onset of bipolar disorder had an earlier age at onset of bipolar disorder than those without prior stimulant exposure. Additionally, bipolar adolescents treated with at least two stimulant medications had a younger age at onset compared with those who were treated with one stimulant. There was no difference in age at onset of bipolar disorder between bipolar adolescents with and without ADHD.
Conclusions: Our results suggest that stimulant treatment, independent of ADHD, is associated with younger age at onset of bipolar disorder. A behavioral sensitization model is proposed to explain our findings. There are several limitations to our study including the small sample size, the retrospective assessment of stimulant exposure and age at onset of bipolar disorder? and the inclusion of only hospitalized patients, who may be more likely to present with a severe illness. Nonetheless, future prospective longitudinal investigations that systematically assess the effects of stimulant medications in children with or at genetic risk for bipolar disorder are warranted.
Accession Number: WOS:000168120300001
PubMed ID: 11333062
ISSN: 1398-5647

Record 26 of 50 = PRO
Title: Family environment of children and adolescents with bipolar parents
Author(s): Chang, KD (Chang, KD); Blasey, C (Blasey, C); Ketter, TA (Ketter, TA); Steiner, H (Steiner, H)
Source: BIPOLAR DISORDERS **Volume:** 3 **Issue:** 2 **Pages:** 73-78 **DOI:** 10.1034/j.1399-5618.2001.030205.x **Published:** APR 2001
Abstract: Objectives: The effect of family environment on the development of bipolar disorder (BD) in children is not known. We sought to characterize families with children at high risk for developing ED in order to better understand the contributions of family environment to the development of childhood ED.
Methods: We collected demographic data and parental ratings on the Family Environment Scale (FES) for 56 children (aged 6-18 years) from 36 families with at least one biological parent with ED. The cohort had previously been psychiatrically diagnosed according to semistructured interviews.
Results: Statistical comparisons with normative data indicated that parents' ratings were significantly lower on the FES Cohesion and Organization scales and were significantly higher on the FES Conflict scale. Multivariate analyses of variance indicated that families with both parents having a mood disorder had no significantly different FES scores than families with only one parent with a mood disorder (BD). Diagnostic data indicated that while 54% of the children in the sample had an Axis I disorder and 14% had ED, FES scores did not differ significantly for subjects with or without an Axis I disorder, or with or without ED.
Conclusions: Families with a bipolar parent differ from the average family in having less cohesion and organization, and more conflict. Despite this difference, it does not appear that the environment alone of families with a bipolar parent determines the outcome of psychopathology in the children, or that the psychopathology of the children determines the family environment.
Accession Number: WOS:000168120300005
PubMed ID: 11333066
ISSN: 1398-5647

Record 27 of 50 = PRO
Title: Attention deficit hyperactivity disorder with bipolar disorder in girls: further evidence for a familial subtype?
Author(s): Faraone, SV (Faraone, SV); Biederman, J (Biederman, J); Monuteaux, MC (Monuteaux, MC)
Source: JOURNAL OF AFFECTIVE DISORDERS **Volume:** 64 **Issue:** 1 **Pages:** 19-26 **DOI:** 10.1016/S0165-0327(00)00213-5 **Published:** APR 2001
Abstract: Background: To clarify, the nosologic status of girls with attention deficit hyperactivity disorder (ADHD) who also satisfy diagnostic criteria for bipolar disorder (BPD). Methods: Using blind raters and structured psychiatric interviews, we examined 140 girls with ADHD, 122 non-ADHD comparisons and their 786 first degree relatives. Analyses tested specific hypotheses about the familial relationship between ADHD and bipolar disorder in girls. Results: After stratifying our ADHD sample into those with and without BPD, we found that: (1) relatives of both ADHD subgroups were at significantly greater risk for ADHD than relatives of non-ADHD controls, (?) the two subgroups did not significantly differ in their relatives' risk for ADHD; (3) an elevated risk for bipolar disorder was observed among relatives when the proband child had BPD but not ADHD alone; (4) weak evidence of cosegregation between ADHD and BPD, and (5) no evidence of a trend for random mating between ADHD parents and those with mania. Limitations: Limitations of this study include the lack of direct interviewing of probands and the limited number of ADHD/BPD probands available. Conclusions: These Findings extend to girls what was previously documented in boys and suggest that comorbid ADI-ID with BPD in girls is familially distinct from other forms of ADHD and

may be related to what others have termed childhood onset BPD. Future work could determine: if this subgroup has a characteristic course, outcome and response to treatment. (C) 2001 Elsevier Science B.V. All rights reserved.
Accession Number: WOS:000168347800002
PubMed ID: 11292516
ISSN: 0165-0327

Record 28 of 50 = PRO
Title: Reliability of the Washington University in St. Louis Kiddie Schedule for Affective Disorders and Schizophrenia (WASH-U-KSADS) mania and rapid cycling sections
Author(s): Geller, B (Geller, B); Zimerman, B (Zimerman, B); Williams, M (Williams, M); Bolhofner, K (Bolhofner, K); Craney, JL (Craney, JL); DelBello, MP (DelBello, MP); Soutullo, C (Soutullo, C)
Source: JOURNAL OF THE AMERICAN ACADEMY OF CHILD AND ADOLESCENT PSYCHIATRY **Volume:** 40 **Issue:** 4 **Pages:** 450-455 **DOI:** 10.1097/00004583-200104000-00014 **Published:** APR 2001
Abstract: Objective: To investigate the reliability of the Washington University in St. Fouls Kiddie Schedule for Affective Disorders and Schizophrenia (WASH-U-KSADS) mania and rapid cycling sections. Method: The 1986 version of the KSADS was modified and expanded to include onset and offset of each symptom for both current and lifetime episodes, expanded prepubertal mania and rapid cycling sections, and categories for attention-deficit/hyperactivity disorder and other DSM-IV diagnoses. To optimize diagnostic research, skip-outs were minimized. Subjects participated in the ongoing "Phenomenology and Course of Pediatric Bipolar Disorder" study. Mothers and children were interviewed separately by research nurses who were blind to diagnostic group status. In addition, ratings of oft-site child psychiatrists, made from the narrative documentation given for each WASH-U-KSADS item, were compared with research nurse ratings. This work was performed between 1995 and 2000. Results: There was 100% interrater reliability, five consecutive times, as both interviewer and observer after 10 to 15 trials. The x values of comparisons between research nurse and off-site blind best-estimate ratings of mania and rapid cycling sections were excellent (0.74-1.00). High B-month stability for mania diagnoses (85.7%) and for individual mania items and validity against parental and teacher reports were previously reported. Conclusions: The WASH-U-KSADS mania and rapid cycling sections have acceptable reliability.
Accession Number: WOS:000167716000014
PubMed ID: 11314571
ISSN: 0890-8567

Record 29 of 50 = PRO
Title: Decreased anterior cingulate myo-inositol/creatine spectroscopy resonance with lithium treatment in children with bipolar disorder
Author(s): Davanzo, P (Davanzo, P); Thomas, MA (Thomas, MA); Yue, K (Yue, K); Oshiro, T (Oshiro, T); Belin, T (Belin, T); Strober, M (Strober, M); McCracken, J (McCracken, J)
Source: NEUROPSYCHOPHARMACOLOGY **Volume:** 24 **Issue:** 4 **Pages:** 359-369 **DOI:** 10.1016/S0893-133X(00)00207-4 **Published:** APR 2001
Abstract: This project was designed to compare differences in brain proton spectra between children and adolescents with bipolar disorder (BPD) and gender and age-matched normal controls, and to measure changes in myo-inositol levels following lithium therapy, utilizing in vivo proton magnetic resonance spectroscopy (H-1 MRS). A single voxel (2X2X2 cm3) was placed in brain anterior cingulate cortex for acquisition of the H-1 spectra at baseline and after acute (similar to 7days) lithium administration in 11 children (mean age 11.4 years) diagnosed with BPD, and in 11 normal controls. Acute lithium treatment was associated with a significant reduction in the myo-inositol/creatine ratio. This decrement was also significant in lithium-responders when analyzed seperate from non-responders. Compared to normal controls, BPD subjects showed a trend towards a higher myo-inositol/creatine during the manic phase. These preliminary data provide evidence that a significant reduction in anterior cingulate myo-insolitol magnetic resonance may occur after lithium treatment, especially among responders. Follow-up studies involving a larger sample may allow us to confirm whether changes in myoinositol associated with acute lithium therapy persist in long-term clinical response of patients with and without lithium compliance. (C) 2001 American College of Neuropsychopharmacology. Published by Elsevier Science Inc.
Accession Number: WOS:000167629400003
PubMed ID: 11182531
Conference Title: 37th Annual Meeting of the American-College-of-Neuropsychopharmacology
Conference Date: DEC 11-18, 1998
Conference Location: LOS CROABAS, PUERTO RICO
Conference Sponsors: Amer Coll Neuropsychopharmacol
ISSN: 0893-133X

Record 30 of 50 = SCEP
Title: Diagnosis of manic episodes in adolescent inpatients: structured diagnostic procedures compared to clinical chart diagnoses
Author(s): Pogge, DL (Pogge, DL); Wayland-Smith, D (Wayland-Smith, D); Zaccario, M (Zaccario, M); Borgaro, S (Borgaro, S); Stokes, J (Stokes, J); Harvey, PD (Harvey, PD)
Source: PSYCHIATRY RESEARCH **Volume:** 101 **Issue:** 1 **Pages:** 47-54 **DOI:** 10.1016/S0165-1781(00)00248-1 **Published:** FEB 14 2001
Abstract: This study examined the accuracy of clinical chart diagnoses of manic episodes in adolescent psychiatric patients, as well as treatment selection and patient outcome. A consecutive sample of 120 consenting adolescent patients was assessed at admission, discharge, and 30 and 120 days post-discharge. Clinical chart diagnoses were compared to research-quality diagnoses involving structured interview, chart review, and consensus. Agreement statistics were computed, and the symptom and treatment differences were compared between patients for whom there was and was not diagnostic agreement. Clinical diagnoses of manic episodes were more common than research diagnoses, and the rate of agreement between diagnoses was low (kappa = 0.15). Patients diagnosed as experiencing a manic episode by the clinical chart, but not via the research procedure, had reduced severity scores on elation and activity, and higher scores on depression. These patients also had more severe scores on depressive symptoms at follow-up. Manic episodes were diagnosed more frequently by clinicians relative to research-quality procedures. Patients who were diagnosed as experiencing manic episodes by the clinician, but not the research procedure, appeared to have depression and hostility, but not elation. The depression in these patients may not be adequately treated, and there are potential

clinical implications of over-diagnosis of manic episodes in adolescents. (C) 2001 Elsevier Science Ireland Ltd. Al rights reserved.
Accession Number: WOS:000167609300006
PubMed ID: 11223119
ISSN: 0165-1781

Record 31 of 50 = PRO
Title: One-year recovery and relapse rates of children with a prepubertal and early adolescent bipolar disorder phenotype
Author(s): Geller, B (Geller, B); Craney, JL (Craney, JL); Bolhofner, K (Bolhofner, K); DelBello, MP (DelBello, MP); Williams, M (Williams, M); Zimerman, B (Zimerman, B)
Source: AMERICAN JOURNAL OF PSYCHIATRY **Volume:** 158 **Issue:** 2 **Pages:** 303-305 **DOI:** 10.1176/appi.ajp.158.2.303 **Published:** FEB 2001
Abstract: Objective: The study examined 1-year recovery and relapse rates for mania in subjects who met criteria for a prepubertal and early adolescent bipolar disorder phenotype.
Method: Outpatients identified by consecutive new-case ascertainment were assessed by means of separate child and parent interviews, consensus conferences, and blind best estimates. The definition of the prepubertal and early adolescent bipolar disorder phenotype was DSM-LV mania with elation and/or grandiosity as one criterion.
Results: Of 93 subjects seen at baseline, 89 were seen at 1 year (95.7% retention). The rate of recovery from mania was 37.1%, and the rate of relapse after recovery was 38.3%. No covariates were significantly associated with recovery or relapse.
Conclusions: The low recovery and high relapse rates supported the study hypothesis of poor outcomes, which was made on the basis of similarity between the characteristics of the prepubertal and early adolescent bipolar disorder phenotype (long episode duration and high prevalence of mixed mania, psychosis, and rapid cycling) and those of severe bipolar disorder in adults.
Accession Number: WOS:000166761400022
PubMed ID: 11156815
ISSN: 0002-953X

Record 32 of 50 = TRAD
Title: Comorbidity in adults with attention-deficit/hyperactivity disorder
Author(s): Marks, DJ (Marks, DJ); Newcorn, JH (Newcorn, JH); Halperin, JM (Halperin, JM)
Source: ADULT ATTENTION DEFICIT DISORDER **Book Series:** ANNALS OF THE NEW YORK ACADEMY OF SCIENCES **Volume:** 931 **Pages:** 216-238 **Published:** 2001
Abstract: This paper describes the clinical manifestations of attention-deficit/hyperactivity disorder (ADHD) in adulthood, with particular emphasis placed on issues relating to comorbidity. Prospective and retrospective studies are reviewed to evaluate the degree to which adults with ADHD exhibit clinical features that mirror their childhood counterparts with analogous comorbid psychiatric (e.g., antisocial, mood, and anxiety) and/or cognitive (i.e., learning) disorders. We also address the question of whether comorbid disorders in adults represent independent diagnostic entities and whether the presence of psychiatric comorbidity varies as a function of ADHD subtype (i.e., inattentive, hyperactive-impulsive, combined, and residual). As is the case for ADHD in childhood, comorbidity is not uncommon among adults with ADHD. However, the reported prevalence of comorbid conditions among adults with ADHD varies considerably depending upon whether the research used a prospective or retrospective design.
Accession Number: WOS:000172009700012
PubMed ID: 11462743
ISSN: 0077-8923

Record 33 of 50 = PRO
Title: Bipolar disorder at prospective follow-up of adults who had prepubertal major depressive disorder
Author(s): Geller, B (Geller, B); Zimerman, B (Zimerman, B); Williams, M (Williams, M); Bolhofner, K (Bolhofner, K); Craney, LL (Craney, LL)
Source: AMERICAN JOURNAL OF PSYCHIATRY **Volume:** 158 **Issue:** 1 **Pages:** 125-127 **DOI:** 10.1176/appi.ajp.158.1.125 **Published:** JAN 2001
Abstract: Objective: The authors' goal was to conduct an adult followup of subjects who had participated in a study of nortriptyline for childhood depression.
Method: The study group represented 100 (90.9%) of the original 110 subjects and included 72 subjects who had a prepubertal diagnosis of major depressive disorder and 28 normal comparison subjects. Subjects were assessed with semistructured research interviews given by research nurses who were blind to the subjects' original diagnoses.
Results: In the original study, the mean age of The children with prepubertal major depressive disorder was 10.3 years (SD = 1.5); at adult follow-up the mean age of these subjects was 20.7 years (SD=2.0). At follow-up, significantly more of the subjects who had prepubertal diagnoses of major depressive disorder (N=24 [33.3%]) than normal comparison subjects (none) had bipolar I disorder. Subjects who had prepubertal diagnoses of major depressive disorder also had significantly higher rates of any bipolar disorder than normal subjects (48.6% [N=35] versus 7.1% [N=2]), major depressive disorder (36.1% [N=26] versus 14.3% [N=4]), substance use disorders (30.6% [N=22] versus 10.7% [N=3]), and suicidality (22.2% [N=16] versus 3.6% [N=1]). Parental acid grandparental mania predicted bipolar I disorder outcomes.
Conclusions: High rates of switching to mania have implications for the treatment of depressed children. The authors discuss the reasons for their finding a higher rate of bipolar disorder in this outcome study than was found in the one other adult outcome study of prepubertal major depressive disorder.
Accession Number: WOS:000166154000022
PubMed ID: 11136645
ISSN: 0002-953X

Record 34 of 50 = PRO
Title: Suicide in mood disorders
Author(s): Sanchez, LE (Sanchez, LE); Le, LT (Le, LT)
Source: DEPRESSION AND ANXIETY **Volume:** 14 **Issue:** 3 **Pages:** 177-182 **DOI:** 10.1002/da.1063 **Published:** 2001
Abstract: A selective literature review was conducted to determine the link between mood disorders and suicide in children and adolescents. On-line searches of Medline and PubMed were performed and research articles from 1978 to 2001 were reviewed.

Mood disorders are reported to be the most common psychiatric illnesses in children and adolescents who attempt or commit suicide. Reports suggest that depression co-morbid with any other psychiatric illness, externalizing disorders, or substance abuse further increases the risk for suicide completion. Mood disorders in children and adolescents are frequently underdiagnosed, misdiagnosed, and undertreated. Data suggest that very early identification combined with aggressive and sustained treatment of mood disorders in youth may actually lessen the risk for suicide. (C) 2001 Wiley-Liss, Inc.
Accession Number: WOS:000172273400004
PubMed ID: 11747127
Conference Title: 47th Annual Meeting of the American-Academy-of-Child-and-Adolescent-Psychiatry
Conference Date: OCT, 2000
Conference Location: NEW YORK, NEW YORK
Conference Sponsors: Amer Acad Child & Adolescent Psychiat
ISSN: 1091-4269

Record 35 of 50 = PRO
Title: Diagnostic and therapeutic dilemmas in the management of pediatric-onset bipolar disorder
Author(s): Wozniak, J (Wozniak, J); Biederman, J (Biederman, J); Richards, JA (Richards, JA)
Source: JOURNAL OF CLINICAL PSYCHIATRY **Volume:** 62 **Pages:** 10-15 **Supplement:** 14 **Published:** 2001
Abstract: Although the diagnosis of pediatric-onset bipolar disorder is controversial, an increasing literature of systematic research has challenged the traditional view that this disorder is a rare condition. This article summarizes research regarding the atypical presentation of pediatric bipolar disorder and its overlap with attention-deficit/hyperactivity disorder and other comorbid conditions, as well as family-genetic and treatment data. When structured interview data were examined, cases of pediatric mania constituted 16% of referrals to our outpatient clinic. Presentation is atypical by adult standards and includes irritability, chronicity, and mixed state. Family-genetic and treatment data help to establish diagnostic validity. Pediatric bipolar disorder is not a rare condition, Treatment requires a combined pharmacotherapy approach to address issues of comorbidity. Atypical antipsychotic medications have provided promising treatment results, but additional controlled clinical trials are needed.
Accession Number: WOS:000169642100003
PubMed ID: 11469669
Conference Title: Symposium on the Role of Anticonvulsants as Mood Stabilizers
Conference Date: SEP 22, 2000
Conference Location: SSAN ANTONIO, TEXAS
ISSN: 0160-6689

Record 36 of 50 = PRO
Title: Parsing the association between bipolar, conduct, and substance use disorders: A familial risk analysis
Author(s): Biederman, J (Biederman, J); Faraone, SV (Faraone, SV); Wozniak, J (Wozniak, J); Monuteaux, MC (Monuteaux, MC)
Source: BIOLOGICAL PSYCHIATRY **Volume:** 48 **Issue:** 11 **Pages:** 1037-1044 **DOI:** 10.1016/S0006-3223(00)00906-9 **Published:** DEC 1 2000
Abstract: Background: Bipolar disorder has emerged as a risk factor for substance use disorders (alcohol or drug abuse or dependence) in youth; however, the association between bipolar disorder and substance use disorders is complicated by comorbidity with conduct disorder. We used familial risk analysis to disentangle the association between the three disorders,
Methods: We compared relatives of four proband groups. 1) conduct disorder + bipolar disorder, 2) bipolar disorder without conduct disorder, 3) conduct disorder without bipolar disorder, and 4) control subjects without bipolar disorder or conduct disorder. All subjects were evaluated with structured diagnostic interviews. For the analysis of substance use disorders, Cox proportional hazard survival models were utilized to compare age-at-onset distributions.
Results: Bipolar disorder in probands was a risk factor for both drug and alcohol addiction in relatives, independent of conduct disorder in probands, which was a risk factor for alcohol dependence in relatives independent of bipolar disorder in probands, but not for drug dependence. The effects of bipolar disorder and conduct disor- der in probands combined additively to predict the risk for substance use disorders in relatives.
Conclusions: The combination of conduct disorder + bipolar disorder in youth predicts especially high rates of substance use disorders in relatives. These findings support previous results documenting that when bipolar disorder and conduct disorder occur comorbidly, both are validly diagnosed disorders. (C) 2000 Society of Biological Psychiatry.
Accession Number: WOS:000165498600001
PubMed ID: 11094136
ISSN: 0006-3223

Record 37 of 50 = PRO
Title: Psychosocial functioning in a prepubertal and early adolescent bipolar disorder phenotype
Author(s): Geller, B (Geller, B); Bolhofner, K (Bolhofner, K); Craney, JL (Craney, JL); Williams, M (Williams, M); DelBello, MP (DelBello, MP); Gundersen, K (Gundersen, K)
Source: JOURNAL OF THE AMERICAN ACADEMY OF CHILD AND ADOLESCENT PSYCHIATRY **Volume:** 39 **Issue:** 12 **Pages:** 1543-1548 **DOI:** 10.1097/00004583-200012000-00018 **Published:** DEC 2000
Abstract: Objective: To compare psychosocial functioning (PF) in a prepubertal and early adolescent bipolar disorder phenotype (PEA-BP) sample to two comparison groups, i.e., attention-deficit/hyperactivity disorder (ADHD) and community controls (CC).
Method: There were 93 PEA-SR (with or without comorbid ADHD), 81 ADHD, and 94 CC subjects who were participants in an ongoing study, me Phenomenology ano Course or Pediatric Bipolar Disorders. Cases in the PEA-BP and ADHD groups were outpatients obtained by consecutive new case ascertainment, and CC subjects were from a survey conducted by the Research Triangle Institute. To fit the study phenotype, PEA-BP subjects needed to have current DSM-IV mania or hypomania with elation and/or grandiosity as one criterion. Assessments for PF were by experienced research nurses who were blind to group status. Mothers and children were separately interviewed with the Psychosocial Schedule for School Age Children-Revised.
Results: Compared with both ADHD and CC subjects, PEA-BP cases had significantly greater impairment on items that assessed maternal-child warmth, maternal-child and paternal-child tension, and peer relationships. Conclusions: Clinicians need to consider PF deficits when planning interventions. In the PEA-BP group, there was a 43% rate of hypersexuality with a <1% rate of sexual abuse, supporting hypersexuality as a manifestation of child mania.
Accession Number: WOS:000165575600016

PubMed ID: 11128332
ISSN: 0890-8567

Record 38 of 50 = TRAD
Title: Associations between bipolar disorder and other psychiatric disorders during adolescence and early adulthood: A community-based longitudinal investigation
Author(s): Johnson, JG (Johnson, JG); Cohen, P (Cohen, P); Brook, JS (Brook, JS)
Source: AMERICAN JOURNAL OF PSYCHIATRY **Volume:** 157 **Issue:** 10 **Pages:** 1679-1681 **DOI:** 10.1176/appi.ajp.157.10.1679 **Published:** OCT 2000
Abstract: Objective: The study investigated cross-sectional and longitudinal associations between bipolar disorder and other psychiatric disorders during adolescence and early adulthood.
Method: Psychiatric interviews were administered to a representative community sample of 717 youths and their mothers in 1983 (mean age of youths=14 years) and again in 1985-1986, and 1991-1993.
Results: A wide range of psychiatric disorders co-occurred with bipolar disorder during adolescence and early adulthood. Adolescent anxiety disorders were uniquely associated with increased risk for early adulthood bipolar disorder after adolescent bipolar disorder was accounted for. Manic symptoms during adolescence were associated with increased risk for anxiety and depressive disorders during early adulthood after adolescent anxiety and depressive disorders were accounted for.
Conclusions: Adolescents with anxiety disorders may be at increased risk for bipolar disorder or clinically significant manic symptoms during early adulthood. Adolescents with manic symptoms may be at increased risk for anxiety and depressive disorders during early adulthood.
Accession Number: WOS:000089633900021
PubMed ID: 11007724
ISSN: 0002-953X

Record 39 of 50 = PRO
Title: Prodromal symptoms before onset of manic-depressive disorder suggested by first hospital admission histories
Author(s): Egeland, JA (Egeland, JA); Hostetter, AM (Hostetter, AM); Pauls, DL (Pauls, DL); Sussex, JN (Sussex, JN)
Source: JOURNAL OF THE AMERICAN ACADEMY OF CHILD AND ADOLESCENT PSYCHIATRY **Volume:** 39 **Issue:** 10 **Pages:** 1245-1252 **DOI:** 10.1097/00004583-200010000-00011 **Published:** OCT 2000
Abstract: Objective: A priority for research on manic-depressive or bipolar I disorder (BPI) for children and adolescents has been to search for early predictors of the illness. Method: Medical record data were reviewed and systematically coded for a sample of 58 adult patients (32 males/26 females) with confirmed diagnoses of BPI to identify prodromal features and possible patterns of symptoms from this Amish Study. Results: The most frequently reported symptoms included episodic changes in mood (depressed and irritable) and energy plus anger dyscontrol, with no significant gender differences. A progression of ages is seen for the most commonly reported symptoms prior to age 16. The time interval was 9 to 12 years between appearance of the first symptoms and onset of a documented BPI syndrome. Conclusions: The data suggest testable hypotheses about specific symptoms and behaviors that may be useful for the early detection of children at highest risk for developing manic-depressive disorder.
Accession Number: WOS:000089556200010
PubMed ID: 11026178
ISSN: 0890-8567

Record 40 of 50 = PRO
Title: Explosive outbursts in children with Tourette's disorder
Author(s): Budman, CL (Budman, CL); Bruun, RD (Bruun, RD); Park, KS (Park, KS); Lesser, M (Lesser, M); Olson, M (Olson, M)
Source: JOURNAL OF THE AMERICAN ACADEMY OF CHILD AND ADOLESCENT PSYCHIATRY **Volume:** 39 **Issue:** 10 **Pages:** 1270-1276 **DOI:** 10.1097/00004583-200010000-00014 **Published:** OCT 2000
Abstract: Objective: Sudden, explosive outbursts of behavior occur in some children with Tourette's disorder (TD). The etiology of these symptoms is unknown. This study investigated the relationship between explosive outbursts, TD, and its comorbid disorders. Method: Tic type and severity and the presence of specific comorbid disorders were compared in 37 children with TD and explosive outbursts and 31 children with TD who did not have such symptoms. Results: Children with TD and explosive outbursts were more likely to demonstrate significant comorbid conditions, particularly attention-deficit/hyperactivity disorder, obsessive-compulsive disorder, and oppositional defiant disorder. Tic type and severity did not appear related to the presence of explosive outbursts. A highly significant relationship was demonstrated between the number of comorbid psychiatric diagnoses and explosive outbursts. Conclusions: Explosive outbursts in children with TD resemble intermittent explosive disorder and may reflect dysregulation of diverse domains of brain function. The presence of such symptoms should alert the clinician to underlying comorbid conditions.
Accession Number: WOS:000089556200013
PubMed ID: 11026181
ISSN: 0890-8567

Record 41 of 50 = PRO
Title: Pediatric mania: A developmental subtype of bipolar disorder?
Author(s): Biederman, J (Biederman, J); Mick, E (Mick, E); Faraone, SV (Faraone, SV); Spencer, T (Spencer, T); Wilens, TE (Wilens, TE); Wozniak, J (Wozniak, J)
Source: BIOLOGICAL PSYCHIATRY **Volume:** 48 **Issue:** 6 **Pages:** 458-466 **DOI:** 10.1016/S0006-3223(00)00911-2 **Published:** SEP 15 2000
Abstract: Despite ongoing controversy, the view that pediatric mania is rare or nonexistent has been increasingly challenged not only by case reports, but also by systematic research. This research strongly suggests that pediatric mania may not be rare but that it may be difficult to diagnose. Since children with mania are likely to become adults with bipolar disorder, the recognition and characterization of childhood-onset mania may help identify a meaningful developmental subtype of bipolar disorder worthy of further investigation. The major difficulties that complicate the diagnosis of pediatric mania include: 1) its pattern of comorbidity may be unique by adult standards, especially its overlap with attention-deficit/hyperactivity disorder, aggression, and conduct disorder; 2) its overlap with substance use disorders; 3) its association with trauma and adversity; and 4) its response

to treatment is atypical by adult standards. (C) 2000 Society of Biological Psychiatry.
Accession Number: WOS:000089452700008
PubMed ID: 11018219
Conference Title: Conference on Biopolar Disorder - From Clinical to Clinical, Facing the New Millennium
Conference Date: JAN 19-21, 2000
Conference Location: SCOTTSDALE, ARIZONA
Conference Sponsors: Soc Biol Psychiat

Record 42 of 50 = PRO
Title: Acute and continuation pharmacological treatment of children and adolescents with bipolar disorders; a summary of two previous studies
Author(s): Kowatch, RA (Kowatch, RA); Carmody, TJ (Carmody, TJ); Suppes, T (Suppes, T); Hume, JH (Hume, JH); Kromelis, M (Kromelis, M); Emslie, GJ (Emslie, GJ); Weinberg, WA (Weinberg, WA)
Source: ACTA NEUROPSYCHIATRICA **Volume:** 12 **Issue:** 3 **Pages:** 145-149 **Published:** SEP 2000
Abstract: We report the results of an acute-phase and continuation-phase study of the pharmacological treatment of children and adolescents with bipolar disorders. The acute phase study, with a duration of 6-8 weeks, aimed at developing effect sizes (ES) for lithium, divalproex sodium, and carbamazepine, in the acute phase treatment of Bipolar I or II children and adolescents during a mixed or manic episode. During the acute-phase of treatment, 42 outpatients with a mean age of 11.4 yr, (20 with Bipolar I Disorder and 22 with Bipolar II Disorder) were randomly assigned to 6-8 weeks of open treatment with either lithium, divalproex sodium, or carbamazepine, The primary efficacy measures were the weekly CGI Improvement scores and the Young Mania Rating Scale. Using a greater than or equal to 50% change from baseline to exit in the Y-MRS scores to define response, the effect size for divalproex sodium was 1.63, 1.06 for lithium, and 1.00 for carbamazepine, Using this same response measure with the intent-to-treat sample, the response rates were: sodium divalproex 53%; lithium 38%; and carbamazepine 38% (chi(2)=0.85, 2 d.f., p=0.60), Thirty-five subjects continued in open, treatment for another 16-18 weeks, for a total of 24 weeks of prospective treatment. Overall, of the thirty-five continuation phase subjects, thirty (85%) were categorized as responders at the end of the continuation phase of treatment. Of these thirty-five subjects, 13 (37%) were only on a single mood stabilizer and no other psychotropic agents at the end of the continuation phase. Thirty-one percent of subjects in continuation were also treated with a stimulant medication in addition to mood stabilizers.
Accession Number: WOS:000089511500023
PubMed ID: 26975276
ISSN: 0924-2708

Record 43 of 50 = TRAD
Title: Bipolar disorder during adolescence and young adulthood in a community sample
Author(s): Lewinsohn, PM (Lewinsohn, PM); Klein, DN (Klein, DN); Seeley, JR (Seeley, JR)
Source: BIPOLAR DISORDERS **Volume:** 2 **Issue:** 3 **Pages:** 281-293 **DOI:** 10.1034/j.1399-5618.2000.20309.x **Part:** 2 **Published:** SEP 2000
Abstract: Objectives: To compare the incidence and prevalence of bipolar disorder (BD) between adolescence and young adulthood: to explore the stability and consequences of adolescent BD in young adulthood, to determine the rate of switching from major depressive disorder (MDD) to BD; and to evaluate the significance of subsyndromal BD (SUB).
Methods: A large, randomly selected community sample (n = 1507) received diagnostic assessments twice during adolescence, and a stratified subset (n = 893) was assessed again at 24years of age. In addition, direct interviews were conducted with all available first-degree relatives. Five mutually exclusive groups, based on diagnoses in adolescence, were compared: BD (n = 17) SUB (n = 48), MDD (n = 275), disruptive behavior disorder (n = 49), and no-disorder (ND) controls (n = 307).
Results: Lifetime prevalence of BD was approximately 1% during adolescence and 2% during young adulthood. Lifetime prevalence for SUB was approximately 5%. Less than 1% of adolescents with MDD 'switched' to BD by age 24. Adolescents with BD had an elevated incidence of BD from 19 to 23 pears, while adolescents with SUB exhibited elevated rates of MDD and anxiety disorders in young adulthood. BD and SUB groups both had elevated rates of antisocial symptoms and borderline personality symptoms. Compared to the ND group, adolescents with BD and SUB both showed significant impairment in psychosocial functioning and had higher mental-health treatment utilization at age 24 years of age. The relatives of adolescents with BD and SUB had elevated rates of MDD and anxiety disorders. The relatives of SUB probands had elevated BD, while the relatives of BD had elevated rates of SUB and borderline symptoms.
Conclusions: Adolescent BD showed significant continuity across developmental periods and was associated with adverse outcomes during young adulthood. Adolescent SUB was also associated with adverse outcomes in young adulthood, but was not associated with an increased incidence of BD. Due to high rates of comorbidity with other disorders, definitive conclusions regarding the specific clinical significance of SUB must await studies with larger numbers of 'pure' SUB cases.
Accession Number: WOS:000168470300009
PubMed ID: 11249806
ISSN: 1398-5647

Record 44 of 50 = PRO
Title: Diagnostic characteristics of 93 cases of a prepubertal and early adolescent bipolar disorder phenotype by gender, puberty and comorbid attention deficit hyperactivity disorder
Author(s): Geller, B (Geller, B); Zimerman, B (Zimerman, B); Williams, M (Williams, M); Bolhofner, K (Bolhofner, K); Craney, JL (Craney, JL); Delbello, MP (Delbello, MP); Soutullo, CA (Soutullo, CA)
Source: JOURNAL OF CHILD AND ADOLESCENT PSYCHOPHARMACOLOGY **Volume:** 10 **Issue:** 3 **Pages:** 157-164 **DOI:** 10.1089/10445460050167269 **Published:** FAL 2000
Abstract: Objective: Etiopathogenetic and treatment studies require homogeneous phenotypes. Therefore, effects of gender, puberty, and comorbid attention deficit hyperactivity disorder (ADHD) on DSM-nl mania criteria and other characteristics of a prepubertal and early adolescent bipolar disorder (PEA-BP) phenotype were investigated.
Method: Consecutively ascertained PEA-BP (with or without comorbid ADHD) outpatients (n = 93) were blindly assessed by research nurses with comprehensive instruments given to mothers and children separately, consensus conferences, and offsite blind best estimates of both diagnoses and mania items. To fit the study phenotype, subjects needed to have current DSM-IV mania or hypomania with elated mood and/or grandiosity as one criterion and to be definite cases by severity ratings.

Results: Subjects were aged 10.9 +/- 2.6 years, had current episode length of 3.6 +/- 2.5 years, and had early age of onset at 7.3 +/- 3.5 years. No significant differences were found by gender, puberty, or comorbid ADHD on rates of mania criteria (e.g., elation, grandiosity, racing thoughts), mixed mania, psychosis, rapid cycling, suicidality, or comorbid oppositional defiant disorder (ODD), with few exceptions. Subjects with comorbid ADHD were more likely to be younger and male. Pubertal subjects had higher rates of hypersexuality.
Conclusions: These findings support that the PEA-BP phenotype is homogeneous except for differences (hyperactivity, hypersexuality) that mirror normal development.
Accession Number: WOS:000089727700002
PubMed ID: 11052405
ISSN: 1044-5463

Record 45 of 50 = PRO
Title: Six-month stability and outcome of a prepubertal and early adolescent bipolar disorder phenotype
Author(s): Geller, B (Geller, B); Zimerman, B (Zimerman, B); Williams, M (Williams, M); Bolhofner, K (Bolhofner, K); Craney, JL (Craney, JL); Delbello, MP (Delbello, MP); Soutullo, CA (Soutullo, CA)
Source: JOURNAL OF CHILD AND ADOLESCENT PSYCHOPHARMACOLOGY **Volume:** 10 **Issue:** 3 **Pages:** 165-173 **DOI:** 10.1089/10445460050167278 **Published:** FAL 2000
Abstract: Objective: Six-month follow-up data are provided on a prepubertal and early adolescent bipolar disorder phenotype (PEA-BP). Stabilities were defined as continuous presence of PEA-BP and of individual mania criteria between baseline and 6 months.
Method: Baseline and 6-month assessments of consecutively ascertained PEA-BP outpatients (n = 91) included comprehensive instruments given to mothers and children, separately, by research nurses; consensus conferences; and offsite blind best estimates of both diagnoses and mania items. To fit the study phenotype, subjects needed to have current DSM-IV mania or hypomania with elated mood and/or grandiosity as one mania criterion and to be definite cases by severity ratings.
Results: Of the 93 baseline subjects, 91 completed the 6-month assessment, for a retention rate of 97.8%. Baseline age was 10.9 +/- 2.7 years, and age of onset of current episode was 7.3 +/- 3.5 years. At 6 months, 85.7% still had full criteria and severity for mania or hypomania, and only 14.3% had recovered. Six-month stabilities of elated mood and grandiosity were high. Cox modeling and logistic regression did not show any significant effect of multiple covariates (e.g., gender, puberty, psychosis, mixed mania, rapid cycling, or naturalistic treatment).
Conclusions: These longitudinal stability findings provide validation of a PEA-BP phenotype. Poor outcome was consistent,vith similarity of PEA-BP baseline characteristics to those of treatment-resistant adult-onset mania.
Accession Number: WOS:000089727700003
PubMed ID: 11052406
ISSN: 1044-5463

Record 46 of 50 = SCEP
Title: Stimulant treatment in young boys with symptoms suggesting childhood mania: A report from a longitudinal study
Author(s): Carlson, GA (Carlson, GA); Loney, J (Loney, J); Salisbury, H (Salisbury, H); Kramer, JR (Kramer, JR); Arthur, C (Arthur, C)
Source: JOURNAL OF CHILD AND ADOLESCENT PSYCHOPHARMACOLOGY **Volume:** 10 **Issue:** 3 **Pages:** 175-184 **DOI:** 10.1089/10445460050167287 **Published:** FAL 2000
Abstract: This study used data from a completed longitudinal study to examine the effects of methylphenidate on 6-12-year-old boys presumably at risk for bipolar disorder. Of 75 boys referred, diagnosed with hyperkinetic reaction of childhood (minimal brain dysfunction), treated clinically with methylphenidate, and followed as young adults, 23% (the maximorbid or MAX group) had childhood symptoms of irritability and emulated DSM-IV diagnoses of attention deficit hyperactivity disorder (ADHD), plus oppositional defiant or conduct disorder (ODD/CD) and anxiety or depression or both. The remaining boys (the minimorbid or MIN group) had fewer symptoms and disorders. MAX and MIN groups did not differ in rated response to methylphenidate, duration of treatment, clinically determined maintenance doses, concurrent or subsequent treatment with other medications, or other aspects of medication experience, At ages 21-23, individuals with bipolar-related lifetime diagnoses (adult mania, hypomania, or cyclothymia) did not differ from those without bipolar-related diagnoses in any aspect of early methylphenidate treatment history, These findings indicate that ADHD boys with symptoms suggesting childhood mania do not respond differently to methylphenidate than boys without such symptoms, and there is no evidence here that methylphenidate precipitates young adult bipolar disorders in susceptible individuals.
Accession Number: WOS:000089727700004
PubMed ID: 11052407
ISSN: 1044-5463

Record 47 of 50 = PRO
Title: Therapeutic dilemmas in the pharmacotherapy of bipolar depression in the young
Author(s): Biederman, J (Biederman, J); Mick, E (Mick, E); Spencer, TJ (Spencer, TJ); Wilens, TE (Wilens, TE); Faraone, SV (Faraone, SV)
Source: JOURNAL OF CHILD AND ADOLESCENT PSYCHOPHARMACOLOGY **Volume:** 10 **Issue:** 3 **Pages:** 185-192 **DOI:** 10.1089/10445460050167296 **Published:** FAL 2000
Abstract: Pediatric bipolar disorder is commonly mixed with co-occurring symptoms of major depression and mania, Knowledge has begun to accumulate on the treatment of the mania component, but limited information is available to guide the therapeutic approach to bipolar depression. To this end, we reviewed the medical charts of 59 patients with diagnosis of DSM-III-R bipolar disorder from an outpatient pediatric psychopharmacology clinic. Multivariate methods were used to model the probability of improvement and relapse at each visit of clinical follow-up, Serotonin-specific antidepressants were significantly associated with both an increased rate of improvement of bipolar depression-relative risk = 6.7 (1.9-23.6); p = 0.003-and a significantly greater probability of relapse of manic symptomatology-relative risk = 3.0 (1.2-7.8); p = 0.02, Although mood stabilizers improved manic symptomatology, they had no demonstrable effect on the symptoms of bipolar depression. Despite the increased risk of mood destabilization, serotonin-specific antidepressants did not interfere with the antimanic effects of mood stabilizers. Because bipolar youth commonly come to clinical practice with depression, these results underscore the importance

of assessing a lifetime history of bipolar disorder in making treatment decisions in depressed youth.
Accession Number: WOS:000089727700005
PubMed ID: 11052408
ISSN: 1044-5463

Record 48 of 50 = PRO (favourably cites Wozniak et al. 1995 in acceptance of extreme irritability being indicative of "developing childhood mania")
Title: Commentary: Issues in training parents to manage children with behavior problems
Author(s): Barkley, RA (Barkley, RA)
Source: JOURNAL OF THE AMERICAN ACADEMY OF CHILD AND ADOLESCENT PSYCHIATRY **Volume:** 39 **Issue:** 8 **Pages:** 1004-1007 **DOI:** 10.1097/00004583-200008000-00015 **Published:** AUG 2000
Accession Number: WOS:000088415300015
PubMed ID: 10939228
ISSN: 0890-8567

Record 49 of 50 = PRO
Title: Patterns of psychiatric comorbidity with attention-deficit/hyperactivity disorder
Author(s): Pliszka, SR (Pliszka, SR)
Source: CHILD AND ADOLESCENT PSYCHIATRIC CLINICS OF NORTH AMERICA **Volume:** 9 **Issue:** 3 **Pages:** 525-+ **Published:** JUL 2000
Abstract: Attention deficit/hyperactivity disorder (ADHD) is frequently comorbid with a variety of psychiatric disorders. These disorders include oppositional defiant (ODD) and conduct disorders (CD), and affective, anxiety, and learning disorders. Studies which have examined the comorbidity of these disorders with ADHD are reviewed. ADHD and ADHD with CD seem to be distinct subtypes; children with ADHD/CD are at higher risk of antisocial personality as adults. Coexisting anxiety may attenuate impulsivity in ADHD. Studies examining stimulant response in children with ADHD/anxiety have recently yielded conflicting results. Anxiety and ADHD seem to be inherited independently. The prevalence of major depressive disorder (MDD) and bipolar disorder among children with ADHD is controversial, but there clearly exists a subgroup of severely emotionally labile children with ADHD who present serious management issues for the clinician. About 20% to 25% of children with ADHD meet criteria for a learning disorder (LD), but LD seems to be independent of ADHD.
Accession Number: WOS:000165854500007
PubMed ID: 10944655
ISSN: 1056-4993

Record 50 of 50 = PRO
Title: The stimulants revisited
Author(s): Wilens, TE (Wilens, TE); Spencer, TJ (Spencer, TJ)
Source: CHILD AND ADOLESCENT PSYCHIATRIC CLINICS OF NORTH AMERICA **Volume:** 9 **Issue:** 3 **Pages:** 573-+ **Published:** JUL 2000
Abstract: Stimulants are the most often prescribed psychotropics in children and adolescents, used generally for the treatment of attention deficit/hyperactivity disorder (ADHD). In this article the authors summarize the literature on prevalence of usage, neurobiology, and pharmacology of the stimulants. Recent studies on the use of stimulants in special ADHD populations including preschoolers and adults, and co-occuring neurologic, psychiatric, and substance use disorders are cited. Clinical guidelines for the management of individuals receiving the stimulants are offered, and treatment strategies delineated for ADHD subjects with comorbidity and medication-induced adverse effects are discussed.
Accession Number: WOS:000165854500010
PubMed ID: 10944658
ISSN: 1056-4993

Record 1 of 50 = PRO
Title: Is bipolar disorder a risk for cigarette smoking in ADHD youth?
Author(s): Wilens, TE (Wilens, TE); Biederman, J (Biederman, J); Milberger, S (Milberger, S); Hahesy, AL (Hahesy, AL); Goldman, S (Goldman, S); Wozniak, J (Wozniak, J); Spencer, TJ (Spencer, TJ)
Source: AMERICAN JOURNAL ON ADDICTIONS **Volume:** 9 **Issue:** 3 **Pages:** 187-195 **Published:** SUM 2000
Abstract: Despite emerging literature linking juvenile bipolar disorder (BPD) and substance abuse, little is known about a link between BPD and cigarette smoking. To this end we evaluated the association between BPD and cigarette smoking in youth. Subjects were 31 bipolar adolescents derived from a cohort of boys with DSM-III-R ADHD (N = 128) and non-ADHD comparisons (N = 109) followed prospectively for 4 years into mid-adolescence. Information on cigarette smoking was obtained in a standardized manner blind to the proband's clinical status. Logistic regression models were used to determine risk far smoking at follow-up. BPD was associated with a higher risk for cigarette smoking in mid-adolescence, which was largely accounted for by, conduct disorder. The developmental onset of BPD in adolescence (age 13-18 years) conferred a greater risk for cigarette smoking compared to those youths with the onset of their BPD prepubertally (less than or equal to 12 years; odds ratio = 10.8, $p < 0.01$), even after controlling for conduct disorder and other confounds. The naturalistic treatment of BPD with combined counseling and pharmacotherapy appeared to reduce the risk for cigarette smoking. BPD, particularly when it onsets in adolescence, is a significant risk factor for the early initiation of cigarette smoking in these A DHD youths. These data coupled with the literature strongly suggest that juveniles with BPD need to be carefully monitored for the early initiation of cigarette smoking and substance abuse.
Accession Number: WOS:000089327900001
PubMed ID: 11000914
ISSN: 1055-0496

Record 2 of 50 = PRO
Title: Proton MR spectroscopy in children with bipolar affective disorder: Preliminary observations
Author(s): Castillo, M (Castillo, M); Kwock, L (Kwock, L); Courvoisie, H (Courvoisie, H); Hooper, SR (Hooper, SR)
Source: AMERICAN JOURNAL OF NEURORADIOLOGY **Volume:** 21 **Issue:** 5 **Pages:** 832-838 **Published:** MAY 2000

Abstract: BACKGROUND AND PURPOSE: Bipolar affective disorder (BPAD) can have its onset during childhood, but the diagnosis may be difficult to establish on the basis of clinical findings alone, Our purpose was to determine whether proton MR spectroscopy can be used to identify abnormalities in the brain of children with BPAD.
METHODS: Ten children, ages 6 to 12 years, underwent clinical testing to establish the diagnosis of BPAD, After a drug washout period, all patients underwent MR spectroscopy in which a TE of 135 was used along with a single-voxel placement in both frontal and temporal lobes during a single session. Peaks from N-acetylaspartate (NAA), choline (Cho), glutamate/glutamine (Glu/Gln), and lipids were normalized with respect to the creatine (Cr) peak to obtain ratios of values of peak areas. These data were compared with those obtained in 10 non-age-matched control subjects. To corroborate our data, five children with BPAD also underwent 2D MR spectroscopic studies of the frontal lobes with parameters similar to those used in the single-volume studies.
RESULTS: All children with BPAD had elevated levels of Glu/Gln in both frontal lobes and basal ganglia relative to the control group. Children with BPAD had elevated lipid levels in the frontal lobes but not in the temporal lobes, Levels of NAA and Cho were similar for all locations in both groups. Two-dimensional MR spectroscopic studies In five children with BPAD confirmed the presence of elevated lipids in the frontal lobes.
CONCLUSION: Our preliminary observations suggest that MR spectroscopy may show abnormalities in children with BPAD not found in unaffected control subjects. It remains to be established whether these abnormalities are a signature of the disease and can be used as a screening test.
Accession Number: WOS:000086983400008
PubMed ID: 10815657
ISSN: 0195-6108

Record 3 of 50 = PRO
Title: Ultradian rapid cycling in prepubertal and early adolescent bipolarity is not in transmission disequilibrium with Val/Met COMT alleles
Author(s): Geller, B (Geller, B); Cook, EH (Cook, EH)
Source: BIOLOGICAL PSYCHIATRY **Volume:** 47 **Issue:** 7 **Pages:** 605-609 **DOI:** 10.1016/S0006-3223(99)00251-6 **Published:** APR 1 2000
Abstract: Background: Prepubertal children and early adolescents with bipolar disorders (PEA-BP) who participate in the ongoing study "Phenomenology and Course of Pediatric Bipolar Disorders" have a high prevalence of ultradian (within 24-hour periods) rapid cycling. Based on a case-control ol finding reported in bipolar (BP) adults of art association between rapid and ultradian rapid cycling with the low-activity allele of catechol-O-methyltransferase (l-COMT), study of linkage and linkage disequilibrium of l-COMT in the PEA-BP population seemed warranted.
Methods: Genotypes on a subset of the larger PEA-BP sample, for whom trio blood collection was complete (i.e., probands and both of their biological parents), were used to perform transmission disequilibrium? tests (TDTs). Diagnoses were established from a comprehensive battery that included WASH-U-KSADS (Washington University Kiddie Schedule for Affective Disorders and Schizophrenia) gh,en to both mothers and children and from consensus conferences. Probands with PEA-BP (N = 52) were 10.9 +/- 2.8 years old at index episode; had a mean age of BP onset at 8.0 +/- 3.8 years, were severely impaired with a mean Children's Global Assessment Scale score of 44.5 +/- 8.9: and manifested the cardinal features of BP (84.6% had euphoric mood, 76.9% had grandiosity, and 57.7% had psychosis). Ultradian rapid cycling occurred in 75%. Genotyping of the single nucleotide polymorphism at COMT was performed using automated capillary electrophoresis single-strand conformational polymorphism with detection by laser-induced fluorescence.
Results: Transmission disequilibrium tests were not significant for preferential transmission of l-COMT for the ultradian rapid-cycling subgroup or for the entire PEA-BP sample.
Conclusions: The lack of linkage disequilibrium between l-COMT and ultradian rapid cycling in the PEA-BP sample compared to reported findings of an association in case-control studies of adults is discussed iii terms of age-specific developmentally relevant phenotypes, anticipatory mechanisms, and heterogeneity. Repeat TDT analyses after these PEA-BP probands reach their adult phenotypes will be informative. (C) 2000 Society of Biological Psychiatry.
Accession Number: WOS:000086194000004
PubMed ID: 10745052
ISSN: 0006-3223

Record 4 of 50 = PRO
Title: Psychiatric phenomenology of child and adolescent bipolar offspring
Author(s): Chang, KKD (Chang, KKD); Steiner, H (Steiner, H); Ketter, TA (Ketter, TA)
Source: JOURNAL OF THE AMERICAN ACADEMY OF CHILD AND ADOLESCENT PSYCHIATRY **Volume:** 39 **Issue:** 4 **Pages:** 453-460 **DOI:** 10.1097/00004583-200004000-00014 **Published:** APR 2000
Abstract: Objective: To establish prodromal signs of and risk factors for childhood bipolar disorder (BD) by characterizing youths at high risk for ED. Method: Structured diagnostic interviews were performed on 60 biological offspring of at least one parent with ED. Demographics, family histories, and parental history of childhood disruptive behavioral disorders were also assessed. Results: Fifty-one percent of bipolar offspring had a psychiatric disorder, most commonly attention-deficit/hyperactivity disorder (ADHD), major depression or dysthymia, and ED. ED in offspring tended to be associated with earlier parental symptom onset when compared with offspring without a psychiatric diagnosis. Bipolar parents with a history of childhood ADHD were more likely to have children with ED, but not ADHD. Offspring with bilineal risk had increased severity of depressed and irritable mood, lack of mood reactivity, and rejection sensitivity, while severity of grandiosity, euphoric mood, and decreased need for sleep were not preferentially associated with such offspring. Conclusions: Bipolar offspring have high levels of psychopathology. Parental history of early-onset ED and/or childhood ADHD may increase the risk that their offspring will develop ED. Prodromal symptoms of childhood ED may include more subtle presentations of mood regulation difficulties and less presence of classic manic symptoms.
Accession Number: WOS:000086190000014
PubMed ID: 10761347
ISSN: 0890-8567

Record 5 of 50 = PRO
Title: Comorbidity of attention deficit hyperactivity disorder with early- and late-onset bipolar disorder
Author(s): Sachs, GS (Sachs, GS); Baldassano, CF (Baldassano, CF); Truman, CJ (Truman, CJ); Guille, C (Guille, C)

Source: AMERICAN JOURNAL OF PSYCHIATRY **Volume:** 157 **Issue:** 3 **Pages:** 466-468 **DOI:** 10.1176/appi.ajp.157.3.466 **Published:** MAR 2000
Abstract: Objective: The relationship between attention deficit hyperactivity disorder (ADHD) and earlier age at onset of affective illness was examined in probands with a history of bipolar disorder. Method: The authors assessed 56 adult bipolar subjects. Those with a history of childhood ADHD (N = 8) were age and sex matched with bipolar subjects without a history of childhood ADHD (N = 8). Results: The age at onset of the first affective episode was lower for the subjects with bipolar disorder and a history of childhood ADHD (mean = 12.1 years, SD = 4.6) than for those without a history of childhood ADHD (mean = 20.0 years, SD = 11.3). Conclusions: ADHD in children of bipolar probands might identify children at highest risk for development of bipolar disorder.
Accession Number: WOS:000085731200026
PubMed ID: 10698829
ISSN: 0002-953X

Record 6 of 50 = TRAD
Title: Medication status and polycystic ovary syndrome in women with bipolar disorder: A preliminary report
Author(s): Rasgon, NL (Rasgon, NL); Altshuler, LL (Altshuler, LL); Gudeman, D (Gudeman, D); Burt, VK (Burt, VK); Tanavoli, S (Tanavoli, S); Hendrick, V (Hendrick, V); Korenman, S (Korenman, S)
Source: JOURNAL OF CLINICAL PSYCHIATRY **Volume:** 61 **Issue:** 3 **Pages:** 173-178 **Published:** MAR 2000
Abstract: Background: In patients with epilepsy, poly cystic ovary (PCO) syndrome has been reported to be associated with the use of the anticonvulsant divalproex sodium. Whether PCO syndrome is associated with divalproex use in patients with bipolar disorder has not previously been explored.
Method: Twenty-two female outpatients with a DSM-IV diagnosis of bipolar disorder who were between the ages of 18 and 45 years (inclusive) and who were taking lithium and/or divalproex (10, divalproex monotherapy; 10, lithium monotherapy; 2, divalproex/lithium combination therapy) were evaluated. Patients completed questionnaires about their medical, psychiatric, and reproductive health histories, and body mass indices were calculated. In the early follicular phase of their menstrual cycle, women were examined for hirsutism, given a pelvic ultrasound, and/or assessed for changes in laboratory values such as serum levels of testosterone, free testosterone, estradiol, estrone, dehydroepiandrosterone, dehydroepiandrosterone sulfate, luteinizing hormone, follicle-stimulating hormone, and 17-OH progesterone.
Results: All 10 patients on lithium monotherapy, 6 of 10 patients on divalproex monotherapy, and both of the patients on divalproex/lithium combination therapy reported some type of menstrual dysfunction, which, in 4 cases, had preceded the diagnosis of bipolar disorder. Hirsutism was not common in any,group, but obesity was prominent in all groups. Ovarian ultrasound revealed an increased number of ovarian follicles in 1 patient taking lithium and in none of the patients taking divalproex. Hormonal screening did not indicate PCO-like changes in any patient.
Conclusion: In this pilot study of bipolar patients, PCO-like changes were not seen in women receiving divalproex or lithium. However, independent of therapeutic agent used, the bipolar women in this study reported high rates of menstrual disturbances, suggesting that the hypothalamic-pituitary-gonadal axis may be compromised in some women with bipolar disorder.
Accession Number: WOS:000086531000005
PubMed ID: 10817101
Conference Title: 29th Congress of the International-Society-of-Psychoneuroendocrinology
Conference Date: AUG, 1998
Conference Location: TRIER, GERMANY
Conference Sponsors: Int Soc Psychoeuroendocrinol
ISSN: 0160-6689

Record 7 of 50 = TRAD
Title: Phenomenology and outcome of subjects with early- and adult-onset psychotic mania
Author(s): Carlson, GA (Carlson, GA); Bromet, EJ (Bromet, EJ); Sievers, S (Sievers, S)
Source: AMERICAN JOURNAL OF PSYCHIATRY **Volume:** 157 **Issue:** 2 **Pages:** 213-219 **DOI:** 10.1176/appi.ajp.157.2.213 **Published:** FEB 2000
Abstract: Objective: This study examined clinical differences between subjects with early-onset and adult-onset psychotic mania, Method: Subjects were from an epidemiologically derived, hospitalized sample who met criteria for definite bipolar disorder after 24 months of follow-up and whose index episode had been manic. Information collected regarding demographic characteristics, psychotic and depressive symptoms, childhood behavior problems and school functioning, substance/alcohol use disorders, and episode recurrence for two subgroups were compared: those whose illness first emerged before age 21 (early onset) (N=23) and those whose first episode occurred after age 30 (adult onset) (N=30). Results: A larger proportion of the early-onset subjects were male, had childhood behavior disorders, had substance abuse comorbidity, exhibited paranoia, and experienced complete episode remission less frequently during 24-month follow-up than the adult-onset subjects. Conclusions: These data add to the body of evidence that has suggested that many subjects with early-onset psychotic mania have a more severe and developmentally complicated subtype of bipolar disorder.
Accession Number: WOS:000085169000010
PubMed ID: 10671389
Conference Title: 88th Annual Meeting of the American-Psychopathological-Association
Conference Date: MAR 05-07, 1998
Conference Location: NEW YORK, NEW YORK
Conference Sponsors: Amer Psychopathol Assoc
ISSN: 0002-953X

Record 8 of 50 = PRO
Title: Pharmacotherapy of attention deficit hyperactivity disorder
Author(s): Spencer, T (Spencer, T); Biederman, J (Biederman, J); Wilens, T (Wilens, T)
Source: CHILD AND ADOLESCENT PSYCHIATRIC CLINICS OF NORTH AMERICA **Volume:** 9 **Issue:** 1 **Pages:** 77-+ **Published:** JAN 2000
Abstract: The pharmacotherapy of attention-deficit hyperactivity disorder has evolved parallel to the understanding of the disorder. Over the decades, treatment concerns have expanded from a primarily behavioral focus to include prosocial interactions and cognitive and executive functions. Although the bulk of the vast literature documents the short-term efficacy of stimulants,

recent studies have begun to examine long-term effects. In addition to the stimulants, there is a considerable amount of literature indicating an important role for other catecholaminergic agents and promising new findings in cholinergic agents.
Accession Number: WOS:000085136600006
PubMed ID: 10674191
ISSN: 1056-4993

Record 9 of 50 = PRO
Title: Mood stabilizers in the treatment of juvenile bipolar disorder - Advances and controversies
Author(s): Davanzo, PA (Davanzo, PA); McCracken, JT (McCracken, JT)
Source: CHILD AND ADOLESCENT PSYCHIATRIC CLINICS OF NORTH AMERICA **Volume:** 9 **Issue:** 1 **Pages:** 159-+ **Published:** JAN 2000
Abstract: This article summarizes the most recent clinical pharmacologic studies of mood stabilizers in children and adolescents with bipolar disorder. Based on these studies, a treatment algorithm is proposed. A brief review of the potential biologic predictors of treatment response in this population and of the newer anticonvulsants with mood stabilizing properties (e.g., lamotrigine, gabapentin, and topiramate) also is offered.
Accession Number: WOS:000085136600010
PubMed ID: 10674195
ISSN: 1056-4993

Record 10 of 50 = PRO
Title: Attention deficit hyperactivity disorder and affective disorders in childhood: continuum, comorbidity or confusion
Author(s): Spencer, T (Spencer, T); Biederman, J (Biederman, J); Wozniak, J (Wozniak, J); Wilens, T (Wilens, T)
Source: CURRENT OPINION IN PSYCHIATRY **Volume:** 13 **Issue:** 1 **Pages:** 73-79 **DOI:** 10.1097/00001504-200001000-00013 **Published:** JAN 2000
Abstract: An increasing awareness of the importance of comorbidity in psychiatric disorders has emerged. Over the past decade numerous reports on the overlap of attention deficit hyperactivity disorder and depression have been published. A growing number of reports have now addressed the overlap of childhood mania and attention deficit hyperactivity disorder. Clinical, epidemiological and family genetic studies have provided evidence supporting the coexistence of these conditions. Curr Opin Psychiatry 13:73-79. (C) 2000 Lippincott Williams & Wilkins.
Accession Number: WOS:000084721500013
ISSN: 0951-7367

Record 11 of 50 = PRO
Title: Toward guidelines for pedigree selection in genetic studies of attention deficit hyperactivity disorder
Author(s): Faraone, SV (Faraone, SV); Biederman, J (Biederman, J); Monuteaux, MC (Monuteaux, MC)
Source: GENETIC EPIDEMIOLOGY **Volume:** 18 **Issue:** 1 **Pages:** 1-16 **Published:** JAN 2000
Abstract: Converging evidence from family, twin, and adoption studies points to a substantial genetic component of the etiology of attention deficit hyperactivity disorder (ADHD). These data about ADHD have motivated molecular genetic studies of the disorder, which have produced intriguing but somewhat conflicting results. Some studies have reported associations with candidate genes and others not. Our review of the literature shows that one problem facing molecular genetic studies of ADHD is that its recurrence risk to first-degree relatives is only about five times higher than the population prevalence. This suggests that, to produce consistently replicated results, molecular genetic studies should either use much larger samples or should select those families in which genes exert the largest effect. Risch [(1990a) Am J Hum Genet 46:222-228; (1990b) Am J Hum Genet 46:229-241] proved that the statistical power of a linkage study increases with the magnitude of risk ratios (lambda's) computed by dividing the affection rate among each relative type to the rate of affection in the population. Our prior work suggests two dimensions of genetic heterogeneity that might be useful for selecting ADHD subjects for molecular genetic studies: comorbidity with conduct disorder and persistence of ADHD into adolescence. This paper shows that these sub-phenotypes are useful for molecular genetic studies because (1) they have much higher empirical lambda values and (2) they affect a substantial minority of ADHD patients. Genet. Epidemiol. 18:1-16, 2000. (C) 2000 Wiley-Liss, Inc.
Accession Number: WOS:000084550400001
PubMed ID: 10603455
ISSN: 0741-0395

Record 12 of 50 = PRO
Title: Bipolar disorder: Diagnostic challenges and treatment considerations
Author(s): Evans, DL (Evans, DL)
Source: JOURNAL OF CLINICAL PSYCHIATRY **Volume:** 61 **Pages:** 26-31 **Supplement:** 13 **Published:** 2000
Abstract: A review of the criteria for the diagnosis of bipolar disorder identifies a number of complicating factors that historically have interfered with the accurate and precise diagnosis of patients. Patients with different subtypes of the disorder sometimes present with different symptoms, and the careful diagnostician must be aware of them. These include comorbidity of bipolar disorder and attention-deficit/hyperactivity disorder, comorbidity of bipolar disorder and substance abuse, and mania secondary to prescription drugs or physical illness, particularly in the elderly. As a result of these factors and others, bipolar disorder is significantly underdiagnosed. Accurate and precise diagnosis has a direct impact on the choice of treatment and will be easier for those clinicians who are aware of the several subtypes of mania and depression and are familiar with the relevant Expert Consensus Guidelines for treatment.
Accession Number: WOS:000166212000004
PubMed ID: 11153808
Conference Title: Bipolar Disorder Advisory Summit
Conference Date: AUG 13-15, 1999
Conference Location: NEW YORK, NEW YORK
Conference Sponsors: Janssen Pharmaceutica
ISSN: 0160-6689

Record 13 of 50 = PRO (though does discuss the controversy)
Title: Bipolar disorder and attention-deficit/hyperactivity disorder in children and adolescents

Author(s): Giedd, JN (Giedd, JN)
Source: JOURNAL OF CLINICAL PSYCHIATRY **Volume:** 61 **Pages:** 31-34 **Supplement:** 9 **Published:** 2000
Abstract: The relationship between bipolar disorder and attention-deficit/hyperactivity disorder (ADHD) in children and adolescents has been one of the most hotly debated topics in recent child psychiatry literature. At the heart of the matter is whether large numbers of children with bipolar disorder are being unrecognized or misdiagnosed. The differential diagnoses of juvenile-onset bipolar disorder can be complicated by many factors, but the most common clinical dilemmas seem to arise from overlapping symptomatology with ADHD and the differing treatment strategies these diagnoses imply. This article discusses the similarities and differences between these disorders with respect to phenomenology, epidemiology, family history, brain imaging, and treatment response.
Accession Number: WOS:000087085500005
PubMed ID: 10826658
ISSN: 0160-6689

Record 14 of 50 = SCEP
Title: Bipolar disorder in children and adolescents - A guide to diagnosis and treatment
Author(s): Silva, RR (Silva, RR); Matzner, F (Matzner, F); Diaz, J (Diaz, J); Singh, S (Singh, S); Dummit, ES (Dummit, ES)
Source: CNS DRUGS **Volume:** 12 **Issue:** 6 **Pages:** 437-450 **DOI:** 10.2165/00023210-199912060-00003 **Published:** DEC 1999
Abstract: The assessment and treatment of juvenile bipolar disorder presents a number of unique challenges and risks. Despite some advances, there is still much to learn about this illness and appropriate interventions.
The diagnosis of bipolar disorder in children and adolescents is established using the same DSM-IV criteria as are used in adults. In children, the differential diagnosis between bipolar disorder and attention deficit hyperactivity disorder requires special care. Somatic treatments have been less well studied in children and adolescents than in adults, especially for relatively rare conditions such as bipolar disorder, which is uncommon before the age of 10 years. This is unfortunate because it may be inappropriate to translate standard practice for adults to use in children.
Medications may have different pharmacokinetics in peripubertal compared with adult patients and may show different interactions according to stages of endocrine development. Lithium, for example, has a shorter half-life in children than in adults, and maintenance treatment with the drug in adolescents appears to be associated with high relapse rates, perhaps because of differences in drug kinetics. Since illnesses with earlier onset tend to be more severe, and more treatment resistant, it is especially important to rigorously evaluate treatments in juvenile onset conditions. The anticonvulsants that are useful in adults have not been evaluated in controlled trials in children. It appears that adolescent patients with bipolar disorder are more likely to require adjunctive antipsychotics than adults. Since typical antipsychotics are associated with the risk of tardive dyskinesia during long term use and juvenile patients will be exposed to medication over a long period, it is important to evaluate atypical antipsychotics in these patients. Juvenile forms of functional psychoses appear to show higher genetic loads, and parents and families should be evaluated for their contributions to the patient's treatment context. Juvenile patients with bipolar disorder are at significant risk of self-injurious behaviours and require careful supervision. Medication regimens must be supervised closely.
Accession Number: WOS:000084343400003
ISSN: 1172-7047

Record 15 of 50 = PRO
Title: Systematic chart review of the pharmacologic treatment of comorbid attention deficit hyperactivity disorder in youth with bipolar disorder
Author(s): Biederman, J (Biederman, J); Mick, E (Mick, E); Prince, J (Prince, J); Bostic, JQ (Bostic, JQ); Wilens, TE (Wilens, TE); Spencer, T (Spencer, T); Wozniak, J (Wozniak, J); Faraone, SV (Faraone, SV)
Source: JOURNAL OF CHILD AND ADOLESCENT PSYCHOPHARMACOLOGY **Volume:** 9 **Issue:** 4 **Pages:** 247-256 **DOI:** 10.1089/cap.1999.9.247 **Published:** WIN 1999
Abstract: The objective of this study was to evaluate pharmacological approaches for attention deficit hyperactivity disorder (ADHD) in children with bipolar disorder and comorbid ADHD. The medical charts of 38 patients with diagnoses of both Diagnostic and Statistical Manual of Mental Disorders, 3rd ed., revised ADHD and bipolar disorder were reviewed over multiple visits to assess improvement and prescription patterns. Logistic regression was used to model the probability of improvement at each visit, and robust standard errors were estimated in order to account for correlation among individuals using Huber's correction for clustered data. The proportion of visits at which ADHD symptoms were rated as improved following initial improvement in manic symptoms was 7.5 times greater than before initial improvement of manic symptoms. The recurrence of manic symptoms following their initial stabilization significantly inhibited ADHD response to medication. Although tricyclic antidepressants (TCAs) significantly increased the probability of ADHD improvement following mood stabilization, there was also a significant association between treatment with TCAs and relapse of manic symptoms. Our results support the hypothesis that mood stabilization is a prerequisite for the successful pharmacologic treatment of ADHD in children with both ADHD and manic symptoms. Although TCAs can be helpful in the management of ADHD children with manic symptoms, these drugs should be used with caution since they can also have a destabilizing effect on manic symptoms.
Accession Number: WOS:000084381700003
PubMed ID: 10630454
ISSN: 1044-5463

Record 16 of 50 = TRAD
Title: Early-onset psychotic disorders: Course and outcome over a 2-year period
Author(s): McClellan, J (McClellan, J); McCurry, C (McCurry, C); Snell, J (Snell, J); DuBose, A (DuBose, A)
Source: JOURNAL OF THE AMERICAN ACADEMY OF CHILD AND ADOLESCENT PSYCHIATRY **Volume:** 38 **Issue:** 11 **Pages:** 1380-1388 **DOI:** 10.1097/00004583-199911000-00012 **Published:** NOV 1999
Abstract: Objective: To examine the course and outcome of early-onset psychotic disorders. Method: These are data from a longitudinal, prospective study of youths with psychotic disorders. Standardized diagnostic and symptom rating measures were used. Results: Fifty-five subjects with the following disorders have been recruited: schizophrenia (n = 18), bipolar disorder (n = 15), psychosis not otherwise specified (n = 15), schizoaffective disorder (n = 6), and organic psychosis (n = 1). Followup assessments were obtained on 42 subjects at year 1 and 31 subjects at year 2. Youths with schizophrenia had more chronic global dysfunction, whereas subjects with bipolar disorder overall had better functioning. with a cyclical course of illness. However, according to results of a regression model, premorbid functioning and ratings of negative symptoms, but not diagnosis,

significantly predicted the highest level of functioning over years 1 and 2. Conclusions: Course and level of functioning differentiated bipolar disorder from schizophrenia. However, premorbid functioning and ratings of negative symptoms were the best predictors of functioning over the follow-up period. These findings are consistent with the adult literature, and they further support that psychotic illnesses in young people are continuous with the adult-onset forms.
Accession Number: WOS:000083369800012
PubMed ID: 10560224
ISSN: 0890-8567

Record 17 of 50 = PRO
Title: Rapid-cycling bipolar disorder - An overview of research and clinical experience
Author(s): Kilzieh, N (Kilzieh, N); Akiskal, HS (Akiskal, HS)
Source: PSYCHIATRIC CLINICS OF NORTH AMERICA **Volume:** 22 **Issue:** 3 **Pages:** 585-+ **DOI:** 10.1016/S0193-953X(05)70097-6 **Published:** SEP 1999
Abstract: Rapid-cycling bipolar disorder (RCBD) has been recognized as a refractory course pattern of the illness in up to 20% of bipolar, especially type II, patients. Data are generally consistent in indicating that RCBD is more common in women. Familial bipolarity does not distinguish RCBD from other bipolar patients. This article reviews evidence of putative risk factors, such as antecedent cyclothymic temperament, borderline hypothyroidism, and exposure to antidepressant medications; however, de novo rapid-cycling in the absence of such factors also occurs. Clinicians are admonished to refrain from using antidepressants-with the possible exception of bupropion-and to maintain patients on mood stabilizer combinations of which valproate appears to be the most useful ingredient.
Accession Number: WOS:000082827800006
PubMed ID: 10550857
ISSN: 0193-953X

Record 18 of 50 = PRO
Title: Bipolarity in children
Author(s): Sanchez, L (Sanchez, L); Hagino, O (Hagino, O); Weller, E (Weller, E); Weller, R (Weller, R)
Source: PSYCHIATRIC CLINICS OF NORTH AMERICA **Volume:** 22 **Issue:** 3 **Pages:** 629-+ **DOI:** 10.1016/S0193-953X(05)70099-X **Published:** SEP 1999
Abstract: Childhood and adolescent bipolar disorder has been less studied than adult-onset bipolar illness. Case reports of mania in childhood can be found as early as the mid nineteenth century, however. Historically, several factors have made the accurate diagnosis of bipolar disorder in children difficult: (1) clinical bias against the diagnosis of mania in children, (2) low base rate of disorder, (3) symptom overlap between bipolar disorder and other more prevalent childhood-onset psychiatric disorders, and (4) developmental constraints and variability in clinical presentation.
Accession Number: WOS:000082827800008
PubMed ID: 10550859
ISSN: 0193-953X

Record 19 of 50 = PRO (favourably references and quotes Geller & Luby 1997)
Title: Psychopharmacology in school-based mental health services
Author(s): Del Mundo, AS (Del Mundo, AS); Pumariega, AJ (Pumariega, AJ); Vance, HR (Vance, HR)
Source: PSYCHOLOGY IN THE SCHOOLS **Volume:** 36 **Issue:** 5 **Pages:** 437-450 **DOI:** 10.1002/(SICI)1520-6807(199909)36:5<437::AID-PITS7>3.0.CO;2-B **Published:** SEP 1999
Abstract: The use of pharmacological approaches in the treatment of children with serious emotional and mental disorders has become increasingly accepted and proven to be an important component of overall care. Increasingly, greater numbers of children attend school under pharmacological treatment, and such treatment is increasingly used to address behavioral difficulties that interfere with learning within school-based mental health services. However, the appropriate use of such agents and the use of psychiatric diagnosis in their selection continue to be topics of discussion in the lay and educational literature. This article will address the current state of psychopharmacological treatment for diagnostic entities and behavioral symptomatology, which can present in the context of the classroom and in school-based mental health services. The roles of the child and family, child and adolescent psychiatrists, and other health and educational professionals in treatment selection and implementation is discussed. (C) 1999 John Wiley & Sons, Inc.
Accession Number: WOS:000082140500007
ISSN: 0033-3085

Record 20 of 50 = PRO
Title: Risperidone treatment for juvenile bipolar disorder: A retrospective chart review
Author(s): Frazier, JA (Frazier, JA); Meyer, MC (Meyer, MC); Biederman, J (Biederman, J); Wozniak, J (Wozniak, J); Wilens, TE (Wilens, TE); Spencer, TJ (Spencer, TJ); Kim, GS (Kim, GS); Shapiro, S (Shapiro, S)
Source: JOURNAL OF THE AMERICAN ACADEMY OF CHILD AND ADOLESCENT PSYCHIATRY **Volume:** 38 **Issue:** 8 **Pages:** 960-965 **DOI:** 10.1097/00004583-199908000-00011 **Published:** AUG 1999
Abstract: Objective: To investigate the effectiveness and tolerability of the atypical neuroleptic risperidone in the treatment of juvenile mania. Method: This is a retrospective chart review of outpatients with the diagnosis of bipolar disorder (DSM-IV) treated with risperidone at a university center. Response to treatment was evaluated using the Clinical Global Impression Scale (CGI) with separate assessments of mania, psychosis, aggression, and attention-deficit/hyperactivity disorder (ADHD). Results: Twenty-eight youths (mean +/- SD age, 10.4 +/- 3.8 years) with bipolar disorder (25 mixed and 3 hypomanic) who had been treated with risperidone were identified. These children received a mean dose of 1.7 +/- 1.3 mg over an average period of 6.1 +/- 8.5 months. Using a CGI Improvement score of less than or equal to 2 (very much/much improved) to define robust improvement, 82% showed improvement in both their manic and aggressive symptoms, 69% in psychotic symptoms, but only 8% in ADHD symptoms. Conclusions: Although limited by its retrospective nature, this study suggests that risperidone may be effective in the treatment of manic young people and indicates the need for controlled clinical trials of risperidone and other atypical neuroleptics in juvenile mania.
Accession Number: WOS:000081664700011
PubMed ID: 10434487
ISSN: 0890-8567

Record 21 of 50 = NA
Title: To change the patient or the patient's world: The suicide attempt of a teased 12-year-old girl
Author(s): Solhkhah, R (Solhkhah, R); Olds, J (Olds, J); Englund, DW (Englund, DW)
Source: HARVARD REVIEW OF PSYCHIATRY **Volume:** 7 **Issue:** 2 **Pages:** 102-108 **Published:** JUL-AUG 1999
Accession Number: WOS:000081357200004
PubMed ID: 10471248
ISSN: 1067-3229

Record 22 of 50 = PRO
Title: Risk for substance use disorders in youths with child- and adolescent-onset bipolar disorder
Author(s): Wilens, TE (Wilens, TE); Biederman, J (Biederman, J); Millstein, RB (Millstein, RB); Wozniak, J (Wozniak, J); Hahesy, AL (Hahesy, AL); Spencer, TJ (Spencer, TJ)
Source: JOURNAL OF THE AMERICAN ACADEMY OF CHILD AND ADOLESCENT PSYCHIATRY **Volume:** 38 **Issue:** 6 **Pages:** 680-685 **DOI:** 10.1097/00004583-199906000-00014 **Published:** JUN 1999
Abstract: Objective: Previous work in adults has suggested that early-onset bipolar disorder (BPD) is associated with an elevated risk for substance use disorders (SUD). To this end, the authors assessed the risk for SUD in child-versus adolescent-onset BPD with attention to comorbid psychopathology. Method: All youths (aged 13-18 years) with available structured psychiatric interviews were studied systematically. From clinic subjects (N = 333), 86 subjects with DSM-III-R BPD were identified. To evaluate the risk for SUD and BPD while attending to developmental issues, the authors stratified the BPD sample into those with child-onset BPD (less than or equal to 12 years of age, n = 50) and those with adolescent-onset BPD (13-18 years of age, n = 36). Results: In mid-adolescence, youths with adolescent-onset BPD were at significantly increased risk for SUD relative to those with child-onset BPD (39% versus 8%; p =.001). Compared with those with child-onset BPD, those with adolescent-onset BPD had 8.8 times the risk for SUD (95% confidence interval = 2.2-34.7; chi(7)(2) = 9.7, p = 002). The presence of conduct disorder or other comorbid psychopathology within BPD did not account for the risk for SUD. Conclusions: Adolescent-onset BPD is associated with a much higher risk for SUD than child-onset BPD, which was not accounted for by conduct disorder or other comorbid psychopathology. Youths with adolescent-onset BPD should be monitored and educated about SUD risk. The identification and treatment of manic symptomatology may offer therapeutic opportunities to decrease the risk for SUD in these high-risk youths.
Accession Number: WOS:000080558800014
PubMed ID: 10361785
ISSN: 0890-8567

Record 23 of 50 = NA (ADHD – original article not accessed)
Title: Attention-Deficit/Hyperactivity Disorder and associated childhood disorders
Author(s): Dunne, JE (Dunne, JE)
Source: PRIMARY CARE **Volume:** 26 **Issue:** 2 **Pages:** 349-+ **DOI:** 10.1016/S0095-4543(08)70010-1 **Published:** JUN 1999
Abstract: Concerns about hyperactivity, disruptiveness, and poor school performance are among the most common presenting mental health complaints in physicians' offices. Because of high public awareness of Attention-Deficit/ Hyperactivity Disorder (ADHD), parents often state directly, "I want my child tested for ADHD." The request may be more indirect, such as, "My child's teacher thinks he might have ADHD." Sometimes the complaint is more general, such as a frazzled mother who complains that she cannot keep her child under control or settle him down for sleep. In child and adolescent psychiatric practices, children with ADHD may make up as much as 50% of their patients. ADHD is so common that some primary care physicians have developed fairly sophisticated routines for gathering information and assessing these children. It is an issue that cannot be ignored. There certainly are not enough child-trained mental health professionals to work with these children and their families, so for many children with ADHD, their assessment and treatment is provided entirely by their primary care physician. There is substantial public concern that diagnosing a troublesome child with ADHD and treating with Ritalin has become too easy, leading to over-diagnosis and overuse of stimulant medication and an under-treatment of substantial comorbidity that is frequently found in these children.: This article is aimed at helping the busy clinician develop a reliable approach to assessment, diagnosis, and treatment, including guidelines for referring more complicated cases. Guidelines for the assessment and treatment of children, adolescents and adults, along with a thorough discussion of the current research, have already been published by the American Academy of Child and Adolescent Psychiatry.(13)
Accession Number: WOS:000080734600010
PubMed ID: 10318752
ISSN: 0095-4543

Record 24 of 50 = PRO
Title: Serotonin transporter gene (HTTLPR) is not in linkage disequilibrium with prepubertal and early adolescent bipolarity
Author(s): Geller, B (Geller, B); Cook, EH (Cook, EH)
Source: BIOLOGICAL PSYCHIATRY **Volume:** 45 **Issue:** 9 **Pages:** 1230-1233 **DOI:** 10.1016/S0006-3223(98)00362-X **Published:** MAY 1 1999
Abstract: Background: As part of an ongoing, larger study, "Phenomenology" and Course of Pediatric Bipolarity", a subset of prepubertal and early adolescent onset bipolar (PEA-BP) probands, on whom trio blood collection was complete,,were used to study genetic transmission of the serotonin transporter linked promoter region (HTTLPR) short and long alleles using the transmission disequilibrium test(TDT). The HTTLPR alleles were selected based on postulated serotonergic mechanisms for PEA-BP and on the burgeoning number of HTTLPR allele studies in bipolar (BP) adults.
Methods: There were 46 complete trios of PEA-BP probands and both biological parents. Probands had a mean age of 11.1 +/- 3.0 years and a mean age of onset of PEA-BP of 8.1 +/- 4.0 years. Comprehensive diagnostic assessments included a semi-structured research interview: the WASH-U-KSADS, administered separately to mothers and to children by blind raters. Probands manifested severe impairment (CGAS 43.9 +/- 8.9), elated mood (84.8%), grandiosity (78.3%), rapid cycling (78.3%) and psychosis (63.0%). The HTTLPR length variant was genotyped using fluorescently labeled primers and automated capillary electrophoresis using laser-induced fluorescence.
Results: The TDT was not significant (TDT chi square = .020 df = 1, p =.89).
Conclusions:;This negative result is consistent,with the one negative TDT and two negative linkage studies of HTTLPR alleles in

bipolar adults in the literature. (C) 1999 Society of Biological Psychiatry.
Accession Number: WOS:000080207900019
PubMed ID: 10331118
ISSN: 0006-3223

Record 25 of 50 = PRO
Title: Further evidence of a bidirectional overlap between juvenile mania and conduct disorder in children
Author(s): Biederman, J (Biederman, J); Faraone, SV (Faraone, SV); Chu, MP (Chu, MP); Wozniak, J (Wozniak, J)
Source: JOURNAL OF THE AMERICAN ACADEMY OF CHILD AND ADOLESCENT PSYCHIATRY **Volume:** 38 **Issue:** 4 **Pages:** 468-476 **DOI:** 10.1097/00004583-199904000-00021 **Published:** APR 1999
Abstract: Objective: To investigate systematically the overlap between mania and conduct disorder (CD) in a sample of consecutively referred youths. It was hypothesized that neither CD nor manic symptoms were secondary to the other disorder and that children with the 2 disorders would have correlates of both. Method: Subjects were consecutively referred children and adolescents meeting DSM-III-R diagnostic criteria on structured diagnostic interview for CD (n = 116), mania (n = 110), and CD+mania (n = 76). Results: Of 186 children and adolescents with mania and of 192 with CD, 76 satisfied criteria for both CD and mania, representing 40% of youths with CD and 41% of youths with mania, respectively. Examination of the clinical features, patterns of psychiatric comorbidity, and functioning in multiple domains showed that children with CD and mania had similar features of each disorder irrespective of the comorbidity with the other disorder. Conclusions: The data suggest that when mania and CD co-occur in children, both are correctly diagnosed. In these comorbid cases, CD symptoms should not be viewed as secondary to mania and manic symptoms should not be viewed as secondary to CD.
Accession Number: WOS:000079360000021
PubMed ID: 10199120
ISSN: 0890-8567

Record 26 of 50 = PRO
Title: Case study: Carbamazepine treatment of juvenile-onset bipolar disorder
Author(s): Woolston, JL (Woolston, JL)
Source: JOURNAL OF THE AMERICAN ACADEMY OF CHILD AND ADOLESCENT PSYCHIATRY **Volume:** 38 **Issue:** 3 **Pages:** 335-338 **DOI:** 10.1097/00004583-199903000-00022 **Published:** MAR 1999
Abstract: The literature devoted to juvenile-onset bipolar disorder has rapidly expanded in the past 5 years with an emphasis on new concepts of prevalence and comorbid conditions. In the process of enlarging the knowledge base about the phenomenology of juvenile-onset bipolar disorder, this new literature has generated considerable controversy but has provided little information about pharmacotherapy. In the following case series. carbamazepine appeared to be a safe and effective treatment for juvenile-onset bipolar disorder. Controlled studies are necessary before any definitive conclusions can be reached about the efficacy of carbamazepine in the treatment of this form of bipolar disorder.
Accession Number: WOS:000078832100023
PubMed ID: 10087696
ISSN: 0890-8567

Record 27 of 50 = PRO
Title: Pharmacologic treatment of affective disorders in adolescents
Author(s): Wolf, DV (Wolf, DV); Wagner, KD (Wagner, KD)
Source: ADOLESCENT PSYCHIATRY, VOL 24 **Book Series:** ADOLESCENT PSYCHIATRY **Volume:** 24 **Pages:** 213-242 **Published:** 1999
Accession Number: WOS:000085293500016
ISSN: 0065-2008

Record 28 of 50 = NA (not accessed)
Title: Comorbidity of psychiatric and communication disorders in children
Author(s): Giddan, JJ (Giddan, JJ); Milling, L (Milling, L)
Source: CHILD AND ADOLESCENT PSYCHIATRIC CLINICS OF NORTH AMERICA **Volume:** 8 **Issue:** 1 **Pages:** 19-+ **Published:** JAN 1999
Abstract: The co-occurrence of psychiatric and communication disorders in children is considerable. Many children who are treated by mental health professionals are also in need of speech and language services. This article discusses comorbidity and outlines communication problems that accompany a variety of childhood psychiatric conditions. Empiric studies and clinical impressions of these co-occurring problems are described.
Accession Number: WOS:000077468400004
PubMed ID: 9894027
ISSN: 1056-4993

Record 29 of 50 = PRO
Title: Nimodipine treatment of an adolescent with ultradian cycling bipolar affective illness
Author(s): Davanzo, PA (Davanzo, PA); Krah, N (Krah, N); Kleiner, J (Kleiner, J); McCracken, J (McCracken, J)
Source: JOURNAL OF CHILD AND ADOLESCENT PSYCHOPHARMACOLOGY **Volume:** 9 **Issue:** 1 **Pages:** 51-61 **DOI:** 10.1089/cap.1999.9.51 **Published:** 1999
Abstract: This is a single case report of an open trial of nimodipine, a dihydropyridine-type calcium antagonist, in the treatment of a 13-year-old boy with refractory, ultradian rapid cycling, bipolar disorder type I. Prior clinical trials with calcium channel blockers in adults with ultrarapid cycling affective disorder supported an empirical trial of nimodipine for treatment of ultradian rapid cycling in this adolescent. Severity of mania and depression were rated before and after nimodipine therapy. A marked decrease in rapid, repeated, and significant mood changes was clinically observed and measured by standardized scales after 9 days of nimodipine 180 mg daily. No adverse effects were noticed. Remission persisted with continued treatment at 36-month follow-up. Medication response was partially attributed to adjunctive therapy with levothyroxine. Implications of treatment benefit are discussed in the context of novel pharmacotherapies for refractory bipolar disorder. These findings are preliminary and do not provide sufficient basis to recommend nimodipine as the treatment of choice in adolescents with ultradian cycling bipolar disorder, but suggest that controlled studies may be indicated.

Accession Number: WOS:000080309700007
PubMed ID: 10357518
ISSN: 1044-5463

Record 30 of 50 = TRAD
Title: Comorbidity
Author(s): Angold, A (Angold, A); Costello, EJ (Costello, EJ); Erkanli, A (Erkanli, A)
Source: JOURNAL OF CHILD PSYCHOLOGY AND PSYCHIATRY AND ALLIED DISCIPLINES **Volume:** 40 **Issue:** 1 **Pages:** 57-87 **DOI:** 10.1017/S0021963098003448 **Published:** JAN 1999
Abstract: We review recent research on the prevalence, causes, and effects of diagnostic comorbidity among the most common groups of child and adolescent psychiatric disorders; anxiety disorders, depressive disorders, attention deficit hyperactivity disorders, oppositional defiant and conduct disorders, and substance abuse. A meta-analysis of representative general population studies provides estimates of the strength of associations between pairs of disorders with narrower confidence intervals than have previously been available. Current evidence convincingly eliminates methodological factors as a major cause of comorbidity. We review the implications of comorbidity for understanding the development of psychopathology and for nosology.
Accession Number: WOS:000078874100004
PubMed ID: 10102726
ISSN: 0021-9630

Record 31 of 50 = PRO
Title: Antecedents and complications of trauma in boys with ADHD: Findings from a longitudinal study
Author(s): Wozniak, J (Wozniak, J); Crawford, MH (Crawford, MH); Biederman, J (Biederman, J); Faraone, SV (Faraone, SV); Spencer, TJ (Spencer, TJ); Taylor, A (Taylor, A); Blier, HK (Blier, HK)
Source: JOURNAL OF THE AMERICAN ACADEMY OF CHILD AND ADOLESCENT PSYCHIATRY **Volume:** 38 **Issue:** 1 **Pages:** 48-55 **DOI:** 10.1097/00004583-199901000-00019 **Published:** JAN 1999
Abstract: Objective: To examine the relationship between trauma and attention-deficit hyperactivity disorder (ADHD), evaluating whether ADHD increases the risk for trauma, the risk for posttraumatic stress disorder (PTSD), or the risk for trauma-associated psychopathology. Method: Data from a longitudinal sample of 260 children and adolescents with and without ADHD were examined. All were evaluated comprehensively with assessments in multiple domains of functioning including systematic assessments of trauma and PTSD. Comparisons were made between traumatized and nontraumatized youths with and without ADHD. Results: No meaningful differences were detected in comparisons between ADHD and control children, either in the rate of trauma exposure or in the development of PTSD. Although trauma was associated with the development of major depression, this effect was independent of ADHD status. In contrast, bipolar disorder at baseline assessment was a significant risk factor for subsequent trauma exposure. Conclusions: ADHD was not found to be a risk factor for either trauma exposure or PTSD, but childhood mania was. If confirmed, this finding stresses the potential severe clinical sequelae of childhood mania in children.
Accession Number: WOS:000077871100019
PubMed ID: 9893416
ISSN: 0890-8567

Record 32 of 50 = PRO
Title: Genetics of attention-deficit hyperactivity disorder
Author(s): Cook, EH (Cook, EH)
Source: MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES RESEARCH REVIEWS **Volume:** 5 **Issue:** 3 **Pages:** 191-198 **Published:** 1999
Abstract: Attention-deficit hyperactivity disorder (ADHD) and related symptom dimensions of inattention and hyperactivity have been shown to be more prevalent in the relatives of probands with ADHD than in relatives of controls. This familiarity has been shown to be heritable in both twin studies and segregation analyses with models ranging from a major autosomal dominant gene with reduced penetrance to additive genetic factors. All models have included substantial environmental and genetic components. Like other relatively common diseases, ADHD is likely to be heterogeneous in terms of degree of genetic risk from family to family and the genes contributing to susceptibility. Several genes are likely to contribute to both susceptibility and protection. For example, genetic variation (as well as environmental variation) may contribute to the excellent outcome of a substantial proportion of children with ADHD. Until recently, it has been difficult to move from estimates of genetic influence to determining which specific genes contribute to complex genetic disorders like ADHD. However, recent advances in both molecular genetics and statistical analysis allow testing of both candidate genes and screening for genes throughout the genome for which no previous reason is present to test them specifically. Although relatively few studies have been conducted relative to other complex genetic disorders, there are replicated linkage disequilibrium and linkage findings in ADHD for the dopamine transporter (DAT) and dopamine Dq receptor (DRD4) genes. It is now possible to begin to understand how these findings correlate with the heterogeneity within the syndrome of ADHD and how they relate to other neurobiological studies of ADHD. Using information from current molecular genetic findings and those expected from genome-wide linkage studies, it may become feasible to develop new medication treatments and to develop animal models for the purpose of understanding more about the developmental neurobiological mechanisms leading to ADHD and related disorders. Furthermore, it may become possible to target children at relatively higher genetic risk of ADHD for prevention/early intervention, such as provision of intensive parent training for infants or toddlers at high risk of ADHD and related disorders. (C) 1999 Wiley-Liss, Inc.
Accession Number: WOS:000082196500005
ISSN: 1080-4013

Record 33 of 50 = PRO
Title: Frequently missed diagnoses in adolescent psychiatry
Author(s): Berenson, CK (Berenson, CK)
Source: PSYCHIATRIC CLINICS OF NORTH AMERICA **Volume:** 21 **Issue:** 4 **Pages:** 917-+ **DOI:** 10.1016/S0193-953X(05)70049-6 **Published:** DEC 1998
Abstract: Symptom overlap, comorbidity, disagreement among informants, and the impact of development complicate psychiatric diagnoses in the adolescent patient. This review of frequently missed diagnoses includes anxiety disorders, ADD without hyperactivity, early-onset bipolar disorder, syndromes associated with trauma, and substance abuse.
Accession Number: WOS:000077479000013

PubMed ID: 9890130
ISSN: 0193-953X

Record 34 of 50 = PRO
Title: Current issues in childhood bipolarity
Author(s): Nottelmann, ED (Nottelmann, ED); Jensen, PS (Jensen, PS)
Source: JOURNAL OF AFFECTIVE DISORDERS **Volume:** 51 **Issue:** 2 **Pages:** 77-80 **Published:** NOV 1998
Accession Number: WOS:000078964800002
PubMed ID: 10743840
ISSN: 0165-0327

Record 35 of 50 = PRO
Title: Prepubertal and early adolescent bipolarity differentiate from ADHD by manic symptoms, grandiose delusions, ultra-rapid or ultradian cycling
Author(s): Geller, B (Geller, B); Williams, M (Williams, M); Zimerman, B (Zimerman, B); Frazier, J (Frazier, J); Beringer, L (Beringer, L); Warner, KL (Warner, KL)
Source: JOURNAL OF AFFECTIVE DISORDERS **Volume:** 51 **Issue:** 2 **Pages:** 81-91 **DOI:** 10.1016/S0165-0327(98)00175-X **Published:** NOV 1998
Abstract: Background: In contrast to differential diagnosis (ddx) of older adolescent and adult bipolarity (BP), which includes schizophrenia and substance use disorders, the main ddx of prepubertal and early adolescent BP is attention-deficit disorder with hyperactivity (ADHD). To address this ddx issue, and to provide prepubertal mania manifestations, interim baseline data are presented from the National Institute of Mental Health (NIMH)-funded study 'Phenomenology and Course of Pediatric Bipolarity'. Methods: Data are from the first 60 BP and the first 60 ADHD cases from 270 consecutively ascertained subjects (90 BP, 90 ADHD and 90 community controls). Comprehensive assessments included the Washington University at St. Louis Kiddie and Young Adult-Schedule for Affective Disorders and Schizophrenia - Lifetime and Present Episode Version-DSM-IV (WASH-U-KSADS) blindly administered by nurses to mothers about their offspring and to children/adolescents about themselves. Caseness was established by consensus conferences that included diagnostic and impairment data, teacher and school reports, agency records, Videotapes and medical charts. Results: Mean baseline age of BP cases was 11.0+/-2.7 years and the mean age at onset of BP was 8.1+/-3.5 years. Elated mood, grandiosity, hypersexuality, decreased need for sleep, racing thoughts and all other mania items except hyperenergetic and distractibility were significantly and substantially more frequent among BP than ADHD cases (e.g., elation: 86.7% BP vs. 5.0% ADHD; grandiosity: 85.0% BP vs. 6.7% ADHD). In the BP group, 55.0% had grandiose delusions, 26.7% had suicidality with plan/intent and 83.3% were rapid, ultra-rapid or ultradian cyclers. Limitations: Sites for consecutive case ascertainment from the lowest socioeconomic status classes were unavailable due to current health care policies. Clinical relevance: Prepubertal and early adolescent BP cases differentiate from ADHD by mania-specific criteria and commonly present with ultra-rapid or ultradian cycling. (C) 1998 Elsevier Science B.V. All rights reserved.
Accession Number: WOS:000078964800003
PubMed ID: 10743841
ISSN: 0165-0327

Record 36 of 50 = PRO
Title: Clinical features of children with both ADHD and mania: does ascertainment source make a difference?
Author(s): Biederman, J (Biederman, J); Russell, R (Russell, R); Soriano, J (Soriano, J); Wozniak, J (Wozniak, J); Faraone, SV (Faraone, SV)
Source: JOURNAL OF AFFECTIVE DISORDERS **Volume:** 51 **Issue:** 2 **Pages:** 101-112 **DOI:** 10.1016/S0165-0327(98)00177-3 **Published:** NOV 1998
Abstract: Objective: We evaluated the structural diagnostic results of children ascertained through an ADHD diagnosis with comorbid mania to determine if they have the same phenotype as children ascertained through a mania diagnosis with comorbid ADHD. Method: We compared a sample of children participating in a family genetic study of ADHD to a sample of children ascertained through a study of childhood mania. Results: Similar correlates of ADHD and mania were observed in children satisfying criteria for both disorders irrespective of ascertainment source. Conclusions: Findings suggest that children with mania and ADHD have two disorders, their features not varying with the primary diagnostic focus. Limitations: The results may have been limited by small sample size. Clinical relevance: Because the coexistence of ADHD and mania seriously complicates the course and treatment of children, understanding the compatibility of these disorders has important clinical implications in the management of this population. (C) 1998 Elsevier Science B.V. All rights reserved.
Accession Number: WOS:000078964800005
PubMed ID: 10743843
ISSN: 0165-0327

Record 37 of 50 = SCEP
Title: Young referred boys with DICA-P manic symptoms vs. two comparison groups
Author(s): Carlson, GA (Carlson, GA); Loney, J (Loney, J); Salisbury, H (Salisbury, H); Volpe, RJ (Volpe, RJ)
Source: JOURNAL OF AFFECTIVE DISORDERS **Volume:** 51 **Issue:** 2 **Pages:** 113-121 **DOI:** 10.1016/S0165-0327(98)00210-9 **Published:** NOV 1998
Abstract: A total of 23 boys met DICA-P manic symptom and clustering criteria in a diagnostic investigation of 233 outpatient boys between ages 6 and 10. In this manic-symptom group, the most frequently endorsed of an average of five manic symptoms were extreme mood changes, difficulty concentrating, feeling too 'up' to sit still, and racing thoughts. Comparison groups were 23 non-manic boys seen next in the investigation and 23 non-manic boys matched to the manic-symptom boys on symptoms of three comorbid disruptive disorders (ADHD, ODD and CD). Manic-symptom boys differed significantly from next-seen boys, but not from matched comorbid boys, in number of oppositional symptoms and pervasiveness of problems. Manic-symptom boys differed significantly from next-seen boys on six of eight mother-rated RCBCL factors. In contrast, manic-symptom and matched comorbid boys did not differ on any of eight RCBCL factors, which suggests that the RCBCL differences can be attributed to shared ADHD, ODD and/or CD. However, manic-symptom and matched comorbid boys tended to differ on RCBCL Anxiety/Depression. On the teacher-rated TRF, manic-symptom boys were rated higher than next-seen boys on four internalizing factors, and higher than matched comorbid boys on two of those factors, including Anxiety/Depression. Thus, manic symptomatology also predicted substantial emotionality, which was not a controlled comorbidity. The findings of this and

other studies suggest that there is a mania dimension or syndrome, which may be an indicator of true bipolar disorder-or simply a marker for disruptive comorbidity, behavioral and emotional multimorbidity, or general severity of psychopathology. (C) 1998 Elsevier Science BN. All rights reserved.
Accession Number: WOS:000078964800006
PubMed ID: 10743844
ISSN: 0165-0327

Record 38 of 50 = SCEP
Title: Manic symptoms in psychiatrically hospitalized children - what do they mean?
Author(s): Carlson, GA (Carlson, GA); Kelly, KL (Kelly, KL)
Source: JOURNAL OF AFFECTIVE DISORDERS **Volume:** 51 **Issue:** 2 **Pages:** 123-135 **DOI:** 10.1016/S0165-0327(98)00211-0 **Published:** NOV 1998
Abstract: Objective: To examine the clinical implications of manic symptoms in psychiatrically hospitalized children aged 5-12. Methods: DSMIIIR manic symptoms, along with symptoms of other psychiatric disorders, were rated by parents and teachers on the Child Symptom Inventory IIIR prior to hospitalization. The Child Behavior Checklist (CBCL; was also completed. During hospitalization children were evaluated by structured interview (K-SADS-E), and numerous rating scales weekly. Children with symptoms of mania (mania criteria with/without episodes) were compared to those without mania. Severity of attention deficit hyperactivity disorder (ADHD), oppositional defiant disorder (ODD), depression, CBCL factors, and comparable factors from teacher and parent inpatient rating scales were examined. Finally, a subgroup of both groups of children treated with stimulants were compared at baseline and at least two weeks of treatment. Results: Children with manic symptoms had more severe ADHD, ODD and depression symptoms. CBCL scores on aggression, social and thought problems were higher. Teachers and nursing staff made similar observations. Time in hospital was greater for children with manic symptoms. Both groups improved significantly on stimulant medication though reduction in overall psychopathology was often modest. Conclusions: Manic symptoms, regardless of whether or not they represent bipolar disorder, are a marker of serious psychopathology and treatment resistance. (C) 1998 Elsevier Science BN; All rights reserved.
Accession Number: WOS:000078964800007
PubMed ID: 10743845
ISSN: 0165-0327

Record 39 of 50 = PRO
Title: Early childhood attention deficit hyperactivity disorder predicts poorer response to acute lithium therapy in adolescent mania
Author(s): Strober, M (Strober, M); DeAntonio, M (DeAntonio, M); Schmidt-Lackner, S (Schmidt-Lackner, S); Freeman, R (Freeman, R); Lampert, C (Lampert, C); Diamond, J (Diamond, J)
Source: JOURNAL OF AFFECTIVE DISORDERS **Volume:** 51 **Issue:** 2 **Pages:** 145-151 **DOI:** 10.1016/S0165-0327(98)00213-4 **Published:** NOV 1998
Abstract: We compared the response to acute lithium therapy in 30 adolescents, 13-17 years of age, with mania and a prior history of early childhood attention deficit hyperactivity disorder (ADHD) to a sex- and age-matched control group of adolescent manics without premorbid psychiatric illness. Response to treatment was assessed daily over the course of 28 days using measures of global clinical improvement and severity ratings on the Bech-Rafaelsen Mania Scale (BRMS). BRMS scores decreased by a mean of 24.3 in the subgroup without prior ADHD compared to 16.7 in patients with ADHD (P = 0.0005). The average percent drop in BRMS scores over the study period in these two subgroups was 80.6% and 57.7%, respectively (P = 0.0005). Time to onset of sustained global clinical improvement was also assessed using Kaplan-Meier survival methods and possible covariates of time to improvement were tested in a Cox proportional hazards model. Median time to onset of sustained improvement was lengthened significantly in patients with early ADHD (23 days) compared to those without it (17 days; log rank chi(2) = 7.2, P = 0.007). The results suggest that early childhood ADHD defines an important source of heterogeneity in bipolar illness with developmental, clinical, and neuropharmacogenetic implications. (C) 1998 Elsevier Science B.V; All rights reserved.
Accession Number: WOS:000078964800009
PubMed ID: 10743847
ISSN: 0165-0327

Record 40 of 50 = PRO
Title: Lithium for prepubertal depressed children with family history predictors of future bipolarity: a double-blind, placebo-controlled study
Author(s): Geller, B (Geller, B); Cooper, TB (Cooper, TB); Zimerman, B (Zimerman, B); Frazier, J (Frazier, J); Williams, I (Williams, I); Heath, J (Heath, J); Warner, K (Warner, K)
Source: JOURNAL OF AFFECTIVE DISORDERS **Volume:** 51 **Issue:** 2 **Pages:** 165-175 **DOI:** 10.1016/S0165-0327(98)00178-5 **Published:** NOV 1998
Abstract: Background: Because of negative studies of TCAs for prepubertal major depressive disorder (PMDD) and because of the potentially high switch rate of PMDD to prepubertal bipolarity (BP), it was hypothesized that lithium would be efficacious treatment for PMDD in children who also had family history (FH) predictors of future BP. Methods: A double-blind, placebo-controlled, and pharmacokinetically dosed study of lithium for PMDD with FH predictors of future BP was performed. Random assignment was stratified by FH of BP-I or mania versus loaded/multigenerational (L/M) FH of MDD without BP-I or mania. Comprehensive assessments were done during a six week outpatient protocol that included weekly serum lithium levels. Results: Mean age was 10.7+/-1.2 years; 17 subjects were randomized to active and 13 to placebo; 80% had FH of BP-I or mania (40% of parents had BP-I or mania); and 20% had FH of L/M MDD. Using both intent to treat with last observation carried forward (n = 30) and completer (n = 24) analyses, there were no significant differences on continuous or categorical measures between active and placebo groups. Mean serum lithium level was 0.99+/-0.16 mEq/l. There were no significant differences between mean total daily dose or mean serum lithium levels between responders and non-responders. Limitations: Four subjects on active drug were discontinued because of dose-limiting side effects (three were cognitive impairment). Future studies of treatment for PMDD should consider alternative drugs. Clinical Relevance: Lithium was not significantly more efficacious than placebo for PMDD with FH predictors of future BP. (C) 1998 Elsevier Science BN. All rights reserved.
Accession Number: WOS:000078964800011

PubMed ID: 10743849
ISSN: 0165-0327

Record 41 of 50 = SCEP
Title: Mania and ADHD: comorbidity or confusion
Author(s): Carlson, GA (Carlson, GA)
Source: JOURNAL OF AFFECTIVE DISORDERS **Volume:** 51 **Issue:** 2 **Pages:** 177-187 **DOI:** 10.1016/S0165-0327(98)00179-7 **Published:** NOV 1998
Abstract: The frequency of occurrence of prepubertal mania is contingent on how much adherence to episodic disorder with separate periods of mania and depression is required. While manic symptoms superimposed on other psychiatric disorders is not uncommon, non-comorbid bipolar disorder is rare. A number of developmental, phenomenological and assessment considerations may complicate simple extrapolation of adult criteria onto young children. Nevertheless, it is clear that a significant number of preadolescents found in outpatient and inpatient samples meet at least symptom criteria for bipolar disorder. Such children have significant comorbidity and impairment. It is likely that some may develop classical bipolar disorder, some will continue to have substantial affective and behavioral comorbidity as do some complicated bipolar adults, and some will continue to have affective lability superimposed on their other, primary psychiatric disorders. Further research and follow-up will be necessary to determine who develops which outcome. (C) 1998 Elsevier Science B.V. All rights reserved.
Accession Number: WOS:000078964800012
PubMed ID: 10743850
ISSN: 0165-0327

Record 42 of 50 = PRO
Title: Rage attacks in children and adolescents with Tourette's disorder: A pilot study
Author(s): Budman, CL (Budman, CL); Bruun, RD (Bruun, RD); Park, KS (Park, KS); Olson, ME (Olson, ME)
Source: JOURNAL OF CLINICAL PSYCHIATRY **Volume:** 59 **Issue:** 11 **Pages:** 576-580 **DOI:** 10.4088/JCP.v59n1103 **Published:** NOV 1998
Abstract: Background: Sudden, explosive episodes of rage occur in a significant number of clinically referred children with Tourette's disorder and cause considerable psychosocial morbidity. The etiology of these symptoms is unknown. We conducted a pilot study of 12 consecutive children with Tourette's disorder and rage attacks to determine whether comorbidity of Tourette's-associated disorders is related to these symptoms,
Method: Twelve consecutive children with Tourette's disorder who presented with rage attacks were evaluated, including 2 females and 10 males. Tourette's disorder diagnosis, presence of comorbid disorders, and tic severity were assessed using DSM-IV diagnostic criteria and standardized rating scales.
Results: All 12 children met diagnostic criteria for Tourette's disorder, obsessive-compulsive disorder (OCD), and attention-deficit/hyperactivity disorder (ADHD). Two children were also diagnosed with comorbid oppositional defiant disorder, and 4 children were diagnosed with comorbid conduct disorder. None of the subjects met diagnostic criteria for a mood disorder. All subjects had only mild tic severity.
Conclusion: The clinical phenomenon of rage attacks in children with Tourette's disorder resembles intermittent explosive disorder and may reflect specific underlying neurologic disturbances. This pilot study suggests that rage attacks in Tourette's disorder may be related to the presence of comorbid disorders.
Accession Number: WOS:000077383000003
PubMed ID: 9862602
ISSN: 0160-6689

Record 43 of 50 = PRO
Title: The naturalistic course of pharmacologic treatment of children with maniclike symptoms: A systematic chart review
Author(s): Biederman, J (Biederman, J); Mick, E (Mick, E); Bostic, JQ (Bostic, JQ); Prince, J (Prince, J); Daly, J (Daly, J); Wilens, TE (Wilens, TE); Spencer, T (Spencer, T); Garcia-Jetton, J (Garcia-Jetton, J); Russell, R (Russell, R); Wozniak, J (Wozniak, J); Faraone, SV (Faraone, SV)
Source: JOURNAL OF CLINICAL PSYCHIATRY **Volume:** 59 **Issue:** 11 **Pages:** 628-637 **DOI:** 10.4088/JCP.v59n1111 **Published:** NOV 1998
Abstract: Objective: To assess the effectiveness of mood stabilizers in treating maniclike symptoms in children.
Method: Subjects were consecutively referred pediatric patients who, at initial intake, satisfied DSM-III-R criteria for mania on a structured diagnostic interview. We systematically reviewed their clinical records to assess (1) the course of maniclike symptoms and(2) all medications prescribed at each follow-up visit. Survival analysis was used to determine the effect of mood stabilizers and other medications on the course of maniclike symptoms.
Results: Of the 59 subjects meeting criteria for mania, 44 (75%) exhibited evidence of maniclike symptoms during follow-up. The occurrence of manic symptoms significantly predicted the subsequent prescription of mood stabilizers (rate ratio = 2,9, 95% confidence interval [CI] = 1.6 to 5.5), and use of mood stabilizers predicted decreases in manic symptoms (rate ratio = 4.9, 95% CI = 1.2 to 20.8). However, improvement was slow and associated with a substantial risk for relapse.
Conclusion: Mood stabilizers were frequently used in children with maniclike symptoms, and their use was associated with significant improvement of maniclike symptoms, whereas use of antidepressant, antipsychotic, and stimulant medications was not.
Accession Number: WOS:000077383000019
PubMed ID: 9862614
ISSN: 0160-6689

Record 44 of 50 = PRO
Title: Disentangling the overlap between Tourette's disorder and ADHD
Author(s): Spencer, T (Spencer, T); Biederman, J (Biederman, J); Harding, M (Harding, M); O'Donnell, D (O'Donnell, D); Wilens, T (Wilens, T); Faraone, S (Faraone, S); Coffey, B (Coffey, B); Geller, D (Geller, D)
Source: JOURNAL OF CHILD PSYCHOLOGY AND PSYCHIATRY AND ALLIED DISCIPLINES **Volume:** 39 **Issue:** 7 **Pages:** 1037-1044 **DOI:** 10.1017/S0021963098002984 **Published:** OCT 1998
Abstract: Objective: To identify similarities and differences in neuropsychiatric correlates in children with Tourette's syndrome (TS) and those with ADHD. Method: The sample consisted of children with Tourette's syndrome with ADHD (N = 79), children

with Tourette's syndrome without ADHD (N = 18), children with ADHD (N = 563), psychiatrically referred children (N = 212), and healthy controls (N = 140). Results: Disorders specifically associated with Tourette's syndrome were obsessive compulsive disorder (OCD) and simple phobias. Rates of other disorders, including other disruptive behavioral, mood, and anxiety disorders, neuropsychologic correlates, and social and school functioning were indistinguishable in children with Tourette's and ADHD. However, children with Tourette's syndrome plus ADHD had more additional comorbid disorders overall and lower psychosocial function than children with ADHD. Conclusions: These findings confirm previously noted associations between Tourette's syndrome and OCD but suggest that disruptive behavioral, mood, and anxiety disorders as well as cognitive dysfunctions may be accounted for by comorbidity with ADHD. However, Tourette's syndrome plus ADHD appears to be a more severe condition than ADHD alone.
Accession Number: WOS:000076609500011
PubMed ID: 9804036
ISSN: 0021-9630

Record 45 of 50 = PRO
Title: Familial subtypes of attention deficit hyperactivity disorder: A 4-year follow-up study of children from antisocial-ADHD families
Author(s): Faraone, SV (Faraone, SV); Biederman, J (Biederman, J); Mennin, D (Mennin, D); Russell, R (Russell, R); Tsuang, MT (Tsuang, MT)
Source: JOURNAL OF CHILD PSYCHOLOGY AND PSYCHIATRY AND ALLIED DISCIPLINES **Volume:** 39 **Issue:** 7 **Pages:** 1045-1053 **DOI:** 10.1017/S0021963098002996 **Published:** OCT 1998
Abstract: ADHD is a familial disorder with high rates of comorbidity with conduct disorder in childhood and antisocial personality and substance use disorders in adulthood. A growing literature suggests that ADHD with antisocial comorbidity may be nosologically distinct from other forms of ADHD. Previously, we proposed a family-based stratification that defined Antisocial families as those with either conduct disorder or antisocial personality disorder in the probands or relatives. To provide predictive validity for that stratification, we assessed psychopathology in these families 4 years after their initial assessment. Results show that the probands and siblings from Antisocial families had higher rates of psychopathology during the 4-year follow-up period compared with siblings from Non-antisocial and control families. They also had more deviant ratings on the Child Behavior Checklist (especially for anxious/depressed, delinquent, and aggressive behavior). We found fewer group differences in the academic, psychosocial, and intellectual correlates of ADHD. These results confirm and extend previous work indicating that Antisocial ADHD may be a nosologically and clinically meaningful subform of ADHD.
Accession Number: WOS:000076609500012
PubMed ID: 9804037
Author Identifiers:
ISSN: 0021-9630

Record 46 of 50 = PRO
Title: Practice parameters for the assessment and treatment of children and adolescents with depressive disorders
Author(s): Birmaher, B (Birmaher, B); Brent, D (Brent, D); Bernet, W (Bernet, W); Dunne, JE (Dunne, JE); Adair, M (Adair, M); Arnold, V (Arnold, V); Benson, RS (Benson, RS); Bukstein, O (Bukstein, O); Kinlan, J (Kinlan, J); McClellan, J (McClellan, J); Rue, D (Rue, D)
Group Author(s): Work Grp Quality Issues
Source: JOURNAL OF THE AMERICAN ACADEMY OF CHILD AND ADOLESCENT PSYCHIATRY **Volume:** 37 **Issue:** 10 **Pages:** 63S-83S **Supplement:** S **Published:** OCT 1998
Abstract: Child and adolescent major depressive disorder and dysthymic disorder are common, chronic, familiar, and recurrent conditions that usually persist into adulthood. These disorders appear to be manifesting at an earlier age in successive cohorts and are usually accompanied by comorbid psychiatric disorders, increased risk for suicide, substance abuse, and behavior problems. In addition, depressed youth frequently have poor psychosocial, academic, and family functioning, which highlights the importance of early identification and prompt treatment. Both psychotherapy and pharmacotherapy have been found to be beneficial for the acute treatment of youth with depressive disorders. Opinions vary regarding which of these treatments should be offered first and whether they should be offered in combination. In general, the choice of initial therapy depends on clinical and psychosocial factors and therapist's expertise. Based on the current literature and clinical experience, psychotherapy may be the first treatment for most depressed youth. However, antidepressants must be considered for those patients with psychosis, bipolar depression, severe depressions, and those who do not respond to an adequate trial of psychotherapy. All patients need continuation therapy and some patients may require maintenance treatment. Further research is needed on the etiology of depression; the efficacy of different types of psychotherapy; the differential effects of psychotherapy, pharmacotherapy, and integrated therapies; the continuation and maintenance treatment phases; treatment for dysthymia, treatment-resistant depression, and other subtypes of major depressive disorder; and preventive strategies for high-risk children and adolescents.
Accession Number: WOS:000076545600005
ISSN: 0890-8567

Record 47 of 50 = PRO
Title: Mania in young children
Author(s): Kowatch, RA (Kowatch, RA)
Source: JOURNAL OF THE AMERICAN ACADEMY OF CHILD AND ADOLESCENT PSYCHIATRY **Volume:** 37 **Issue:** 10 **Pages:** 1003-1004 **DOI:** 10.1097/00004583-199810000-00001 **Published:** OCT 1998
Accession Number: WOS:000076223600001
PubMed ID: 9785706
ISSN: 0890-8567

Record 48 of 50 = SCEP
Title: Mania in young children - Dr. McClellan replies
Author(s): McClellan, J (McClellan, J)
Source: JOURNAL OF THE AMERICAN ACADEMY OF CHILD AND ADOLESCENT PSYCHIATRY **Volume:** 37 **Issue:** 10 **Pages:** 1004-1005 **DOI:** 10.1097/00004583-199810000-00002 **Published:** OCT 1998
Accession Number: WOS:000076223600002

ISSN: 0890-8567

Record 49 of 50 = PRO
Title: Mania in young children - Drs. Geller and Luby reply
Author(s): Geller, B (Geller, B); Luby, J (Luby, J)
Source: JOURNAL OF THE AMERICAN ACADEMY OF CHILD AND ADOLESCENT PSYCHIATRY **Volume:** 37 **Issue:** 10 **Pages:** 1005-1005 **Published:** OCT 1998
Accession Number: WOS:000076223600003
ISSN: 0890-8567

Record 50 of 50 = PRO
Title: Resolved: Mania is mistaken for ADHD in prepubertal children - Affirmative
Author(s): Biederman, J (Biederman, J)
Source: JOURNAL OF THE AMERICAN ACADEMY OF CHILD AND ADOLESCENT PSYCHIATRY **Volume:** 37 **Issue:** 10 **Pages:** 1091-1093 **DOI:** 10.1097/00004583-199810000-00020 **Published:** OCT 1998
Accession Number: WOS:000076223600020
PubMed ID: 9785721
ISSN: 0890-8567

Record 1 of 50 = TRAD
Title: Child and adolescent psychopharmacology - Important developmental issues
Author(s): Tosyali, MC (Tosyali, MC); Greenhill, LL (Greenhill, LL)
Source: PEDIATRIC CLINICS OF NORTH AMERICA **Volume:** 45 **Issue:** 5 **Pages:** 1021-+ **DOI:** 10.1016/S0031-3955(05)70060-2 **Published:** OCT 1998
Abstract: Development is probably best viewed as continuous across the life span, with changes in internal and external environments constantly affecting each other to produce modifications in mood, thought, and behavior. Because these modifications are most pronounced in childhood and adolescence, a developmental approach is a necessity in all fields of medicine dealing with this age group. Rather than focus exclusively on biologic, psychological, or social development, this article discusses pediatric psychopharmacology within the general framework of the biopsychosocial model.(27) This article focuses on various issues as they are relevant to this discussion, reviewing some key differences between children, adolescents, and adults as they affect the practice of pediatric psychopharmacology.
The article begins with an overview of developmental variations in pharmacokinetics and pharmacodynamics. Afterward, a comment is made on the developmental state of the field of pediatric psychopharmacology. The article then discusses issues related to decision making before beginning treatment with medication, including diagnosis, impairment, and consent. Subsequently, specific disorders, such as attention-deficit hyperactivity disorder (ADHD), mood disorders, and obsessive-compulsive disorder (OCD), are briefly discussed, with focus on issues relevant to a developmental approach to pediatric psychopharmacology.
Accession Number: WOS:000076256400002
PubMed ID: 9884673
ISSN: 0031-3955

Record 2 of 50 = PRO
Title: Mood stabilizers and anticonvulsants
Author(s): Kowatch, RA (Kowatch, RA); Bucci, JP (Bucci, JP)
Source: PEDIATRIC CLINICS OF NORTH AMERICA **Volume:** 45 **Issue:** 5 **Pages:** 1173-+ **DOI:** 10.1016/S0031-3955(05)70068-7 **Published:** OCT 1998
Abstract: This article provides pediatricians and other clinicians who treat children and adolescents with a working knowledge of mood stabilizers and their potential uses in children and adolescents with mood and behavior disorders. Mood stabilizers are ubiquitous agents that are often effective in the treatment of children and adolescents with bipolar disorders or conduct disorders and mentally retarded patients with aggressive behavior. The authors' also discuss mechanisms of action, pharmacokinetics, dosing, drug interactions, and potential uses. Following these medication details, specific information concerning the diagnosis and treatment of several child and adolescent mood and behavior disorders, and in which treatment with mood stabilizers may be helpful, is presented.
Accession Number: WOS:000076256400010
PubMed ID: 9884681
ISSN: 0031-3955

Record 3 of 50 = PRO
Title: The antipsychotics - A pediatric perspective
Author(s): Findling, RL (Findling, RL); Schulz, SC (Schulz, SC); Reed, MD (Reed, MD); Blumer, JL (Blumer, JL)
Source: PEDIATRIC CLINICS OF NORTH AMERICA **Volume:** 45 **Issue:** 5 **Pages:** 1205-+ **DOI:** 10.1016/S0031-3955(05)70070-5 **Published:** OCT 1998
Abstract: Although pediatricians generally do not treat psychotic illnesses, it is quite relevant for physicians who care for youths to be familiar with the uses and risks of antipsychotic medications. Antipsychotics and their related compounds are commonly used in nonpsychiatric settings for general medical conditions. In addition, antipsychotics are frequently prescribed by psychiatrists not only for psychotic illness, but fur a wide range of other conditions. Since treatment with older anitpsychotics was often associated with suboptimal symptom reduction and pronounced side effects, newer agents have recently been developed in hopes of circumventing these shortcomings. This article summarizes for the pediatrician what is currently known about the use of antipsychotics in the young, and considers the future of these newer medications in the pediatric psychopharmacology.
Accession Number: WOS:000076256400012
PubMed ID: 9884683
ISSN: 0031-3955

Record 4 of 50 = TRAD
Title: The use of psychotropic medication in preschoolers: Indications, safety, and efficacy
Author(s): Greenhill, LL (Greenhill, LL)
Source: CANADIAN JOURNAL OF PSYCHIATRY-REVUE CANADIENNE DE PSYCHIATRIE **Volume:** 43 **Issue:** 6 **Pages:** 576-581 **Published:** AUG 1998
Abstract: Objective: To review the indications, safely, and efficacy of psychotropic medications used in preschoolers.
Methods: Proprietary prescription-use databases indicate that practitioners are prescribing psychotropic medications for preschool patients at an increasing rate. A Medline search was conducted using drug exposure for children below the age of 6 years to identify efficacy and safety reports of these agents in the preschool age-group.
Results: The search yielded 22 reports that mention exposure to medications, including maternal exposure, accidental overdose, and adverse events in preschool children. Safety issues highlight the age-specific vulnerabilities of this age-group, including hepatotoxicity from valproic acid, among others. In addition, the prominence of adverse-event responses in this age group may be related to polypharmacy not seen in school-age children or adolescents. Less than a dozen controlled efficacy studies of psychotropic agents were identified for children in the preschool age-group. These are limited by the small numbers of subjects in the reports. Only 2 disorders described in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV), attention-deficit hyperactivity disorder (ADHD) and autistic disorder; are mentioned. The Food and Drug Administration (FDA) approved psychotropic medications for preschoolers but limited their use to medical purposes, not psychiatric, with the exception of use for ADHD.
Conclusions: Because data about psychotropic drug safety and efficacy in adults have not been extended to children, new psychopharmacological research is required before clinicians can use these agents to treat psychiatric disorders in the preschool age-group.
Accession Number: WOS:000075524000003
PubMed ID: 9729683
Conference Title: 44th Annual Meeting of the American-Academy-of-Child-and-Adolescent-Psychiatry
Conference Date: OCT 17, 1997
Conference Location: TORONTO, CANADA
Conference Sponsors: Amer Acad Child & Adolescent Psychiat
ISSN: 0706-7437

Record 5 of 50 = TRAD
Title: Auditory hallucinations in nonpsychotic children with affective syndromes and migraines: Report of 13 cases
Author(s): Schreier, HA (Schreier, HA)
Source: JOURNAL OF CHILD NEUROLOGY **Volume:** 13 **Issue:** 8 **Pages:** 377-382 **Published:** AUG 1998
Abstract: This report describes the discovery of a possible association between auditory hallucinations, migraine, and affective/anxiety disorders in nonpsychotic children. The cases were culled by a review of all consultations in an outpatient practice in an 8-month period. Thirteen cases of nonpsychotic children who experienced hallucinations (auditory in 12) were found. All but one suffered from a variety of major affective or anxiety/panic disorders and migraine headaches. The family histories were strongly positive for affective/anxiety disorders and migraine, and four of the parents also had a history of healing voices. The age of onset of the auditory hallucinations, where known (8 cases), was between 4 and 8 years. In only two cases did the voices accompany the migraine attacks, and these two children also heard voices at other times. Although a strong association between migraine and anxiety, panic, and affective syndromes in adults has been repeatedly found in epidemiologic study, no such association has been studied in children, and this is the first known report of a possible association between migraine, affective/anxiety disorders, and auditory hallucinations in nonpsychotic children. It suggests the need for epidemiologic study.
Accession Number: WOS:000075418800003
PubMed ID: 9721892
ISSN: 0883-0738

Record 6 of 50 = PRO
Title: Ultra-ultra rapid cycling bipolar disorder is associated with the low activity catecholamine-O-methyltransferase allele
Author(s): Papolos, DF (Papolos, DF); Veit, S (Veit, S); Faedda, GL (Faedda, GL); Saito, T (Saito, T); Lachman, HM (Lachman, HM)
Source: MOLECULAR PSYCHIATRY **Volume:** 3 **Issue:** 4 **Pages:** 346-349 **DOI:** 10.1038/sj.mp.4000410 **Published:** JUL 1998
Abstract: Bipolar spectrum disorders are recurrent illnesses characterized by episodes of depression, hypomania, mania or the appearance of mixed states. Great variability is evident in the frequency of episode recurrence and duration.(1-3) In addition to regular circannual episodes,(4) a spectrum of cycle frequencies has been observed, from the classical rapid cycling (RC) pattern of four or more episodes per year,(5,6) to those with distinct shifts of mood and activity occurring within a 24-48 h period, described as ultra-ultra rapid cycling (UURC) or ultradian cycling.(7-10) RC has a female preponderance, and occurs with greater frequency premenstrually, at the puerperium and at menopause.(11,12) Tricyclic antidepressants and MAOIs, both of which increase functional monoamines norepinephrine, dopamine and serotonin, are known to precipitate mania or rapid-cycling in an estimated 20-30% of affectively ill patients.(13-15) We have recently reported a strong association between velo-cardio-facial syndrome (VCFS) patients diagnosed with rapid-cycling bipolar disorder, and an allele encoding the low enzyme activity catechol-O-methyltransferase variant (COMT L).(16,17) Between 85-90% of VCFS patients are hemizygous for COMT.(18) Homozygosity for the low activity allele (COMT LL) is associated with a 3-4 fold reduction of COMT enzyme activity compared with homozygotes for the high activity variant (COMT HH)(19,20) There is nearly an equal distribution of L and H alleles in Caucasians.(21) Individuals with COMT LL would be expected to have higher levels of transynaptic catecholamines due to a reduced COMT degradation of norepinephrine and dopamine. We therefore hypothesized that the frequency of COMT L would be greater in RC BPD ascertained from the general population. Significantly, we found that the frequency of COMT L was higher in the UURC variant of BPD than among all other groups studied (P = 0.002). These findings indicate that COMT L could represent a modifying gene that predisposes to ultra-ultra or ultradian cycling in patients with bipolar disorder.
Accession Number: WOS:000075474500014
PubMed ID: 9702745
ISSN: 1359-4184

Record 7 of 50 = SCEP (one of first public skeptical responses to PBD)
Title: Mania in young children
Author(s): McClellan, J (McClellan, J)
Source: JOURNAL OF THE AMERICAN ACADEMY OF CHILD AND ADOLESCENT PSYCHIATRY **Volume:** 37 **Issue:** 4 **Pages:** 346-347 **DOI:** 10.1097/00004583-199804000-00006 **Published:** APR 1998
Accession Number: WOS:000072657600006
PubMed ID: 9549951
ISSN: 0890-8567

Record 8 of 50 = PRO
Title: Mania in young children - Reply
Author(s): Geller, B (Geller, B); Luby, J (Luby, J)
Source: JOURNAL OF THE AMERICAN ACADEMY OF CHILD AND ADOLESCENT PSYCHIATRY **Volume:** 37 **Issue:** 4 **Pages:** 347-348 **DOI:** 10.1097/00004583-199804000-00007 **Published:** APR 1998
Accession Number: WOS:000072657600007
ISSN: 0890-8567

Record 9 of 50 = TRAD
Title: Conduct disorder and mania: What does it mean in adults
Author(s): Carlson, GA (Carlson, GA); Bromet, EJ (Bromet, EJ); Jandorf, L (Jandorf, L)
Source: JOURNAL OF AFFECTIVE DISORDERS **Volume:** 48 **Issue:** 2-3 **Pages:** 199-205 **DOI:** 10.1016/S0165-0327(97)00176-6 **Published:** MAR 1998
Abstract: Objective: Because of the relationship between childhood behavior disorders and adult substance abuse, we hypothesized that substance abusing adult bipolars were more likely to have had behavior disorders as children than nonabusing bipolar adults. Methods: Conduct disorder (CD) symptoms in 132 bipolar adults were compared by age and presence of comorbid substance use problems using data from the Epidemiologic Catchment Area study. Results: Rates of CD were higher in bipolar subjects under age 30 (32.6%) versus those over (16.3% P<0.05). Young BPs with substance use problems (SUBST) had CD rates three times those without SUBST (52% vs. 14.8%) (P < 0.01). Young subjects without mania or SUBST had CD rates of 7.75%. Conclusion: Substance abuse in bipolar adults may be more related to childhood conduct disorder than uncomplicated bipolar disorder. (C) 1998 Elsevier Science B.V.
Accession Number: WOS:000072589200013
PubMed ID: 9543210
ISSN: 0165-0327

Record 10 of 50 = PRO
Title: Outpatient pharmacotherapy in a community mental health center
Author(s): Storch, DD (Storch, DD)
Source: JOURNAL OF THE AMERICAN ACADEMY OF CHILD AND ADOLESCENT PSYCHIATRY **Volume:** 37 **Issue:** 3 **Pages:** 249-250 **DOI:** 10.1097/00004583-199803000-00007 **Published:** MAR 1998
Accession Number: WOS:000072177000007
PubMed ID: 9519627
ISSN: 0890-8567

Record 11 of 50 = PRO
Title: Bipolar and antisocial disorders among relatives of ADHD children: Parsing familial subtypes of illness
Author(s): Faraone, SV (Faraone, SV); Biederman, J (Biederman, J); Mennin, D (Mennin, D); Russell, R (Russell, R)
Source: AMERICAN JOURNAL OF MEDICAL GENETICS **Volume:** 81 **Issue:** 1 **Pages:** 108-116 **DOI:** 10.1002/(SICI)1096-8628(19980207)81:1<108::AID-AJMG18>3.0.CO;2-N **Published:** FEB 7 1998
Abstract: Attention deficit hyperactivity disorder (ADHD) is a familial disorder that is highly comorbid with conduct disorder and sometimes co-occurs with bipolar disorder, This pattern of comorbidity is also seen among relatives of ADHD probands, A growing literature suggests that ADHD with antisocial comorbidity may be nosologically distinct from other forms of ADHD, A similar pattern has been observed for ADHD and bipolar disorder, Given these results, along with the observed comorbidity between conduct and bipolar disorders, we used data from our study of 140 ADHD and 120 control families to determine if conduct and bipolar disorders in ADHD boys should be considered alternative manifestations of the same familial disorder, The probands and their relatives were examined with DSM-III-R structured diagnostic interviews and were assessed for cognitive, achievement, social, school, and family functioning, Our results provide fairly consistent support for the hypothesis that antisocial-and bipolar-ADHD subtypes are different manifestations of the same familial condition, As predicted by this hypothesis, there was a significant three-way association between variables assessing the family history of each disorder. Moreover, when families were stratified into bipolar, antisocial, and other types, few differences emerged between the bipolar and antisocial families. (C) 1998 Wiley-Liss, Inc.
Accession Number: WOS:000072267000018
PubMed ID: 9514596
ISSN: 0148-7299

Record 12 of 50 = TRAD
Title: Parent personality traits and psychopathology associated with antisocial behaviors in childhood attention-deficit hyperactivity disorder
Author(s): Nigg, JT (Nigg, JT); Hinshaw, SP (Hinshaw, SP)
Source: JOURNAL OF CHILD PSYCHOLOGY AND PSYCHIATRY AND ALLIED DISCIPLINES **Volume:** 39 **Issue:** 2 **Pages:** 145-159 **DOI:** 10.1017/S0021963097001984 **Published:** FEB 1998
Abstract: Although a role for family and parent factors in the development of behavioral problems in childhood is often

acknowledged, the roles of specific parental characteristics in relation to specific child actions need further elucidation. We studied parental "Big Five" personality traits and psychiatric diagnoses in relation to their children's antisocial diagnoses and naturalistically observed antisocial behaviors, in boys with and without the diagnosis of Attention-Deficit Hyperactivity Disorder (ADHD). First, regardless of comorbid antisocial diagnosis, boys with ADHD, more often than comparison boys, had mothers with a major depressive episode and/or marked anxiety symptoms in the past year, and fathers with a childhood history of ADHD. Second, compared to the nondiagnosed group, boys with comorbid ADHD+Oppositional Defiant or Conduct Disorder (ODD/CD) had fathers with lower Agreeableness, higher Neuroticism, and more likelihood of having Generalized Anxiety Disorder. Third, regarding linkages between parental characteristics and child externalizing behaviors, higher rates of child overt antisocial behaviors observed in a naturalistic summer program were associated primarily with maternal characteristics, including higher Neuroticism, lower Conscientiousness, presence of Major Depression, and absence of Generalized Anxiety Disorder. The association of maternal Neuroticism with child aggression was larger in the ADHD than in the comparison group. In contrast, higher rates of observed child covert antisocial behaviors were associated solely with paternal characteristics, including history of substance abuse and higher Openness. Results provide external validation in parent data for a distinction between overt and covert antisocial behaviors and support inclusion of parent personality traits in family studies. The interaction of maternal Neuroticism and child ADHD in predicting child aggression is interpreted in regard to a conceptualization of child by parent "fit."
Accession Number: WOS:000072195700003
PubMed ID: 9669228
ISSN: 0021-9630

Record 13 of 50 = PRO
Title: Double-blind and placebo-controlled study of lithium for adolescent bipolar disorders with secondary substance dependency
Author(s): Geller, B (Geller, B); Cooper, TB (Cooper, TB); Sun, K (Sun, K); Zimerman, B (Zimerman, B); Frazier, J (Frazier, J); Williams, M (Williams, M); Heath, J (Heath, J)
Source: JOURNAL OF THE AMERICAN ACADEMY OF CHILD AND ADOLESCENT PSYCHIATRY **Volume:** 37 **Issue:** 2 **Pages:** 171-178 **DOI:** 10.1097/00004583-199802000-00009 **Published:** FEB 1998
Abstract: Objective: To perform a double-blind, placebo-controlled, random assignment, parallel group, pharmacokinetically dosed study of lithium for adolescents with bipolar disorders (BP) and temporally secondary substance dependency disorders (SDD). Method: Subjects were 16.3 +/- 1.2 years old and were comprehensively assessed during a 6-week outpatient protocol that included random weekly urine collection for drug assays and random and weekly serum collection for lithium levels. Results: Using both intent-to-treat (N= 25) and completer (n = 21) analyses, there were significant differences on continuous and categorical measures between the active and placebo groups for both psychopathology measures and weekly random urine drug assays. The mean scheduled weekly serum lithium level of active responders was 0.9 mEq/L. Addiction to both alcohol and marijuana was the most frequent category of SDD. Mean age at onset of BP was 9.6 +/- 3.9 years and of SDD was 15.3 +/- 1.3 years. There were multigenerational mood disorders in 96% and multigenerational SDD in 56% of families. Conclusions: Lithium treatment of BP with secondary SDD in adolescents was an efficacious treatment for both disorders. These results warrant replication with a long-term maintenance phase. The mean 8-year interval between the onset of BP and onset of SDD strongly argues for earliest recognition of BP.
Accession Number: WOS:000071922100009
PubMed ID: 9473913
ISSN: 0890-8567

Record 14 of 50 = PRO
Title: Depression in attention deficit hyperactivity disorder (ADHD) children: "True" depression or demoralization?
Author(s): Biederman, J (Biederman, J); Mick, E (Mick, E); Faraone, SV (Faraone, SV)
Source: JOURNAL OF AFFECTIVE DISORDERS **Volume:** 47 **Issue:** 1-3 **Pages:** 113-122 **DOI:** 10.1016/S0165-0327(97)00127-4 **Published:** JAN 1998
Abstract: Background: The purpose of this study was to further evaluate the nature of the association between major depression (MD) and attention deficit hyperactivity disorder (ADHD) by examining predictors of persistence of MD attending to issues of familiality, adversity and comorbidity. Methods: Four years of follow-up of 76 depressed ADHD children were analyzed using multivariate regression to determine predictors of persistent MD. Results: Bipolar disorder and higher indices of interpersonal problems predicted MD persistence. In contrast, school difficulty and ADHD-associated measures of severity were not associated with persistent MD. Remission from ADHD was also not statistically significantly associated with remission from MD. Conclusions: ADHD and MD had independent and distinct courses, indicating that ADHD-associated MD reflects a depressive disorder and not merely demoralization. Limitations: This study may have reduced power due to stratification of our group of ADHD boys with persistent and remitting MD. (C) 1998 Elsevier Science B.V.
Accession Number: WOS:000071687700014
PubMed ID: 9476751
ISSN: 0165-0327

Record 15 of 50 = PRO (Traditional perspective on peripubertal cases but then cites Geller and Wozniak favourably)
Title: Mixed mania associated with tricyclic antidepressant therapy in prepubertal delusional depression: Three cases
Author(s): Strober, M (Strober, M)
Source: JOURNAL OF CHILD AND ADOLESCENT PSYCHOPHARMACOLOGY **Volume:** 8 **Issue:** 3 **Pages:** 181-185 **DOI:** 10.1089/cap.1998.8.181 **Published:** 1998
Abstract: This report describes the sudden appearance of mixed mania in three children with delusional depression soon after the commencement of tricyclic antidepressant therapy. The observation is consistent with reports linking psychomotor abnormalities and psychosis in severely depressed juveniles to an increased propensity for manic switching, as well as adult studies that report a greater risk of antidepressant-induced cycling in bipolar compared with unipolar affective illness. The cases described suggest the need for caution when considering tricyclic pharmacotherapy in juveniles with severe depressive disease.
Accession Number: WOS:000077296700004
PubMed ID: 9853692
ISSN: 1044-5463

Record 16 of 50 = PRO
Title: Attention-deficit/hyperactivity disorder: A life-span perspective
Author(s): Biederman, J (Biederman, J)
Source: JOURNAL OF CLINICAL PSYCHIATRY **Volume:** 59 **Pages:** 4-16 **Supplement:** 7 **Published:** 1998
Abstract: There is increasing scientific recognition that attention-deficit/hyperactivity disorder (ADHD), a heterogeneous disorder that carries a high risk of comorbidity, continues past childhood and adolescence into adulthood in many cases and may be underidentified in girls. The etiology of ADHD is unknown, although evidence from family studies of ADHD suggests a genetic origin for some forms of this disorder. A variety of pharmacologic agents are available in treating ADHD: stimulant medications remain the first-line treatment for noncomorbid ADHD, whereas tricyclic antidepressants and bupropion are recommended for stimulant nonresponders and patients with more than one psychiatric disorder. Complex cases of ADHD, however, may require rational use of combined pharmacotherapy.
Accession Number: WOS:000074627800002
PubMed ID: 9680048
Conference Title: Symposium on Current Issues in Attention Deficit Disorders
Conference Date: NOV 13, 1996
Conference Location: BLOOMINGDALE, ILLINOIS
Conference Sponsors: Inst Med Studies, Wyeth Ayerst Labs
ISSN: 0160-6689

Record 17 of 50 = NA (ADHD)
Title: Diagnosing attention-deficit/hyperactivity disorder in children
Author(s): Greenhill, LL (Greenhill, LL)
Source: JOURNAL OF CLINICAL PSYCHIATRY **Volume:** 59 **Pages:** 31-41 **Supplement:** 7 **Published:** 1998
Abstract: Attention-deficit/hyperactivity disorder (ADHD) is a heterogenous behavioral disorder of uncertain etiology that is always evident first in childhood. The correct diagnosis of the ADHD patient thus requires familiarity with how the diagnosis should be established across the life span. This article provides a description of the DSM-IV syndrome of ADHD, information on prevalence, and an overview of standard methods used in office practice to diagnose ADHD in children. These practice parameters will be examined in the light of the practitioner's current concerns about the validity of the diagnosis.
Accession Number: WOS:000074627800005
PubMed ID: 9680051
Conference Title: Symposium on Current Issues in Attention Deficit Disorders
Conference Date: NOV 13, 1996
Conference Location: BLOOMINGDALE, ILLINOIS
Conference Sponsors: Inst Med Studies, Wyeth Ayerst Labs
ISSN: 0160-6689

Record 18 of 50 = TRAD
Title: Comorbidity of attention-deficit/hyperactivity disorder with psychiatric disorder: An overview
Author(s): Pliszka, SR (Pliszka, SR)
Source: JOURNAL OF CLINICAL PSYCHIATRY **Volume:** 59 **Pages:** 50-58 **Supplement:** 7 **Published:** 1998
Abstract: Attention-deficit/hyperactivity disorder (ADHD) has been noted to be comorbid with a variety of psychiatric disorders. These include oppositional defiant and conduct disorders, as well as affective, anxiety, and learning disorders. Considerable debate has revolved as to the meaning of this overlap. Does it occur by chance or is it an artifact of referral bias? Are the comorbid conditions secondary to the ADHD, or can other psychiatric disorders masquerade as attentional problems? Alternatively, ADHD may exist as distinct subtypes, each with its specific comorbidity. Studies that have examined the comorbidity of oppositional, conduct, affective, anxiety, and learning disorders in ADHD are reviewed. ADHD and ADHD with conduct disorder appear to be distinct subtypes, possibly with different etiologies. While the short-term response to stimulants is the same in these two groups, children with ADHD and conduct disorder children have higher rates of antisocial personality as adults. Coexisting anxiety appears to attenuate impulsivity in ADHD, and stimulant response is poorer in ADHD children with comorbid anxiety. Anxiety and ADHD appear to be inherited independently. A subset of ADHD children also meet criteria for bipolar disorder, although the exact prevalence of this diagnosis in ADHD children is strongly debated. Regardless of prevalence, this is a severely impaired group of ADHD children, with high rates of aggression and psychiatric disorder in their families. The comorbidity of ADHD and major depression is much less studied, and few firm conclusions can be made about it. Finally, about 20%-25% of ADHD children meet criteria for a learning disorder, but learning disorders appear to be independent of ADHD.
Accession Number: WOS:000074627800007
PubMed ID: 9680053
Conference Title: Symposium on Current Issues in Attention Deficit Disorders
Conference Date: NOV 13, 1996
Conference Location: BLOOMINGDALE, ILLINOIS
Conference Sponsors: Inst Med Studies, Wyeth Ayerst Labs
ISSN: 0160-6689

Record 19 of 50 = PRO
Title: Special considerations: Use of lithium in children, adolescents, and elderly populations
Author(s): Tueth, MJ (Tueth, MJ); Murphy, TK (Murphy, TK); Evans, DL (Evans, DL)
Source: JOURNAL OF CLINICAL PSYCHIATRY **Volume:** 59 **Pages:** 66-73 **Supplement:** 6 **Published:** 1998
Abstract: Certain populations of patients require special considerations when lithium is prescribed. Children and adolescents have higher volumes of body water and more active renal glomerular filtration rates than adults. Their central nervous system is developing and therefore is vulnerable to the impact of substances, including medications such as Lithium, that can cause side effects or adverse events. Elderly patients have less body water, slower metabolism, and often comorbid illnesses, so they also require close evaluation and monitoring when prescribed lithium. This paper examines the indications for, pharmacokinetics of, clinical uses of, and side effects of lithium in children, adolescents, and the elderly. Use of alternate mood stabilizers is also addressed briefly.
Accession Number: WOS:000074682000016

PubMed ID: 9674939
Conference Title: Closed Meeting on Lithium in the Treatment of Manic-Depressive Illness
Conference Date: MAY 30-31, 1997
Conference Location: SEA ISLAND, GEORGIA
ISSN: 0160-6689

Record 20 of 50 = NA (ADHD adults)
Title: Addressing comorbidity in adults with attention-deficit/hyperactivity disorder
Author(s): Hornig, M (Hornig, M)
Source: JOURNAL OF CLINICAL PSYCHIATRY **Volume:** 59 **Pages:** 69-75 **Supplement:** 7 **Published:** 1998
Abstract: Psychiatric comorbidity complicates the accurate diagnosis and effective treatment of attention-deficit/hyperactivity disorder (ADHD) in adults. This paper examines the influence of comorbidity on treatment responsiveness in ADHD adults, the neurobiological underpinnings of comorbidity, and the potential of different pharmacologic agents to address comorbid states in ADHD. A categorical schema for neurobiological classification of ADHD subtypes is integrated with literature associating specific neurotransmitters with corresponding neurobehavioral abnormalities. Dopamine, for example, is one of several neurotransmitters implicated in bipolar disorder. Serotonin and norepinephrine are implicated in major depression and anxiety disorders, while self-medication for dopamine dysfunction may relate to substance abuse. Norepinephrine and serotonin have each been linked to aggression and impulsive antisocial behaviors. The effective treatment of ADHD with comorbid psychiatric disorders requires knowledge of the neurochemical underpinnings of each disorder and expertise in the application of appropriate pharmacologic tools. Controlled studies assessing treatment outcomes for both comorbid disorders will assist in the development of improved treatment strategies for adults with complicated ADHD.
Accession Number: WOS:000074627800009
PubMed ID: 9680055
Conference Title: Symposium on Current Issues in Attention Deficit Disorders
Conference Date: NOV 13, 1996
Conference Location: BLOOMINGDALE, ILLINOIS
Conference Sponsors: Inst Med Studies, Wyeth Ayerst Labs
ISSN: 0160-6689

Record 21 of 50 = PRO
Title: Valproate and polycystic ovaries - Reply
Author(s): Geller, B (Geller, B)
Source: JOURNAL OF THE AMERICAN ACADEMY OF CHILD AND ADOLESCENT PSYCHIATRY **Volume:** 37 **Issue:** 1 **Pages:** 9-10 **DOI:** 10.1097/00004583-199801000-00003 **Published:** JAN 1998
Accession Number: WOS:000071922000003
ISSN: 0890-8567

Record 22 of 50 = NA (Schizophrenia)
Title: "Multidimensionally impaired disorder": Is it a variant of very early-onset schizophrenia?
Author(s): Kumra, S (Kumra, S); Jacobsen, LK (Jacobsen, LK); Lenane, M (Lenane, M); Zahn, TP (Zahn, TP); Wiggs, E (Wiggs, E); Alaghband-Rad, J (Alaghband-Rad, J); Castellanos, FX (Castellanos, FX); Frazier, JA (Frazier, JA); McKenna, K (McKenna, K); Gordon, CT (Gordon, CT); Smith, A (Smith, A); Hamburger, S (Hamburger, S); Rapoport, JL (Rapoport, JL)
Source: JOURNAL OF THE AMERICAN ACADEMY OF CHILD AND ADOLESCENT PSYCHIATRY **Volume:** 37 **Issue:** 1 **Pages:** 91-99 **DOI:** 10.1097/00004583-199801000-00022 **Published:** JAN 1998
Abstract: Objective: To examine the validity of diagnostic criteria for a subgroup of children with atypical psychosis (n = 19), designated here as "multidimensionally impaired." These children are characterized by poor attention and impulse control, psychotic symptoms, and poor affective control. Method: Children and adolescents (n = 19) meeting our criteria for multidimensionally impaired syndrome with onset of psychotic symptoms at or before age 12 years were identified from a total of 150 in-person screenings for very early-onset schizophrenia between 1990 and 1996. We compared the premorbid adjustment, family history, follow-up status, and laboratory measures for a subgroup of these children with those of (1) a rigorously defined group of 29 children with DSM-III-R schizophrenia and (2) 19 children with attention-deficit hyperactivity disorder. Results: Patients with multidimensionally impaired syndrome and patients with very early-onset schizophrenia shared a similar pattern of early transient autistic features, postpsychotic cognitive decline, and an elevated risk of schizophrenic-spectrum disorders among their first-degree relatives. This pattern was not seen in the attention-deficit hyperactivity disorder group. In contrast to very early-onset schizophrenia, the multidimensionally impaired group had significantly poorer scores on the Freedom From Distractibility factor on the WISC-R, a less deviant pattern of autonomic reactivity, and no progression to schizophrenia. Conclusions: The findings support the distinction of the multidimensionally impaired cases as separate from those with other psychiatric disorders, and there is somewhat greater evidence to suggest that this disorder belongs in the schizophrenia spectrum.
Accession Number: WOS:000071922000021
PubMed ID: 9444905
ISSN: 0890-8567

Record 23 of 50 = NA (MDD)
Title: The role of age, family support, and negative cognitions in the prediction of depressive symptoms
Author(s): Ostrander, R (Ostrander, R); Weinfurt, KP (Weinfurt, KP); Nay, WR (Nay, WR)
Source: SCHOOL PSYCHOLOGY REVIEW **Volume:** 27 **Issue:** 1 **Pages:** 121-137 **Published:** 1998
Abstract: Cognitive diathesis-stress models of depression suggest that children with a cognitive vulnerability are more likely to be depressed when confronted with developmentally salient sources of stress. The current study examined developmental changes in the relationship between negative cognitions (cognitive errors) and stressful family characteristics (unsupportive family) in the prediction of depression in young people. Participants (N = 102) were between 7 and 18 years of age and included both outpatient clinic and school-based samples. Hierarchical regression analysis demonstrated a significant 3-way interaction between age, negative cognitions, and family unsupportiveness. With younger children, either higher levels of negative cognitions or a highly unsupportive family were sufficient to predict increases in depression. During the transition between late childhood and early adolescence, negative cognitions and an unsupportive family contributed in an additive fashion to increases in depression. The diathesis-stress model was manifested only in late adolescence with greater family unsupportiveness

predicting higher levels of depression most for those adolescents high in negative cognitions. Results are discussed as they relate to developmental changes in self-concept, cognitions, and the salience of the family.
Accession Number: WOS:000073221700012
ISSN: 0279-6015

Record 24 of 50 = PRO
Title: Juvenile mood disorders and office psychopharmacology
Author(s): Bostic, JQ (Bostic, JQ); Wilens, T (Wilens, T); Spencer, T (Spencer, T); Biederman, J (Biederman, J)
Source: PEDIATRIC CLINICS OF NORTH AMERICA **Volume:** 44 **Issue:** 6 **Pages:** 1487-& **DOI:** 10.1016/S0031-3955(05)70570-8 **Published:** DEC 1997
Abstract: Mood disorders occur in children and adolescents, although these disorders may appear differently in younger patients. Research suggests that these disorders may respond to pharmacologic agents, enhancing treatment options for outpatient pediatric practice.
Accession Number: WOS:A1997YK33500009
PubMed ID: 9400583
ISSN: 0031-3955

Record 25 of 50 = PRO
Title: Mania in children with pervasive developmental disorder revisited
Author(s): Wozniak, J (Wozniak, J); Biederman, J (Biederman, J); Faraone, SV (Faraone, SV); Frazier, J (Frazier, J); Kim, J (Kim, J); Millstein, R (Millstein, R); Gershon, J (Gershon, J); Thornell, A (Thornell, A); Cha, K (Cha, K); Snyder, JB (Snyder, JB)
Source: JOURNAL OF THE AMERICAN ACADEMY OF CHILD AND ADOLESCENT PSYCHIATRY **Volume:** 36 **Issue:** 11 **Pages:** 1552-1559 **DOI:** 10.1016/S0890-8567(09)66564-3 **Published:** NOV 1997
Abstract: Objective: Although a smalt literature of case reports suggests that mania co-occurs with pervasive developmental disorder (PDD), little is known about this overlap. The authors systematically investigated the overlap between mania and PDD in a consecutive sample of referred youths, examining its prevalence and correlates. II was hypothesized that children with PDD plus manic features have both disorders. Method: Subjects were consecutively referred children meeting diagnostic criteria on structured interview far PDD without mania (n = 52), the comorbid condition PDD+mania (n = 14), and mania without PDD (n = 114). All subjects were evaluated using a comprehensive diagnostic battery that included assessment of psychopathology (structured diagnostic interview and Child Behavior Checklist), cognition, and functioning. Results: Of the 727 referred children, 52 met criteria for PDD, 114 met criteria for mania, and 14 met criteria for both. The 14 children with both PDD+mania represented 21% of the PDD subjects and 11% of all manic subjects. Clinical characteristics of PDD were similar in PDD subjects with and without mania, and manic features were similar in manic children with and without PDD. Conclusions: Children with PDD and mania may suffer from two disorders. Comorbid mania among patients with PDD may be more common than previously thought. Identification of the comorbid condition may have important therapeutic and scientific implications.
Accession Number: WOS:A1997YC34000017
PubMed ID: 9394940
ISSN: 0890-8567

Record 26 of 50 = PRO
Title: Atypical bipolar symptoms - Reply
Author(s): Wozniak, J (Wozniak, J); Biederman, J (Biederman, J)
Source: JOURNAL OF THE AMERICAN ACADEMY OF CHILD AND ADOLESCENT PSYCHIATRY **Volume:** 36 **Issue:** 10 **Pages:** 1319-1320 **DOI:** 10.1097/00004583-199710000-00002 **Published:** OCT 1997
Accession Number: WOS:A1997XZ47300002
ISSN: 0890-8567

Record 27 of 50 = PRO
Title: Attention-deficit hyperactivity disorder with bipolar disorder: A familial subtype?
Author(s): Faraone, SV (Faraone, SV); Biederman, J (Biederman, J); Mennin, D (Mennin, D); Wozniak, J (Wozniak, J); Spencer, T (Spencer, T)
Source: JOURNAL OF THE AMERICAN ACADEMY OF CHILD AND ADOLESCENT PSYCHIATRY **Volume:** 36 **Issue:** 10 **Pages:** 1378-1387 **DOI:** 10.1097/00004583-199710000-00020 **Published:** OCT 1997
Abstract: Objective: To clarify the nosological status of children with attention-deficit hyperactivity disorder (ADHD) who also satisfy diagnostic criteria for bipolar disorder (BPD). Method: Blind raters and structured psychiatric interviews were used to examine 140 children with ADHD, a sample of 120 non-ADHD comparisons, and their 822 first-degree relatives, Data analyses tested specific hypotheses about the familial relationship between ADHD and BPD. Results: After stratifying the ADHD sample into those with and without BPD, the authors found that (1) relatives of both ADHD subgroups were at significantly greater risk for ADHD than relatives of non-ADHD controls; (2) the two subgroups did not differ significantly from one another in their relatives' risk for ADHD; (3) a fivefold elevated risk for BPD was observed among relatives when the proband child had BPD but not when the proband had ADHD alone; (4) an elevated risk for major depression with severe impairment was found for relatives of ADHD+BPD probands; (5) both ADHD and BPD occurred in the same relatives more often than expected by chance alone; and (6) there was a trend for random mating between ADHD parents and those with mania. Conclusions: The data suggest that comorbid ADHD with BPD is familially distinct from other forms of ADHD and may be related to what others have termed childhood-onset BPD.
Accession Number: WOS:A1997XZ47300020
PubMed ID: 9334551
ISSN: 0890-8567

Record 28 of 50 = PRO
Title: Attention-deficit hyperactivity disorder with bipolar disorder: A familial subtype? Discussion
Author(s): Geller, B (Geller, B)
Source: JOURNAL OF THE AMERICAN ACADEMY OF CHILD AND ADOLESCENT PSYCHIATRY **Volume:** 36 **Issue:** 10 **Pages:** 1387-1388 **Published:** OCT 1997

Accession Number: WOS:A1997XZ47300021
ISSN: 0890-8567

Record 29 of 50 = TRAD
Title: Practice parameters for the assessment and treatment of children and adolescents with bipolar disorder
Author(s): McClellan, J (McClellan, J); Werry, JS (Werry, JS); Ayres, W (Ayres, W); Dunne, J (Dunne, J); Benedek, E (Benedek, E); Bernstein, G (Bernstein, G); Gross, RL (Gross, RL); King, R (King, R); Leonard, H (Leonard, H); Licamele, W (Licamele, W); Graham, M (Graham, M); Seigle, L (Seigle, L); Heier, CA (Heier, CA); Wright, ME (Wright, ME); Wiegand, D (Wiegand, D)
Source: JOURNAL OF THE AMERICAN ACADEMY OF CHILD AND ADOLESCENT PSYCHIATRY **Volume:** 36 **Issue:** 10 **Pages:** S157-S176 **Supplement:** S **Published:** OCT 1997
Abstract: These practice parameters describe the assessment and treatment of early-onset bipolar disorder based on scientific evidence regarding diagnosis and effective treatment and on the current state of clinical practice. Given the paucity of research on bipolar disorder in children and adolescents, many of the treatment recommendations are drawn from the adult literature. Although the same diagnostic criteria are used as for adults, youth may differ with regard to the developmental presentation of symptoms and comorbid psychiatric disorders. Treatment involves the combination of pharmacotherapy and adjunctive psychosocial interventions. Antimanic agents (primarily lithium or valproic acid) are the mainstays of pharmacotherapy. The treatment focuses on (1) amelioration of acute symptoms; (2) the prevention of relapse; (3) the reduction of long-term morbidity; and (4) the promotion of long-term growth and development.
Accession Number: WOS:A1997XZ94900010
PubMed ID: 9432516
ISSN: 0890-8567

Record 30 of 50 = PRO
Title: Child and adolescent bipolar disorder: A review of the past 10 years
Author(s): Geller, B (Geller, B); Luby, J (Luby, J)
Source: JOURNAL OF THE AMERICAN ACADEMY OF CHILD AND ADOLESCENT PSYCHIATRY **Volume:** 36 **Issue:** 9 **Pages:** 1168-1176 **DOI:** 10.1097/00004583-199709000-00008 **Published:** SEP 1997
Abstract: Objective: To provide a review of the epidemiology, phenomenology, natural course, comorbidity, neuroblology, and treatment of child and adolescent bipolar disorder (BP) for the past 10 years. This review is provided to prepare applicants for recertification by the American Board of Psychiatry and Neurology. Method: Literature from Medline and other searches for the past 10 years, earlier relevant articles, and the authors' experience and ongoing National Institute of Mental Health-funded project "Phenomenology and Course of Pediatric Bipolarity" were used. Results: Age-specific, developmental (child, adolescent, and adult) DSM-IV criteria manifestations; comorbidity and differential diagnoses; and episode and course features are provided. Included are age-specific examples of childhood grandiosity, hypersexuality, and delusions. Differential diagnoses (e.g., specific language disorders, sexual abuse, conduct disorder [CD], schizophrenia, substance abuse), suicidality, and BP-II are discussed. Conclusion: Available data strongly suggest that prepubertal-onset BP is a nonepisodic, chronic, rapid-cycling, mixed manic state that may be comorbid with attention-deficit hyperactivity disorder (ADHD) and CD or have features of ADHD and/or CD as initial manifestations. Systematic research on pediatric BP is in its infancy and will require ongoing and future studies to provide developmentally relevant diagnostic methods and treatment.
Accession Number: WOS:A1997XT95000009
PubMed ID: 9291717
ISSN: 0890-8567

Record 31 of 50 = PRO
Title: Is comorbidity with ADHD a marker for juvenile-onset mania?
Author(s): Faraone, SV (Faraone, SV); Biederman, J (Biederman, J); Wozniak, J (Wozniak, J); Mundy, E (Mundy, E); Mennin, D (Mennin, D); ODonnell, D (ODonnell, D)
Source: JOURNAL OF THE AMERICAN ACADEMY OF CHILD AND ADOLESCENT PSYCHIATRY **Volume:** 36 **Issue:** 8 **Pages:** 1046-1055 **DOI:** 10.1097/00004583-199708000-00012 **Published:** AUG 1997
Abstract: Objective: To compare the characteristics and correlates of mania in referred adolescents and to determine whether attention-deficit hyperactivity disorder (ADHD) is a marker of very early onset mania. Method: From 637 consecutive admissions, 68 children (less than or equal to 12 years) and 42 adolescents (>13 years) who satisfied criteria for mania were recruited. These were compared with the 527 nonmanic referrals and 100 normal controls. Results: With the exception of comorbidity with ADHD, there were more similarities than differences between the children and adolescents with mania in course and correlates. There was an inverse relationship between the rates of comorbid ADHD and age of onset of mania: higher in manic children, intermediate in adolescents with childhood-onset mania, and lower in adolescents with adolescent-onset mania. Conclusions: ADHD is more common in childhood-onset compared with adolescent-onset cases of bipolar disorder, suggesting that in some cases, ADHD may signal a very early onset of bipolar disorder. Clinical similarities between the child- and adolescent-onset cases provide evidence for the clinical validity of childhood-onset mania.
Accession Number: WOS:A1997XM57100012
PubMed ID: 9256584
ISSN: 0890-8567

Record 32 of 50 = NA (about ADHD, just notes Wozniak et al suggest bipolar disorder)
Title: Comorbidity in ADHD: Implications for research, practice, and DSM-V
Author(s): Jensen, PS (Jensen, PS); Martin, D (Martin, D); Cantwell, DP (Cantwell, DP)
Source: JOURNAL OF THE AMERICAN ACADEMY OF CHILD AND ADOLESCENT PSYCHIATRY **Volume:** 36 **Issue:** 8 **Pages:** 1065-1079 **DOI:** 10.1097/00004583-199708000-00014 **Published:** AUG 1997
Abstract: Objective: Since the introduction of DSM-III/III-R, clinicians and investigators have shown increasing interest in the study of conditions comorbid with attention-deficit hyperactivity disorder (ADHD). Better understanding ADHD comorbidity patterns is needed to guide treatment, research, and future classification approaches. Method: The ADHD literature from the past 15 years was reviewed to (1) explore the most prevalent patterns of ADHD comorbidity; (2) examine the correlates and longitudinal predictors of comorbidity; and (3) determine the extent to which comorbid patterns convey unique information concerning ADHD etiology, treatment, and outcomes. To identify potential new syndromes, the authors examined comorbid

patterns based on eight validational criteria. Results: The largest available body of literature concerned the comorbidity with ADHD and conduct disorder/aggression, with a substantially smaller amount of data concerning other comorbid conditions. In many areas the literature was sparse, and pertinent questions concerning comorbidity patterns remain unexplored. Nonetheless, available data warrant the delineation of two new subclassifications of ADHD: (1) ADHD, aggressive subtype, and (2) ADHD, anxious subtype. Conclusions: Additional studies of the frequency of comorbidity and associated factors are greatly needed, to include studies of differential effects of treatment of children with various comorbid ADHD disorders, as well as of ADHD children who differ on etiological factors.
Accession Number: WOS:A1997XM57100014
PubMed ID: 9256586
ISSN: 0890-8567

Record 33 of 50 = PRO
Title: Conduct disorder with and without mania in a referred sample of ADHD children
Author(s): Biederman, J (Biederman, J); Faraone, SV (Faraone, SV); Hatch, M (Hatch, M); Mennin, D (Mennin, D); Taylor, A (Taylor, A); George, P (George, P)
Source: JOURNAL OF AFFECTIVE DISORDERS **Volume:** 44 **Issue:** 2-3 **Pages:** 177-188 **DOI:** 10.1016/S0165-0327(97)00043-8 **Published:** JUL 1997
Abstract: Objective: To test the hypothesis that dysphoric and non-dysphoric types of CD could be distinguished from one another in their patterns of familiality, adversity, and comorbidity. Methods: We examined 140 ADHD and 120 normal controls at baseline and 4 years later using assessments from multiple domains. We compared ADHD subgroups with and without conduct (CD) and bipolar (BPD) disorders on psychiatric outcomes at a 4-year follow-up, familial psychopathology and psychosocial functioning. Results: We found that ADHD children with both disorders had higher familial and personal risk for mood disorders than those with CD only, who had a higher personal risk for antisocial personality disorder. Among ADHD probands, having both CD and BPD was associated with poorer functioning and an increased risk for psychiatric hospitalization. Discussion: Although preliminary, our findings suggest that the distinction between dysphoric and non-dysphoric CD may be clinically meaningful. If confirmed, our findings could have important diagnostic and therapeutic implications for the management of antisocial youth. (C) 1997 Elsevier Science B.V.
Accession Number: WOS:A1997XK22600010
PubMed ID: 9241578
ISSN: 0165-0327

Record 34 of 50 = PRO
Title: New insights into the course and prognosis of bipolar illness
Author(s): ElMallakh, RS (ElMallakh, RS)
Source: PSYCHIATRIC ANNALS **Volume:** 27 **Issue:** 7 **Pages:** 478-481 **Published:** JUL 1997
Accession Number: WOS:A1997XJ50400004
ISSN: 0048-5713

Record 35 of 50 = PRO
Title: Case study: Nefazodone for juvenile mood disorders
Author(s): Wilens, TE (Wilens, TE); Spencer, TJ (Spencer, TJ); Biederman, J (Biederman, J); Schleifer, D (Schleifer, D)
Source: JOURNAL OF THE AMERICAN ACADEMY OF CHILD AND ADOLESCENT PSYCHIATRY **Volume:** 36 **Issue:** 4 **Pages:** 481-485 **DOI:** 10.1097/00004583-199704000-00010 **Published:** APR 1997
Abstract: Objective: Despite the increasing recognition of juvenile mood disorders, few medications have been shown to be effective. Nefazodone is a novel antidepressant that remains untested in children. Seven cases are described, including four with bipolar depression, in which nefazodone was used for depression. Method: The authors systematically studied the response to nefazodone used naturalistically in seven treatment-refractory and very comorbid children and adolescents (mean age +/- SD, 12.4 +/- 3.1) with a juvenile mood disorder that was diagnosed clinically and confirmed by structured psychiatric interview. Response to treatment was evaluated retrospectively by an independent rater using the Clinical Global Impression (CGI) of severity and improvement of depression. Results: Children and adolescents received nefazodone for 13 (+/-8) weeks at a mean daily dose of 357 +/- 151 mg (3.4 mg/kg). Fifty-six percent of children and adolescents previously unresponsive to multiple medication trials manifested much to very much improvement as measured by the CGI. Two of four children with bipolar depression responded well to treatment, whereas the other two had mild manic activation. Overall, nefazodone was well tolerated, with adverse effects reported in only three subjects. Conclusion: Nefazodone appears to be a well-tolerated compound that may provide a treatment option for juveniles with mood disorders. Further controlled trials are warranted.
Accession Number: WOS:A1997WR09000010
PubMed ID: 9100422
ISSN: 0890-8567

Record 36 of 50 = TRAD
Title: Childhood-onset psychosis: Evolution and comorbidity
Author(s): Gartner, J (Gartner, J); Weintraub, S (Weintraub, S); Carlson, GA (Carlson, GA)
Source: AMERICAN JOURNAL OF PSYCHIATRY **Volume:** 154 **Issue:** 2 **Pages:** 256-261 **Published:** FEB 1997
Accession Number: WOS:A1997WF15000019
PubMed ID: 9016277
ISSN: 0002-953X

Record 37 of 50 = PRO
Title: Panic disorder and agoraphobia in consecutively referred children and adolescents
Author(s): Biederman, J (Biederman, J); Faraone, SV (Faraone, SV); Marrs, A (Marrs, A); Moore, P (Moore, P); Garcia, J (Garcia, J); Ablon, S (Ablon, S); Mick, E (Mick, E); Gershon, J (Gershon, J); Kearns, ME (Kearns, ME)
Source: JOURNAL OF THE AMERICAN ACADEMY OF CHILD AND ADOLESCENT PSYCHIATRY **Volume:** 36 **Issue:** 2 **Pages:** 214-223 **DOI:** 10.1097/00004583-199702000-00012 **Published:** FEB 1997
Abstract: Objective: This report examines the clinical features and correlates of juvenile panic disorder in referred children and adolescents to test specific hypotheses about its relationship with adult panic disorder.

Method: The sample consisted of consecutively referred children and adolescents (N = 472) comprehensively evaluated with structured diagnostic interviews, cognitive tests, and psychosocial assessments.
Results: Panic disorder was identified in 6% and agoraphobia in 15% of psychiatrically referred children and adolescents. Children meeting criteria for panic disorder also frequently met criteria for agoraphobia. The latter disorder was more prevalent and had an earlier age at onset than panic disorder. Children with panic disorder and those with agoraphobia had similar correlates with frequent comorbidity with other anxiety and mood disorders. A high level of comorbidity with disruptive disorders was also Identified.
Conclusions: These results support the hypothesis of continuity between the juvenile and the adult form of panic disorder. However, the high level of comorbidity with disruptive behavior disorders also suggests developmentally specific discontinuities between juveniles and adults with panic disorder.
Accession Number: WOS:A1997WD92900012
PubMed ID: 9031574
ISSN: 0890-8567

Record 38 of 50 = PRO
Title: Is ADHD a risk factor for psychoactive substance use disorders? Findings from a four-year prospective follow-up study
Author(s): Biederman, J (Biederman, J); Wilens, T (Wilens, T); Mick, E (Mick, E); Faraone, SV (Faraone, SV); Weber, W (Weber, W); Curtis, S (Curtis, S); Thornell, A (Thornell, A); Pfister, K (Pfister, K); Jetton, JG (Jetton, JG); Soriano, J (Soriano, J)
Source: JOURNAL OF THE AMERICAN ACADEMY OF CHILD AND ADOLESCENT PSYCHIATRY **Volume:** 36 **Issue:** 1 **Pages:** 21-29 **DOI:** 10.1097/00004583-199701000-00013 **Published:** JAN 1997
Abstract: Objective: To evaluate whether attention-deficit hyperactivity disorder (ADHD) is a risk factor for psychoactive substance use disorders (PSUD), attending to issues of psychiatric comorbidity, family history, and adversity. Method: Using assessments from multiple domains, the authors examined 140 ADHD and 120 normal control subjects at baseline and 4 years later. Drug and alcohol abuse and dependence were operationally defined. Results: No differences were detected in the rates of alcohol or drug abuse or dependence or in the rates of abuse of individual substances between the groups; both ADHD and control probands had a 15% rate of PSUD. Conduct and bipolar disorders predicted PSUD, independently of ADHD status. Family history of substance dependence and antisocial disorders was associated with PSUD in controls but less clearly so in ADHD probands. Family history of ADHD was not associated with risk for PSUD. ADHD probands had a significantly shorter time period between the onsets of abuse and dependence compared with controls (1.2 years versus 3 years, $p < .01$). Conclusions: Adolescents with and without ADHD had a similar risk for PSUD that was mediated by conduct and bipolar disorder. Since the risk for PSUD has been shown to be elevated in adults with ADHD when compared with controls, a sharp increase in PSUD is to be expected in grown-up ADHD children during the transition from adolescence to adulthood.
Accession Number: WOS:A1997WA55300013
PubMed ID: 9000777
ISSN: 0890-8567

Record 39 of 50 = SCEP
Title: Practice parameters for the assessment and treatment of children and adolescents with bipolar disorder
Author(s): McClellan, J (McClellan, J); Werry, J (Werry, J)
Source: JOURNAL OF THE AMERICAN ACADEMY OF CHILD AND ADOLESCENT PSYCHIATRY **Volume:** 36 **Issue:** 1 **Pages:** 138-157 **DOI:** 10.1097/00004583-199701000-00032 **Published:** JAN 1997
Abstract: These practice parameters describe the assessment and treatment of early-onset bipolar disorder based on scientific evidence regarding diagnosis and effective treatment and on the current state of clinical practice. Given the paucity of research on bipolar disorder in children and adolescents, many of the treatment recommendations are drawn from the adult literature. Although the same diagnostic criteria are used as for adults, youth may differ with regard to the developmental presentation of symptoms and comorbid psychiatric disorders. Treatment involves the combination of pharmacotherapy and adjunctive psychosocial interventions. Antimanic agents (primarily lithium or valproic acid) are the mainstays of pharmacotherapy. The treatment focuses on (1) amelioration of acute symptoms; (2) the prevention of relapse; (3) the reduction of long-term morbidity; and (4) the promotion of long-term growth and development. These parameters were approved by Council of the American Academy of Child and Adolescent Psychiatry on June 5, 1996.
Accession Number: WOS:A1997WA55300032
ISSN: 0890-8567

Record 40 of 50 = TRAD
Title: Mania and hypomania following traumatic brain injury in children and adolescents
Author(s): Max, JE (Max, JE); Smith, WL (Smith, WL); Sato, Y (Sato, Y); Mattheis, PJ (Mattheis, PJ); Robin, DA (Robin, DA); Stierwalt, JAG (Stierwalt, JAG); Lindgren, SD (Lindgren, SD); Castillo, C (Castillo, C)
Source: NEUROCASE **Volume:** 3 **Issue:** 2 **Pages:** 119-126 **Published:** 1997
Abstract: The first series of secondary mania reported in children and adolescents is described. Four of 50 subjects (8%) from a prospective study of consecutive children hospitalized following traumatic brain injury developed mania or hypomania. The phenomenology is discussed regarding the overlapping diagnoses of mania, attention-deficit hyperactivity disorder, organic personality syndrome and the 'frontal lobe syndrome'. Severity of injury, lesion location and family history of major mood disorder may be implicated in the etiology of secondary mania. Lengthy episodes and similar frequency of irritability and elation may be characteristic.
Accession Number: WOS:A1997XL49100005
ISSN: 1355-4794

Record 41 of 50 = PRO
Title: Comorbidity of juvenile obsessive-compulsive disorder with disruptive behavior disorders
Author(s): Geller, DA (Geller, DA); Biederman, J (Biederman, J); Griffin, S (Griffin, S); Jones, J (Jones, J); Lefkowitz, TR (Lefkowitz, TR)
Source: JOURNAL OF THE AMERICAN ACADEMY OF CHILD AND ADOLESCENT PSYCHIATRY **Volume:** 35 **Issue:** 12 **Pages:** 1637-1646 **DOI:** 10.1097/00004583-199612000-00016 **Published:** DEC 1996
Abstract: Objective: To examine the full spectrum of psychiatric comorbidity in juvenile obsessive-compulsive disorder (OCD)

in a naturalistic manner when no exclusionary criteria are used for sample selection. Method: Consecutive referrals to a specialized pediatric OCD clinic were evaluated by means of structured diagnostic interviews and rating scales. No exclusionary criteria were used for sample selection. Findings were compared with those of previously published reports of juvenile OCD. Results: Compared with previous studies, our sample of juveniles with OCD had high rates of comorbidity not only with tie, mood, and anxiety disorders but also with disruptive behavior disorders. Conclusions: Our findings indicate that in the naturalistic setting, juvenile OCD is heavily comorbid with both internalizing and externalizing disorders. The presence of such a complex comorbid state has important clinical and research implications and stresses the relevance of limiting exclusionary criteria in studies of juvenile OCD.
Accession Number: WOS:A1996VU99800016
PubMed ID: 8973071
ISSN: 0890-8567

Record 42 of 50 = TRAD
Title: CD and ADHD in bipolar disorder
Author(s): Schneider, SM (Schneider, SM); Atkinson, DR (Atkinson, DR); ElMallakh, RS (ElMallakh, RS)
Source: JOURNAL OF THE AMERICAN ACADEMY OF CHILD AND ADOLESCENT PSYCHIATRY **Volume:** 35 **Issue:** 11 **Pages:** 1422-1423 **DOI:** 10.1097/00004583-199611000-00007 **Published:** NOV 1996
Accession Number: WOS:A1996VN95400007
PubMed ID: 8936905
ISSN: 0890-8567

Record 43 of 50 = PRO
Title: A prospective four-year follow-up study of children at risk for ADHD: Psychiatric, neuropsychological, and psychosocial outcome
Author(s): Faraone, SV (Faraone, SV); Biederman, J (Biederman, J); Mennin, D (Mennin, D); Gershon, J (Gershon, J); Tsuang, MT (Tsuang, MT)
Source: JOURNAL OF THE AMERICAN ACADEMY OF CHILD AND ADOLESCENT PSYCHIATRY **Volume:** 35 **Issue:** 11 **Pages:** 1449-1459 **DOI:** 10.1097/00004583-199611000-00013 **Published:** NOV 1996
Abstract: Background: Attention-deficit hyperactivity disorder (ADHD) is a familial disorder that places the siblings of ADHD children at high risk for ADHD, conduct, mood, and anxiety disorders. Although the pattern of psychiatric risk has been well documented by prior family studies, neither the short- nor long-term outcome of these high-risk siblings has been prospectively examined. Objective: To document the 4-year psychiatric, psychosocial, and neuropsychological outcome of the siblings of children with ADHD. Method: DSM-III-R structured diagnostic interviews and blind raters were used to conduct a 4-year follow-up of siblings from ADHD and control families. The siblings were also evaluated for cognitive, achievement, social, school, and family functioning. Results: At follow-up, significant elevations of behavioral, mood, and anxiety disorders were found among the siblings of ADHD children. The high-risk siblings had high rates of school failure and showed evidence of neuropsychological and psychosocial dysfunction. These impairments aggregated among the siblings who had ADHD. Conclusions: The siblings of ADHD children are at high risk for clinically meaningful levels of psychopathology and functional impairment. In addition to supporting hypotheses about the familial transmission of ADHD, the results suggest that the high-risk siblings might be appropriate targets for primary preventive interventions.
Accession Number: WOS:A1996VN95400013
PubMed ID: 8936911
ISSN: 0890-8567

Record 44 of 50 = PRO
Title: Mania in children - Reply
Author(s): Biederman, J (Biederman, J); Faraone, SV (Faraone, SV); Wozniak, J (Wozniak, J)
Source: JOURNAL OF THE AMERICAN ACADEMY OF CHILD AND ADOLESCENT PSYCHIATRY **Volume:** 35 **Issue:** 10 **Pages:** 1257-1258 **DOI:** 10.1097/00004583-199610000-00002 **Published:** OCT 1996
Accession Number: WOS:A1996VK05500002
ISSN: 0890-8567

Record 45 of 50 = PRO
Title: Bipolar disorder in the young: Issues in diagnosis and treatment
Author(s): Noronha, SF (Noronha, SF); Kruesi, MJP (Kruesi, MJP)
Source: PSYCHIATRIC ANNALS **Volume:** 26 **Issue:** 10 **Pages:** 638-643 **Published:** OCT 1996
Accession Number: WOS:A1996VM70900004
ISSN: 0048-5713

Record 46 of 50 = PRO
Title: Is childhood oppositional defiant disorder a precursor to adolescent conduct disorder? Findings from a four-year follow-up study of children with ADHD
Author(s): Biederman, J (Biederman, J); Faraone, SV (Faraone, SV); Milberger, S (Milberger, S); Jetton, JG (Jetton, JG); Chen, L (Chen, L); Mick, E (Mick, E); Greene, RW (Greene, RW); Russell, RL (Russell, RL)
Source: JOURNAL OF THE AMERICAN ACADEMY OF CHILD AND ADOLESCENT PSYCHIATRY **Volume:** 35 **Issue:** 9 **Pages:** 1193-1204 **DOI:** 10.1097/00004583-199609000-00017 **Published:** SEP 1996
Abstract: Objective: To evaluate the overlap between attention-deficit hyperactivity disorder (ADHD) and oppositional defiant disorder (ODD), addressing whether ODD is a subsyndromal form of conduct disorder (CD) and, if so, whether it is a precursor or prodrome syndrome of CD. Method: Assessments from multiple domains were used to examine 140 children with ADHD and 120 normal controls at baseline and 4 years later. Results: Of children who had ADHD at baseline, 65% had comorbid ODD and 22% had CD. Among those with ODD, 32% had comorbid CD. All but one child with CD also had ODD that preceded the onset of CD by several years. ODD+CD children had more severe symptoms of ODD, more comorbid psychiatric disorders, lower Global Assessment of Functioning Scale scores, more bipolar disorder, and more abnormal Child Behavior Checklist clinical scale scores compared with ADHD children with non-CD ODD and those without ODD or CD. In addition, ODD without CD at baseline assessment in childhood did not increase the risk for CD at the 4-year follow-up, by midadolescence. Conclusions: Two

subtypes of ODD associated with ADHD were identified: one that is prodromal to CD and another that is subsyndromal to CD but not likely to progress into CD in later years. These ODD subtypes have different correlates, course, and outcome.
Accession Number: WOS:A1996VE24200017
PubMed ID: 8824063
ISSN: 0890-8567

Record 47 of 50 = PRO
Title: Attention-deficit hyperactivity disorder and juvenile mania: An overlooked comorbidity?
Author(s): Biederman, J (Biederman, J); Faraone, S (Faraone, S); Mick, E (Mick, E); Wozniak, J (Wozniak, J); Chen, L (Chen, L); Ouellette, C (Ouellette, C); Marrs, A (Marrs, A); Moore, P (Moore, P); Garcia, J (Garcia, J); Mennin, D (Mennin, D); Lelon, E (Lelon, E)
Source: JOURNAL OF THE AMERICAN ACADEMY OF CHILD AND ADOLESCENT PSYCHIATRY **Volume:** 35 **Issue:** 8 **Pages:** 997-1008 **DOI:** 10.1097/00004583-199608000-00010 **Published:** AUG 1996
Abstract: Objective: To evaluate the psychiatric, cognitive, and functional correlates of attention-deficit hyperactivity disorder (ADHD) children with and without comorbid bipolar disorder (BPD). Method: DSM-III-R structured diagnostic interviews and blind raters were used to examine psychiatric diagnoses at baseline and 4-year follow-up in ADHD and control children. In addition, subjects were evaluated for cognitive, academic, social, school, and family functioning. Results: BPD was diagnosed in 11% of ADHD children at baseline and in an additional 12% at 4-year follow-up. These rates were significantly higher than those of controls at each assessment. ADHD children with comorbid BPD at either baseline or follow-up assessment had significantly higher rates of additional psychopathology, psychiatric hospitalization, and severely impaired psychosocial functioning than other ADHD children. The clinical picture of bipolarity was mostly irritable and mixed. ADHD children with comorbid BPD also had a very severe symptomatic picture of ADHD as well as prototypical correlates of the disorder. Comorbidity between ADHD and BPD was not due to symptom overlap. ADHD children who developed BPD at the 4-year follow-up had higher initial rates of comorbidity, more symptoms of ADHD, worse scores on the CBCL, and a greater family history of mood disorder compared with non-BPD, ADHD children. Conclusions: The results extend previous results documenting that children with ADHD are at increased risk of developing BPD with its associated severe morbidity, dysfunction, and incapacitation.
Accession Number: WOS:A1996UY92600010
PubMed ID: 8755796
ISSN: 0890-8567

Record 48 of 50 = PRO
Title: Diagnostic issues in childhood psychosis
Author(s): Kafantaris, V (Kafantaris, V)
Source: CURRENT OPINION IN PSYCHIATRY **Volume:** 9 **Issue:** 4 **Pages:** 247-250 **DOI:** 10.1097/00001504-199607000-00003 **Published:** JUL 1996
Abstract: The accuracy of psychotic diagnoses assigned in childhood remains an area of concern. New diagnoses have been proposed for children with developmental disorders and psychotic symptoms. Children diagnosed as schizophrenic are likely to have experienced premorbid developmental delays or abnormalities in language and motor development. Some differences from adult-onset disorders have been described.
Accession Number: WOS:A1996UY84900003
ISSN: 0951-7367

Record 49 of 50 = PRO
Title: Mania in children and adolescents: Recognition and treatment
Author(s): Bowden, CL (Bowden, CL); Rhodes, LJ (Rhodes, LJ)
Source: PSYCHIATRIC ANNALS **Volume:** 26 **Issue:** 7 **Pages:** S430-S434 **Supplement:** S **Published:** JUL 1996
Accession Number: WOS:A1996UY62800002
ISSN: 0048-5713

Record 50 of 50 = PRO (although focus is on ADHD and comorbidity with DBDs and Depression, there is implicit acceptance of PBD as the children with "mania" (*n* = 83), referenced with Wozniak et al. (1995) were excluded from the study cohort.)
Title: Child behavior checklist findings further support comorbidity between ADHD and major depression in a referred sample
Author(s): Biederman, J (Biederman, J); Faraone, S (Faraone, S); Mick, E (Mick, E); Moore, P (Moore, P); Lelon, E (Lelon, E)
Source: JOURNAL OF THE AMERICAN ACADEMY OF CHILD AND ADOLESCENT PSYCHIATRY **Volume:** 35 **Issue:** 6 **Pages:** 734-742 **DOI:** 10.1097/00004583-199606000-00013 **Published:** JUN 1996
Abstract: Objective: To examine the convergence of categorical and empirical diagnostic systems to evaluate whether psychiatric comorbidity of juvenile major depression with attention-deficit hyperactivity disorder (ADHD) is due to assessment bias. Method: Using total predictive value and the odds ratio, the authors evaluated the convergence of Child Behavior Checklist (CBCL) scales with structured interview-derived diagnoses in 94 children with major depression, 97 with ADHD, and 115 normal control children with neither diagnosis. Results: The CBCL Anxious/Depressed scale discriminated depressed from nondepressed children irrespective of comorbidity with ADHD, and the Attention Problems scale discriminated ADHD from non-ADHD children irrespective of comorbidity with major depression. Children with major depression comorbid with ADHD had CBCL correlates of both syndromes. Conclusions: Since the CBCL is an empirically derived taxonomic system, the correspondence between the content-congruent CBCL scales and DSM-III-R categorical diagnoses of major depression and of ADHD indicates that previously reported findings of high overlap between these two disorders using structured diagnostic interview methodology and trained raters were not due to rater biases.
Accession Number: WOS:A1996UN37600013
PubMed ID: 8682754
ISSN: 0890-8567

Record 1 of 7 = PRO
Title: A pharmacological approach to the quagmire of comorbidity in juvenile mania
Author(s): Wozniak, J (Wozniak, J); Biederman, J (Biederman, J)

Source: JOURNAL OF THE AMERICAN ACADEMY OF CHILD AND ADOLESCENT PSYCHIATRY **Volume:** 35 **Issue:** 6 **Pages:** 826-828 **DOI:** 10.1097/00004583-199606000-00023 **Published:** JUN 1996
Accession Number: WOS:A1996UN37600023
PubMed ID: 8682764
ISSN: 0890-8567

Record 2 of 7 = PRO
Title: A prospective 4-year follow-up study of attention-deficit hyperactivity and related disorders
Author(s): Biederman, J (Biederman, J); Faraone, S (Faraone, S); Milberger, S (Milberger, S); Guite, J (Guite, J); Mick, E (Mick, E); Chen, L (Chen, L); Mennin, D (Mennin, D); Marrs, A (Marrs, A); Oullette, C (Oullette, C); Moore, P (Moore, P); Spencer, T (Spencer, T); Norman, D (Norman, D); Wilens, T (Wilens, T); Kraus, I (Kraus, I); Perrin, J (Perrin, J)
Source: ARCHIVES OF GENERAL PSYCHIATRY **Volume:** 53 **Issue:** 5 **Pages:** 437-446 **Published:** MAY 1996
Abstract: Background: Previous cross-sectional data showed that children and adolescents with attention-deficit hyperactivity disorder (ADHD) are at increased risk of comorbid conduct, mood, and anxiety disorders as well as impairments in cognitive, social, family, and school functioning. However, longitudinal data were needed to confirm these initial impressions.
Methods: Using DSM-III-R structured diagnostic interviews and raters blinded as to diagnosis, we reexamined psychiatric diagnoses at 1- and 4-year follow-ups in children with ADHD and controls. In addition, subjects were evaluated for cognitive, achievement, social, school, and family functioning.
Results: Analyses of follow-up findings revealed significant differences between children with ADHD and controls in rates of behavioral, mood, and anxiety disorders, with these disorders increasing markedly from baseline to follow-up assessments. In addition, children with ADHD had significantly more impaired cognitive, family, school, and psychosocial functioning than did controls. Baseline diagnosis of conduct disorder predicted conduct disorder and substance use disorders at follow-up, major depression at baseline predicted major depression and bipolar disorder at follow-up, and anxiety disorders at baseline predicted anxiety disorders at follow-up.
Conclusions: These results confirm and extend previous retrospective results indicating that children with ADHD are at high risk of developing a wide range of impairments affecting multiple domains of psychopathology such as cognition, interpersonal, school, and family functioning. These findings provide further support for the value of considering psychiatric comorbidity in both clinical assessment and research protocols involving children with ADHD.
Accession Number: WOS:A1996UJ81900008
PubMed ID: 8624187
ISSN: 0003-990X

Record 3 of 7 = NA (although the authors became strong PBD proponents, this lengthy review article only has one brief sentence mentioning mania along with the citation of Wozniak et al. 1995)
Title: Pharmacotherapy of attention-deficit hyperactivity disorder across the life cycle
Author(s): Spencer, T (Spencer, T); Biederman, J (Biederman, J); Wilens, T (Wilens, T); Harding, M (Harding, M); ODonnell, BAD (ODonnell, BAD); Griffin, S (Griffin, S)
Source: JOURNAL OF THE AMERICAN ACADEMY OF CHILD AND ADOLESCENT PSYCHIATRY **Volume:** 35 **Issue:** 4 **Pages:** 409-432 **DOI:** 10.1097/00004583-199604000-00008 **Published:** APR 1996
Abstract: Objective: To evaluate the scope of the available therapeutic armamentarium in attention-deficit hyperactivity disorder (ADHD). Method: The literature of medication trials in ADHD was systematically reviewed, with attention to issues of psychiatric comorbidity, age, gender, and ethnic background. Results: One hundred fifty-five controlled studies of 5,768 children, adolescents, and adults have documented the efficacy of stimulants in an estimated 70% of subjects. The literature clearly documents that stimulants not only improve abnormal behaviors of ADHD, but also self-esteem, cognition, and social and family function. However, response varied in different age groups and with certain comorbid conditions. In addition, there is an impressive body of literature documenting the efficacy of tricyclic antidepressants on ADHD in more than 1,000 subjects. Studies of alternative antidepressants, antipsychotics, antihypertensives, and other compounds were also reviewed. Conclusions: The available literature indicates the important role of psychopharmacological agents in the reduction of the core symptoms of ADHD and associated impairments. More research is needed on alternative pharmacological treatments and to further evaluate established therapeutics beyond school-age Caucasian boys. In addition, more research is needed on the efficacy of treatment for comorbid ADHD, use of combined medications, and the combination of medication and psychosocial treatment.
Accession Number: WOS:A1996UB75900008
PubMed ID: 8919704
ISSN: 0890-8567

Record 4 of 7 = PRO
Title: Differences in thyroid function studies in acutely manic adolescents with and without attention deficit hyperactivity disorder (ADHD)
Author(s): West, SA (West, SA); Sax, KW (Sax, KW); Stanton, SP (Stanton, SP); Keck, PE (Keck, PE); McElroy, SL (McElroy, SL); Strakowski, SM (Strakowski, SM)
Source: PSYCHOPHARMACOLOGY BULLETIN **Volume:** 32 **Issue:** 1 **Pages:** 63-66 **Published:** 1996
Abstract: The purpose of this study was to compare basal thyroid indices in adolescent (ages 12 to 18) bipolar patients with and without attention deficit hyperactivity disorder (ADHD), On the basis of earlier studies, the authors hypothesized that bipolar patients with comerbid ADHD would have lower serum triiodothyronine (T-3) and thyroxine (T-4) concentrations and higher serum thyroid stimulating hormone (TSH) concentrations compared with patients with bipolar disorder alone, Thirty adolescents who met DSM-III-R criteria for bipolar disorder and were hospitalized for the treatment of acute mania were assessed, Twenty patients (66%) had comorbid ADHD. The mean serum T-4 concentration in this group was significantly lower than it was for patients with bipolar disorder alone. There were no significant differences between groups in serum T-3 or TSH concentrations, Although, these data are preliminary and require further investigation, this may have important implications regarding the potential benefits of thyroid supplementation in adolescents with bipolar disorder and comorbid ADHD who do not respond to mood stabilizers alone.
Accession Number: WOS:A1996UQ55700012
PubMed ID: 8927676
Conference Title: 35th Annual New-Clinical-Drug-Evaluation-Unit Meeting, of the National-Institute-of-Mental-Health
Conference Date: MAY 30-JUN 03, 1995

Conference Location: ORLANDO, FL
Conference Sponsors: New Clin Drug Evaluat Unit, NIMH
ISSN: 0048-5764

Record 5 of 7 = PRO
Title: A PILOT FAMILY STUDY OF CHILDHOOD-ONSET MANIA
Author(s): WOZNIAK, J (WOZNIAK, J); BIEDERMAN, J (BIEDERMAN, J); MUNDY, E (MUNDY, E); MENNIN, D (MENNIN, D); FARAONE, SV (FARAONE, SV)
Source: JOURNAL OF THE AMERICAN ACADEMY OF CHILD AND ADOLESCENT PSYCHIATRY **Volume:** 34 **Issue:** 12 **Pages:** 1577-1583 **DOI:** 10.1097/00004583-199512000-00007 **Published:** DEC 1995
Abstract: Objective: To investigate the familiar association of attention-deficit hyperactivity disorder (ADHD) and bipolar disorder (BPD) among the first-degree relatives of children with comorbid ADHD and BPD. Background: In contrast to a growing body of literature on childhood non-bipolar depression, little is known about childhood BPD. Among the explanations accounting for the lack of recognition and identification of these children is the symptomatic overlap of BPD with ADHD. Family-genetic studies provide information external to the clinical picture and thus are uniquely suited to clarify such issues of diagnostic comorbidity. Method: Structured diagnostic interviews were used to obtain DSM-III-R psychiatric diagnoses on first-degree relatives (n = 46) of referred children (aged less than or equal to 12 years) satisfying diagnostic criteria for mania using the Schedule for Affective Disorders and Schizophrenia for School-Age Children-Epidemiologic Version (n = 16). For comparison, diagnostic information on the first-degree relatives of non-bipolar ADHD children and control children was examined. Results: The results show high rates of comorbidity between BPD and ADHD in children and high rates of both BPD and ADHD in the first-degree relatives of these children. Moreover, ADHD and BPD cosegregated among the relatives of children with BPD. Conclusions: These findings, which are consistent with the authors' prior study of children with ADHD, provide family-genetic evidence for the validity of BPD and ADHD when they exist comorbidly in children. Moreover, they suggest that the comorbid condition of ADHD+BPD may be a distinct nosological entity.
Accession Number: WOS:A1995TH67000007
PubMed ID: 8543528
ISSN: 0890-8567

Record 6 of 7 = PRO
Title: DEVELOPMENTAL SUBTYPES OF JUVENILE BIPOLAR DISORDER
Author(s): BIEDERMAN, J (BIEDERMAN, J)
Source: HARVARD REVIEW OF PSYCHIATRY **Volume:** 3 **Issue:** 4 **Pages:** 227-230 **DOI:** 10.3109/10673229509017189 **Published:** NOV-DEC 1995
Accession Number: WOS:A1995TJ19200005
PubMed ID: 9384951
ISSN: 1067-3229

Record 7 of 7 =PRO
Title: CHILDHOOD MANIA REVISITED
Author(s): BIEDERMAN, J (BIEDERMAN, J); FARAONE, SV (FARAONE, SV)
Source: ISRAEL JOURNAL OF MEDICAL SCIENCES **Volume:** 31 **Issue:** 11 **Pages:** 647-651 **Published:** NOV 1995
Accession Number: WOS:A1995TG27600001
PubMed ID: 7591696
ISSN: 0021-2180

The following articles were gathered by the Web of Science search in January 2014, but somehow neglected in the search in September 2016. The decision was taken to include them as they do cite one of the four seminal PBD articles.

Record 267 of 500 PRO
Title: Child and Adolescent Affective Disorders and their Treatment
Author(s): Bowers, RT (Bowers, Rick T.)
Edited by: Klykylo WM; Kay JL
Source: CLINICAL CHILD PSYCHIATRY, 2ND EDITION **Pages:** 203-234 **Published:** 2005
Accession Number: WOS:000298538100013
Book DOI: 10.1002/0470022116

Record 308 of 500 PRO
Title: Pediatric Bipolar Disorder: The Promise of Psychopharmacotherapy
Author(s): Biederman, J (Biederman, Joseph)
Edited by: Akiskal HS; Tohen M
Source: BIPOLAR PSYCHOPHARMACOTHERAPY: CARING FOR THE PATIENT **Pages:** 279-299 **DOI:** 10.1002/0470017953.ch13 **Published:** 2006
Accession Number: WOS:000297645900014
ISBN: 978-0-47001-795-1

Record 309 of 500 PRO
Title: Psychosocial Interventions in Bipolar Disorders: Rationale and **Effectiveness**
Author(s): Miklowitz, DJ (Miklowitz, David J.)
Edited by: AkiskalBecker
HS; Tohen M
Source: BIPOLAR PSYCHOPHARMACOTHERAPY: CARING FOR THE PATIENT **Pages:** 313-332 **DOI:** 10.1002/0470017953.ch15 **Published:** 2006

Accession Number: WOS:000297645900016
ISBN: 978-0-47001-795-1

Record 12 of 48 CONSENSUS (PRO/SCEP)
Title: Practice parameter for the assessment and treatment of children and adolescents with bipolar disorder
Author(s): [Anonymous] ([Anonymous])
Source: JOURNAL OF THE AMERICAN ACADEMY OF CHILD AND ADOLESCENT PSYCHIATRY **Volume:** 46 **Issue:** 1 **Pages:** 107-125 **DOI:** 10.1097/01.chi.0000242240.69678.c4 **Published:** JAN 2007
Abstract: This practice parameter reviews the literature on the assessment and treatment of children and adolescents with bipolar disorder. The parameter focuses primarily on bipolar 1 disorder because that is the type most often studied in juveniles. The presentation of bipolar disorder in youth, especially children, is often considered atypical compared with that of the classic adult disorder, which is characterized by distinct phases of mania and depression. Children who receive a diagnosis of bipolar disorder in community settings, typically present with rapid fluctuations in mood and behavior, often associated with comorbid attention-deficit/hyperactivity disorder and disruptive behavior disorders. Thus, at this time it is not clear whether the atypical forms of juvenile mania and the classic adult form of the disorder represent the same illness. The question of diagnostic continuity has important treatment and prognostic implications. Although more controlled trials are needed, mood stabilizers and atypical antipsychotic agents are generally considered the first line of treatment. Although patients may respond to monotherapy, combination pharmacotherapy is necessary for some youth. Behavioral and psychosocial therapies are also generally indicated for juvenile mania to address disruptive behavior problems and the impact of the illness on family and community functioning.
Accession Number: WOS:000243146600020
ISSN: 0890-8567

Record 15 of 48 NA (CANNOT ACCESS)
Title: Prospects for the Prevention of Mental Illness Integrating Neuroscience and Behavior
Author(s): Boyce, CA (Boyce, Cheryl A.); Heinssen, R (Heinssen, Robert); Ferrell, CB (Ferrell, Courtney B.); Nakamura, RK (Nakamura, Richard K.)
Edited by: Tsuang MT; Stone WS; Lyons MJ
Source: RECOGNITION AND PREVENTION OF MAJOR MENTAL AND SUBSTANCE USE DISORDERS **Pages:** 241-261 **Published:** 2007
Accession Number: WOS:000294204300011
ISBN: 978-1-58562-308-2

Record 25 of 48 PRO
Title: A 9-year-old boy taken in restraints from school to the hospital by the police
Author(s): Isaac, G (Isaac, George); Udyawar, A (Udyawar, Aparna)
Source: PSYCHIATRIC ANNALS **Volume:** 37 **Issue:** 4 **Pages:** 228-232 **Published:** APR 2007
Accession Number: WOS:000246127600005
ISSN: 0048-5713

Record 47 of 48 PRO
Title: Cognitive Dysfunction in Children and Adolescents With Bipolar Disorder Relative Contributions of Bipolar Disorder and Attention-Deficit/Hyperactivity Disorder
Author(s): Shear, PK (Shear, Paula K.); DelBello, MP (DelBello, Melissa P.)
Edited by: Goldberg JF; Burdick KE
Source: COGNITIVE DYSFUNCTION IN BIPOLAR DISORDER: A GUIDE FOR CLINICIANS **Pages:** 195-216 **Published:** 2008
Accession Number: WOS:000294283700011
ISBN: 978-1-58562-258-0

Record 48 of 48 PRO
Title: Mood Disorders in Childhood
Author(s): Cummings, CM (Cummings, Colleen M.); Fristad, MA (Fristad, Mary A.)
Edited by: Steele RG; Elkin TD; Roberts MC
Source: HANDBOOK OF EVIDENCE-BASED THERAPIES FOR CHILDREN AND ADOLESCENTS: BRIDGING SCIENCE AND PRACTICE **Book Series:** Issues in Clinical Child Psychology **Pages:** 145-160 **Published:** 2008
Accession Number: WOS:000267914100009
ISSN: 1574-0471
ISBN: 978-0-387-73690-7
Book DOI: 10.1007/978-0-387-73691-4

Record 401 of 500 TRAD
Title: Empirically Supported Psychotherapies for Adolescent Depression and Mood Disorders
Author(s): Curry, JF (Curry, John F.); Becker, SJ (Becker, Sara J.)
Edited by: Steele RG; Elkin TD; Roberts MC
Source: HANDBOOK OF EVIDENCE-BASED THERAPIES FOR CHILDREN AND ADOLESCENTS: BRIDGING SCIENCE AND PRACTICE **Book Series:** Issues in Clinical Child Psychology **Pages:** 161-176 **DOI:** 10.1007/978-0-387-73691-4_10 **Published:** 2008
Accession Number: WOS:000267914100010
ISSN: 1574-0471
ISBN: 978-0-387-73690-7
Book DOI: 10.1007/978-0-387-73691-4

Record 428 of 500 PRO
Title: PHARMACOTHERAPY OF ADHD AND COMORBIDITIES

Author(s): Prince, JB (Prince, Jefferson B.); Wilens, TE (Wilens, Timothy E.)
Edited by: Brown TE
Source: ADHD COMORBIDITIES: HANDBOOK FOR ADHD COMPLICATIONS IN CHILDREN AND ADULTS **Pages:** 339-384 **Published:** 2009
Accession Number: WOS:000309972600021
ISBN: 978-1-58562-158-3

Record 429 of 500 SCEP (MILD)
Title: Evidence-Based Practice with Serious Emotional Problems of Children and Adolescents
Author(s): Glicken, MD (Glicken, Morley D.)
Book Author(s): Glicken, MD (Glicken, MD)
Source: EVIDENCE-BASED PRACTICE WITH EMOTIONALLY TROUBLED CHILDREN AND ADOLESCENTS **Book Series:** Practical Resources for the Mental Health Professional **Pages:** 243-262 **DOI:** 10.1016/B978-0-12-374523-1.00015-X **Published:** 2009
Accession Number: WOS:000317468400016
ISBN: 978-0-08-092306-2

Record 465 of 500 TRAD
Title: Comorbidity in Anxiety Disorders
Author(s): Merikangas, KR (Merikangas, Kathleen Ries); Swanson, SA (Swanson, Sonja Alsemgeest)
Edited by: Stein MB; Steckler T
Source: BEHAVIORAL NEUROBIOLOGY OF ANXIETY AND ITS TREATMENT **Book Series:** Current Topics in Behavioral Neurosciences **Volume:** 2 **Pages:** 37-59 **DOI:** 10.1007/7854_2009_32 **Published:** 2010
Abstract: Ever since Feinstein coined the term "comorbidity", referring to the presence of any additional coexisting ailment in a patient with a particular index disease (J Chronic Dis 23:455-468, 1970), aspects of the phenomenon have been extensively studied. The aims of this chapter are: (1) to summarize the evidence of psychiatric comorbidity in anxiety disorders from adult population-based studies; (2) to present findings from the National Comorbidity Survey Replication (NCS-R); (3) to summarize evidence of psychiatric comorbidity in anxiety disorders from child and adolescent population-based samples; (4) to provide a summary of evidence on comorbidity from family and genetic studies; and (5) to examine patterns of comorbidity between anxiety disorders and medical conditions. Throughout each of these aims, implications of the comorbidity are explored, including whether these patterns reflect a need for redefining the disorders or rather an etiologic or even causal path.
Accession Number: WOS:000279232700003
ISSN: 1866-3370
ISBN: 978-3-642-02911-0
Book DOI: 10.1007/978-3-642-02912-7

Record 468 of 500 PRO
Title: Management of Bipolar Disorders in Children and Adolescents
Author(s): Chang, KD (Chang, Kiki D.); Singh, MK (Singh, Manpreet K.); Wang, PW (Wang, Po W.); Howe, M (Howe, Meghan)
Edited by: Ketter TA
Source: HANDBOOK OF DIAGNOSIS AND TREATMENT OF BIPOLAR DISORDERS **Pages:** 389-424 **Published:** 2010
Accession Number: WOS:000294220800011
ISBN: 978-1-58562-313-6

Record 492 of 500 SCEP
Title: Collaboration Between Pharmacologically Trained Psychologists and Pediatricians: History and Professional Issues
Author(s): McGrath, RE (McGrath, Robert E.)
Edited by: Kapalka GM
Source: PEDIATRICIANS AND PHARMACOLOGICALLY TRAINED PSYCHOLOGISTS: PRACTITIONERS GUIDE TO COLLABORATIVE TREATMENT **Pages:** 17-34 **DOI:** 10.1007/978-1-4419-7780-9_2 **Published:** 2011
Accession Number: WOS:000288194800002
ISBN: 978-1-4419-7779-3
Book DOI: 10.1007/978-1-4419-7780-9

Record 493 of 500 NA
Title: Diagnosing ADHD in adults
Author(s): Adler, LA (Adler, Leonard A.); Shaw, D (Shaw, David)
Edited by: Buitelaar JK; Kan CC; Asherson PJ
Source: ADHD IN ADULTS: CHARACTERIZATION, DIAGNOSIS, AND TREATMENT **Pages:** 91-105 **Published:** 2011
Accession Number: WOS:000293335000009
ISBN: 978-0-52186-431-2
Book DOI: 10.1017/CBO9780511780752

Record 35 of 52 PRO
Title: Therapeutics of pediatric bipolar disorder
Author(s): Kowatch, RA (Kowatch, Robert A.); DelBello, MP (DelBello, Melissa P.); Gracious, BL (Gracious, Barbara L.)
Edited by: Mann JJ; McGrath PJ; Roose SP
Source: CLINICAL HANDBOOK FOR THE MANAGEMENT OF MOOD DISORDERS **Pages:** 165-180 **Published:** 2013
Accession Number: WOS:000323552500012
Book DOI: 10.1017/CBO9781139175869

USA Authors only (moved from co-author with England group)

Record 18 of 50 = PRO
Title: PSYCHOTROPIC MEDICATIONS: AN UPDATE FOR SCHOOL PSYCHOLOGISTS
Author(s): Rappaport, N (Rappaport, Nancy); Kulick, D (Kulick, Deborah); Phelps, L (Phelps, LeAdelle)
Source: PSYCHOLOGY IN THE SCHOOLS **Volume:** 50 **Issue:** 6 **Pages:** 589-600 **DOI:** 10.1002/pits.21696 **Published:** JUN 2013
Abstract: This article provides an overview of medications used frequently in the treatment of pediatric depression, anxiety, and bipolar disorder. The need for a collaborative relationship between the prescribing physician, school personnel, and the family is outlined. School psychologists can play crucial roles by providing the physician with information at the time of referral, developing school-based psychosocial interventions that augment pharmacological treatment, completing periodic evaluations to assist in symptom monitoring, and alerting the family and physician to any adverse side effects.
Accession Number: WOS:000320172700005
ISSN: 0033-3085

Had been erroneously put as nonUSA
Record 34 of 36 = PRO
Title: BPD and ADHD - Reply
Author(s): Geller, B (Geller, B)
Source: JOURNAL OF THE AMERICAN ACADEMY OF CHILD AND ADOLESCENT PSYCHIATRY **Volume:** 36 **Issue:** 6 **Pages:** 720-720 **DOI:** 10.1097/00004583-199706000-00002 **Published:** JUN 1997
Accession Number: WOS:A1997XB49500002
ISSN: 0890-8567

Appendix C2 (articles in reverse chronological order)

USA plus other countries = 74 citing articles

PRO = 60, SCEP = 7, SMD = 3, TRAD = 2, NA = 1, CONS = 1.

Record 1 of 50 = CONS (USA, AUSTRALIA, AUSTRIA, ENGLAND, SCOTLAND, SPAIN, WALES)
Title: Evidence-based guidelines for treating bipolar disorder: Revised third edition recommendations from the British Association for Psychopharmacology
Author(s): Goodwin, GM (Goodwin, G. M.); Haddad, PM (Haddad, P. M.); Ferrier, IN (Ferrier, I. N.); Aronson, JK (Aronson, J. K.); Barnes, TRH (Barnes, T. R. H.); Cipriani, A (Cipriani, A.); Coghill, DR (Coghill, D. R.); Fazel, S (Fazel, S.); Geddes, JR (Geddes, J. R.); Grunze, H (Grunze, H.); Holmes, EA (Holmes, E. A.); Howes, O (Howes, O.); Hudson, S (Hudson, S.); Hunt, N (Hunt, N.); Jones, I (Jones, I.); Macmillan, IC (Macmillan, I. C.); McAllister-Williams, H (McAllister-Williams, H.); Miklowitz, DR (Miklowitz, D. R.); Morriss, R (Morriss, R.); Munafo, M (Munafo, M.); Paton, C (Paton, C.); Saharkian, BJ (Saharkian, B. J.); Saunders, KEA (Saunders, K. E. A.); Sinclair, J (Sinclair, J. M. A.); Taylor, D (Taylor, D.); Vieta, E (Vieta, E.); Young, AH (Young, A. H.)
Source: JOURNAL OF PSYCHOPHARMACOLOGY **Volume:** 30 **Issue:** 6 **Pages:** 495-553 **DOI:** 10.1177/0269881116636545 **Published:** JUN 2016
Abstract: The British Association for Psychopharmacology guidelines specify the scope and targets of treatment for bipolar disorder. The third version is based explicitly on the available evidence and presented, like previous Clinical Practice Guidelines, as recommendations to aid clinical decision making for practitioners: it may also serve as a source of information for patients and carers, and assist audit. The recommendations are presented together with a more detailed review of the corresponding evidence. A consensus meeting, involving experts in bipolar disorder and its treatment, reviewed key areas and considered the strength of evidence and clinical implications. The guidelines were drawn up after extensive feedback from these participants. The best evidence from randomized controlled trials and, where available, observational studies employing quasi-experimental designs was used to evaluate treatment options. The strength of recommendations has been described using the GRADE approach. The guidelines cover the diagnosis of bipolar disorder, clinical management, and strategies for the use of medicines in short-term treatment of episodes, relapse prevention and stopping treatment. The use of medication is integrated with a coherent approach to psychoeducation and behaviour change.
Accession Number: WOS:000376192600001

Record 2 of 50 = PRO (USA, ENGLAND, NETHERLANDS)
Title: Multigenerational Positive Family History of Psychiatric Disorders Is Associated With a Poor Prognosis in Bipolar Disorder
Author(s): Post, RM (Post, Robert M.); Altshuler, L (Altshuler, Lori); Kupka, R (Kupka, Ralph); McElroy, SL (McElroy, Susan L.); Frye, MA (Frye, Mark A.); Rowe, M (Rowe, Michael); Grunze, H (Grunze, Heinz); Suppes, T (Suppes, Trisha); Keck, PE (Keck, Paul E., Jr.); Leverich, GS (Leverich, Gabriele S.); Nolen, WA (Nolen, Willem A.)
Source: JOURNAL OF NEUROPSYCHIATRY AND CLINICAL NEUROSCIENCES **Volume:** 27 **Issue:** 4 **Pages:** 304-310 **DOI:** 10.1176/appi.neuropsych.14080204 **Published:** FAL 2015
Abstract: The authors assessed how family history loading affected the course of illness in patients from the United States. A total of 676 outpatients with bipolar disorder from the United States rated their illness and provided a parental and grandparental history of mood disorder, substance abuse, and other clinical conditions. A positive family history for each illness was associated with almost all of the seven poor prognosis factors established in the study (abuse in childhood, early onset, anxiety and substance abuse comorbidity, rapid cycling, multiple episodes, and worsening of severity or frequency of episodes). Family history for psychiatric difficulties in parents and grandparents was associated with a more complex and difficult course of bipolar illness.
Accession Number: WOS:000376045400008

Record 3 of 50 = PRO (USA, NETHERLANDS)
Title: White Matter Structure in Youth With Behavioral and Emotional Dysregulation Disorders A Probabilistic Tractographic Study
Author(s): Versace, A (Versace, Amelia); Acuff, H (Acuff, Heather); Bertocci, MA (Bertocci, Michele A.); Bebko, G (Bebko, Genna); Almeida, JRC (Almeida, Jorge R. C.); Perlman, SB (Perlman, Susan B.); Leemans, A (Leemans, Alexander); Schirda, C (Schirda, Claudiu); Aslam, H (Aslam, Haris); Dwojak, A (Dwojak, Amanda); Bonar, L (Bonar, Lisa); Travis, M (Travis, Michael); Gill, MK (Gill, Mary Kay); Demeter, C (Demeter, Christine); Diwadkar, VA (Diwadkar, Vaibhav A.); Sunshine, JL (Sunshine, Jeffrey L.); Holland, SK (Holland, Scott K.); Kowatch, RA (Kowatch, Robert. A.); Birmaher, B (Birmaher, Boris); Axelson, D (Axelson, David); Horwitz, SM (Horwitz, Sarah M.); Frazier, TW (Frazier, Thomas W.); Arnold, LE (Arnold, L. Eugene); Fristad, MA (Fristad, Mary A.); Youngstrom, EA (Youngstrom, Eric A.); Findling, RL (Findling, Robert L.); Phillips, ML (Phillips, Mary L.)
Source: JAMA PSYCHIATRY **Volume:** 72 **Issue:** 4 **Pages:** 367-376 **DOI:** 10.1001/jamapsychiatry.2014.2170 **Published:** APR 2015
Abstract: IMPORTANCE Psychiatric disorders in youth characterized by behavioral and emotional dysregulation are often comorbid and difficult to distinguish. An alternative approach to conceptualizing these disorders is to move toward a diagnostic system based on underlying pathophysiologic processes that may cut across conventionally defined diagnoses. Neuroimaging techniques have potentials for the identification of these processes.
OBJECTIVE To determine whether diffusion imaging, a neuroimaging technique examining white matter (WM) structure, can identify neural correlates of emotional dysregulation in a sample of youth with different psychiatric disorders characterized by behavioral and emotional dysregulation.
DESIGN, SETTING, AND PARTICIPANTS Using global probabilistic tractography, we examined relationships between WM structure in key tracts in emotional regulation circuitry (ie, cingulum, uncinate fasciculus, and forceps minor) and (1) broader diagnostic categories of behavioral and emotional dysregulation disorders (DDs) and (2) symptom dimensions cutting across conventional diagnoses in 120 youth with behavioral and/or emotional DDs, a referred sample of the Longitudinal Assessment of Manic Symptoms (LAM) study. Thirty age- and sex-matched typically developing youth (control participants) were included.

Multivariate multiple regression models were used. The study was conducted from July 1, 2010, to February 28, 2014.
MAIN OUTCOMES AND MEASURES Fractional anisotropy as well as axial and radial diffusivity were estimated and imported into a well-established statistical package. We hypothesized that (1) youth with emotional DDs and those with both behavioral and emotional DDs would show significantly lower fractional anisotropy compared with youth with behavioral DDs in these WM tracts and (2) that there would be significant inverse relationships between dimensional measures of affective symptom severity and fractional anisotropy in these tracts across all participants.
RESULTS Multivariate multiple regression analyses revealed decreased fractional anisotropy and decreased axial diffusivity within the uncinate fasciculus in youth with emotional DDs vs those with behavioral DDs, those with both DDs, and the controls (F-6,F-160 = 2.4; P = .032; all pairwise comparisons, P < .002). In the same model, greater severity of manic symptomswas positively associated with higher fractional anisotropy across all affected youth (F-3,F-85 = 2.8; P = .044).
CONCLUSIONS AND RELEVANCE These findings suggest that abnormal uncinate fasciculus and cingulum WM structure may underlie emotional, but not behavioral, dysregulation in pediatric psychiatric disorders and that a different neural mechanism may exist for comorbid emotional and behavioral DDs.
Accession Number: WOS:000352487000009

Record 4 of 50 = PRO (USA, BRAZIL)
Title: Correlation between Peripheral Levels of Brain-Derived Neurotrophic Factor and Hippocampal Volume in Children and Adolescents with Bipolar Disorder
Author(s): Peruzzolo, TL (Peruzzolo, Tatiana Lauxen); Anes, M (Anes, Mauricio); Kohmann, AD (Kohmann, Andre de Moura); Souza, ACML (Mercio Loredo Souza, Ana Claudia); Rodrigues, RB (Rodrigues, Ramiro Borges); Brun, JB (Brun, Juliana Basso); Peters, R (Peters, Roberta); de Aguiar, BW (de Aguiar, Bianca Wollenhaupt); Kapczinski, F (Kapczinski, Flavio); Tramontina, S (Tramontina, Silza); Rohde, LAP (Paim Rohde, Luis Augusto); Zeni, CP (Zeni, Cristian Patrick)
Source: NEURAL PLASTICITY **Article Number:** 324825 **DOI:** 10.1155/2015/324825 **Published:** 2015
Abstract: Pediatric bipolar disorder (PBD) is a serious mental disorder that affects the development and emotional growth of affected patients. The brain derived neurotrophic factor (BDNF) is recognized as one of the possible markers of the framework and its evolution. Abnormalities in BDNF signaling in the hippocampus could explain the cognitive decline seen in patients with TB. Our aim with this study was to evaluate possible changes in hippocampal volume in children and adolescents with BD and associate them to serum BDNF. Subjects included 30 patients aged seven to seventeen years from the ProCAB (Program for Children and Adolescents with Bipolar Disorder). We observed mean right and left hippocampal volumes of 41910.55 and 41747.96 mm(3), respectively. No statistically significant correlations between peripheral BDNF levels and hippocampal volumes were found. We believe that the lack of correlation observed in this study is due to the short time of evolution of BD in children and adolescents. Besides studies with larger sample sizes to confirm the present findings and longitudinal assessments, addressing brain development versus a control group and including drug-naive patients in different mood states may help clarify the role of BDNF in the brain changes consequent upon BD.
Accession Number: WOS:000355106100001

Record 5 of 50 = PRO (USA, SOUTH KOREA)
Title: Diagnostic validity and reliability of a Korean version of the Parent and Adolescent General Behavior Inventories
Author(s): Lee, HJ (Lee, Hyun-Jeong); Joo, Y (Joo, Yeonho); Youngstrom, EA (Youngstrom, Eric A.); Yum, SY (Yum, Sun Young); Findling, RL (Findling, Robert L.); Kim, HW (Kim, Hyo-Won)
Source: COMPREHENSIVE PSYCHIATRY **Volume:** 55 **Issue:** 7 **Pages:** 1730-1737 **DOI:** 10.1016/j.comppsych.2014.05.008 **Published:** OCT 2014
Abstract: Objectives: The purpose of this study was to evaluate the validity and reliability of a Korean version of the Parent General Behavior Inventory-10-item Mania Scale (P-GBI-10M) and the Adolescent General Behavior Inventory (A-GBI) for bipolar and depressive disorder in youths.
Methods: Ninety-two subjects with mood disorder and their parents were recruited from September 2011 to June 2013 through the Department of Psychiatry at the Asan Medical Center, Seoul, Korea. In addition, 125 community participants were recruited through two middle schools and one high school in Seoul. The parents of subjects completed the Parent-version Mood Disorder Questionnaire (P-MDQ), P-GBI-10M and Attention-deficit/hyperactivity disorder Rating Scale (ARS). Adolescents complete the 76-item A-GBI, Beck Depression Inventory (BDI), and Adolescent version of the Mood Disorder Questionnaire (A-MDQ).
Results: Different profiles were evident between the clinic-referred group and the community control, including different P-GBI-10M ($t = 3.07$, $p = 0.003$), A-GBI Depressive ($t = 4.99$, $p < 0.001$), Hypomanic/Biphasic subscales ($t = 3.17$, $p = 0.002$), and BDI ($t = 4.76$, $p < 0.001$) scores. The A-GBI Depressive subscale score ($t = 3.02$, $p = 0.003$), BDI score ($t = 2.12$, $p = 0.037$) and A-GBI Hypomanic/Biphasic subscale score ($t = 2.71$, $p = 0.008$) were significantly different between patients with bipolar disorder and those with depressive disorder. Of the 73 items of the Depressive and Hypomanic/Biphasic subscales of the A-GBI, eight discriminated between bipolar and depressive disorder. Furthermore, A-GBI Depressive subscale scores were significantly correlated with BDI ($r = 0.81$, $p < 0.001$), A-GBI Hypomanic/Biphasic subscale ($r = 0.88$, $p < 0.001$), A-MDQ ($r = 0.58$, $p < 0.001$), P-MDQ ($r = 0.22$, $p = 0.005$), and ARS ($r = 0.26$, $p < 0.001$) scores. Cronbach's alpha of the A-GBI was 0.98.
Conclusion: The Korean version of the Parent and Adolescent General Behavior Inventories showed excellent internal consistency, fair-to-good construct, and discriminant validity.
Accession Number: WOS:000342121800037

Record 6 of 50 = TRAD (USA, ENGLAND, FRANCE, SWITZERLAND)
Title: Age at onset in bipolar I affective disorder in the USA and Europe
Author(s): Bellivier, F (Bellivier, Frank); Etain, B (Etain, Bruno); Malafosse, A (Malafosse, Alain); Henry, C (Henry, Chantal); Kahn, JP (Kahn, Jean-Pierre); Elgrabli-Wajsbrot, O (Elgrabli-Wajsbrot, Orly); Jamain, S (Jamain, Stephane); Azorin, JM (Azorin, Jean-Michel); Frank, E (Frank, Ellen); Scott, J (Scott, Jan); Grochocinski, V (Grochocinski, Victoria); Kupfer, DJ (Kupfer, David J.); Golmard, JL (Golmard, Jean-Louis); Leboyer, M (Leboyer, Marion)
Source: WORLD JOURNAL OF BIOLOGICAL PSYCHIATRY **Volume:** 15 **Issue:** 5 **Pages:** 369-376 **DOI:** 10.3109/15622975.2011.639801 **Published:** JUL 2014
Abstract: Objective. To test for differences in reported age at onset (AAO) of bipolar I affective disorder in clinical samples drawn from Europe and the USA. Methods. Admixture analysis was used to identify the model best fitting the observed AAO distributions of two large samples of bipolar I patients from Europe and USA (n = 3616 and n = 2275, respectively). Theoretical AAO functions were compared between the two samples. Results. The model best fitting the observed distribution of AAO in both samples was a mixture of three Gaussian distributions. The theoretical AAO functions of bipolar I disorder differed

significantly between the European and USA populations, with further analyses indicating that (i) the proportion of patients belonging to the early-onset subgroup was higher in the USA sample (63 vs. 25%) and (ii) mean age at onset (+/- SD) in the early-onset subgroup was lower for the USA sample (14.5 +/- 4.9 vs. 19 +/- 2.7 years). Conclusions. The models best describing the reported AAO distributions of European and USA bipolar I patients were remarkably stable. The intermediate-and late-onset subgroups had similar characteristics in the two samples. However, the theoretical AAO function differed significantly between the USA and European samples due to the higher proportion of patients in the early-onset subgroup and the lower mean age-at-onset in the USA sample.
Accession Number: WOS:000340113700003

Record 7 of 50 = SCEP (USA, ENGLAND)
Title: A Comparison of American and English Hospital Discharge Rates for Pediatric Bipolar Disorder, 2000 to 2010
Author(s): James, A (James, Anthony); Hoang, U (Hoang, Uy); Seagroatt, V (Seagroatt, Valerie); Clacey, J (Clacey, Joe); Goldacre, M (Goldacre, Michael); Leibenluft, E (Leibenluft, Ellen)
Source: JOURNAL OF THE AMERICAN ACADEMY OF CHILD AND ADOLESCENT PSYCHIATRY **Volume:** 53 **Issue:** 6 **Pages:** 614-624 **DOI:** 10.1016/j.jaac.2014.02.008 **Published:** JUN 2014
Abstract: Objective: Controversy exists over the diagnosis and prevalence of pediatric bipolar disorder (PBD). Although several small surveys suggest that the rate of the PBD diagnosis in clinical settings is higher in the United States than in other countries, no comprehensive cross-national comparisons of clinical practice have been performed. Here, we used longitudinal national datasets from 2000 to 2010 to compare US and English hospital discharge rates for PBD in patients aged 1 to 19 years. Method: We used the English National Health Service (NHS) Hospital Episode Statistics (RES) dataset and the United States National Hospital Discharge Survey (NHDS) to compare US and English discharge rates for PBD (bipolar I disorder [BP-I], bipolar II disorder [BP-II], bipolar disorder not otherwise specified [BP-NOS], and cyclothymia). We also conducted cross-national comparisons for all other psychiatric diagnoses in youth and for adults with bipolar disorder (BD). Results: There was a 72.1-fold difference in discharge rates for PBD in youth between the United States and England (United States, 100.9 per 100,000 population, 95% confidence interval = 98.1-103.8, versus England, 1.4 per 100,000 population, 95% CI = 1.4-1.5). After controlling for cross-national differences in length of stay, discharge rates for PBD remained 12.5 times higher in the United States than in England. For all other child psychiatric diagnoses, the discharge rate was 3.9-fold higher, and for adults with BD 7.2-fold higher, in the United States than in England. Conclusion: The disparity between US and English discharge rates for PBD is markedly greater than the disparity for child psychiatric discharge rates overall and for adult rates of BD. This suggests that the difference in discharge rates for PBD may be due to differing diagnostic practices for PBD in the United States versus in England.
Accession Number: WOS:000336560400005

Record 8 of 50 = PRO (USA, CANADA)
Title: Disruptive Mood Dysregulation Disorder and Chronic Irritability in Youth at Familial Risk for Bipolar Disorder
Author(s): Sparks, GM (Sparks, Garrett M.); Axelson, DA (Axelson, David A.); Yu, HF (Yu, Haifeng); Ha, WH (Ha, Wonho); Ballester, J (Ballester, Javier); Diler, RS (Diler, Rasim S.); Goldstein, B (Goldstein, Benjamin); Goldstein, T (Goldstein, Tina); Hickey, MB (Hickey, Mary Beth); Ladouceur, CD (Ladouceur, Cecile D.); Monk, K (Monk, Kelly); Sakolsky, D (Sakolsky, Dara); Birmaher, B (Birmaher, Boris)
Source: JOURNAL OF THE AMERICAN ACADEMY OF CHILD AND ADOLESCENT PSYCHIATRY **Volume:** 53 **Issue:** 4 **Pages:** 408-416 **DOI:** 10.1016/j.jaac.2013.12.026 **Published:** APR 2014
Abstract: Objective: Disruptive mood dysregulation disorder (DMDD) is a new diagnosis in the DSM-5. Youth with a family history of bipolar disorder (BD) are at increased risk for BD and non-bipolar psychopathology. No studies to date have examined rates of DMDD among offspring of parents with BD. This study examines the risk for DMDD in offspring of parents with BD compared to community controls and considers rates of chronic irritability (independent of a DMDD diagnosis) across diagnoses in youth with parents with BD. Method: Modified DMDD criteria were applied post hoc to 375 offspring of parents with BD and 241 offspring, aged 6 to 17 years, of community control parents. We calculated odds ratios using generalized linear mixed models. In addition, we explored associations with a severe chronic irritability phenotype and various diagnoses in the high-risk cohort. Results: Offspring of parents with BD were more likely to meet criteria for DMDD than were the offspring of community control parents (Odds ratio [OR] = 8.3, 6.7% vs. 0.8%), even when controlling for demographic variables and comorbid parental diagnoses (OR = 5.4). They also had higher rates of chronic irritability compared to community controls (12.5% vs. 2.5%,) x(2) = 18.8, $p < .005$). Within the offspring of parents with BD, the chronic irritability phenotype was frequently present in offspring with diagnoses of BD, depression, attention-deficit/hyperactivity disorder, and disruptive behavior disorders. Conclusions: Like other non-BD diagnoses, family history of BD increases the risk for DMDD. Severe chronic irritability and temper tantrums are the core features of DMDD, and are associated with mood and behavioral disorders in youth at risk for BD.
Accession Number: WOS:000333770200006

Record 9 of 50 = PRO (USA, ITALY)
Title: A comparison of bipolar disorders in children in Italy and the United States
Author(s): Donfrancesco, R (Donfrancesco, R.); Marano, A (Marano, A.); Innocenzi, M (Innocenzi, M.); Toni, L (Toni, L.); Di Lelio, A (Di Lelio, A.); Milone, A (Milone, A.); Sposato, M (Sposato, M.); Mazzotta, G (Mazzotta, G.); Valenti, V (Valenti, V.); Melegari, MG (Melegari, M. G.); DelBello, MP (DelBello, M. P.)
Source: JOURNAL OF AFFECTIVE DISORDERS **Volume:** 159 **Pages:** 53-55 **DOI:** 10.1016/j.jad.2014.01.003 **Published:** APR 2014
Abstract: Background: The clinical presentation of bipolar disorders, though clearly recognized in adolescents, remains controversial in younger children and across cultures. The aim of this study was to compare the clinical presentation of bipolar disorders in Italian and American children between ages 5 and 12 years.
Methods: Sixty-seven children from six outpatient programs were enrolled (Italian sample: n=40; American sample: n=28) between January 2010 and June 2011. Children and their parents were interviewed by experienced clinicians using the Washington University in St. Louis Schedule for Affective Disorders and Schizophrenia for School-Age Children-Present, Lifetime Version (WASH-U K-SADS).
Results: Italian children scored significantly higher on ratings of "elevated mood" (p=0.002), whereas American children scored significantly higher on ratings of "flight; of ideas" (p=0.001) and "productivity" (p=0.001). Rates of comorbidity were different between groups.
Limitations: Data were acquired from several sites in Italy as compared to from a single American site Medication and

educational information were not systematically collected furthermore, the sample collected may only reflect characteristics of a less severely ill group of bipolar children.
Conclusions: Our comparison of Italian and American children with early onset bipolar disorders found that the phenotype of bipolar spectrum disorders is largely shared across cultures, although psychiatric comorbidities differed. (C) 2014 Published by Elsevier B.V.
Accession Number: WOS:000333398400008

Record 10 of 50 = PRO (USA, WALES)
Title: Parsing Dimensional vs Diagnostic Category-Related Patterns of Reward Circuitry Function in Behaviorally and Emotionally Dysregulated Youth in the Longitudinal Assessment of Manic Symptoms Study
Author(s): Bebko, G (Bebko, Genna); Bertocci, MA (Bertocci, Michele A.); Fournier, JC (Fournier, Jay C.); Hinze, AK (Hinze, Amanda K.); Bonar, L (Bonar, Lisa); Almeida, JRC (Almeida, Jorge R. C.); Perlman, SB (Perlman, Susan B.); Versace, A (Versace, Amelia); Schirda, C (Schirda, Claudiu); Travis, M (Travis, Michael); Gill, MK (Gill, Mary Kay); Demeter, C (Demeter, Christine); Diwadkar, VA (Diwadkar, Vaibhav A.); Ciuffetelli, G (Ciuffetelli, Gary); Rodriguez, E (Rodriguez, Eric); Olino, T (Olino, Thomas); Forbes, E (Forbes, Erika); Sunshine, JL (Sunshine, Jeffrey L.); Holland, SK (Holland, Scott K.); Kowatch, RA (Kowatch, Robert A.); Birmaher, B (Birmaher, Boris); Axelson, D (Axelson, David); Horwitz, SM (Horwitz, Sarah M.); Arnold, LE (Arnold, L. Eugene); Fristad, MA (Fristad, Mary A.); Youngstrom, EA (Youngstrom, Eric A.); Findling, RL (Findling, Robert L.); Phillips, ML (Phillips, Mary L.)
Source: JAMA PSYCHIATRY **Volume:** 71 **Issue:** 1 **Pages:** 71-80 **DOI:** 10.1001/jamapsychiatry.2013.2870 **Published:** JAN 2014
Abstract: IMPORTANCE Pediatric disorders characterized by behavioral and emotional dysregulation pose diagnostic and treatment challenges because of high comorbidity, suggesting that they may be better conceptualized dimensionally rather than categorically. Identifying neuroimaging measures associated with behavioral and emotional dysregulation in youth may inform understanding of underlying dimensional vs disorder-specific pathophysiologic features.
OBJECTIVE To identify, in a large cohort of behaviorally and emotionally dysregulated youth, neuroimaging measures that (1) are associated with behavioral and emotional dysregulation pathologic dimensions (behavioral and emotional dysregulation measured with the Parent General Behavior Inventory 10-Item Mania Scale [PGBI-10M], mania, depression, and anxiety) or (2) differentiate diagnostic categories (bipolar spectrum disorders, attention-deficit/hyperactivity disorder, anxiety, and disruptive behavior disorders).
DESIGN, SETTING, AND PARTICIPANTS A multisite neuroimaging study was conducted from February 1, 2011, to April 15, 2012, at 3 academic medical centers: University Hospitals Case Medical Center, Cincinnati Children's Hospital Medical Center, and University of Pittsburgh Medical Center. Participants included a referred sample of behaviorally and emotionally dysregulated youth from the Longitudinal Assessment of Manic Symptoms (LAMS) study (n = 85) and healthy youth (n = 20).
MAIN OUTCOMES AND MEASURES Region-of-interest analyses examined relationships among prefrontal-ventral striatal reward circuitry during a reward paradigm (win, loss, and control conditions), symptom dimensions, and diagnostic categories.
RESULTS Regardless of diagnosis, higher PGBI-10M scores were associated with greater left middle prefrontal cortical activity (r = 0.28) and anxiety with greater right dorsal anterior cingulate cortical (r = 0.27) activity to win. The 20 highest (t = 2.75) and 20 lowest (t = 2.42) PGBI-10M-scoring youth showed significantly greater left middle prefrontal cortical activity to win compared with 20 healthy youth. Disruptive behavior disorders were associated with lower left ventrolateral prefrontal cortex activity to win (t = 2.68) (all P < .05, corrected).
CONCLUSIONS AND RELEVANCE Greater PGBI-10M-related left middle prefrontal cortical activity and anxiety-related right dorsal anterior cingulate cortical activity to win may reflect heightened reward sensitivity and greater attention to reward in behaviorally and emotionally dysregulated youth regardless of diagnosis. Reduced left ventrolateral prefrontal cortex activity to win may reflect reward insensitivity in youth with disruptive behavior disorders. Despite a distinct reward-related neurophysiologic feature in disruptive behavior disorders, findings generally support a dimensional approach to studying neural mechanisms in behaviorally and emotionally dysregulated youth.
Accession Number: WOS:000331370400011

Record 11 of 50 = PRO (USA, WALES)
Title: Emotional Face Processing in Pediatric Bipolar Disorder: Evidence for Functional Impairments in the Fusiform Gyrus
Author(s): Perlman, SB (Perlman, Susan B.); Fournier, JC (Fournier, Jay C.); Bebko, G (Bebko, Genna); Bertocci, MA (Bertocci, Michele A.); Hinze, AK (Hinze, Amanda K.); Bonar, L (Bonar, Lisa); Almeida, JRC (Almeida, Jorge R. C.); Versace, A (Versace, Amelia); Schirda, C (Schirda, Claudiu); Travis, M (Travis, Michael); Gill, MK (Gill, Mary Kay); Demeter, C (Demeter, Christine); Diwadkar, VA (Diwadkar, Vaibhav A.); Sunshine, JL (Sunshine, Jeffrey L.); Holland, SK (Holland, Scott K.); Kowatch, RA (Kowatch, Robert A.); Birmaher, B (Birmaher, Boris); Axelson, D (Axelson, David); Horwitz, SM (Horwitz, Sarah M.); Arnold, LE (Arnold, L. Eugene); Fristad, MA (Fristad, Mary A.); Youngstrom, EA (Youngstrom, Eric A.); Findling, RL (Findling, Robert L.); Phillips, ML (Phillips, Mary L.)
Source: JOURNAL OF THE AMERICAN ACADEMY OF CHILD AND ADOLESCENT PSYCHIATRY **Volume:** 52 **Issue:** 12 **Pages:** 1314-1325 **DOI:** 10.1016/j.jaac.2013.09.004 **Published:** DEC 2013
Abstract: Objective: Pediatric bipolar disorder involves poor social functioning, but the neural mechanisms underlying these deficits are not well understood. Previous neuroimaging studies have found deficits in emotional face processing localized to emotional brain regions. However, few studies have examined dysfunction in other regions of the face processing circuit. This study assessed hypoactivation in key face processing regions of the brain in pediatric bipolar disorder. Method: Youth with a bipolar spectrum diagnosis (n = 20) were matched to a nonbipolar clinical group (n = 20), with similar demographics and comorbid diagnoses, and a healthy control group (n = 20). Youth participated in a functional magnetic resonance imaging (fMRI) scanning which employed a task-irrelevant emotion processing design in which processing of facial emotions was not germane to task performance. Results: Hypoactivation, isolated to the fusiform gyrus, was found when viewing animated, emerging facial expressions of happiness, sadness, fearfulness, and especially anger in pediatric bipolar participants relative to matched clinical and healthy control groups. Conclusions: The results of the study imply that differences exist in visual regions of the brain's face processing system and are not solely isolated to emotional brain regions such as the amygdala. Findings are discussed in relation to facial emotion recognition and fusiform gyrus deficits previously reported in the autism literature. Behavioral interventions targeting attention to facial stimuli might be explored as possible treatments for bipolar disorder in youth.
Accession Number: WOS:000328014100011

Record 12 of 50 = SMD (USA, ISRAEL)

Title: Clinical Features of Young Children Referred for Impairing Temper Outbursts
Author(s): Roy, AK (Roy, Amy K.); Klein, RG (Klein, Rachel G.); Angelosante, A (Angelosante, Aleta); Bar-Haim, Y (Bar-Haim, Yair); Leibenluft, E (Leibenluft, Ellen); Hulvershorn, L (Hulvershorn, Leslie); Dixon, E (Dixon, Erica); Dodds, A (Dodds, Alice); Spindel, C (Spindel, Carrie)
Source: JOURNAL OF CHILD AND ADOLESCENT PSYCHOPHARMACOLOGY **Volume:** 23 **Issue:** 9 **Pages:** 588-596 **DOI:** 10.1089/cap.2013.0005 **Published:** NOV 2013
Abstract: Objective: In light of the current controversy about whether severe temper outbursts are diagnostic of mania in young children, we conducted a study to characterize such children, focusing on mania and other mood disorders, emotion regulation, and parental psychiatric history.
Methods: Study participants included 51 5-9-year-old children with frequent, impairing outbursts (probands) and 24 non-referred controls without outbursts. Parents completed a lifetime clinical interview about their child, and rated their child's current mood and behavior. Teachers completed a behavior rating scale. To assess emotion regulation, children were administered the Balloons Game, which assesses emotion expressivity in response to frustration, under demands of high and low regulation. Parental lifetime diagnoses were ascertained in blind clinical interviews.
Results: No child had bipolar disorder, bipolar disorder not otherwise specified (NOS), or major depression (MDD). The most prevalent disorder was oppositional defiant disorder (88.2%), followed by attention-deficit/hyperactivity disorder (74.5%), anxiety disorders (49.0%), and non-MDD depressive disorders (33.3%). Eleven probands (21.6%) met criteria for severe mood dysregulation. During the Balloons Game, when there were no demands for self-regulation, children with severe outbursts showed reduced positive expressivity, and also showed significant deficits in controlling negative facial expressions when asked to do so. Anxiety disorders were the only diagnoses significantly elevated in probands' mothers.
Conclusions: Overall, young children with severe temper outbursts do not present with bipolar disorder. Rather, disruptive behavior disorders with anxiety and depressive mood are common. In children with severe outbursts, deficits in regulating emotional facial expressions may reflect deficits controlling negative affect. This work represents a first step towards elucidating mechanisms underlying severe outbursts in young children.
Accession Number: WOS:000336522300002

Record 13 of 50 = PRO (USA, CANADA)
Title: Use of Mental Health Services in Transition Age Youth with Bipolar Disorder
Author(s): Hower, H (Hower, Heather); Case, BG (Case, Brady G.); Hoeppner, B (Hoeppner, Bettina); Yen, S (Yen, Shirley); Goldstein, T (Goldstein, Tina); Goldstein, B (Goldstein, Benjamin); Birmaher, B (Birmaher, Boris); Weinstock, L (Weinstock, Lauren); Topor, D (Topor, David); Hunt, J (Hunt, Jeffrey); Strober, M (Strober, Michael); Ryan, N (Ryan, Neal); Axelson, D (Axelson, David); Gill, MK (Gill, Mary Kay); Keller, MB (Keller, Martin B.)
Source: JOURNAL OF PSYCHIATRIC PRACTICE **Volume:** 19 **Issue:** 6 **Pages:** 464-476 **DOI:** 10.1097/01.pra.0000438185.81983.8b **Published:** NOV 2013
Abstract: Objectives. There is concern that treatment of serious mental illness in the United States declines precipitously following legal emancipation at age 18 years and transition from specialty youth clinical settings. We examined age transition effects on treatment utilization in a sample of youth with bipolar disorder. Methods. Youth with bipolar disorder (N = 413) 7-18 years of age were assessed approximately twice per year (mean interval 8.2 months) for at least 4 years. Annual use of any individual, group, and family therapy, psychopharmacology visits, and hospitalization at each year of age, and monthly use from ages 17 through 19 years, were examined. The effect of age transition to 18 years on monthly visit probability was tested in the subsample with observed transitions (n = 204). Putative sociodemographic moderators and the influence of clinical course were assessed. Results. Visit probabilities for the most common modalities-psychopharmacology, individual psychotherapy, and home-based care-generally fell from childhood to young adulthood. For example, the annual probability of at least one psychopharmacology visit was 97% at age 8, 75% at age 17, 60% at age 19, and 46% by age 22. Treatment probabilities fell in transition-age youth from age 17 through 19, but a specific transition effect at age 18 was not found. Declines did not vary based on sociodemographic characteristics and were not explained by changing severity of the bipolar illness or functioning. Conclusions. Mental health treatment declined with age in this sample of youth with bipolar disorder, but reductions were not concentrated during or after the transition to age 18 years. Declines were unrelated to symptom severity or impairment.
Accession Number: WOS:000330441100004

Record 14 of 50 = PRO (USA, ENGLAND, FRANCE, ITALY, SPAIN, SWITZERLAND)
Title: The bipolar-borderline personality disorders connection in major depressive patients
Author(s): Perugi, G (Perugi, G.); Angst, J (Angst, J.); Azorin, JM (Azorin, J. -M.); Bowden, C (Bowden, C.); Vieta, E (Vieta, E.); Young, AH (Young, A. H.)
Group Author(s): BRIDGE Study Grp
Source: ACTA PSYCHIATRICA SCANDINAVICA **Volume:** 128 **Issue:** 5 **Pages:** 376-383 **DOI:** 10.1111/acps.12083 **Published:** NOV 2013
Abstract: ObjectiveThe study focuses on the controversial relationship between borderline personality disorder (BPD) and bipolar disorder (BD), defined according to different criteria set, in a world-wide sample of patients with a current major depressive episode (MDE).
MethodA total of 5635 patients with an MDE were enrolled in a multinational study, designed to assess varying definition of hypo/mania and familial and clinical variables associated with bipolarity. Patients with (BPD+) and without (BPD-)comorbid BPD were compared on sociodemographic, familial and clinical characteristics.
ResultsFive hundred and thirty-two patients (9.3%) met criteria for BPD. A diagnosis of BD was more frequent in BPD+ than in BPD- using either DSM-IVTR-modified criteria or the bipolar specifier. BPD+ were younger than BPD- depressives with regard to age and age at onset. They also showed more hypomania/mania in first-degree relatives in comparison to BPD- as well as more psychiatric comorbidity, psychotic symptoms, mixed states, atypical features, seasonality of mood episodes, suicide attempts, prior mood episodes and antidepressants-induced hypo/manic switches.
ConclusionIn our sample, selected on the basis of the presence of a mood disorder, the BD-BPD connection is confirmed by the high prevalence of bipolarity in depressive patients with BPD and by the significant association with familial and clinical features classically considered as external validators of bipolarity.
Accession Number: WOS:000329198300005

Record 15 of 50 = PRO (USA, FRANCE)
Title: Suicidal ideation and suicide attempts in children and adolescents with bipolar disorder: a systematic review of prevalence

and incidence rates, correlates, and targeted interventions
Author(s): Hauser, M (Hauser, Marta); Galling, B (Galling, Britta); Correll, CU (Correll, Christoph U.)
Source: BIPOLAR DISORDERS **Volume:** 15 **Issue:** 5 **Special Issue:** SI **Pages:** 507-523 **DOI:** 10.1111/bdi.12094 **Published:** AUG 2013
Abstract: Objective: Pediatric bipolar disorder (PBD) is associated with poor outcomes, including suicidal ideation (SI) and suicide attempt (SA). However, frequencies and risk factors of SI/SA and targeted intervention trials for SI/SA in PBD have not been reviewed systematically.
Methods: We conducted a systematic PubMed review, searching for articles reporting on prevalences/incidences, correlates and intervention studies targeting SI/SA in PBD. Weighted means were calculated, followed by an exploratory meta-regression of SI and SA correlates.
Results: Fourteen studies (n = 1595), in which 52.1% of patients were male and the mean age was 14.4 years, reported data on SI/SA prevalence (N = 13, n = 1508) and/or correlates (N = 10, n = 1348) in PBD. Weighted mean prevalences were: past SI = 57.4%, past SA = 21.3%, current SI = 50.4%, and current SA = 25.5%; incidences (mean 42 months of follow-up) were: SI = 14.6% and SA = 14.7%. Regarding significant correlates, SI (N = 3) was associated with a higher percentage of Caucasian race, narrow (as opposed to broad) PBD phenotype, younger age, and higher quality of life than SA. Significant correlates of SA (N = 10) included female sex, older age, earlier illness onset, more severe/episodic PBD, mixed episodes, comorbid disorders, past self-injurious behavior/SI/SA, physical/sexual abuse, parental depression, family history of suicidality, and poor family functioning. Race, socioeconomic status, living situation, and life events were not clearly associated with SA. In a meta-regression analysis, bipolar I disorder and comorbid attention-deficit hyperactivity disorder were significantly associated with SA. Only one open label study targeting the reduction of SI/SA in PBD was identified.
Conclusions: SI and SA are very common but under-investigated in PBD. Exploration of predictors and protective factors is imperative for the establishment of effective preventive and intervention strategies, which are urgently needed.
Accession Number: WOS:000322774700005

Record 16 of 50 = PRO (USA, ENGLAND, NETHERLANDS)
Title: Cross-species genetics converge to TLL2 for mouse avoidance behavior and human bipolar disorder
Author(s): de Mooij-van Malsen, JG (de Mooij-van Malsen, J. G.); van Lith, HA (van Lith, H. A.); Laarakker, MC (Laarakker, M. C.); Brandys, MK (Brandys, M. K.); Oppelaar, H (Oppelaar, H.); Collier, DA (Collier, D. A.); Olivier, B (Olivier, B.); Breen, G (Breen, G.); Kas, MJ (Kas, M. J.)
Source: GENES BRAIN AND BEHAVIOR **Volume:** 12 **Issue:** 6 **Pages:** 653-657 **DOI:** 10.1111/gbb.12055 **Published:** AUG 2013
Abstract: Interspecies genetic analysis of neurobehavioral traits is critical for identifying neurobiological mechanisms underlying psychiatric disorders, and for developing models for translational research. Recently, after screening a chromosome substitution strain panel in an automated home cage environment, chromosomes 15 and 19 were identified in female mice for carrying genetic loci that contribute to increased avoidance behavior (sheltering preference). Furthermore, we showed that the quantitative trait locus (QTL) for baseline avoidance behavior on chromosome 15 is homologous with a human linkage region for bipolar disorder (8q24). Similarly, we now performed comparative analysis on the QTL for avoidance behavior found on chromosome 19 and correspondingly revealed an overlap of the mouse interval and human homologous region 10q23-24, which has been previously linked to bipolar disorders. By means of a comparative genetic strategy within the human homologous region, we describe an association for TLL2 with bipolar disorder using the genome-wide association study (GWAS) data set generated by the Wellcome Trust Case Control Consortium (WTCCC). On the basis of genetic homology and mood stabilizer sensitivity, our data indicate the intriguing possibility that mouse home cage avoidance behavior may translate to a common biochemical mechanisms underlying bipolar disorder susceptibility. .
Accession Number: WOS:000322546900007

Record 17 of 50 = PRO (USA, TURKEY)
Title: The comorbidity of adult attention-deficit/hyperactivity disorder in bipolar disorder patients
Author(s): Karaahmet, E (Karaahmet, Elif); Konuk, N (Konuk, Numan); Dalkilic, A (Dalkilic, Alican); Saracli, O (Saracli, Ozge); Atasoy, N (Atasoy, Nuray); Kurcer, MA (Kurcer, Mehmet A.); Atik, L (Atik, Levent)
Source: COMPREHENSIVE PSYCHIATRY **Volume:** 54 **Issue:** 5 **Pages:** 549-555 **DOI:** 10.1016/j.comppsych.2012.11.005 **Published:** JUL 2013
Abstract: Objective: High comorbidity ratio of bipolar mood disorder (BMD) with Axis I and Axis II diagnoses is reported in the literature. The possible relationship between BMD and attention-deficit/hyperactivity disorder (ADHD) in all age groups has been attracting more attention of researchers due to highly overlapping symptoms such as excessive talking, attention deficit, and increased motor activity. In this study, we aimed to investigate the prevalence of ADHD cornorbidity in BMD patients and the clinical features of these patients.
Methods: Of 142 patients, who presented to the Bipolar Disorder Unit of Zonguldak Karaelmas University Research and Application Hospital between the dates of August 1, 2008 and June 31, 2009 and diagnosed with BMD according to DSM-IV criteria consecutively, 118 patients signed informed consent and 90 of them completed the study. They all were in euthymic phase during the study evaluations. A sociodemographical data form, Wender-Utah Rating Scale (WURS), ADD/ADHD Diagnostic and Evaluation Inventory for Adults, and Structural Clinical Interview for DSM-IV Axis I Disorders, Clinical Version (SCID-I) were applied to all participating patients.
Results: A total of 23.3% of all patients met the criteria for A-ADHD diagnosis along BMD. No difference was detected regarding sociodemographical features between the BMD+A-ADHD and the BMD without A-ADHD groups. The BMD+A-ADHD group had at least one extra educational year repetition than the other group and the difference was statistically significant. The BMD starting age in the BMD+A-ADHD group was significantly earlier (p=0.044) and the number of manic episodes was more frequent in the BMD+A-ADHD group (p=0.026) than the BMD without ADHD group. Panic disorder in the BMD+A-ADHD group (p=0.019) and obsessive-compulsive disorder in the BMD+C-ADHD group (p=0.001) were most frequent comorbidities.
Conclusions: A-ADHD is a frequent comorbidity in BMD. It is associated with early starting age of BMD, higher number of manic episodes during the course of BMD, and more comorbid Axis I diagnoses. (C) 2013 Elsevier Inc. All rights reserved.
Accession Number: WOS:000325303500018

Record 18 of 50 = PRO (USA authors only)
~~**Title:** PSYCHOTROPIC MEDICATIONS: AN UPDATE FOR SCHOOL PSYCHOLOGISTS~~

~~**Author(s):** Rappaport, N (Rappaport, Nancy); Kulick, D (Kulick, Deborah); Phelps, L (Phelps, LeAdelle)~~
~~**Source:** PSYCHOLOGY IN THE SCHOOLS **Volume:** 50 **Issue:** 6 **Pages:** 589-600 **DOI:** 10.1002/pits.21696 **Published:** JUN 2013~~
~~**Abstract:** This article provides an overview of medications used frequently in the treatment of pediatric depression, anxiety, and bipolar disorder. The need for a collaborative relationship between the prescribing physician, school personnel, and the family is outlined. School psychologists can play crucial roles by providing the physician with information at the time of referral, developing school-based psychosocial interventions that augment pharmacological treatment, completing periodic evaluations to assist in symptom monitoring, and alerting the family and physician to any adverse side effects.~~
~~**Accession Number:** WOS:000320172700005~~
~~**ISSN:** 0033-3085~~

Record 19 of 50 = PRO (USA, CANADA, SOUTH KOREA)
Title: Association of dopamine transporter gene variants with childhood ADHD features in bipolar disorder
Author(s): Greenwood, TA (Greenwood, Tiffany A.); Joo, EJ (Joo, Eun-Jeong); Shekhtman, T (Shekhtman, Tatyana); Sadovnick, AD (Sadovnick, A. Dessa); Remick, RA (Remick, Ronald A.); Keck, PE (Keck, Paul E.); McElroy, SL (McElroy, Susan L.); Kelsoe, JR (Kelsoe, John R.)
Source: AMERICAN JOURNAL OF MEDICAL GENETICS PART B-NEUROPSYCHIATRIC GENETICS **Volume:** 162B **Issue:** 2 **Pages:** 137-145 **DOI:** 10.1002/ajmg.b.32108 **Published:** MAR 2013
Abstract: Bipolar disorder (BD) and attention deficit hyperactivity disorder (ADHD) exhibit remarkably high rates of comorbidity, as well as patterns of familial co-segregation. Epidemiological data suggests that these disorders either share a common genetic architecture or that ADHD features in BD may represent an etiologically distinct subtype. We previously used the Wender Utah Rating Scale (WURS) to assess ADHD features in BD families and identified three heritable factors relating to impulsivity, mood instability, and inattention. Linkage analysis revealed a LOD score of 1.33 for the inattention factor on 5p15.3 near the dopamine transporter gene (DAT1), which has been associated with both BD and ADHD. Pharmacological evidence also suggests a role for DAT in both disorders. We have now evaluated the association of ten DAT1 variants for the WURS total score and factors in an overlapping sample of 87 BD families. Significant associations for three SNPs were observed across the WURS measures, notably for a SNP in intron 8 with the WURS total score (P=0.007) and for variants in introns 9 and 13 with mood instability (P=0.009 and 0.004, respectively). Analysis of an independent sample of 52 BD cases and 46 healthy controls further supported association of the intron 8 variant with mood instability (P=0.005), and a combined analysis confirmed the associations of this SNP with WURS total score. Impulsivity and mood instability (P=0.002, 0.007, and 8x104, respectively). These data suggest that variants within DAT1 may predispose to a subtype of BD characterized by early prodromal features that include attentional deficits. (c) 2012 Wiley Periodicals, Inc.
Accession Number: WOS:000315330800004

Record 20 of 50 = PRO (USA, ENGLAND, FRANCE, ITALY, SWITZERLAND)
Title: Is comorbid borderline personality disorder in patients with major depressive episode and bipolarity a developmental subtype? Findings from the international BRIDGE study
Author(s): Perugi, G (Perugi, Giulio); Angst, J (Angst, Jules); Azorin, JM (Azorin, Jean-Michel); Bowden, C (Bowden, Charles); Vieta, E (Vieta, Eduard); Young, AH (Young, Allan H.)
Group Author(s): BRIDGE Study Grp
Source: JOURNAL OF AFFECTIVE DISORDERS **Volume:** 144 **Issue:** 1-2 **Pages:** 72-78 **DOI:** 10.1016/j.jad.2012.06.008 **Published:** JAN 10 2013
Abstract: Background: The nature of the relationship between bipolar disorder (BD) and borderline personality disorder (BPD) is controversial. The aim of this study was to characterize the clinical profile of patients with BD and comorbid BPD in a world-wide sample selected during a major depressive episode (MDE).
Methods: From a general sample of 5635 in and out-patients with an MDE, who were enrolled in the multicenter, multinational, transcultural BRIDGE study, we identified 2658 subjects who met bipolarity specifier criteria. Bipolar specifier patients with (BPD+) and without (BPD-) comorbid BPD were compared on diagnostic, socio-demographic, familial and clinical characteristics.
Results: 386 patients (14.5%) met criteria for BPD. A diagnosis of BD according to DSM-IV criteria was significantly more frequent in the BPD- than in BPD+, while similar rates in the two groups occurred using DSM-IV-Modified criteria. A subset of the BD criteria with an atypical connotation, such as irritability, mood instability and reactivity to drugs were significantly associated with the presence of BPD. BPD+ patients were significantly younger than BPD- bipolar patients for age, age at onset of first psychiatric symptoms and age at first diagnosis of depression. They also reported significantly more comorbid Alcohol and Substance abuse, Anxiety disorders, Eating Disorder and Attention Deficit Hyperactivity Disorder. In comparison with BPD-, BPD+ patients showed significantly more psychotic symptoms, history of suicide attempts, mixed states, mood reactivity, atypical features, seasonality of mood episodes, antidepressants induced mood lability and irritability, and resistance to antidepressant treatments.
Limitations: Centers were selected for their strong mood disorder clinical programs, recall bias is possible with a cross-sectional design, and participating psychiatrists received limited training.
Conclusions: We confirm in a large sample of BD patients with MDE the high prevalence of patients who meet DSM-IV criteria for BPD. Further prospective researches should clarify whether the mood reactivity and instability captured by BPD DSM-IV criteria are distinguishable from the subjective mood of an instable, dysphoric, irritable manic/hypomanic/mixed state or simply represent a phenotypic variant of BD, related to developmental factors. (C) 2012 Elsevier B.V. All rights reserved.
Accession Number: WOS:000311640300010

Record 21 of 50 = SMD (USA, BRAZIL, ENGLAND)
Title: Irritability in children and adolescents: past concepts, current debates, and future opportunities
Author(s): Krieger, FV (Krieger, Fernanda Valle); Leibenluft, E (Leibenluft, Ellen); Stringaris, A (Stringaris, Argyris); Polanczyk, GV (Polanczyk, Guilherme V.)
Source: REVISTA BRASILEIRA DE PSIQUIATRIA **Volume:** 35 **Pages:** S32-S39 **DOI:** 10.1590/1516-4446-2013-S107 **Supplement:** 1 **Published:** 2013
Abstract: Irritability is defined as a low threshold to experience anger in response to frustration. It is one of the most common symptoms in youth and is part of the clinical presentation of several disorders. Irritability can present early in life and is a predictor of long-term psychopathology; yet, the diagnostic status of irritability is a matter of intense debate. In the present

article, we address two main components of the debate regarding irritability in youth: the misdiagnosis of chronic irritability as pediatric bipolar disorder, and the proposal of a new diagnosis in the DSM-5, disruptive mood dysregulation disorder, whose defining symptoms are chronic irritability and temper outbursts.
Accession Number: WOS:000325742100005

Record 22 of 50 = SMD (USA, ENGLAND)
Title: The Affective Reactivity Index: a concise irritability scale for clinical and research settings
Author(s): Stringaris, A (Stringaris, Argyris); Goodman, R (Goodman, Robert); Ferdinando, S (Ferdinando, Sumudu); Razdan, V (Razdan, Varun); Muhrer, E (Muhrer, Eli); Leibenluft, E (Leibenluft, Ellen); Brotman, MA (Brotman, Melissa A.)
Source: JOURNAL OF CHILD PSYCHOLOGY AND PSYCHIATRY **Volume:** 53 **Issue:** 11 **Pages:** 1109-1117 **DOI:** 10.1111/j.1469-7610.2012.02561.x **Published:** NOV 2012
Abstract: Background: Irritable mood has recently become a matter of intense scientific interest. Here, we present data from two samples, one from the United States and the other from the United Kingdom, demonstrating the clinical and research utility of the parent- and self-report forms of the Affective Reactivity Index (ARI), a concise dimensional measure of irritability. Methods: The US sample (n = 218) consisted of children and adolescents recruited at the National Institute of Mental Health meeting criteria for bipolar disorder (BD, n = 39), severe mood dysregulation (SMD, n = 67), children at family risk for BD (n = 35), or were healthy volunteers (n = 77). The UK sample (n = 88) was comprised of children from a generic mental health setting and healthy volunteers from primary and secondary schools. Results: Parent- and self-report scales of the ARI showed excellent internal consistencies and formed a single factor in the two samples. In the US sample, the ARI showed a gradation with irritability significantly increasing from healthy volunteers through to SMD. Irritability was significantly higher in SMD than in BD by parent-report, but this did not reach significance by self-report. In the UK sample, parent-rated irritability was differentially related to emotional problems. Conclusions: Irritability can be measured using a concise instrument both in a highly specialized US, as well as a general UK child mental health setting.
Accession Number: WOS:000309927700003

Record 23 of 50 = PRO (USA, CANADA)
Title: Pharmacologic Treatment of Bipolar Disorder in Children and Adolescents
Author(s): Goldstein, BI (Goldstein, Benjamin I.); Sassi, R (Sassi, Roberto); Diler, RS (Diler, Rasim S.)
Source: CHILD AND ADOLESCENT PSYCHIATRIC CLINICS OF NORTH AMERICA **Volume:** 21 **Issue:** 4 **Pages:** 911-+ **DOI:** 10.1016/j.chc.2012.07.004 **Published:** OCT 2012
Abstract: This review focuses mainly on published articles regarding the treatment of school-aged children and adolescents with pediatric bipolar disorder. In light of systematic reviews, large randomized controlled trial data are emphasized wherever possible. This review addresses the treatment of acute manic/mixed episodes, including combination treatment, the preliminary literature regarding bipolar depression among youth, treatment in the face of comorbid conditions, and maintenance treatment. Suggestions regarding future directions are offered. A clinical vignette describing a teen with bipolar disorder is presented and bipolar medications, dosing, efficacy, side effects, contraindications, and succinct comments on each medication are summarized.
Accession Number: WOS:000311194100012

Record 24 of 50 = PRO (USA, BRAZIL, ENGLAND, WALES)
Title: Pattern Recognition and Functional Neuroimaging Help to Discriminate Healthy Adolescents at Risk for Mood Disorders from Low Risk Adolescents
Author(s): Mourao-Miranda, J (Mourao-Miranda, Janaina); Oliveira, L (Oliveira, Leticia); Ladouceur, CD (Ladouceur, Cecile D.); Marquand, A (Marquand, Andre); Brammer, M (Brammer, Michael); Birmaher, B (Birmaher, Boris); Axelson, D (Axelson, David); Phillips, ML (Phillips, Mary L.)
Source: PLOS ONE **Volume:** 7 **Issue:** 2 **Article Number:** e29482 **DOI:** 10.1371/journal.pone.0029482 **Published:** FEB 15 2012
Abstract: Introduction: There are no known biological measures that accurately predict future development of psychiatric disorders in individual at-risk adolescents. We investigated whether machine learning and fMRI could help to: 1. differentiate healthy adolescents genetically at-risk for bipolar disorder and other Axis I psychiatric disorders from healthy adolescents at low risk of developing these disorders; 2. identify those healthy genetically at-risk adolescents who were most likely to develop future Axis I disorders.
Methods: 16 healthy offspring genetically at risk for bipolar disorder and other Axis I disorders by virtue of having a parent with bipolar disorder and 16 healthy, age-and gender-matched low-risk offspring of healthy parents with no history of psychiatric disorders (12-17 year-olds) performed two emotional face gender-labeling tasks (happy/neutral; fearful/neutral) during fMRI. We used Gaussian Process Classifiers (GPC), a machine learning approach that assigns a predictive probability of group membership to an individual person, to differentiate groups and to identify those at-risk adolescents most likely to develop future Axis I disorders.
Results: Using GPC, activity to neutral faces presented during the happy experiment accurately and significantly differentiated groups, achieving 75% accuracy (sensitivity = 75%, specificity = 75%). Furthermore, predictive probabilities were significantly higher for those at-risk adolescents who subsequently developed an Axis I disorder than for those at-risk adolescents remaining healthy at follow-up.
Conclusions: We show that a combination of two promising techniques, machine learning and neuroimaging, not only discriminates healthy low-risk from healthy adolescents genetically at-risk for Axis I disorders, but may ultimately help to predict which at-risk adolescents subsequently develop these disorders.
Accession Number: WOS:000302741300002

Record 25 of 50 = PRO (USA, CANADA)
Title: Prevalence, Clinical Presentation and Differential Diagnosis of Pediatric Bipolar Disorder
Author(s): Goldstein, BI (Goldstein, Benjamin I.); Birmaher, B (Birmaher, Boris)
Source: ISRAEL JOURNAL OF PSYCHIATRY AND RELATED SCIENCES **Volume:** 49 **Issue:** 1 **Pages:** 3-14 **Part:** 1 **Published:** 2012
Abstract: Background: Over the past 20 years, the evidence regarding pediatric bipolar disorder (BP) has increased substantially. As a result, recent concerns have focused primarily on prevalence and differential diagnosis.
Method: Selective review of the literature.

Results: BP as defined by rigorously applying diagnostic criteria has been observed among children and especially adolescents in numerous countries. In contrast to increasing diagnoses in clinical settings, prevalence in epidemiologic studies has not recently changed. BP-spectrum conditions among youth are highly impairing and confer high risk for conversion to BP-I and BP-II. Compared to adults, youth with BP have more mixed symptoms, more changes in mood polarity, are more often symptomatic and seem to have worse prognosis. The course, clinical characteristics, and comorbidities of BP among children and adolescents are in many ways otherwise similar to those of adults with BP. Nonetheless, many youth with BP receive no treatment and most do not receive BP-specific treatment.
Conclusion: Despite increased evidence supporting the validity of pediatric BP, discrepancies between clinical and epidemiologic findings suggest that diagnostic misapplication may be common. Simultaneously, low rates of treatment of youth with BP suggest that withholding of BP diagnoses may also be common. Clinicians should apply diagnostic criteria rigorously in order to optimize diagnostic accuracy and ensure appropriate treatment.
Accession Number: WOS:000308697600002

Record 26 of 50 = SCEP (USA, AUSTRALIA)
Title: Pediatric Bipolar Disorder in an Era of "Mindless Psychiatry"
Author(s): Parry, PI (Parry, Peter I.); Levin, EC (Levin, Edmund C.)
Source: JOURNAL OF TRAUMA & DISSOCIATION **Volume:** 13 **Issue:** 1 **Pages:** 51-68 **DOI:** 10.1080/15299732.2011.597826 **Published:** 2012
Abstract: Objective: Pediatric bipolar disorder (PBD) reflects shifts in conceptualizing bipolar disorder among children and adolescents since the mid-1990s. Since then, PBD diagnoses, predominantly in the United States, have increased dramatically, and the diagnosis has attracted significant controversy. During the same period, psychiatric theory and practice has become increasingly biological. The aim of this paper is to examine the rise of PBD in terms of wider systemic influences. Method: In the context of literature referring to paradigm shifts in psychiatry, we reviewed the psychiatric literature, media cases, and information made available by investigative committees and journalists. Results: Social historians and prominent psychiatrists describe a paradigm shift in psychiatry over recent decades: from an era of "brainless psychiatry," when an emphasis on psychodynamic and family factors predominated to the exclusion of biological factors, to a current era of " mindless psychiatry" that emphasizes neurobiological explanations for emotional and behavioral problems with limited regard for contextual meaning. Associated with this has been a tendency within psychiatry and society to neglect trauma and attachment insecurity as etiological factors; the " atheoretical" (but by default biomedical) premise of the Diagnostic and Statistical Manual of Mental Disorders (3rd and 4th eds.); the influence of the pharmaceutical industry in research, continuing medical education, and direct-to-consumer advertising; and inequality in the U. S. health system that favors "diagnostic upcoding." Harm from overmedicating children is now a cause of public concern. Conclusion: It can be argued that PBD as a widespread diagnosis, particularly in the United States, reflects multiple factors associated with a paradigm shift within psychiatry rather than recognition of a previously overlooked common disorder.
Accession Number: WOS:000302222900004

Record 27 of 50 = PRO (USA, CANADA, TURKEY)
Title: Dimensional psychopathology in offspring of parents with bipolar disorder
Author(s): Diler, RS (Diler, Rasim Somer); Birmaher, B (Birmaher, Boris); Axelson, D (Axelson, David); Obreja, M (Obreja, Mihaela); Monk, K (Monk, Kelly); Hickey, MB (Hickey, Mary Beth); Goldstein, B (Goldstein, Benjamin); Goldstein, T (Goldstein, Tina); Sakolsky, D (Sakolsky, Dara); Iyengar, S (Iyengar, Satish); Brent, D (Brent, David); Kupfer, D (Kupfer, David)
Source: BIPOLAR DISORDERS **Volume:** 13 **Issue:** 7-8 **Pages:** 670-678 **DOI:** 10.1111/j.1399-5618.2011.00966.x **Published:** NOV-DEC 2011
Abstract: Objectives: To compare the dimensional psychopathology in offspring of parents with bipolar disorder (BP) with offspring of community control parents as assessed by the Child Behavior Checklist (CBCL).
Methods: Offspring of parents with BP, who were healthy or had non-BP disorders (any psychiatric disorder other than BP; n = 319) or who had bipolar spectrum disorders (n = 35), and offspring of community controls (n = 235) ages 6-18 years were compared using the CBCL, the CBCL-Dysregulation Profile (CBCL-DP), and a sum of the CBCL items associated with mood lability. The results were adjusted for multiple comparisons and for any significant between-group demographic and clinical differences in both biological parents and offspring.
Results: With few exceptions, several CBCL (e. g., Total, Internalizing, and Aggression Problems), CBCL-DP, and mood lability scores in non-BP offspring of parents with BP were significantly higher than in offspring of control parents. In addition, both groups of offspring showed significantly lower scores in most scales when compared with offspring of parents with BP who had already developed BP. Similar results were obtained when analyzing the rates of subjects with CBCL T-scores that were two standard deviations or higher above the mean.
Conclusions: Even before developing BP, offspring of parents with BP had more severe and higher rates of dimensional psychopathology than offspring of control parents. Prospective follow-up studies in non-BP offspring of parents with BP are warranted to evaluate whether these dimensional profiles are prodromal manifestations of mood or other disorders, and can predict those who are at higher risk to develop BP.
Accession Number: WOS:000297053300010

Record 28 of 50 = PRO (USA, CANADA)
Title: Psychosocial functioning in offspring of parents with bipolar disorder
Author(s): Bella, T (Bella, Tolulope); Goldstein, T (Goldstein, Tina); Axelson, D (Axelson, David); Obreja, M (Obreja, Mihaela); Monk, K (Monk, Kelly); Hickey, MB (Hickey, Mary Beth); Goldstein, B (Goldstein, Benjamin); Brent, D (Brent, David); Diler, RS (Diler, Rasim Somer); Kupfer, D (Kupfer, David); Sakolsky, D (Sakolsky, Dara); Birmaher, B (Birmaher, Boris)
Source: JOURNAL OF AFFECTIVE DISORDERS **Volume:** 133 **Issue:** 1-2 **Pages:** 204-211 **DOI:** 10.1016/j.jad.2011.03.022 **Published:** SEP 2011
Abstract: Background: Offspring of parents with bipolar disorder are at increased risk for a range of psychopathology, including bipolar disorder. It is not clear if they also have impairments in their psychosocial functioning.
Methods: We compared the psychosocial functioning of three groups of children enrolled in the Pittsburgh Bipolar Offspring Study (BIOS): offspring of probands with bipolar disorder (n = 388), offspring of probands with other types of psychopathology (n = 132), and offspring of healthy probands (n = 118). Psychosocial functioning was assessed at study intake using the schedule

of the Adolescent Longitudinal Interval Follow-Up Evaluation (A-LIFE), the Child Behavior Check List (CBCL) and the Children's Global Assessment Scale (CGAS).
Results: Offspring of probands with bipolar disorder exhibited impairments in various aspects of psychosocial functioning. On all measures, they had worse functioning in comparison with offspring of healthy probands. Offspring of probands with bipolar disorder generally exhibited more impairment than offspring of probands with nonbipolar psychopathology. After adjusting for proband parent functioning and the child's Axis I psychopathology, functioning of offspring of probands with bipolar disorder was similar to that of offspring of healthy probands.
Limitations: Data are cross-sectional and therefore do not allow for causal conclusions about the association between parental psychopathology, child psychopathology and offspring psychosocial functioning.
Conclusions: Offspring of parents with bipolar disorder exhibit impairments in psychosocial functioning which appear largely attributable to proband parent functional impairment and the child's own psychopathology. As such, interventions to improve parental functioning, as well as early interventions to treat the child's psychopathology may help reduce the risk for long-term functional impairment in offspring. (C) 2011 Elsevier B.V. All rights reserved.
Accession Number: WOS:000294934700025

Record 29 of 50 = PRO (USA, CANADA)
Title: Family Focused Therapy for Bipolar Adolescents: Lessons From a Difficult Treatment Case
Author(s): George, EL (George, Elizabeth L.); Taylor, DO (Taylor, Dawn O.); Goldstein, BI (Goldstein, Benjamin I.); Miklowitz, DJ (Miklowitz, David J.)
Source: COGNITIVE AND BEHAVIORAL PRACTICE **Volume:** 18 **Issue:** 3 **Special Issue:** SI **Pages:** 384-393 **DOI:** 10.1016/j.cbpra.2010.05.007 **Published:** AUG 2011
Abstract: This paper examines obstacles and challenges encountered in the manualized Family Focused Therapy A of an adolescent with bipolar disorder. We begin by describing adolescent bipolar disorder and some of the many complications that frequently accompany it. We summarize Family Focused Therapy (FFT-A), an empirically validated treatment approach for bipolar disorder, originally applied to the treatment of adults with bipolar disorder and modified for use with adolescents and their families. We present the details of a difficult treatment case, and examine the factors that led to its suboptimal outcome. We elaborate on ways in which this case would inform future iterations of FFT-A, and suggest future directions for research in this area.
Accession Number: WOS:000291838600009

Record 30 of 50 = PRO (USA, SPAIN)
Title: Pediatric bipolar disorder in a Spanish sample: Results after 2.6 years of follow-up
Author(s): Escamilla, I (Escamilla, Inmaculada); Wozniak, J (Wozniak, Janet); Soutullo, CA (Soutullo, Cesar A.); Gamazo-Garran, P (Gamazo-Garran, Pilar); Figueroa-Quintana, A (Figueroa-Quintana, Ana); Biederman, J (Biederman, Joseph)
Source: JOURNAL OF AFFECTIVE DISORDERS **Volume:** 132 **Issue:** 1-2 **Pages:** 270-274 **DOI:** 10.1016/j.jad.2011.01.013 **Published:** JUL 2011
Abstract: Introduction: Bipolar disorder (BD) often starts in childhood or adolescence. There is considerable scepticism outside the United States over the validity, stability and prevalence of BD in children and adolescents. Persistence of course lends support to the validity of a diagnosis.
Objectives: To describe the longitudinal course of pediatric BD in a Spanish sample over a median follow-up period of 2.6 years and to examine risk factors associated with outcome.
Methods: We retrospectively reviewed the medical records of all children and adolescents (N = 38) with DSM-IV-TR BD-I, II and NOS evaluated in the Child and Adolescent Psychiatry Unit, University of Navarra (Pamplona, Spain) from 1999 to 2005. We used the NIMH Lifetime Mood Chart and the Clinical Global Impression-Severity Scale to assess clinical course.
Results: 79% (N = 30) were boys and 21% (N = 8) were girls; 44.7% (N = 17) had BD-I, 5.3% (N = 2) BD-II, and 50% (N = 19) BD-NOS. Median (inter-quartile range: IQR: Q25; Q75) age at diagnosis was 13.9 (10.64; 15.84). Median follow-up period was 2.6 years (0.91; 3.66). Mean percentage of time in an episode was 46.17% (23.36; 75.26), and it was longer in younger children ($p < 0.05$). 2.6% had rapid cycling. At the end of follow-up, only 47% achieved remission or recovery. Younger children showed a worse treatment response ($p < 0.05$). We found higher rates of hospitalization in children with ADHD (21%) ($p < 0.05$).
Conclusion: Children with BD had a chronic course with little interepisodic recovery. BD can be diagnosed in children using DSM-IV-TR criteria. An early age of onset and ADHD comorbidity are risk factors for worse prognosis. (C) 2011 Elsevier B.V. All rights reserved.
Accession Number: WOS:000292438400036

Record 31 of 50 = PRO (USA, BRAZIL)
Title: Lifetime psychopathology among the offspring of Bipolar I parents
Author(s): Zappitelli, MC (Zappitelli, Marcelo C.); Bordin, IA (Bordin, Isabel A.); Hatch, JP (Hatch, John P.); Caetano, SC (Caetano, Sheila C.); Zunta-Soares, G (Zunta-Soares, Giovana); Olvera, RL (Olvera, Rene L.); Soares, JC (Soares, Jair C.)
Source: CLINICS **Volume:** 66 **Issue:** 5 **Pages:** 725-730 **DOI:** 10.1590/S1807-59322011000500003 **Published:** 2011
Abstract: BACKGROUND: Recent studies have demonstrated high rates of psychopathology in the offspring of parents with bipolar disorder. The aim of this study was to identify psychiatric diagnoses in a sample of children of bipolar parents.
METHOD: This case series comprised 35 children and adolescents aged 6 to 17 years, with a mean age of 12.5 +/- 2.9 years (20 males and 15 females), who had at least one parent with bipolar disorder type I. The subjects were assessed using the Schedule for Affective Disorders and Schizophrenia for School-Age Children - Present and Lifetime version (K-SADS-PL). Family psychiatric history and demographics were also evaluated.
RESULTS: Of the offspring studied, 71.4% had a lifetime diagnosis of at least one psychiatric disorder (28.6% with a mood disorder, 40% with a disruptive behavior disorder and 20% with an anxiety disorder). Pure mood disorders (11.4%) occurred less frequently than mood disorders comorbid with attention deficit hyperactivity disorder (17.1%). Psychopathology was commonly reported in second-degree relatives of the offspring of parents with bipolar disorder (71.4%).
CONCLUSIONS: Our results support previous findings of an increased risk for developing psychopathology, predominantly mood and disruptive disorders, in the offspring of bipolar individuals. Prospective studies with larger samples are needed to confirm and expand these results.
Accession Number: WOS:000293122900003

Record 32 of 50 = PRO (USA, BRAZIL, FRANCE)

Title: Morphology of the subgenual prefrontal cortex in pediatric bipolar disorder
Author(s): Baloch, HA (Baloch, Hasan A.); Hatch, JP (Hatch, John P.); Olvera, RL (Olvera, Rene L.); Nicoletti, M (Nicoletti, Mark); Caetano, SC (Caetano, Sheila C.); Zunta-Soares, GB (Zunta-Soares, Giovana B.); Soares, JC (Soares, Jair C.)
Source: JOURNAL OF PSYCHIATRIC RESEARCH **Volume:** 44 **Issue:** 15 **Pages:** 1106-1110 **DOI:** 10.1016/j.jpsychires.2010.04.005 **Published:** NOV 2010
Abstract: Objectives The subgenual prefrontal cortex (SGPFC) is an important brain region involved in emotional regulation and reward mechanisms Volumetric abnormalities in this region have been identified in adults with bipolar disorder but thus far not in pediatric cases We examined the volume of this brain region in subjects with pediatric bipolar disorder (PBD) and compared them to healthy controls
Methods Fifty one children and adolescents (mean age +/- SD 13 2 +/- 2 9 y) with DSM-IV PBD and 41 (mean age +/- SD 13 7 +/- 2 7 y) healthy comparison subjects (HC) underwent 1 5 T structural magnetic resonance imaging (MRI) brain scans We traced the SGPFC manually and compared SGPFC gray matter volumes using analysis of covariance with age gender and intracranial volume as covariates We also examined the relationship of family history of affective disorders and medication status to SGPFC volumes
Results SGPFC volumes were not significantly different in PBD and HC subjects However exploratory analysis showed PBD subjects who had one or more first degree relatives with mood disorders (n = 33) had significantly smaller left hemisphere SGPFC compared to HC (p = 003 Sidak corrected) Current usage of a mood stabilizer was significantly associated with larger right SGPFC volume in PBD (F = 4 82 df = 1/41 p = 0 03)
Conclusion Subjects with PBD and a close family history of mood disorders may have smaller left SGPFC volumes than HC Mood stabilizing medication may also impact SGPFC size and could have masked more subtle abnormalities overall (C) 2010 Elsevier Ltd All rights reserved
Accession Number: WOS:000284566700018

Record 33 of 50 = PRO (USA, CANADA, SPAIN)
Title: Comorbid Anxiety in Children and Adolescents With Bipolar Spectrum Disorders: Prevalence and Clinical Correlates
Author(s): Sala, R (Sala, Regina); Axelson, DA (Axelson, David A.); Castro-Fornieles, J (Castro-Fornieles, Josefina); Goldstein, TR (Goldstein, Tina R.); Ha, W (Ha, Wonho); Liao, FZ (Liao, Fangzi); Gill, MK (Gill, Mary Kay); Iyengar, S (Iyengar, Satish); Strober, MA (Strober, Michael A.); Goldstein, BI (Goldstein, Benjamin I.); Yen, S (Yen, Shirley); Hower, H (Hower, Heather); Hunt, J (Hunt, Jeffrey); Ryan, ND (Ryan, Neal D.); Dickstein, D (Dickstein, Daniel); Keller, MB (Keller, Martin B.); Birmaher, B (Birmaher, Boris)
Source: JOURNAL OF CLINICAL PSYCHIATRY **Volume:** 71 **Issue:** 10 **Pages:** 1344-1350 **DOI:** 10.4088/JCP.09m05845gre **Published:** OCT 2010
Abstract: Objective: Anxiety disorders are among the most common comorbid conditions in youth with bipolar disorder. We aimed to examine the prevalence and correlates of comorbid anxiety disorders among youth with bipolar disorder.
Method: As part of the Course and Outcome of Bipolar Youth study, 446 youth, ages 7 to 17 years, who met DSM-IV criteria for bipolar I disorder (n = 260) or bipolar II disorder (n = 32) or met operationalized criteria for bipolar disorder not otherwise specified (n = 154) were included. Subjects were evaluated for current and lifetime Axis I psychiatric disorders at intake using the Kiddie Schedule for Affective Disorders and Schizophrenia for School-Aged Children-Present and Lifetime version, and standardized instruments were used to assess functioning and family history.
Results: Forty-four percent (n = 194) of the sample met DSM-IV criteria for at least I lifetime anxiety disorder, most commonly separation anxiety (24%) and generalized anxiety disorders (16%). Nearly 20% met criteria for 2 or more anxiety disorders. Overall, anxiety disorders predated the onset of bipolar disorder. Subjects with bipolar II disorder were more likely than subjects with bipolar I disorder or bipolar disorder not otherwise specified to have a comorbid anxiety disorder. After adjusting for confounding factors, youth with bipolar disorder with anxiety were more likely to have bipolar II disorder; longer duration of mood symptoms; more severe ratings of depression; and family history of depression, hopelessness, and somatic complaints during their worst lifetime depressive episode than those without anxiety.
Conclusions: Comorbid anxiety disorders are common in youth with bipolar disorder, and they most often predate bipolar disorder onset. Bipolar II disorder, a family history of depression, and more severe lifetime depressive episodes distinguish youth with bipolar disorder with comorbid anxiety disorders from those without. Careful consideration should be given to the assessment of comorbid anxiety in youth with bipolar disorder. J Clin Psychiatry 2010;71(10):1344-1350 (C) Copyright 2010 Physicians Postgraduate Press, Inc.
Accession Number: WOS:000285444100011

Record 34 of 50 = SCEP (USA, NEW ZEALAND, CANADA)
Title: Database analysis of children and adolescents with Bipolar Disorder consuming a micronutrient formula
Author(s): Rucklidge, JJ (Rucklidge, Julia J.); Gately, D (Gately, Dermot); Kaplan, BJ (Kaplan, Bonnie J.)
Source: BMC PSYCHIATRY **Volume:** 10 **Article Number:** 74 **DOI:** 10.1186/1471-244X-10-74 **Published:** SEP 28 2010
Abstract: Background: Eleven previous reports have shown potential benefit of a 36-ingredient micronutrient formula (known as EMPowerplus) for the treatment of psychiatric symptoms. The current study asked whether children (7-18 years) with pediatric bipolar disorder (PBD) benefited from this same micronutrient formula; the impact of Attention-Deficit/Hyperactivity Disorder (ADHD) on their response was also evaluated.
Methods: Data were available from an existing database for 120 children whose parents reported a diagnosis of PBD; 79% were taking psychiatric medications that are used to treat mood disorders; 24% were also reported as ADHD. Using Last Observation Carried Forward (LOCF), data were analyzed from 3 to 6 months of micronutrient use.
Results: At LOCF, mean symptom severity of bipolar symptoms was 46% lower than baseline (effect size (ES) = 0.78) ($p < 0.001$). In terms of responder status, 46% experienced > 50% improvement at LOCF, with 38% still taking psychiatric medication (52% drop from baseline) but at much lower levels (74% reduction in number of medications being used from baseline). The results were similar for those with both ADHD and PBD: a 43% decline in PBD symptoms (ES = 0.72) and 40% in ADHD symptoms (ES = 0.62). An alternative sample of children with just ADHD symptoms (n = 41) showed a 47% reduction in symptoms from baseline to LOCF (ES = 1.04). The duration of reductions in symptom severity suggests that benefits were not attributable to placebo/expectancy effects. Similar findings were found for younger and older children and for both sexes.
Conclusions: The data are limited by the open label nature of the study, the lack of a control group, and the inherent self-selection bias. While these data cannot establish efficacy, the results are consistent with a growing body of research suggesting that micronutrients appear to have therapeutic benefit for children with PBD with or without ADHD in the absence of significant side effects and may allow for a reduction in psychiatric medications while improving symptoms. The consistent reporting of

positive changes across multiple sites and countries are substantial enough to warrant a call for randomized clinical trials using micronutrients.
Accession Number: WOS:000283252100001

Record 35 of 50 = PRO (USA, ENGLAND, FRANCE, NETHERLANDS)
Title: Early-Onset Bipolar Disorder and Treatment Delay Are Risk Factors for Poor Outcome in Adulthood
Author(s): Post, RM (Post, Robert M.); Leverich, GS (Leverich, Gabriele S.); Kupka, RW (Kupka, Ralph W.); Keck, PE (Keck, Paul E., Jr.); McElroy, SL (McElroy, Susan L.); Altshuler, LL (Altshuler, Lori L.); Frye, MA (Frye, Mark A.); Luckenbaugh, DA (Luckenbaugh, David A.); Rowe, M (Rowe, Michael); Grunze, H (Grunze, Heinz); Suppes, T (Suppes, Trisha); Nolen, WA (Nolen, Willem A.)
Source: JOURNAL OF CLINICAL PSYCHIATRY **Volume:** 71 **Issue:** 7 **Pages:** 864-872 **DOI:** 10.4088/JCP.08m04994yel **Published:** JUL 2010
Abstract: Objective: We examined the influence of age at onset of illness and the delay in time to first treatment on morbidity in adulthood.
Method: 529 adult outpatients with a mean age of 42 years, who entered our research network from 1996 through 2001 and who were diagnosed with bipolar disorder according to DSM-IV criteria, were rated prospectively on a daily basis with the National Institute of Mental Health-Life Chart Method during naturalistic treatment for up to 4 years
Results: Fifty percent of patients had illness onset in childhood (< 13 years of age) or adolescence (13-18 years of age) In year 1 of follow-up, these patients, compared to those with adult onset, showed significantly (P < .05) greater severity of depression and mania, greater number of episodes, more days depressed, more days of ultradian cycling, and fewer days euthymic After 4 years, the mean severity and duration of depression remained greater and the number of days euthymic fewer in those with childhood compared to adult onset (P < .05) The delays to first treatment correlated inversely with age at onset of illness. Independently, delay to first treatment was associated with more time depressed, greater severity of depression, greater number of episodes, more days of ultradian cycling, and fewer days euthymic (all P < .05)
Conclusions: These data converge with other evidence that onset of bipolar disorder in childhood is common and often associated with extraordinarily long delays to first pharmacologic treatment Both childhood onset and treatment delay were associated with a persistently more adverse course of illness rated prospectively in adults These data should help foster efforts to ensure earlier and more effective treatment of bipolar illness in children and adolescents It is hoped that appropriate early intervention would result in a more benign illness and a better prognosis in adulthood J Clin Psychiatry 2010,71(7) 864-872 (C) Copyright 2010 Physicians Postgraduate Press, Inc
Accession Number: WOS:000280470700006

Record 36 of 50 = PRO (USA, AUSTRALIA)
Title: Suggestive Linkage of the Child Behavior Checklist Juvenile Bipolar Disorder Phenotype to 1p21, 6p21, and 8q21
Author(s): Doyle, AE (Doyle, Alysa E.); Biederman, J (Biederman, Joseph); Ferreira, MAR (Ferreira, Manuel A. R.); Wong, P (Wong, Patricia); Smoller, JW (Smoller, Jordan W.); Faraone, SV (Faraone, Stephen V.)
Source: JOURNAL OF THE AMERICAN ACADEMY OF CHILD AND ADOLESCENT PSYCHIATRY **Volume:** 49 **Issue:** 4 **Pages:** 378-387 **DOI:** 10.1016/j.jaac.2010.01.008 **Published:** APR 2010
Abstract: Objective: Several studies have documented a profile of elevated scores on the Attention Problems, Aggressive Behavior and Anxious/Depressed scales of the Child Behavior Checklist (CBCL) in youth with bipolar disorder. The sum of these scales, referred to as the CBCL Juvenile Bipolar Disorder (JBD) phenotype, has modest diagnostic utility, and high scores are associated with severity of psychopathology and poor outcome. Recently, a genomewide linkage scan of this measure in ADHD sibling pairs revealed a region of suggestive linkage on chromosome 2q21. The current study aimed to further identify quantitative trait loci that influence the CBCL-JBD phenotype by using a dense and thus, arguably, more powerful set of single-nucleotide polymorphism markers in a different ADHD sibling pair sample. Method: Subjects were 765 individuals from 154 families with CBCL data enrolled in a linkage study of ADHD. Linkage analyses were completed using a multipoint maximum likelihood variance components approach implemented using the statistical program SOLAR. Results: Heritability of the CBCL-JBD phenotype was estimated at .71. Although no regions of the genome surpassed empirically derived criteria for significant linkage (p = .000038), peaks on 1p21.1 (p = .00037; LOD = 2.76), 6p21.3 (p = .00054; LOD = 2.60), and 8q21.13 (p = .00081; LOD = 2.44) surpassed the threshold for suggestive linkage (p = .002). These regions have been highlighted in genomewide scans of bipolar disorder in adults, schizophrenia, autism, and ADHD. Conclusions: Findings raise the possibility that genes in these regions influence variation on the CBCL-JBD scale and the emotional and behavioral dysregulation associated with severe psychopathology. J. Am. Acad. Child Adolesc. Psychiatry, 2010;49(4):378-387.
Accession Number: WOS:000276153500011

Record 37 of 50 = PRO (USA, CANADA)
Title: Psychiatric Disorders in Preschool Offspring of Parents With Bipolar Disorder: The Pittsburgh Bipolar Offspring Study (BIOS)
Author(s): Birmaher, B (Birmaher, Boris); Axelson, D (Axelson, David); Goldstein, B (Goldstein, Benjamin); Monk, K (Monk, Kelly); Kalas, C (Kalas, Catherine); Obreja, M (Obreja, Mihaela); Hickey, MB (Hickey, Mary Beth); Iyengar, S (Iyengar, Satish); Brent, D (Brent, David); Shamseddeen, W (Shamseddeen, Wael); Diler, R (Diler, Rasim); Kupfer, D (Kupfer, David)
Source: AMERICAN JOURNAL OF PSYCHIATRY **Volume:** 167 **Issue:** 3 **Pages:** 321-330 **DOI:** 10.1176/appi.ajp.2009.09070977 **Published:** MAR 2010
Abstract: Objective: The authors evaluated lifetime prevalence and specificity of DSM-IV psychiatric disorders and severity of depressive and manic symptoms at intake in preschool offspring of parents with bipolar I and II disorders.
Method: A total of 121 offspring ages 2-5 years from 83 parents with bipolar disorder and 102 offspring of 65 demographically matched comparison parents (29 with non-bipolar psychiatric disorders and 36 without any lifetime psychopathology) were recruited for the study. Parents with bipolar disorder were recruited through advertisements and adult outpatient clinics, and comparison parents were ascertained at random from the community. Participants were evaluated with standardized instruments. All staff were blind to parental diagnoses.
Results: After adjustment for within-family correlations and both biological parents' non-bipolar psychopathology, offspring of parents with bipolar disorder, particularly those older than age 4, showed an eightfold greater lifetime prevalence of attention deficit hyperactivity disorder (ADHD) and significantly higher rates of having two or more psychiatric disorders compared to the offspring of the comparison parents. While only three offspring of parents with bipolar disorder had mood disorders, offspring of parents with bipolar disorder, especially those with ADHD and oppositional defiant disorder, had significantly more severe

current manic and depressive symptoms than comparison offspring.
Conclusions: Preschool offspring of parents with bipolar disorder have an elevated risk for ADHD and have greater levels of subthreshold manic and depressive symptoms than children of comparison parents. Longitudinal follow-up is warranted to evaluate whether these children are at high risk for developing mood and other psychiatric disorders.
Accession Number: WOS:000275056300014

Record 38 of 50 = PRO (USA, SPAIN)
Title: Pediatric bipolar disorder in a Spanish sample: Features before and at the time of diagnosis
Author(s): Soutullo, CA (Soutullo, Cesar A.); Escamilla-Canales, I (Escamilla-Canales, Inmaculada); Wozniak, J (Wozniak, Janet); Gamazo-Garran, P (Gamazo-Garran, Pilar); Figueroa-Quintana, A (Figueroa-Quintana, Ana); Biederman, J (Biederman, Joseph)
Source: JOURNAL OF AFFECTIVE DISORDERS **Volume:** 118 **Issue:** 1-3 **Pages:** 39-47 **DOI:** 10.1016/j.jad.2009.02.010 **Published:** NOV 2009
Abstract: Introduction: Bipolar disorder (BD) often starts in childhood or adolescence. Diagnostic delay is common and may have a negative impact on treatment response and outcome.
Objectives: To describe the clinical characteristics and symptoms of children with BD prior to their diagnosis and at the time of diagnosis in a sample in Spain.
Methods: We retrospectively reviewed the medical records of all children and adolescents (N = 38) with a DSM-IV diagnosis of BD evaluated in the Child & Adolescent Psychiatry Unit, University of Navarra, over a 6-year period. We collected the DSM-lV symptoms of BD prior and at the time of diagnosis using the K-SADS-PL interview template.
Results: BID was diagnosed in close to 4% of clinic patients. Thirty (79%) were boys and 8 (21%) were girls; 17 (44.7%) had BD-1, 2 (5.3%) BD-2, and 19 (49.9%) BD-NOS. Median age at diagnosis was 13.9 (10.6; 15.9). Delay of diagnosis was 1.5 (0.7;3.4) years. Symptoms of BD were similar to those reported in U.S. samples with high rates of severe irritability (94.6%) and psychiatric comorbidity: 92.1% of the BD children had at least one comorbid disorder and 18.4% had three comorbidities, most frequently ADHD (21%) and substance abuse (18.4%).
Conclusions: Clinical findings in this Spanish sample of children with BD closely resembles those described in U.S. clinics. Diagnostic delay, as in the U.S., and frequent misdiagnosis may explain low prevalence estimates found outside the U.S. (C) 2009 Elsevier B.V. All rights reserved.
Accession Number: WOS:000270750500005

Record 39 of 50 = PRO (USA, BRAZIL)
Title: Corpus callosum abnormalities in pediatric bipolar disorder
Author(s): Baloch, HA (Baloch, Hasan A.); Brambilla, P (Brambilla, Paolo); Soares, JC (Soares, Jair C.)
Source: EXPERT REVIEW OF NEUROTHERAPEUTICS **Volume:** 9 **Issue:** 7 **Pages:** 949-955 **DOI:** 10.1586/ERN.09.63 **Published:** JUL 2009
Abstract: The corpus callosum (CC) is a midline white matter brain region that is important in interhemispheric communication and coordination. CC abnormalities are associated with a variety of psychiatric conditions, including increased vulnerability for psychotic illness, stressful early-life experiences, marijuana use, attention-deficit/hyperactivity disorder, obsessive compulsive disorder, borderline personality disorder, dementia, schizophrenia and bipolar disorder. CC abnormalities in bipolar disorder have been identified in both pediatric and adult populations. In adults, a consistent finding has been a reduction in CC size, as well as abnormal axonal orientation or structure. Axonal abnormalities have also been noted in pediatric populations, but overall CC size reductions have not thus far been demonstrated. Furthermore, there are unique gender differences in the expression of CC abnormalities in pediatric populations, possibly related to androgen changes during puberty. The protean number of conditions in which the CC is involved is reflective of its central role in normal brain function and its potential as an early marker of neuropathology in psychiatric illness. Specifically, in bipolar disorder it has the potential to be useful as an early preclinical marker of disease or disease risk.
Accession Number: WOS:000209449500011

Record 40 of 50 = TRAD (USA, CANADA)
Title: Early psychosis intervention service for children and youth: a retrospective chart review of the first four years
Author(s): Morris, A (Morris, Ashley); Nixon, MK (Nixon, Mary K.); Keyes, R (Keyes, Randy); Ashmore, D (Ashmore, Douglas)
Source: EARLY INTERVENTION IN PSYCHIATRY **Volume:** 3 **Issue:** 2 **Pages:** 99-107 **DOI:** 10.1111/j.1751-7893.2009.00115.x **Published:** MAY 2009
Abstract: Aims: There are at present no published reports of outpatient Early Psychosis Intervention (EPI) service designed for children aged 16 years and under. The objectives of this study are to describe aspects of an outpatient paediatric EPI programme from the time period after the initial pilot and during its first 4 years of service with dedicated staffing.
Method: This study employed a retrospective chart review model in which variables were operationalized and then extracted from existing patient medical records spanning a 4-year time period. Data were then analysed for frequency, mean and range values.
Results: Demographic characteristics and service profiles for 56 patients were collected. The majority were male (64.3%) and the mean age was 14.8 years (range: 9-17 years). The average number of days from referral to first in-person contact was 7.3 days. The most common discharge diagnosis was Bipolar Disorder (38.7%) followed by Psychosis Not Otherwise Specified (25.8%) in those with psychosis, whereas an anxiety disorder was the most common diagnosis in those who were not psychotic. The majority of discharged patients were able to be followed up by community-based services. Readmission and hospitalization rates for this EPI service were low.
Conclusions: The findings of this study suggest that an EPI model of care extended to a younger age group can be implemented to provide early intervention to youth with a range of psychiatric disorders that present with psychotic symptoms.
Accession Number: WOS:000266341700003

Record 41 of 50 = PRO (USA, CANADA)
Title: Quality of Life in Pediatric Bipolar Disorder
Author(s): Freeman, AJ (Freeman, Andrew J.); Youngstrom, EA (Youngstrom, Eric A.); Michalak, E (Michalak, Erin); Siegel, R (Siegel, Rebecca); Meyers, OI (Meyers, Oren I.); Findling, RL (Findling, Robert L.)
Source: PEDIATRICS **Volume:** 123 **Issue:** 3 **Pages:** e446-e452 **DOI:** 10.1542/peds.2008-0841 **Published:** MAR 2009

Abstract: OBJECTIVE. Bipolar disorder is a common mood disorder associated with significant disability and impairment in quality of life in adults. Little research has examined the impact of the disorder on quality of life in children and adolescents. The current study examines the quality of life in children and adolescents with bipolar disorder compared with other physical and psychiatric illnesses.
METHODS. This study included 529 youth and caregiver pairs who sought services at a community mental health center or an academic medical center. Diagnoses were based on semistructured interviews of caregivers and youths, and quality of life was determined by the parent-reported Revised Children Quality of Life Questioinnaire (KINDL) questionnaire and compared with published benchmarks for many medical illnesses.
RESULTS. Mean age of the youths was 12.0 years, 57% were boys, 72% were black, 22% were white, and 17% had received bipolar disorder diagnoses. Youths with bipolar disorder had significantly lower quality-of-life scores than youths with asthma, atopic dermatitis, obesity, arthritis, oxygen dependence, heart surgery during infancy, depression, behavior disorders, and nonmood and nonbehavior psychiatric diagnoses.
CONCLUSIONS. Youths with bipolar disorder reported lower quality of life than other youths encountered in pediatric practice. Pediatricians should attend not only to the child's mood symptoms but also to the overall impairment of the disorder. Pediatrics 2009; 123: e446-e452
Accession Number: WOS:000263825500059

Record 42 of 50 = PRO (USA, CANADA)
Title: Does Conduct Disorder Mediate the Development of Substance Use Disorders in Adolescents With Bipolar Disorder? A Case-Control Family Study
Author(s): Wilens, TE (Wilens, Timothy E.); Martelon, M (Martelon, MaryKate); Kruesi, MJP (Kruesi, Markus J. P.); Parcell, T (Parcell, Tiffany); Westerberg, D (Westerberg, Diana); Schillinger, M (Schillinger, Mary); Gignac, M (Gignac, Martin); Biederman, J (Biederman, Joseph)
Source: JOURNAL OF CLINICAL PSYCHIATRY **Volume:** 70 **Issue:** 2 **Pages:** 259-265 **Published:** FEB 2009
Abstract: Background: Recent work has highlighted important relationships among conduct disorder (CD), substance use disorders (SUD), and bipolar disorder in youth. However, because bipolar disorder and CD are frequently comorbid in the young, the impact of CD in mediating SUD in bipolar disorder youth remains unclear.
Method: 105 adolescents with DSM-IV bipolar disorder (mean +/- SD age = 13.6 +/- 2.50 years) and 98 controls (mean SD age = 13.7 +/- 2.10 years) were comprehensively assessed with a structured psychiatric diagnostic interview for psychopathology and SUD. The study was conducted from January 2000 through December 2004.
Results: Among bipolar disorder youth, those with CD were more likely to report cigarette smoking and/or SUD than youth without CD. However, CD preceding SUD or cigarette smoking did not significantly increase the subsequent risk of SUD or cigarette smoking. Adolescents with bipolar disorder and CD were significantly more likely to manifest a combined alcohol plus drug use disorder compared to subjects with bipolar disorder without CD chi(2) = 11.99, p < .001).
Conclusions: While bipolar disorder is a risk factor for SUD and cigarette smoking in a sample of adolescents, comorbidity with preexisting CD does not increase the risk for SUD. Further follow-up of this sample through the full risk of SUD into adulthood is necessary to confirm these findings.
Accession Number: WOS:000263627300015

Record 43 of 50 = PRO (USA, TURKEY)
Title: Mania profile in a community sample of prepubertal children in Turkey
Author(s): Diler, RS (Diler, Rasim Somer); Uguz, S (Uguz, Sukru); Seydaoglu, G (Seydaoglu, Gulsah); Avci, A (Avci, Ayse)
Source: BIPOLAR DISORDERS **Volume:** 10 **Issue:** 4 **Pages:** 546-553 **DOI:** 10.1111/j.1399-5618.2008.00580.x **Published:** JUN 2008
Abstract: Background: Mania in youth is increasingly recognized and accompanied by substantial psychiatric and psychosocial morbidity. There are no data on prepubertals in the general population and we aimed to search for mania symptoms and its clinical correlations in a community sample of prepubertal Turkish children.
Methods: Among all children (n = 56,335) aged 7-11 in Adana, Turkey, 2,468 children (48% girls) were randomly included. Parents completed Child Behavior Checklist (CBCL) 4-18 and Parent-Young Mania Rating Scale (P-YMRS). Cut-off scores of 17 and 27 on total P-YMRS were defined as efficient (probable-mania group) and specific (mania group), respectively, for bipolar profile. We searched for clinical correlations and used logistic regression to show how well each CBCL subscale predicted the presence of mania and probable-mania, after adjusting for any demographic differences.
Results: Parent-Young Mania Rating Scale scores were >= 17 but < 27 (probable-mania) in 155 (6.3%) children and >= 27 (mania) in 32 (1.3%) children. Elevated mood, increased activity levels, and poor insight were the most frequent manic symptoms in our sample. Children with probable-mania and mania had higher scores on all CBCL subscales and the CBCL-Pediatric Bipolar Disorder (CBCL-PBD) profile (sum of attention, aggression, and anxiety/depression subscales). Logistic regression analysis revealed only thought problems on CBCL that predicted probable-mania and mania.
Conclusion: Our study shows that mania profile is common in the community sample of Turkish prepubertal children and does not support the thought that mania is rare outside the US. We need further population-based studies that will use diagnostic interviews and multiple informants.
Accession Number: WOS:000255475900011

Record 44 of 50 = PRO (USA, CANADA)
Title: Further evidence of an association between adolescent bipolar disorder with smoking and substance use disorders: A controlled study
Author(s): Wilens, TE (Wilens, Timothy E.); Biederman, J (Biederman, Joseph); Adamson, JJ (Adamson, Joel J.); Henin, A (Henin, Aude); Sgambati, S (Sgambati, Stephanie); Gignac, M (Gignac, Martin); Sawtelle, R (Sawtelle, Robert); Santry, A (Santry, Alison); Monuteaux, MC (Monuteaux, Michael C.)
Source: DRUG AND ALCOHOL DEPENDENCE **Volume:** 95 **Issue:** 3 **Pages:** 188-198 **DOI:** 10.1016/j.drugalcdep.2007.12.016 **Published:** JUN 1 2008
Abstract: Although previous work suggests that juvenile onset bipolar disorder increases risk for substance use disorders and cigarette smoking, the literature on the subject is limited. We evaluated the association of risk for substance use disorders and cigarette smoking with bipolar disorder in adolescents in a case-control study of adolescents with bipolar disorder (n = 105, age 13.6 +/- 2.5 years [mean]; 70% male) and without bipolar disorder ("controls"; it = 98, age 13.7 +/- 2.1 years; 60% male). Rates of substance use and other disorders were assessed with structured interviews (KSADS-E for subjects younger than 18, SCID for

18-year-old subjects). Bipolar disorder was associated with a significant age-adjusted risk for any substance use disorder (hazard ratio[95% confidence interval] = 8.68[3.02 25.0], chi(2) = 16.06, p < 0.001, df = 1), alcohol abuse (7.66 [2.20 26.7], chi(2) = 10.2, p = 0.001, df = 1), drug abuse (18.5 [2.46 139.10], chi(2) = 8.03, p = 0.005, df = 1) and dependence (12.1 [1.54 95.50], chi(2) = 5.61, p = 0.02, df = 1), and cigarette smoking (12.3 [2.83 53.69], chi(2) = 11.2, p < 0.001, df = 1), independently of attention deficit/hyperactivity disorder, multiple anxiety, and conduct disorder (CD). The primary predictor of substance use disorders in bipolar youth was older age (BPD - SUD versus BPD + SUD, logistic regression: chi(2) = 89.37, p < 0.001). Adolescent bipolar disorder is a significant risk factor for substance use disorders and cigarette smoking, independent of psychiatric comorbidity. Clinicians should carefully screen adolescents with bipolar disorder for substance and cigarette use. (C) 2008 Elsevier Ireland Ltd. All rights reserved.
Accession Number: WOS:000256407700001

Record 45 of 50 = SCEP (USA, ENGLAND)
Title: Prepubertal mania: diagnostic differences between US and UK clinicians
Author(s): Dubicka, B (Dubicka, Bernadka); Carlson, GA (Carlson, Gabrielle A.); Vail, A (Vail, Andy); Harrington, R (Harrington, Richard)
Source: EUROPEAN CHILD & ADOLESCENT PSYCHIATRY **Volume:** 17 **Issue:** 3 **Pages:** 153-161 **DOI:** 10.1007/s00787-007-0649-5 **Published:** APR 2008
Abstract: Objective To test the hypothesis that US clinicians diagnose prepubertal mania more commonly than UK clinicians. Methods Five vignettes were presented to 73 UK clinicians and 85 US clinicians. Four cases represented complex scenarios where the diagnosis of mania was thought to be controversial, and one case was a 'classical' case of mania in an older child where it was thought there would be good agreement. Clinicians were asked to determine symptoms of mania, and their preferred diagnoses. Results As predicted, overall there were significantly more diagnoses of mania in the US than the UK (P <= 0.0001). US clinicians were significantly more likely to diagnose mania in three of the four complex cases, and there was good agreement in the case of classical mania. In addition, UK clinicians were significantly more likely to diagnose pervasive developmental disorders and adjustment disorders, whereas obsessive compulsive disorder was more commonly diagnosed in the US. Conclusion There may be differences in how clinicians in the US and UK interpret mania-like symptoms in younger children, which may have implications for diagnosis and management.
Accession Number: WOS:000255254500004

Record 46 of 50 = PRO (USA, NETHERLANDS)
Title: Incidence of childhood-onset bipolar illness in the USA and Europe
Author(s): Post, RM (Post, Robert M.); Luckenbaugh, DA (Luckenbaugh, David A.); Leverich, GS (Leverich, Gabriele S.); Altshuler, LL (Altshuler, Lori L.); Frye, MA (Frye, Mark A.); Suppes, T (Suppes, Trisha); Keck, PE (Keck, Paul E.); McElroy, SL (McElroy, Susan L.); Nolen, WA (Nolen, Willem A.); Kupka, R (Kupka, Ralph); Grunze, H (Grunze, Helnz); Walden, J (Walden, Joerg)
Source: BRITISH JOURNAL OF PSYCHIATRY **Volume:** 192 **Issue:** 2 **Pages:** 150-151 **DOI:** 10.1192/bjp.bp.107.037820 **Published:** FEB 2008
Abstract: The relative incidence of childhood-onset bipolar illness in the USA compared with that in Europe is controversial. We examined this issue in more than 500 out-patients (average age 42 years) with bipolar illness who reported age at onset of first episode, family history, and childhood physical or sexual abuse. Childhood or adolescent onset of bipolar illness was reported by 61% of those in the US cohort but by only 30% of those in The Netherlands or Germany. In the USA there was also twice the incidence of childhood adversity and genetic/familial risk for affective disorder. The findings deserve replication and further exploration.
Declaration of interest
None.
Accession Number: WOS:000253410700013

Record 47 of 50 = PRO (USA, GERMANY)
Title: Olanzapine versus placebo in the treatment of adolescents with bipolar mania
Author(s): Tohen, M (Tohen, Mauricio); Kryzhanovskaya, L (Kryzhanovskaya, Ludmila); Carlson, G (Carlson, Gabrielle); DelBello, M (DelBello, Melissa); Wozniak, J (Wozniak, Janet); Kowatch, R (Kowatch, Robert); Wagner, K (Wagner, Karen); Findling, R (Findling, Robert); Lin, D (Lin, Daniel); Robertson-Plouch, C (Robertson-Plouch, Carol); Xu, W (Xu, Wen); Dittmann, RW (Dittmann, Ralf W.); Biederman, J (Biederman, Joseph)
Source: AMERICAN JOURNAL OF PSYCHIATRY **Volume:** 164 **Issue:** 10 **Pages:** 1547-1556 **DOI:** 10.1176/appi.ajp.2007.06111932 **Published:** OCT 2007
Abstract: Objective: The purpose of this study was to evaluate the efficacy and safety of olanzapine for the treatment of acute manic or mixed episodes associated with bipolar disorder in adolescents.
Method: A 3-week multicenter, parallel, double-blind, randomized placebo-controlled trial was conducted at 24 sites in the United States and two sites in Puerto Rico. The participants were outpatient and inpatient male and female adolescents 13-17 years of age with an acute manic or mixed episode. Subjects received either olanzapine (2.5-20 mg/day [N=107]) or placebo (N=54). The mean change from baseline to endpoint in the Young Mania Rating Scale total score was the primary outcome measure.
Results: The mean baseline-to-end point change in the Young Mania Rating Scale total score was significantly greater for patients receiving olanzapine relative to patients receiving placebo, and a greater proportion of olanzapine-treated patients met response and remission criteria (44.8% versus 18.5% and 35.2% versus 11.1%, respectively). The mean baseline-to-endpoint weight change was significantly greater for patients receiving olanzapine relative to patients receiving placebo (3.7 kg versus 0.3 kg), and the incidence of treatment-emergent weight gain >= 7% of baseline was higher for olanzapine-treated patients (41.9% versus 1.9%). The mean baseline-to-endpoint changes in prolactin, fasting glucose, fasting total cholesterol, uric acid, and the hepatic enzymes aspartate transaminase and alanine transaminase were significantly greater in patients treated with olanzapine relative to patients receiving placebo.
Conclusions: Olanzapine was effective in the treatment of bipolar mania in adolescent patients. Patients treated with olanzapine, however, had significantly greater weight gain and increases in the levels of hepatic enzymes, prolactin, fasting glucose, fasting total cholesterol, and uric acid.
Accession Number: WOS:000250049600019

Record 48 of 50 = PRO (USA, FRANCE, ITALY)
Title: Clinical and research implications of panic-bipolar comorbidity in children and adolescents
Author(s): Masi, G (Masi, Gabriele); Perugi, G (Perugi, Giulio); Millepiedi, S (Millepiedi, Stefania); Toni, C (Toni, Cristina); Mucci, M (Mucci, Maria); Bertini, N (Bertini, Nicoletta); Pfanner, C (Pfanner, Chiara); Berloffa, S (Berloffa, Stefano); Pari, C (Pari, Cinzia); Akiskal, K (Akiskal, Kareen); Akiskal, HS (Akiskal, Hagop S.)
Source: PSYCHIATRY RESEARCH **Volume:** 153 **Issue:** 1 **Pages:** 47-54 **DOI:** 10.1016/j.psychres.2006.10.010 **Published:** SEP 30 2007
Abstract: A substantial portion of patients with juvenile bipolar disorder (BD) have a comorbid panic disorder (PD). The aim of our study was to analyze the cross-sectional and longitudinal implications of such comorbidity in children and adolescents with BD. The sample comprised 224 referred children and adolescents with BD, 140 males (62.5%) and 84 females (37.5%), mean age 13.8 +/- 2.8 years, diagnosed with a clinical interview (K-SADS-PL), and followed up naturalistically for 6 months. Fifty-one BD patients (22.8%) had a lifetime diagnosis of comorbid PD. Subjects with BD+PD and those without BD (BD-noPD) did not differ according to index age, age at onset of BD and bipolar phenotype (episodic vs. continuous course, irritable vs. elated mood). BD+PD was more frequent in females, was less severe at baseline according to the Clinical Global Impression severity score, and was more frequently associated with BD type 2. Moreover, BD+PD presented higher rates of comorbid anxiety disorders (namely separation anxiety disorder) and lower rates of externalizing disorders, namely attention deficit disorder (ADHD) than BD-noPD. However, this different pattern of externalizing comorbidity did not affect severity and improvement. Our findings suggest that PD is frequently comorbid in juvenile BD and can influence severity, pattern of comorbidity and course of BD. The data are compatible with the hypothesis that Panic-BD and ADHD-BD might represent distinct developmental pathways of bipolar disorder. Further research on this question may prove rewarding. (C) 2006 Elsevier Ireland Ltd. All rights reserved.
Accession Number: WOS:000250178200007

Record 49 of 50 = PRO (USA, TURKEY)
Title: Differentiating bipolar disorder in Turkish prepubertal children with attention-deficit hyperactivity disorder
Author(s): Diler, RS (Diler, Rasim Somer); Uguz, S (Uguz, Sukru); Seydaoglu, G (Seydaoglu, Gulsah); Erol, N (Erol, Nese); Avci, A (Avci, Ayse)
Source: BIPOLAR DISORDERS **Volume:** 9 **Issue:** 3 **Pages:** 243-251 **DOI:** 10.1111/j.1399-5618.2007.00347.x **Published:** MAY 2007
Abstract: Background: Attention-deficit hyperactivity disorder (ADHD) and bipolar disorder (BPD) in children are frequently comorbid conditions. Because the coexistence of ADHD and mania seriously complicates the course of the condition and the treatment of children, diagnosing or missing this comorbidity has important clinical implications. There are very few systematic studies on the subject in the literature and BPD in children is not recognized or studied in most countries other than the USA. We aimed to differentiate Turkish prepubertal children with ADHD from those with comorbid ADHD and BPD and compare their clinical characteristics.
Methods: A total of 147 treatment- and drug-naive children, aged 7 to 13 years, who had been consecutively referred to the ADHD clinic, were evaluated using the Schedule for Affective Disorders and Schizophrenia for School-age Children-Present and Lifetime version (K-SADS-PL). Parents completed the Child Behavior Checklist (CBCL) 4-18 and the Parent-Young Mania Rating Scale (P-YMRS) prior to the clinical interview.
Results: Twelve children (8.2%) had comorbid bipolar disorder (ADHD + BPD). The ADHD + BPD group had significantly higher rates of depressive disorders, oppositional defiant disorder, panic disorder and a family history of bipolar disorder compared with the ADHD group. The ADHD + BPD group had significantly more problems on the CBCL scale (anxiety/depression, social problems, thought problems, aggression, externalization, and total score) and on the P-YMRS (all items except for insight) compared with the ADHD group.
Conclusions: We conclude that ADHD + BPD in Turkish children represents a clinical picture different to that of ADHD alone, in which the clinical characteristics resemble those of children reported in the literature. Further long-term follow-up studies are needed in larger clinical and community samples.
Accession Number: WOS:000245392900007

Record 50 of 50 = PRO (USA, GERMANY, NETHERLANDS)
Title: The poor prognosis of childhood-onset bipolar disorder
Author(s): Leverich, GS (Leverich, Gabriele S.); Post, RM (Post, Robert M.); Keck, PE (Keck, Paul E., Jr.); Altshuler, LL (Altshuler, Lori L.); Frye, MA (Frye, Mark A.); Kupka, RW (Kupka, Ralph W.); Nolen, WA (Nolen, Willem A.); Suppes, T (Suppes, Trisha); McElroy, SL (McElroy, Susan L.); Grunze, H (Grunze, Heinz); Denicoff, K (Denicoff, Kirk); Moravec, MKM (Moravec, Maria K. M.); Luckenbaugh, D (Luckenbaugh, David)
Source: JOURNAL OF PEDIATRICS **Volume:** 150 **Issue:** 5 **Pages:** 485-490 **DOI:** 10.1016/j.jpeds.2006.10.070 **Published:** MAY 2007
Abstract: Objective We examined age of onset of bipolar disorder as a potential course-of-iflness modifier with the hypothesis that early onset will engender more severe illness.
Study design A total of 480 carefully diagnosed adult outpatients with bipolar disorder (mean age, 42.5 +/- 11.6 years) were retrospectively rated for age of illness onset, time to first pharmacotherapy, and course of illness. Clinicians prospectively rated daily mood fluctuations over I year.
Results Of the 480 patients, 14% experienced onset in childhood (12 years or younger); 36% in adolescence (13 to 18 years); 32% in early adulthood (19 to 29 years); and 19% in late adulthood (after 30 years). Childhood-onset bipolar illness was associated with long delays to first treatment, averaging more than 16 years. The patients with childhood or adolescent onset reported more episodes, more comorbidities, and rapid cycling retrospectively; prospectively, they demonstrated more severe mania, depression, and fewer days wen.
Conclusions This study demonstrates that childhood onset of bipolar disorder is common and is associated with long delays to first treatment. Physicians and clinicians should be alert to a possible bipolar diagnosis in children in hopes of shortening the time to initiating treatment and perhaps ameliorating the otherwise adverse course of illness.
Accession Number: WOS:000246245600012

Record 1 of 25 = PRO (USA, CANADA)
Title: Neural circuitry engaged during unsuccessful motor inhibition in pediatric bipolar disorder

Author(s): Leibenluft, E (Leibenluft, Ellen); Rich, BA (Rich, Brendan A.); Vinton, DT (Vinton, Deborah T.); Nelson, EE (Nelson, Eric E.); Fromm, SJ (Fromm, Stephen J.); Berghorst, LH (Berghorst, Lisa H.); Joshi, P (Joshi, Paramjit); Robb, A (Robb, Adelaide); Schachar, RJ (Schachar, Russell J.); Dickstein, DP (Dickstein, Daniel P.); McClure, EB (McClure, Erin B.); Pine, DS (Pine, Daniel S.)
Source: AMERICAN JOURNAL OF PSYCHIATRY **Volume:** 164 **Issue:** 1 **Pages:** 52-60 **DOI:** 10.1176/appi.ajp.164.1.52 **Published:** JAN 2007
Abstract: Objective: Deficits in motor inhibition may contribute to impulsivity and irritability in children with bipolar disorder. Studies of the neural circuitry engaged during failed motor inhibition in pediatric bipolar disorder may increase our understanding of the pathophysiology of the illness. The authors tested the hypothesis that children with bipolar disorder and comparison subjects would differ in ventral prefrontal cortex, striatal, and anterior cingulate activation during unsuccessful motor inhibition. They also compared activation in medicated versus unmedicated children with bipolar disorder and in children with bipolar disorder and attention deficit hyperactivity disorder (ADHD) versus those with bipolar disorder without ADHD.
Method: The authors conducted an event-related functional magnetic resonance imaging study comparing neural activation in children with bipolar disorder and healthy comparison subjects while they performed a motor inhibition task. The study group included 26 children with bipolar disorder (13 unmedicated and 15 with ADHD) and 17 comparison subjects matched by age, gender, and IQ.
Results: On failed inhibitory trials, comparison subjects showed greater bilateral striatal and right ventral prefrontal cortex activation than did patients. These deficits were present in unmedicated patients, but the role of ADHD in mediating them was unclear.
Conclusions: In relation to comparison subjects, children with bipolar disorder may have deficits in their ability to engage striatal structures and the right ventral prefrontal cortex during unsuccessful inhibition. Further research should ascertain the contribution of ADHD to these deficits and the role that such deficits may play in the emotional and behavioral dysregulation characteristic of bipolar disorder.
Accession Number: WOS:000243256400013

Record 2 of 25 = PRO (USA, FRANCE)
Title: Valproate use in children and adolescents with bipolar disorder
Author(s): Azorin, JM (Azorin, Jean Michel); Findling, RL (Findling, Robert L.)
Source: CNS DRUGS **Volume:** 21 **Issue:** 12 **Pages:** 1019-1033 **DOI:** 10.2165/00023210-200721120-00005 **Published:** 2007
Abstract: This review aims to provide an update on valproate use in children and adolescents with bipolar disorder by summarising currently available clinical trials results. Guidelines for the treatment of type I bipolar disorder in children and adolescents, with or without psychotic features, recommend valproate, alone or in combination with an atypical antipsychotic, as a first-line treatment option; however, most randomised and open-label studies investigating valproate in paediatric populations have only evaluated a small number of participants. Therefore, the data from these studies need to be interpreted cautiously. A further complicating issue is the controversy surrounding the definition and diagnosis of bipolar disorders in this age group. Data suggest that valproate may be particularly useful for patients whose symptoms have not been responsive to lithium, or as part of combination therapy. Evidence from randomised controlled trials show that valproate monotherapy is associated with a Young Mania Rating Scale (YMRS) response rate (percentage of patients with a reduction in YMRS score from baseline to endpoint of >= 50%) of 53%, while combination therapy with valproate plus quetiapine is associated with a YMRS response rate of 87%; however, placebo response rates were high, emphasising the need for caution when interpreting data from open-label trials.
At present, data supporting the efficacy and safety of mood stabilisers for the treatment of bipolar disorders in children and adolescents are limited; therefore, well designed, randomised controlled clinical studies are needed to identify and confirm the potential roles of valproate in children and adolescents with bipolar disorders, particularly in those with psychiatric co-morbidities. Furthermore, clinical studies are required to clarify the efficacy and tolerability profile of valproate in comparison with other agents used in paediatric and adolescent bipolar disorder.
Accession Number: WOS:000251656800004

Record 3 of 25 = PRO (USA, NETHERLANDS)
Title: Latent class analysis shows strong heritability of the child behavior checklist-juvenile bipolar phenotype
Author(s): Althoff, RR (Althoff, Robert R.); Rettew, DC (Rettew, David C.); Faraone, SV (Faraone, Stephen V.); Boomsma, DI (Boomsma, Dorret I.); Hudziak, JJ (Hudziak, James J.)
Source: BIOLOGICAL PSYCHIATRY **Volume:** 60 **Issue:** 9 **Pages:** 903-911 **DOI:** 10.1016/j.biopsych.2006.02.025 **Published:** NOV 1 2006
Abstract: Background: The Child Behavior Checklist (CBCL) has been used to provide a quantitative description of childhood bipolar disorder WAD), Many have reported that children in the clinical range on the Attention Problems (AP), Aggressive Behavior (AGG), and Anxious-Depressed (AID) syndromes simultaneously are more likely to meet the criteria for childhood BPAD. The purpose of this study was to determine if Latent Class Analysis (LCA) could identify beritable phenotypes representing the CBCL-Juvenile Bipolar (CBCL-JBD) profile and whether this phenotype demonstrates increased frequency of suicidal endorsement.
Methods. The CBCL data were received by survey of mothers of twins in two large twin samples, the Netherlands Twin Registry. The setting for the study was the general community twin sample. Participants included 6246 10-year-old Dutch twins from the Netherlands Twin Registry. The main outcome measure consisted of the LCA on the items comprising the AP, AGG, and AID subscales and means from the suicidal items #18 and #91 within classes.
Results: A 7 class model fit best for girls and an 8 class fit best for boys. The most common class for boys or girls was one with no symptoms. The CBCL-JBD phenotype was the least common-about 4-5% of the boys and girls. This class was the only one that bad significant elevations on the suicidal items of the CBCL. Gender differences were present across latent classes with girls showing no aggression without the CBCL-JBD phenotype and rarely showing attention problems in isolation. Evidence of high heritability of these latent classes was found with odds ratios.
Conclusions: In a general population sample, LCA identities a CBCL-JBD phenotype latent class that is associated with high rates of suicidality, is highly heritable, and speaks to the comorbidity between attention problems, aggressive behavior, and anxious/depression in children.
Accession Number: WOS:000241691600002

Record 4 of 25 = PRO (USA, NETHERLANDS)
Title: Longitudinal stability of the CBCL-juvenile bipolar disorder phenotype: A study in Dutch twins
Author(s): Boomsma, DI (Boomsma, Dorret I.); Rebollo, I (Rebollo, Irene); Derks, EM (Derks, Eske M.); van Beijsterveldt, TCEM (van Beijsterveldt, Toos C. E. M.); Althoff, RR (Althoff, Robert R.); Rettew, DC (Rettew, David C.); Hudziak, JJ (Hudziak, James J.)
Source: BIOLOGICAL PSYCHIATRY **Volume:** 60 **Issue:** 9 **Pages:** 912-920 **DOI:** 10.1016/j.biopsych.2006.02.028 **Published:** NOV 1 2006
Abstract: Background: The Child Behavior Checklist-juvenile bipolar disorder phenotype (CBCL-JBD) is a quantitative phenotype that is based on parental ratings of the behavior of the child. The phenotype is predictive of DSM-IV characterizations of BD and has been shown to be sensitive and specific. Its genetic architecture differs from that for inattentive, aggressive, or anxious-depressed syndromes. The Purpose of this study is to assess the developmental stability of the CBCL-JBD phenotype across ages 7, 10, and 12 years in a large population-based twin sample and to examine its genetic architecture.
Methods. Longitudinal data on Dutch mono- and dizygotic twin pairs (N = 8013 pairs) are analyzed to decompose the stability of the CBCL-JBD phenotype into genetic and environmental contributions.
Results. Heritability of the CBCL-JBD increases with age (from 63% to 75%), whereas the effects of shared environment decrease (from 20% to 8%). The stability of the CBCL-JBD pbenotype is high, with correlations between .66 and. 77 across ages 7, 10, and 12 years. Genetic factors account for the majority of the stability of this phenotype. There were no sex differences in genetic architecture.
Conclusions: Roughly 80% of the stability in childhood CBCL-JBD is a result of additive genetic effects.
Accession Number: WOS:000241691600003

Record 5 of 25 = PRO (USA, ITALY)
Title: The clinical phenotypes of juvenile bipolar disorder: Toward a validation of the episodic-chronic-distinction
Author(s): Masi, G (Masi, G); Perugi, G (Perugi, G); Toni, C (Toni, C); Millepiedi, S (Millepiedi, S); Mucci, M (Mucci, M); Bertini, N (Bertini, N); Akiskal, HS (Akiskal, HS)
Source: BIOLOGICAL PSYCHIATRY **Volume:** 59 **Issue:** 7 **Pages:** 603-610 **DOI:** 10.1016/j.biopsych.2005.08.034 **Published:** APR 1 2006
Abstract: Background: Recent research has addressed the issue of subtyping juvenile bipolar disorder (JBD). Accordingly, we set out to find out, in a naturalistic sample of bipolar children and adolescents with mania and mixed mania, whether the most useful subtyping should be based on clinical features (elated vs. irritable) or course (episodic vs. chronic).
Methods: We studied 136 patients, 81 male patients (59.6%) and 55 female patients (40.4%), mean age 13.5 +/- 2.9 years, meeting the DSM-IV diagnosis of biploar disorder, assessed by a structured clinical interview (Schedule for Affective Disorders and Schizophrenia for School-Age Children-Present and Lifetime Version [K-SADS-PL]).
Results: Regarding course, 77 patients (56.6%) had an episodic course and 59 patients (43.4%) had a chronic course. Patients with chronic course were significantly younger, had an earlier onset of JBD, and presented a more frequent comorbidity with disruptive behavior disorders. According to the prevalent mood disturbance, 75 patients (55.1%) showed an elated and 61 patients (44.9%) showed an irritable mood. Elated mood was more frequent in patients with episodic course, whereas irritable mood was more frequent in the patients with chronic course.
Conclusions: These findings suggest that chronic versus episodic course may be a putative differential feature. Further validation of such a distinction would require prospective studies, temperament evaluation, gender and neurobiologic approaches, and differential psychopharmacologic assignment and response.
Accession Number: WOS:000236315700005

Record 6 of 25 = PRO (USA, CANADA)
Title: Early onset bipolar disorder: possible linkage to chromosome 9q34
Author(s): Faraone, SV (Faraone, SV); Lasky-Su, J (Lasky-Su, J); Glatt, SJ (Glatt, SJ); Eerdewegh, PV (Eerdewegh, PV); Tsuang, MT (Tsuang, MT)
Source: BIPOLAR DISORDERS **Volume:** 8 **Issue:** 2 **Pages:** 144-151 **DOI:** 10.1111/j.1399-5618.2006.00289.x **Published:** APR 2006
Abstract: Objectives: Bipolar disorder (BD) is characterized by manic and depressive states that onset at various times in life. Research shows that early onset forms of BD are associated with a stronger genetic loading for the illness. We hypothesized that using age at onset to look at subsets of BD families in a genetic linkage analysis would prove useful in separating etiologically homogeneous BD sub-groups and subsequently identifying genetic susceptibility regions.
Methods: We used the wave-I National Institute of Mental Health (NIMH) Genetics Initiative BD sample, which includes 540 individuals from 97 families with BD, in an ordered-subsets linkage analysis with age at onset of mania as the subset-identifying covariate. This analysis was performed using GENEHUNTER-PLUS followed by the ordered-subsets analysis program. This program generates empirical p-values for the subset with the largest LOD score to determine whether this value was significantly higher than the baseline LOD score using all families.
Results: Three chromosomal regions resulted in LOD scores above 2.0: 2.21 (6q25), 3.21 (9q34), and 2.16 (20q11). The largest increase in LOD score was observed on chromosome 9q34 between markers D9S290 and D9S915 in the subset of 58 families that had mania onset before age 20. Families with a minimal mania onset less than 20 years had a significantly greater number of psychiatric comorbidities ($p = 0.02$) and a marginal increase in depressive symptoms ($p = 0.10$).
Conclusions: Further investigation into chromosomal region 9q34 is necessary to determine whether this region may harbor a gene specific to families with a minimal age at onset of less than 20.
Accession Number: WOS:000236022400005

Record 7 of 25 = SCEP (USA, CANADA)
Title: ADHD and manic symptoms: Diagnostic and treatment implications
Author(s): Galanter, CA (Galanter, CA); Pagar, DL (Pagar, DL); Davies, M (Davies, M); Li, W (Li, W); Carlson, GA (Carlson, GA); Abikoff, HB (Abikoff, HB); Arnold, LE (Arnold, LE); Bukstein, OG (Bukstein, OG); Pelham, W (Pelham, W); Elliott, GR (Elliott, GR); Hinshaw, S (Hinshaw, S); Epstein, JN (Epstein, JN); Wells, K (Wells, K); Hechtman, L (Hechtman, L); Newcorn, JH (Newcorn, JH); Greenhill, L (Greenhill, L); Wigal, T (Wigal, T); Swanson, JM (Swanson, JM); Jensen, PS (Jensen, PS)
Source: CLINICAL NEUROSCIENCE RESEARCH **Volume:** 5 **Issue:** 5-6 **Pages:** 283-294 **DOI:** 10.1016/j.cnr.2005.09.008 **Published:** DEC 2005
Abstract: Introduction: Reports document children with attention deficit hyperactivity disorder (ADHD) and irritability,

aggression or mood lability. Whether these additional symptoms represent severe ADHD, juvenile bipolar disorder, or other comorbidities is often unclear and has both diagnostic and treatment implications. We use the Cantwell modifications of the Robins and Guze diagnostic construct to examine the diagnostic validity and treatment implications of children with ADHD and some manic symptoms. Methods: We examined 579 children with ADHD from the multimodal treatment study of children with ADHD (MTA) and compared those with manic symptoms to those without manic symptoms in the domains of clinical phenomenology, demographic factors, psychosocial factors, biological factors, family genetic factors, family environmental factors, natural history, and intervention response. Results: Children with manic symptoms were more symptomatic at baseline and had more comorbidities and psychosocial and family environmental stressors. There were few differences in parental psychopathology and no biological differences. While ADHD children with manic symptoms were more symptomatic at 14 months, most differences were not significant when controlling for baseline symptoms. They were not more likely to have manic-like side effects except for moderate or severe worries. Discussion: Children with ADHD and manic symptoms compared to ADHD children without manic symptoms were more symptomatic and had more cotnorbidities at baseline. They nonetheless showed no systematic pattern of differences according to the Robins/Guze/Cantwell criteria. Moreover, they improved over time with standard ADHD treatments and were generally not found to have more adverse effects from stimulants. (c) 2005 Association for Research in Nervous and Mental Disease. Published by Elsevier B.V. All rights reserved.
Accession Number: WOS:000234356900009

Record 8 of 25 = PRO (USA, NETHERLANDS)
Title: Prevalence and genetic architecture of child behavior checklist-juvenile bipolar disorder
Author(s): Hudziak, JJ (Hudziak, JJ); Althoff, RR (Althoff, RR); Derks, EM (Derks, EM); Faraone, SV (Faraone, SV); Boomsma, DI (Boomsma, DI)
Source: BIOLOGICAL PSYCHIATRY **Volume:** 58 **Issue:** 7 **Pages:** 562-568 **DOI:** 10.1016/j.biopsych.2005.03.024 **Published:** OCT 1 2005
Abstract: Background: No consensus has been reached yet on bow best to characterize children with juvenile bipolar disorder (JBD). Several groups have shown that children on the attention problems (AP), aggressive behavior (AGG), and anxious-depressed (AD) syndromes of the Child Behavior Checklist (CBCL) are likely to meet criteria for DSM-JBD. We aimed to use a large population-based twin sample to evaluate the prevalence and genetic architecture of the CBCL-JBD(deviant on AP, AGG, and AD)phenotype and compare these data to children who are deviant on just the CBCL-AP syndrome.
Methods: Structural equation modeling (SEM) was applied to CBCL data from 5418, 3562, and 1971 Dutch twin pairs at ages 7, 10, and 12 years.
Results: The CBCL-JBD phenotype occurs in similar to 1% of children at each age. Among the children who meet criteria for the CBCL-AP phenotype (similar to 5%), between 13 and 20% also meet criteria for CBCL-JBD. The best SEM for CBCL-JBD includes additive genetic, shared and unique environmental factors.
Conclusions: These data suggest that CBCL problems. CBCL-JBD shows familial aggregation due to both genetic and shared environmental factors.
Accession Number: WOS:000232866300008

Record 9 of 25 = PRO (USA, GREECE)
Title: Rapid cycling bipolar disorder: biology and pathogenesis
Author(s): Papadimitriou, GN (Papadimitriou, GN); Calabrese, JR (Calabrese, JR); Dikeos, DG (Dikeos, DG); Christodoulou, GN (Christodoulou, GN)
Source: INTERNATIONAL JOURNAL OF NEUROPSYCHOPHARMACOLOGY **Volume:** 8 **Issue:** 2 **Pages:** 281-292 **DOI:** 10.1017/S1461145705005092 **Published:** JUN 2005
Abstract: The rapid cycling (RC) pattern of a mood disorder is characterized by at least four affective episodes (manic, hypomanic or major depressive) during the last year; different episodes must be demarcated by a switch to an episode of opposite polarity or by a period of remission of at least 2 months. RC is very rare in unipolar patients; its prevalence, however, in bipolar patients is 10-30 % with the majority being women (70-90 %). Patients with RC usually suffer from bipolar II disorder with onset with a depressive episode. Genetic studies have not convincingly shown that the condition is genetically determined. Major abnormalities of thyroid function have not been shown to be related to RC, but recent studies propose that latent subclinical hypothyroidism might play a role in the acceleration of cycles. Perturbations of the circadian biological and social rhythms might influence the expression of RC. No major effect of the menstrual cycle has been found. Despite the absence of firm empirical data, the possible contribution of the kindling phenomenon on the acceleration of cycles cannot be excluded. Finally, there is evidence that RC can be induced by the use of antidepressant drugs, especially for women.
Accession Number: WOS:000229444300016

Record 10 of 25 = PRO (USA, FRANCE)
Title: Cyclothymic temperament as a prospective predictor of bipolarity and suicidality in children and adolescents with major depressive disorder
Author(s): Kochman, FJ (Kochman, FJ); Hantouche, EG (Hantouche, EG); Ferrari, P (Ferrari, P); Lancrenon, S (Lancrenon, S); Bayart, D (Bayart, D); Akiskal, HS (Akiskal, HS)
Source: JOURNAL OF AFFECTIVE DISORDERS **Volume:** 85 **Issue:** 1-2 **Pages:** 181-189 **DOI:** 10.1016/j.jad.2003.09.009 **Published:** MAR 2005
Abstract: Introduction: Although several recent studies suggest that bipolar disorder most commonly begins during childhood or adolescence. the illness still remains Under-recognized and Under-diagnosed in this age group. As part of the French Bipolar network and in line with the hypothesis that juvenile depression is pre-bipolar (Akiskal, 1993), we evaluated the rate of onset of bipolar disorders in a naturalistic 2-year prospective study of consecutive, clinically depressed children and adolescents, and to test whether the cyclothymic temperament underlies such onset. Methods: Complete information was obtained from both parents and patients in 80 of 109 depressed children and adolescents assessed with Kiddie-SADS semi-structured interview. according to DSM IV criteria. They were also assessed with a new questionnaire on cyclothymic-hypersensitive temperament (CHT) from the TEMPS-A cyclothymic scale adapted for children (provided in Appendix A), and other assessment tools including the Child Depression Inventory (CDI), Young Mania Rating Scale, Clinical Global Assessment Scale (CGAS), and Overt Aggressive Scale (OAS). Results: Of the 80 subjects, 35 (43%) could be diagnosed as bipolar at the end of the prospective follow-up. This outcome was significantly more common in those with cyclothymic temperament measured at baseline. Most of these patients were suffering from a special form of bipolar disorder, characterized by rapid mood shifts with associated conduct disorders (CD), aggressiveness, psychotic symptoms and suicidality. Limitation: The primary investigator, who took care of the patients

clinically, was not blind to the clinical and psychometric data collected. Since all information was collected in a systematic fashion, the likelihood of biasing the results was minimal. Conclusion: We submit that the CHT in depressed children and adolescents heralds bipolar transformation. Unlike hypomanic or manic symptoms, which arc often difficult to establish in young patients examined in cross-section or by history, cyclothymic traits are detectable in childhood. Our data underscore the need for greater effort to standardize the diagnosis and treatment of prebipolar depressions in juvenile patients. (c) 2003 Elsevier B.V. All rights reserved.
Accession Number: WOS:000228409400019

Record 11 of 25 = PRO (USA, ITALY)
Title: Mixed states: The most common outpatient presentation of bipolar depressed adolescents?
Author(s): Dilsaver, SC (Dilsaver, SC); Benazzi, F (Benazzi, F); Akiskal, HS (Akiskal, HS)
Source: PSYCHOPATHOLOGY **Volume:** 38 **Issue:** 5 **Pages:** 268-272 **DOI:** 10.1159/000088443 **Published:** 2005
Abstract: Background: The purpose of this study was to determine the rate of bipolar disorder in adolescent outpatients presenting with DSM-IV major depressive episode (MDE) and, among the bipolar group, to find out what proportion were in a mixed state. Methods: 247 MDE Hispanic adolescents presenting to a community mental health clinic received structured screens for hypomania/mania by history. One hundred met the criteria for bipolar I or II disorder, depressed. Patients meeting the full DSM-IV criteria for both MDE and hypomania/mania simultaneously for at least 1 continuous week during the index episode were classified as being in a mixed state. Results: One hundred of the 247 adolescents were bipolar (40.5%). Of these bipolars, 58 (58.0%) were boys. The mean age of the bipolar patients was 14.6 (+/- 1.5) years. Eighty-two (82.0%) were in a mixed state. Of those in mixed states, 46 (56.1%) were boys, 45 (54.9%) had psychotic features, 40 (48.8%) had family histories of either major depressive disorder or of bipolar disorders, 26 (31.7%) had family histories of bipolar disorder, 55 (67.1%) had suicidal ideation and 42 (51.2%) had a history of a physically self-destructive act such as wrist cutting or overdoses. Discussion: The mixed state was the most common presentation for bipolar adolescents who were in the midst of an MDE at the time of presentation to a mental health clinic. Such presentation dictates different treatments. Although this clinic caters to Hispanic youth with relatively severe affective illness, we submit that our data can be generalized to other settings in light of the fact that the unavailability of psychiatric beds for such destitute patients is driving them to ambulatory clinics. To the best of our knowledge, this is the first report of such a high prevalence of mixed states in adolescent bipolar patients evaluated in the course of routine clinical practice in an outpatient setting. Copyright (c) 2005 S. Karger AG, Basel.
Accession Number: WOS:000232490300004

Record 12 of 25 = PRO (USA, ITALY)
Title: Predictors of treatment nonresponse in bipolar children and adolescents with manic or mixed episodes
Author(s): Masi, G (Masi, G); Perugi, G (Perugi, G); Toni, C (Toni, C); Millepiedi, S (Millepiedi, S); Mucci, M (Mucci, M); Bertini, N (Bertini, N); Akiskal, HS (Akiskal, HS)
Source: JOURNAL OF CHILD AND ADOLESCENT PSYCHOPHARMACOLOGY **Volume:** 14 **Issue:** 3 **Pages:** 395-404 **Published:** FAL 2004
Abstract: Even though juvenile bipolar disorder (BD) is reported to be more treatment-resistant than adult BD, predictors of nonresponse are not well studied. The aim of this study was to address this issue in a naturalistic sample of bipolar children and adolescents with manic or mixed episodes treated under the condition of routine clinical practice. This study was comprised of 40 patients (19 females and 21 males; mean age, 14.2 years; SD = 3.3; range, 7-18) with a Diagnostic and Statistical Manual of Mental Disorders-fourth edition (DSM-IV) diagnosis of manic (n = 23) or mixed episodes (n = 17). The clinical characteristics of 20 patients considered to be treatment responders, according to the Clinical Global Impression-Improvement (CGI-I) scores, were compared to those of the 20 nonresponders. The effect of predictors on the probability of treatment nonresponse was analyzed using the multiple stepwise logistic regression, backward procedure. Demographic variables (mean age, gender ratio, socioeconomic status), as well as the inpatients-outpatients ratio (75% versus 65%), duration of the follow-up (10.5 +/- 2.5 months versus 9.6 +/- 3.2 months), index episode (manic versus mixed), and rates of pharmacologic hypomania did not differentiate the 2 groups. According to stepwise logistic regression, predictors of nonresponse were the presence of comorbidity with conduct disorder (odd ratio, 3.36; 95% CI, 2.20-4.52), attention deficit hyperactivity disorder (ADHD) (odd ratio, 2.30; CI, 1.24-3.26), and the baseline CGI Severity score (odd ratio, 2.31; CI, 1.33-3.29). It is relevant to point out that patient age at the onset of BD, and at the first visit, and comorbid anxiety disorders did not influence treatment response. Follow-up studies with a larger sample size with BD and/or externalizing disorders appropriately managed with different treatment options and/or combinations are warranted.
Accession Number: WOS:000224838500013

Record 13 of 25 = PRO (USA, CANADA)
Title: Prepubertal bipolar I disorder and bipolar disorder NOS are separable from ADHD
Author(s): Post, RM (Post, RM); Chang, KD (Chang, KD); Findling, RL (Findling, RL); Geller, B (Geller, B); Kowatch, RA (Kowatch, RA); Kutcher, SP (Kutcher, SP); Leverich, GS (Leverich, GS)
Source: JOURNAL OF CLINICAL PSYCHIATRY **Volume:** 65 **Issue:** 7 **Pages:** 898-902 **Published:** JUL 2004
Accession Number: WOS:000223283200003

Record 14 of 25 = PRO (USA, BRAZIL)
Title: Neuroimaging studies in bipolar children and adolescents
Author(s): Olvera, RL (Olvera, RL); Glahn, DC (Glahn, DC); Caetano, SC (Caetano, SC); Pliszka, SR (Pliszka, SR); Soares, JC (Soares, JC)
Source: INTERNATIONAL REVIEW OF NEUROBIOLOGY, VOL 62 **Book Series:** INTERNATIONAL REVIEW OF NEUROBIOLOGY **Volume:** 62 **Pages:** 121-146 **DOI:** 10.1016/S0074-7742(04)62004-6 **Published:** 2004
Accession Number: WOS:000225608200004

Record 15 of 25 = SCEP (USA, NEW ZEALAND)
Title: Evidence-based treatments in child and adolescent psychiatry: An inventory
Author(s): McClellan, JM (McClellan, JM); Werry, JS (Werry, JS)
Source: JOURNAL OF THE AMERICAN ACADEMY OF CHILD AND ADOLESCENT PSYCHIATRY **Volume:** 42 **Issue:** 12 **Pages:** 1388-1400 **DOI:** 10.1097/01.chi.0000092322.84052.88 **Published:** DEC 2003
Abstract: Objective: To provide a list of evidence-based psychopharmacology and psychotherapy treatments for child

psychiatry. Method: Published reviews and Medline searches were examined to generate a list of treatments supported by randomized controlled trials. Results: For psychopharmacology, the best evidence to date supports the use of stimulant medications for attention-deficit/hyperactivity disorder and selective serotonin reuptake inhibitors (SSRIs) for obsessive-compulsive disorder. There is also reasonable evidence addressing SSRIs for anxiety disorders and moderate to severe major depressive disorder, and risperidone for autism. The psychosocial interventions best supported by well-designed studies are cognitive-behavioral and behavioral interventions, especially for mood, anxiety, and behavioral disorders. Family-based and systems of care interventions also have been found effective. Conclusions: Although the number of evidence-based treatments for child psychiatry is growing, much of clinical practice remains based on the adult literature and traditional models of care. Challenges toward adopting evidence-based practices are discussed.
Accession Number: WOS:000186729200005

Record 16 of 25 = PRO (USA, ARGENTINA)
Title: Proton magnetic resonance spectroscopy of bipolar disorder versus intermittent explosive disorder in children and adolescents
Author(s): Davanzo, P (Davanzo, P); Yue, K (Yue, K); Thomas, MA (Thomas, MA); Belin, T (Belin, T); Mintz, J (Mintz, J); Venkatraman, TN (Venkatraman, TN); Santoro, E (Santoro, E); Barnett, S (Barnett, S); McCracken, J (McCracken, J)
Source: AMERICAN JOURNAL OF PSYCHIATRY **Volume:** 160 **Issue:** 8 **Pages:** 1442-1452 **DOI:** 10.1176/appi.ajp.160.8.1442 **Published:** AUG 2003
Abstract: Objective: The diagnosis of bipolar disorder in juveniles is controversial. This study was designed to compare proton magnetic resonance spectroscopy (H-1 MRS) in patients with bipolar disorder or intermittent explosive disorder, two groups with symptomatic overlap but categorical distinction. Children with intermittent explosive disorder designate patients whose illness clinically resembles pediatric bipolar disorder but does not satisfy DSM-IV criteria for mania. Based on the authors' previous report of higher levels of H-1 MRS cingulate myo-inositol/creatine in youngsters with bipolar disorder than in normal comparison subjects, they hypothesized that patients with bipolar disorder would have higher cingulate myo-inositol/creatine-phosphocreatine measurements than patients with intermittent explosive disorder and normal comparison subjects.
Method: Myo-inositol levels were measured with a 2x2x2 cm(3) voxel placed in the anterior cingulate for acquisition of H-1 MRS in 10 patients with bipolar disorder, 10 patients with intermittent explosive disorder, and 13 normal comparison subjects. N-Acetylaspartate, choline moieties, creatine-phosphocreatine, and glutamate-glutamine metabolite levels were also measured.
Results: The patients with bipolar disorder showed significantly higher anterior cingulate myo-inositol/creatine-phosphocreatine and myo-inositol (mmol/liter) levels than the patients with intermittent explosive disorder and the normal comparison subjects. No significant differences were found across groups for myoinositol or other metabolites in the occipital cortex.
Conclusions: These data provide evidence that differences in the concentration of myo-inositol (mmol/liter) in the anterior cingulate cortex in H-1 MRS may differentiate these two populations. Follow-up studies involving larger samples may conclusively estimate the biological specificity between pediatric bipolar disorder and other disorders, which overlap clinically.
Accession Number: WOS:000184543700014

Record 17 of 25 = SCEP (USA, CANADA)
Title: Response to methylphenidate in children with attention deficit hyperactivity disorder and manic symptoms in the multimodal treatment study of children with attention deficit hyperactivity disorder titration trial
Author(s): Galanter, CA (Galanter, CA); Carlson, GA (Carlson, GA); Jensen, PS (Jensen, PS); Greenhill, LL (Greenhill, LL); Davies, M (Davies, M); Li, W (Li, W); Chuang, SZ (Chuang, SZ); Elliott, GR (Elliott, GR); Arnold, LE (Arnold, LE); March, JS (March, JS); Hechtman, L (Hechtman, L); Pelham, WE (Pelham, WE); Swanson, JM (Swanson, JM)
Source: JOURNAL OF CHILD AND ADOLESCENT PSYCHOPHARMACOLOGY **Volume:** 13 **Issue:** 2 **Pages:** 123-136 **DOI:** 10.1089/104454603322163844 **Published:** SUM 2003
Abstract: Objective: Recent reports raise concern that children with attention deficit hyperactivity disorder (ADHD) and some manic symptoms may worsen with stimulant treatment. This study examines the response to methylphenidate in such children.
Methods: Data from children participating in the 1-month methylphenidate titration trial of the Multimodal Treatment Study of Children with ADHD were reanalyzed by dividing the sample into children with and without some manic symptoms. Two "mania proxies" were constructed using items from the Diagnostic Interview Schedule for Children (DISC) or the Child Behavior Checklist (CBCL). Treatment response and side effects are compared between participants with and without proxies.
Results: Thirty-two (11%) and 29 (10%) participants fulfilled criteria for the CBCL mania proxy and DISC mania proxy, respectively. Presence or absence of either proxy did not predict a greater or lesser response or side effects.
Conclusion: Findings suggest that children with ADHD and manic symptoms respond robustly to methylphenidate during the first month of treatment and that these children are not more likely to have an adverse response to methylphenidate. Further research is needed to explore how such children will respond during long-term treatment. Clinicians should not a priori avoid stimulants in children with ADHD and some manic symptoms.
Accession Number: WOS:000183766700003

Record 18 of 25 = PRO (USA, ITALY)
Title: Externalizing disorders in consecutively referred children and adolescents with bipolar disorder
Author(s): Masi, G (Masi, G); Toni, C (Toni, C); Perugi, G (Perugi, G); Travierso, MC (Travierso, MC); Millepiedi, S (Millepiedi, S); Mucci, M (Mucci, M); Akiskal, HS (Akiskal, HS)
Source: COMPREHENSIVE PSYCHIATRY **Volume:** 44 **Issue:** 3 **Pages:** 184-189 **DOI:** 10.1053/comp.2002.50027 **Published:** MAY-JUN 2003
Abstract: We describe a consecutive clinical sample of children and adolescents with bipolar disorder (BD), in order to define the pattern of comorbid externalizing disorders and to explore the possible influence of such a comorbidity on their cross-sectional and longitudinal clinical characteristics. The sample consisted of 59 bipolar patients: 35 males and 24 females, with a mean age 14.6 +/- 3 years (range, 7 to 18 years), diagnosed as either type I or II according to DSM-IV. All patients were screened for psychiatric disorders using historical information and a clinical interview, the Diagnostic Interview for Children and Adolescents-Revised (DICA-R). Severity and subsequent outcome of the symptomatology were recorded with the Clinical Global Impression (CGI), Severity and Improvement Scales, at the baseline and thereafter monthly for a period up to 48 months. BD disorder type I was present in 37 (62.7%) of the patients; 14 (23.7%) were affected by attention deficit-hyperactivity disorder (ADHD) and 10 (16.9%) by conduct disorder (CD). Comorbid ADHD was associated with an earlier onset of BD, while CD was highly associated with BD type I. Anxiety disorders appeared more represented in patients without CD. At the end of the observation, a lower clinical improvement was recorded in patients with CD. In our children and adolescents with BD,

comorbidity with externalizing disorders such as ADHD and CD is common. The clinical implications of comorbid ADHD and CD are rather different. ADHD can be viewed as a precursor of a child-onset subtype of BD, while CD might represent a prodromal or a concomitant behavioral complication that identifies a more malignant and refractory form of BD. (C) 2003 Elsevier Inc. All rights reserved.
Accession Number: WOS:000183017000003

Record 19 of 25 = PRO (USA, GERMANY)
Title: Presentations of depression in bipolar illness
Author(s): Post, RA (Post, RA); Denicoff, KD (Denicoff, KD); Leverich, GS (Leverich, GS); Altshuler, LL (Altshuler, LL); Frye, MA (Frye, MA); Suppes, TM (Suppes, TM); Keck, PE (Keck, PE); McElroy, SL (McElroy, SL); Kupka, R (Kupka, R); Nolen, WA (Nolen, WA); Grunze, H (Grunze, H); Walden, J (Walden, J)
Source: CLINICAL NEUROSCIENCE RESEARCH **Volume:** 2 **Issue:** 3-4 **Pages:** 142-157 **Article Number:** PII S1566-2772(02)00039-7 **DOI:** 10.1016/S1566-2772(02)00039-7 **Published:** DEC 2002
Abstract: In this paper, a variety of components and treatment characteristics of bipolar depression are addressed. In a large sample of intensively and naturalistically treated outpatients with bipolar illness, daily prospective ratings for I year showed that the total time spent depressed exceeded time spent manic by a factor of three, indicating that the depressive phases of bipolar illness in this sample were more problematic and treatment-resistant than the manic phases. Two-thirds of these patients remained substantially impaired by their illness and only one-third had minimal symptoms for the entire year. New data on discontinuation of effective adjunctive antidepressant treatment, in a small subgroup of patients initially responsive for 2 months, suggests that discontinuation may increase the risk of relapse into depression. Different patterns of treatment-resistance to mood stabilizers are discussed, including the possibilities of tolerance development and discontinuation-induced refractoriness. The characteristic phenomenological presentation and neurocognitive deficits of bipolar depression are briefly outlined. The occurrence of an earlier age of onset of depression and bipolar illness are discussed in relation to cohort and anticipation mechanisms and their possible association with the development of treatment-resistance. (C) 2002 Elsevier Science B.V. All rights reserved.
Accession Number: WOS:000180273600004

Record 20 of 25 = PRO (USA, SPAIN)
Title: Severity of bipolarity in hospitalized manic adolescents with history of stimulant or antidepressant treatment
Author(s): Soutullo, CA (Soutullo, CA); DelBello, MP (DelBello, MP); Ochsner, JE (Ochsner, JE); McElroy, SL (McElroy, SL); Taylor, SA (Taylor, SA); Strakowski, SM (Strakowski, SM); Keck, PE (Keck, PE)
Source: JOURNAL OF AFFECTIVE DISORDERS **Volume:** 70 **Issue:** 3 **Pages:** 323-327 **Article Number:** PII S0165-0327(01)00336-6 **DOI:** 10.1016/S0165-0327(01)00336-6 **Published:** AUG 2002
Abstract: Background: Childhood bipolarity (BP) and ADHD frequently co-occur, these children often receive stimulants. Method: We retrospectively evaluated 80 adolescents hospitalized with BP manic or mixed, assessed severity of hospital course, and compared groups according to current/past stimulant or antidepressant treatment. Results: Lifetime ADHD rate was 49%; 35% of patients had exposure to stimulants and 44% to antidepressants. Stimulant-exposed patients were younger than non-exposed (mean+/-S.D. = 13.7+/-2 vs. 15.1+/-2 years, Z= -3.1, P = 0.002). Only stimulant exposure was associated with worse hospitalization course (MANCOVA, Wilks' Lambda = 0.87, F = 3.4; df = 70; P = 0.02). Conclusion: Simulant-exposed BP-adolescents may have more severe illness course not fully explained lay ADHD comorbidity. Limitations: Retrospective methodology and lack of structured interviewing make it difficult to quantify exposure to stimulants and antidepressants. (C) 2002 Elsevier Science B.V. All rights reserved.
Accession Number: WOS:000177314900011
PubMed ID: 12128245
ISSN: 0165-0327

Record 21 of 25 = PRO (USA, ITALY)
Title: Anxiety disorders in children and adolescents with bipolar disorder: A neglected comorbidity
Author(s): Masi, G (Masi, G); Toni, C (Toni, C); Perugi, G (Perugi, G); Mucci, M (Mucci, M); Millepiedi, S (Millepiedi, S); Akiskal, HS (Akiskal, HS)
Source: CANADIAN JOURNAL OF PSYCHIATRY-REVUE CANADIENNE DE PSYCHIATRIE **Volume:** 46 **Issue:** 9 **Pages:** 797-802 **Published:** NOV 2001
Abstract: Objective: Redescribe a consecutive clinical sample of children and adolescents with bipolar disorder to define the pattern of comorbid anxiety and externalizing disorders (attention-deficit hyperactivity disorder [ADHD] and conduct disorder [CD]) and to explore the possible influence of such a comorbidity on their cross-sectional and longitudinal clinical characteristics.
Methods: The sample comprised 43 outpatients, 26 boys and 17 girls, (mean age 14.9 years, SD 3.1; range 7 to 18), with bipolar disorder type I or II, according to DSM-IV diagnostic criteria. All patients were screened for psychiatric disorders using historical information and a clinical interview, the Diagnostic Interview for Children and Adolescents-Revised (DICA-R). To shed light on the possible influence of age at onset, we compared clinical features of subjects whose bipolar onset was prepubertal or in childhood (< 12 years) with those having adolescent onset. We also compared different subgroups with and without comorbid externalizing and anxiety disorders.
Results: Bipolar disorder type I was slightly more represented than type II (55.8% vs 44.2%). Only 11.6% of patients did not have any other psychiatric disorder; importantly, 10 subjects (23.5%) did not show any comorbid anxiety disorder. Comorbid externalizing disorders were present in 12 (27.9%) patients; such comorbidity was related to the childhood onset of bipolar disorder type II. Compared with other subjects, patients with comorbid anxiety disorders more often reported pharmacologic (hypo)mania.
Accession Number: WOS:000172466800002

Record 22 of 25 = NA (USA, ITALY)
Title: Antiepileptic drugs: Affective use in autism spectrum disorders
Author(s): Di Martino, A (Di Martino, A); Tuchman, RF (Tuchman, RF)
Source: PEDIATRIC NEUROLOGY **Volume:** 25 **Issue:** 3 **Pages:** 199-207 **DOI:** 10.1016/S0887-8994(01)00276-4 **Published:** SEP 2001
Abstract: Antiepileptic drugs are widely administered to individuals with autistic spectrum disorders. There are several reasons

for the use of antiepileptic drugs in autistic spectrum disorders, including the high incidence of epilepsy in these individuals, the anecdotal reports suggesting an improvement of communication and behavior in autistic subjects with epileptic discharges, and the increased awareness that some disruptive behaviors may be manifestations of an associated affective disorder. In this study, data on the current use of antiepileptic drugs in the treatment of autism, and on the association of affective disorders with epilepsy and autism, are reviewed. The evidence supporting the hypothesis that there may be a subgroup of autistic children with epilepsy and affective disorders that preferentially respond to antiepileptic drugs is still very preliminary, and further investigations with double-blind controlled studies are needed. Although the role of antiepileptic drugs at the present time is not established, there is evidence that autism, epilepsy, and affective disorders commonly co-occur, and that they may share a common neurochemical substrate, which is the common target of the psychotropic mechanism of action of different antiepileptic drugs.
Accession Number: WOS:000171598600002

Record 23 of 25 = PRO (USA, ITALY, NETHERLANDS)
Title: Current issues in the identification and management of bipolar spectrum disorders in 'special populations'
Author(s): Cassano, GB (Cassano, GB); McElroy, SL (McElroy, SL); Brady, K (Brady, K); Nolen, WA (Nolen, WA); Placidi, GF (Placidi, GF)
Source: JOURNAL OF AFFECTIVE DISORDERS **Volume:** 59 **Pages:** S69-S79 **DOI:** 10.1016/S0165-0327(00)00180-4 **Supplement:** 1 **Published:** SEP 2000
Abstract: Bipolar disorder is a common, lifelong condition that can present during childhood, adolescence, adulthood or later in life. It may occur alone but, more frequently, is complicated by comorbid psychiatric and medical disorders. As such, bipolar disorder presents in many different special populations, each of which warrants specific considerations of diagnosis, treatment and management. This review summarizes common issues concerning recognition of bipolar disorder, particularly in younger patients, discusses the prevalence and treatment of anxious disorder and addictive comorbidity, and considers bipolar disorder in the institutionalized and forensic populations. Treatment options and the supporting evidence are discussed. (C) 2000 Elsevier Science B.V. All rights reserved.
Accession Number: WOS:000166935400006

Record 24 of 25 = PRO (USA, ENGLAND)
Title: First international exchange on bipolar disorder
Author(s): Montgomery, SA (Montgomery, SA); Keck, PE (Keck, PE)
Source: JOURNAL OF AFFECTIVE DISORDERS **Volume:** 59 **Pages:** S81-S88 **DOI:** 10.1016/S0165-0327(00)00181-6 **Supplement:** 1 **Published:** SEP 2000
Accession Number: WOS:000166935400007

Record 25 of 25 = PRO (USA, FRANCE)
Title: Gender, temperament, and the clinical picture in dysphoric mixed mania: findings from a French national study (EPIMAN)
Author(s): Akiskal, HS (Akiskal, HS); Hantouche, EG (Hantouche, EG); Bourgeois, ML (Bourgeois, ML); Azorin, JM (Azorin, JM); Sechter, D (Sechter, D); Allilaire, JF (Allilaire, JF); Lancrenon, S (Lancrenon, S); Fraud, JP (Fraud, JP); Chatenet-Duchene, L (Chatenet-Duchene, L)
Source: JOURNAL OF AFFECTIVE DISORDERS **Volume:** 50 **Issue:** 2-3 **Pages:** 175-186 **DOI:** 10.1016/S0165-0327(98)00113-X **Published:** SEP 1998
Abstract: Background: This research derives from the French national multisite collaborative study on the clinical epidemiology of mania (EPIMAN). Our aim is to establish the validity of dysphoric mania along a "spectrum of mixity" extending into mixed mania with subthreshold depressive manifestations; to demonstrate the feasibility of obtaining clinically meaningful data on this entity on a national level; and to characterize the contribution of temperamental attributes and gender in its origin.
Methods: EPIMAN involves training 23 French psychiatrists in four different sites, representing four regions of France; to rigorously apply a common protocol deriving from the criteria of DSM-IV and McElroy et al.; the use of such instruments as the Beigel-Murphy, Ahearn-Carroll, modified HAM-D; and measures of affective temperaments based on the Akiskal-Mallya criteria; obtaining data on comorbidity, and family history (according to Winokur's approach as incorporated into the FH-RDC); and prospective follow-up for at least 12 months. The present report concerns the clinical and temperamental features of 104 manic patients during the acute hospital phase.
Results: Dysphoric mania (DM defined conservatively with fullblown depressive admixtures of five or more symptoms) occurred in 6.7%; the rate of dysphoric mania defined broadly (DM, presence of greater than or equal to 2 depressive symptoms) was 37%. Depressed mood and suicidal thoughts had the best positive predictive values for mixed mania. In comparison to pure mania (0-1 depressive symptoms), DM was characterized by female over-representation; lower frequency of such typical manic symptomatology as elation, grandiosity, and excessive involvement; higher prevalence of associated psychotic features; higher rate of mixed states in first episodes; and complex temperamental dysregulation along primarily depressive, but also cyclothymic, and irritable dimensions; such irritability was particularly apparent in mixed mania at the lowest threshold of depressive admixtures of two-symptoms only.
Limitation: In a study involving hospitalized affectively unstable psychotic patients, it was difficult to assure that psychiatrists making the clinical diagnoses would be blind to the temperamental measures. However, bias was minimized by the systematic and/or semi-structured nature of all evaluations.
Conclusions: Mixed mania, defined cross-sectionally by the simultaneous presence of at least two depressive symptoms, represents a prevalent and clinically distinct form of mania. Subthreshold depressive admixtures with mania actually appear to represent the more common expression of dysphoric mania. Moreover, an irritable dimension appears to be relevant to the definition of the expression of mixed mania with the lowest threshold of depressive symptoms. Neither an extreme, nor an endstage of mania, "mixity" is best conceptualized as intrusion of mania into its "opposite" temperament - especially that defined by lifelong depressive traits - and favored by female gender. These data suggest that reversal from a temperament to an episode of "opposite" polarity represents a fundamental aspect of the dysregulation that characterizes bipolar disorder. In both men and women with hyperthymic temperament, there appears "protection" against depressive symptom formation during a manic episode which, accordingly, remains relatively "pure". Because men have higher rates of this temperament, pure mania is overrepresented in men; on the other hand, the depressive temperament in manic women seems to be a clinical marker for the well-known female tendency for depression, hence the higher prevalence of mixed mania in women. (C) 1998 Elsevier Science BN. All rights reserved.

Accession Number: WOS:000077422400014

Appendix C3 (Search via name, articles in reverse chronological order)

All non-USA articles = 186 citing articles

PRO = 64 (65), SCEP = 30, SMD = 5, TRAD = 63, NA = 24 (23), CONS = 0.

Record 1 of 50 = NA (TURKEY)
Title: Abnormal white matter integrity as a structural endophenotype for bipolar disorder
Author(s): Saricicek, A (Saricicek, A.); Zorlu, N (Zorlu, N.); Yalin, N (Yalin, N.); Hidiroglu, C (Hidiroglu, C.); Cavusoglu, B (Cavusoglu, B.); Ceylan, D (Ceylan, D.); Ada, E (Ada, E.); Tunca, Z (Tunca, Z.); Ozerdem, A (Ozerdem, A.)
Source: PSYCHOLOGICAL MEDICINE **Volume:** 46 **Issue:** 7 **Pages:** 1547-1558 **DOI:** 10.1017/S0033291716000180 **Published:** MAY 2016
Abstract: Background. Several lines of evidence suggest that bipolar disorder (BD) is associated with white matter (WM) pathology. Investigation of unaffected first-degree relatives of BD patients may help to distinguish structural biomarkers of genetic risk without the confounding effects of burden of illness, medication or clinical state. In the present study, we applied tract-based spatial statistics to study WM changes in patients with BD, unaffected siblings and controls.
Method. A total of 27 euthymic patients with BD type I, 20 unaffected siblings of bipolar patients and 29 healthy controls who did not have any current or past diagnosis of Axis I psychiatric disorders were enrolled in the study.
Results. Fractional anisotropy (FA) was significantly lower in BD patients than in the control group in the corpus callosum, fornix, bilateral superior longitudinal fasciculus, inferior longitudinal fasciculus, inferior fronto-occipital fasciculus, anterior thalamic radiation, posterior thalamic radiation, cingulum, uncinate fasciculus, superior corona radiata, anterior corona radiata and left external capsule. In region-of-interest (ROI) analyses, we found that both unaffected siblings and bipolar patients had significantly reduced FA in the left posterior thalamic radiation, the left sagittal stratum, and the fornix compared with healthy controls. Average FA for unaffected siblings was intermediate between the healthy controls and bipolar patients within these ROIs.
Conclusions. Decreased FA in the fornix, left posterior thalamic radiation and left sagittal stratum in both bipolar patients and unaffected siblings may represent a potential structural endophenotype or a trait-based marker for BD.
Accession Number: WOS:000374168700018

Record 2 of 50 = TRAD (FRANCE)
Title: Adolescent manic-depressive disorders: Clinical aspects
Author(s): Balsan, G (Balsan, G.); Corcos, M (Corcos, M.)
Source: ARCHIVES DE PEDIATRIE **Volume:** 23 **Issue:** 4 **Pages:** 417-423 **DOI:** 10.1016/j.arcped.2015.12.006 **Published:** APR 2016
Abstract: More than 50% of bipolar disorders diagnosed among adults first appeared before the age of 18. It is well established that adolescence is the high-risk period for the onset of major mood episodes associated with bipolar disorders. Even though there are few early-onset bipolar disorders, they are very severe. The most robust risk factor predicting bipolar disorder is a positive family history. Morbidity, mortality, and suicidality are high and have a severe impact on overall functioning, professional integration, family life, and affective relationships. Improving diagnosis of early symptoms should ameliorate these patients' prognosis. (C) 2015 Elsevier Masson SAS. All rights reserved.
Accession Number: WOS:000375967200021

Record 3 of 50 = TRAD (CANADA, CZECH REPUBLIC
Title: Early-onset and very-early-onset bipolar disorder: distinct or similar clinical conditions?
Author(s): Propper, L (Propper, Lukas); Ortiz, A (Ortiz, Abigail); Slaney, C (Slaney, Claire); Garnham, J (Garnham, Julie); Ruzickova, M (Ruzickova, Martina); Calkin, CV (Calkin, Cynthia V.); O'Donovan, C (O'Donovan, Claire); Hajek, T (Hajek, Tomas); Alda, M (Alda, Martin)
Source: BIPOLAR DISORDERS **Volume:** 17 **Issue:** 8 **Pages:** 814-820 **DOI:** 10.1111/bdi.12346 **Published:** DEC 2015
Abstract: ObjectiveThis study aimed to examine differences in the clinical presentation of very-early-onset (VEO) and early-onset (EO) bipolar disorder (BD) not fully explored previously.
MethodsWe selected two groups of subjects with BD from the Maritime Bipolar Registry based on age at onset of first major mood episode (VEO with onset prior to age 15 years; EO ranging from 15 to 18years) and compared them with a reference group (onset after 18years of age). There were 363 subjects (240 with bipolar I disorder and 123 with bipolar II disorder; mean age 44.212.8 (SD)years), with 41 subjects in the VEO and 95 in the EO groups.
ResultsIn comparison with the EO and reference groups, more subjects in the VEO group developed major depression as an index episode (88% for the VEO group versus 61% for the EO group and 54% for the reference group), and had an unremitting clinical course (65% versus 42% and 42%, respectively), rapid cycling (54% versus 34% and 28%, respectively), and comorbid attention-deficit hyperactivity disorder (17% versus 1% and 3%, respectively); a higher proportion of the VEO group had first-degree relatives with affective disorders compared with the EO and reference groups (0.41 versus 0.32 and 0.29, respectively), and they had lower scores on the Global Assessment of Functioning scale (mean scores of 64 versus 70 and 70). Overall, the EO group was similar to the reference group on most measures, except for increased suicidal behavior VEO 53%, EO 44% and reference group 25%). The results of polychotomous logistic regression also support the view that VEO BD represents a rather specific subtype of BD.
ConclusionsOur results suggest the recognized correlates of early-onset BD may be driven by subjects at the lowest end of the age at onset spectrum.
Accession Number: WOS:000367071600002

Record 4 of 50 = TRAD (FRANCE)
Title: Bipolar disorder and parenthood. Exploration of clinical characteristics of children of bipolar parents
Author(s): Pupier, F (Pupier, F.); Scappaticci, R (Scappaticci, R.)
Source: EUROPEAN PSYCHIATRY **Meeting Abstract:** P071 **Volume:** 30 **Issue:** 8 **Pages:** S133-S133 **DOI:** 10.1016/j.eurpsy.2015.09.261 **Supplement:** S **Published:** NOV 2015
Accession Number: WOS:000367851200322

Record 5 of 50 = TRAD (SPAIN)
Title: Bipolar disorder with comorbid attention-deficit and hyperactivity disorder. Main clinical features and clues for an accurate diagnosis
Author(s): Torres, I (Torres, I.); Gomez, N (Gomez, N.); Colom, F (Colom, F.); Jimenez, E (Jimenez, E.); Bosch, R (Bosch, R.); Bonnin, CM (Bonnin, C. M.); Martinez-Aran, A (Martinez-Aran, A.); Casas, M (Casas, M.); Vieta, E (Vieta, E.); Ramos-Quiroga, JA (Ramos-Quiroga, J. A.); Goikolea, JM (Goikolea, J. M.)
Source: ACTA PSYCHIATRICA SCANDINAVICA **Volume:** 132 **Issue:** 5 **Pages:** 389-399 **DOI:** 10.1111/acps.12426 **Published:** NOV 2015
Abstract: ObjectiveTo study the prevalence of attention-deficit and hyperactivity disorder (ADHD) in adult patients with bipolar disorder (BD) and identify differential clinical features for a better diagnosis.
MethodA total of 163 euthymic bipolar out-patients were screened for ADHD with the ASRS.V1 and the WURS at a BD Unit. Patients with a positive screening were assessed with the CAADID, at an ADHD unit. Sociodemographic and clinical features of the groups with and without ADHD were compared.
ResultsLifetime prevalence of comorbid ADHD was 17.9% (10.5% for adult ADHD and 7.4% for childhood ADHD). The BD+ADHD group showed more suicidal behaviour although less severe. Comorbidity was also more common, especially regarding substance use disorders. Nevertheless, these patients did not show more affective episodes or hospitalizations and suffered more atypical but less melancholic depression. However, they required more treatment with psychotherapy and valproate. One-third of positive screenings at the ASRS were false; a severe course of BD was the hallmark of this subgroup.
ConclusionAdult patients with BD and ADHD show differential clinical features, but not a more severe course of BD. Comorbidity with substance abuse is a big issue, deserving special clinical attention. Better screening tools are necessary to avoid overdiagnosis of comorbid ADHD in BD.
Accession Number: WOS:000362896000010
PubMed ID: 25900393

Record 6 of 50 = NA (CANADA/AUSTRALIA)
Title: Is Premenstrual Dysphoric Disorder Really a Disorder?
Author(s): Browne, TK (Browne, Tamara Kayali)
Source: JOURNAL OF BIOETHICAL INQUIRY **Volume:** 12 **Issue:** 2 **Pages:** 313-330 **DOI:** 10.1007/s11673-014-9567-7 **Published:** JUN 2015
Abstract: Premenstrual dysphoric disorder (PMDD) was recently moved to a full category in the DSM-5 (the latest edition of the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders). It also appears set for inclusion as a separate disorder in the ICD-11 (the upcoming edition of the World Health Organization's International Statistical Classification of Diseases and Related Health Problems). This paper argues that PMDD should not be listed in the DSM or the ICD at all, adding to the call to recognise PMDD as a socially constructed disorder. I first present the argument that PMDD pathologises understandable anger/distress and that to do so is potentially dangerous. I then present evidence that PMDD is a culture-bound phenomenon, not a universal one. I also argue that even if (1) medication produces a desired effect, (2) there are biological correlates with premenstrual anger/distress, (3) such anger/distress seems to occur monthly, and (4) women are more likely than men to be diagnosed with affective disorders, none of these factors substantiates that premenstrual anger/distress is caused by a mental disorder. I argue that to assume they do is to ignore the now accepted role that one's environment and psychology play in illness development, as well as arguments concerning the social construction of mental illness. In doing so, I do not claim that there are no women who experience premenstrual distress or that their distress is not a lived experience. My point is that such distress can be recognised and considered significant without being pathologised and that it is unethical to describe premenstrual anger/distress as a mental disorder. Further, if the credibility of women's suffering is subject to doubt without a clinical diagnosis, then the way to address this problem is to change societal attitudes towards women's suffering, not to label women as mentally ill. The paper concludes with some broader implications for women and society of the change in status of PMDD in the DSM-5 as well as a sketch of critical policy suggestions to address these implications.
Accession Number: WOS:000355427700017

Record 7 of 50 = PRO (SPAIN)
Title: Comorbidity in pediatric bipolar disorder: Prevalence, clinical impact, etiology and treatment
Author(s): Frias, A (Frias, Alvaro); Palma, C (Palma, Carol); Farriols, N (Farriols, Nuria)
Source: JOURNAL OF AFFECTIVE DISORDERS **Volume:** 174 **Pages:** 378-389 **DOI:** 10.1016/j.jad.2014.12.008 **Published:** MAR 15 2015
Abstract: Background: Research on pediatric bipolar disorder (PBD) is providing a plethora of empirical findings regarding its comorbidity. We addressed this question through a systematic review concerning the prevalence, clinical impact, etiology and treatment of main comorbid disorders involved.
Method: A comprehensive database search was performed from 1990 to August 2014. Overall, 167 studies fulfilled the inclusion criteria.
Results: Bipolar youth tend to suffer from comorbid disorders, with highest weighted mean prevalence rate arising from anxiety disorders (54%), followed by attention deficit hyperactivity disorder (ADHD) (48%), disruptive behavior disorders (31%), and substance use disorders (SUD) (31%). Furthermore, evidence indicates that ADHD and anxiety disorders negatively affect the symptomatology, neurocognitive profile, clinical course and the global functioning of PhD. Likewise, several theories have been posited to explain comorbidity rates in PhD, specifically common risk factors, one disorder being a risk factor for the other and nosological artefacts. Lastly, randomized controlled trials highlight a stronger therapeutic response to stimulants and atomoxetine (vs. placebo) as adjunctive interventions for comorbid ADHD symptoms. In addition, research focused on the treatment of other comorbid disorders postulates some benefits from mood stabilizers and/or SGA.
Limitations: Epidemiologic follow-up studies are needed to avoid the risk of nosological artefacts. Likewise, more research is needed on pervasive developmental disorders and anxiety disorders, especially regarding their etiology and treatment.
Conclusions: Psychiatric comorbidity is highly prevalent and is associated with a deleterious clinical effect on pediatric bipolarity. Different etiological pathways may explain the presence of these comorbid disorders among bipolar youth. Standardized treatments are providing ongoing data regarding their effectiveness for these comorbidities among bipolar youth.

Accession Number: WOS:000350003800053

Record 8 of 50 = TRAD (DENMARK)
Title: Diagnostic stability in pediatric bipolar disorder
Author(s): Kessing, LV (Kessing, Lars Vedel); Vradi, E (Vradi, Eleni); Andersen, PK (Andersen, Per Kragh)
Source: JOURNAL OF AFFECTIVE DISORDERS **Volume:** 172 **Pages:** 417-421 **DOI:** 10.1016/j.jad.2014.10.037 **Published:** FEB 1 2015
Abstract: Background: The diagnostic stability of pediatric bipolar disorder has not been investigated previously. The aim was to investigate the diagnostic stability of the ICD-10 diagnosis of pediatric mania/bipolar disorder.
Methods: All patients below 19 years of age who got a diagnosis of mania/bipolar disorder at least once in a period from 1994 to 2012 at psychiatric inpatient or outpatient contact in Denmark were identified in a nationwide register.
Results: Totally, 354 children and adolescents got a diagnosis of mania/bipolar disorder at least once; a minority, 144 patients (40.7%) got the diagnosis at the first contact whereas the remaining patients (210; 59.3%) got the diagnosis at later contacts before age 19. For the latter patients, the median time elapsed from first treatment contact with the psychiatric service system to the first diagnosis with a manic episode/bipolar disorder was nearly 1 year and for 25% of those patients it took more than 21/2 years before the diagnosis was made. The most prevalent other diagnoses than bipolar disorder at first contact were depressive disorder (21.4%), acute and transient psychotic disorders or other non-organic psychosis (19.2%), reaction to stress or adjustment disorder (14.8%) and behavioral and emotional disorders with onset during childhood or adolescents (10.9%). Prevalence rates of schizophrenia, personality disorders, anxiety disorder or hyperkinetic disorders (ADHD) were low.
Limitations: Data concern patients who get contact to hospital psychiatry only.
Conclusions: Clinicians should be more observant on manic symptoms in children and adolescents who at first glance present with transient psychosis, reaction to stress/adjustment disorder or with behavioral and emotional disorders with onset during childhood or adolescents (F90-98) and follow these patients more closely over time identifying putable hypomanic and manic symptoms as early as possible.
Accession Number: WOS:000346643000059

Record 9 of 50 = PRO
Title: The use of stimulants and atomoxetine in adults with comorbid ADHD and bipolar disorder
Author(s): Perugi, G (Perugi, Giulio); Vannucchi, G (Vannucchi, Giulia)
Source: EXPERT OPINION ON PHARMACOTHERAPY **Volume:** 16 **Issue:** 14 **Pages:** 2193-2204 **DOI:** 10.1517/14656566.2015.1079620 **Published:** 2015
Abstract: Introduction: Attention deficit/hyperactivity disorder (ADHD) persists into adulthood in about 50% of the affected children, with high rates of comorbidity with bipolar disorder (BD). Stimulants and atomoxetine (ATX) are effective treatments for ADHD, but their use in adults with comorbid BD (ADHD-BD) has not been extensively studied and may be problematic.
Areas covered: The aim of the paper is to summarize the available literature regarding the use of these medications in ADHD-BD adult patients. Results of randomized-controlled and open-label trials, case reports, and case series are reviewed. We also reviewed data relative to some specific issues of this comorbidity in adults, especially substance use disorder, malingering, and stimulants misuse.
Expert opinion: ADHD-BD may be associated with more severe symptoms, course, and worst outcome of both conditions. The frequent coexistence with alcohol and substance abuse may further complicate treatment management. Stimulants are the most effective medications for ADHD, but their use may be contraindicated in the presence of a comorbid drug abuse or in patients that simulate or exaggerate ADHD symptoms in order to obtain stimulants for diversion or abuse. ATX may be effective in the treatment of ADHD symptoms in BD patients, with a modestly increased risk of (hypo) manic switches and destabilization of the mood disorder when utilized in association with mood stabilizers. In the majority of the cases, a hierarchical approach is desirable, with mood stabilization preceding the treatment of ADHD symptoms. Although systematic trials on the use of stimulants and ATX in ADHD-BD comorbidity in adulthood are necessary, both treatments should be considered possible options to be carefully evaluated once the patient has been stabilized.
Accession Number: WOS:000361325200008

Record 10 of 50 = TRAD (NORWAY, GERMANY/IRELAND)
Title: Overlap between Autism Spectrum Disorder and Bipolar Affective Disorder
Author(s): Skokauskas, N (Skokauskas, Norbert); Frodl, T (Frodl, Thomas)
Source: PSYCHOPATHOLOGY **Volume:** 48 **Issue:** 4 **Pages:** 209-216 **DOI:** 10.1159/000435787 **Published:** 2015
Abstract: Background: At present there is a substantial uncertainty regarding the extent and nature of autism spectrum disorder (ASD) and bipolar affective disorder (BPAD) co-occurrence due to disparate findings in previous studies. This paper aimed to find and review original studies on co-occurrence rates of ASD with BPAD, assess them, synthesize the findings in a systematic way, present an overview and make recommendations for future research. Methods: Systematic literature searches were performed using several databases. Selected articles had to describe an original study that provided prevalence and/or incidence analysis on ASD co-occurring together with BPAD. Results and Conclusion: A significant minority of patients (7%) with ASD suffers from BPAD. An accurate detection of co-occurring ASD and BPAD can lead to a more targeted treatment and improve the patients' functioning and quality of life.
Accession Number: WOS:000360934900001

Record 11 of 50 = PRO (MEXICO, SPAIN)
Title: Executive Function Associated to Symptoms of Attention Deficit Hyperactivity Disorder and Paediatric Bipolar Disorder
Author(s): Jimenez, EAA (Araujo Jimenez, Eva Angelina); Ballabriga, MCJ (Jane Ballabriga, Mara Claustre); Martin, AB (Bonillo Martin, Albert); Arrufat, FJ (Javier Arrufat, Francisco)
Source: PSICOLOGIA-REFLEXAO E CRITICA **Volume:** 28 **Issue:** 3 **Pages:** 544-553 **DOI:** 10.1590/1678-7153.201528313 **Published:** 2015
Abstract: Very little is known about the differences of the neurocognitive functioning of Attention Deficit Hyperactivity Disorder (ADHD) and Paediatric Bipolar Disorder (PBD), since current studies do not agree on a differentiation of Executive Function (EF) between the two disorders. The aim of this study was to determine the EF deficits associated with symptomatology of ADHD and the PBD phenotype. Participants were 76 children/adolescents aged 6-17 years and their parents, submitted to a diagnostic interview and a tool for assessing EF, Behaviour Rating Inventory of Executive Function. Structural Equation Modeling was used to examine associations between symptoms of ADHD and the PBD phenotype, and the EF. A model for parents and a model for children/adolescents were performed. The model indexes showed a satisfactory fit. ADHD was found to be associated with deficits in all areas of EF, especially when the predominant symptom is inattention. The

presence of symptoms of PBD phenotype was associated only with difficulties in finding new strategies to solve problems and inhibiting new behaviour. The article concluded that the presence of ADHD symptoms is associated with cognitive deficits different from those that may occur with PBD symptoms. It is advisable that professionals consider patients' neurocognitive profiles in order to achieve an appropriate differential diagnosis.

Record 12 of 50 = SCEP (AUSTRALIA)
Title: Reification of the paediatric bipolar hypothesis in the USA
Author(s): Parry, PI (Parry, Peter I.); Allison, S (Allison, Stephen); Bastiampillai, T (Bastiampillai, Tarun)
Source: LANCET PSYCHIATRY **Volume:** 2 **Issue:** 1 **Pages:** 14-16 **DOI:** 10.1016/S2215-0366(14)00075-3 **Published:** JAN 2015
Accession Number: WOS:000352705600011

Record 13 of 50 = SCEP (SWEDEN)
Title: Early risk factors for adult bipolar disorder in adolescents with mood disorders: a 15-year follow-up of a community sample
Author(s): Paaren, A (Paaren, Aivar); Bohman, H (Bohman, Hannes); von Knorring, L (von Knorring, Lars); Olsson, G (Olsson, Gunilla); von Knorring, AL (von Knorring, Anne-Liis); Jonsson, U (Jonsson, Ulf)
Source: BMC PSYCHIATRY **Volume:** 14 **Article Number:** 363 **DOI:** 10.1186/s12888-014-0363-z **Published:** DEC 24 2014
Abstract: Background: We aimed to outline the early risk factors for adult bipolar disorder (BPD) in adolescents with mood disorders.
Methods: Adolescents (16-17 years old) with mood disorders (n = 287; 90 participants with hypomania spectrum episodes and 197 with major depressive disorder [MDD]) were identified from a community sample. Fifteen years later (at 30-33 years of age), mood episodes were assessed (n = 194). The risk of developing BPD (n = 22), compared with MDD (n = 104) or no mood episodes in adulthood (n = 68), was estimated via logistic regression. Adolescent mood symptoms, non-mood disorders, and family characteristics were assessed as potential risk factors.
Results: Among the adolescents with mood disorders, a family history of BPD was the strongest predictor of developing BPD compared with having no mood episodes in adulthood (OR = 5.94; 95% CI = 1.11-31.73), whereas disruptive disorders significantly increased the risk of developing BPD compared with developing MDD (OR = 2.94; CI = 1.06-8.12). The risk that adolescents with MDD would develop adult BPD, versus having no mood episodes in adulthood, was elevated among those with an early disruptive disorder (OR = 3.62; CI = 1.09-12.07) or multiple somatic symptoms (OR = 6.60; CI = 1.70-25.67). Only disruptive disorders significantly predicted adult BPD among adolescents with MDD versus continued MDD in adulthood (OR = 3.59; CI = 1.17-10.97). Only a few adolescents with hypomania spectrum episodes continued to have BPD as adults, and anxiety disorders appeared to increase this risk.
Conclusions: Although most of the identified potential risk factors are likely general predictors of continued mood disorders, disruptive disorders emerged as specific predictors of developing adult BPD among adolescents with MDD.
Accession Number: WOS:000348156400001

Record 14 of 50 = TRAD (ENGLAND, GERMANY, GREECE)
Title: Everyday emotional experience of adults with attention deficit hyperactivity disorder: evidence for reactive and endogenous emotional lability
Author(s): Skirrow, C (Skirrow, C.); Ebner-Priemer, U (Ebner-Priemer, U.); Reinhard, I (Reinhard, I.); Malliaris, Y (Malliaris, Y.); Kuntsi, J (Kuntsi, J.); Asherson, P (Asherson, P.)
Source: PSYCHOLOGICAL MEDICINE **Volume:** 44 **Issue:** 16 **Pages:** 3571-3583 **DOI:** 10.1017/S0033291714001032 **Published:** DEC 2014
Abstract: Background. Emotional lability (EL), characterized by negative emotional traits and emotional instability, is frequently reported in children and adults with attention deficit hyperactivity disorder (ADHD). However, EL is primarily assessed using retrospective self-report, which is subject to reporting bias and does not consider the potential influence of positive and negative everyday experiences.
Method. Ambulatory assessment was carried out in 41 men with ADHD without co-morbidity, current medication or substance abuse, and 47 healthy control participants. Reports of negative and positive emotions (irritability, frustration, anger, happiness, excitement) and the occurrence of bad and good events were completed eight times daily during a working week. Group differences in emotional intensity and instability were investigated using multilevel models, and explored in relation to bad and good events and the Affective Lability Scale - Short Form (ALS-SF), an EL questionnaire.
Results. The ADHD group reported significantly more frequent bad events, heightened intensity and instability of irritability and frustration, and greater intensity of anger. The results for positive emotions were equivocal or negative. Bad events significantly contributed to the intensity and instability of negative emotions, and showed a stronger influence in the ADHD group. However, covariation for their effect did not eliminate group differences. Small-to-moderate correlations were seen between intensity and instability of negative emotions and the ALS-SF.
Conclusions. Adults with ADHD report heightened intensity and instability of negative emotions in daily life. The results suggest two components of EL in ADHD: a reactive component responsive to bad events and an endogenous component, independent of negative everyday events.
Accession Number: WOS:000344469400019

Record 15 of 50 = PRO (AUSTRIA)
Title: Pediatric Bipolar Disorder - Case Report of a Bipolar Patient with Disease Onset in Childhood and Adolescence: Implications for Diagnosis and Therapy
Author(s): Lackner, N (Lackner, N.); Birner, A (Birner, A.); Bengesser, SA (Bengesser, S. A.); Reininghaus, B (Reininghaus, B.); Kapfhammer, HP (Kapfhammer, H. P.); Reininghaus, E (Reininghaus, E.)
Source: FORTSCHRITTE DER NEUROLOGIE PSYCHIATRIE **Volume:** 82 **Issue:** 11 **Pages:** 646-654 **DOI:** 10.1055/s-0034-1385271 **Published:** NOV 2014
Abstract: Zusammenfassung uber die Existenz und Diagnosekriterien von bipolar affektiven Storungen im Kindes- und Jugendalter wird in der Wissenschaft seit einigen Jahren eine kontroverse Debatte gefuhrt. Ziel dieser Arbeit ist die Auseinandersetzung mit der gangigen Literatur zur Padiatrischen Bipolaren Storung mit besonderem Fokus auf die diagnostische Herangehensweise. Anhand einer Kasuistik sollen die Entwicklung und der Verlauf einer bipolaren Storung mit Beginn in der

Kindheit exemplarisch dargestellt werden. Durch Komorbiditaten und Symptomuberschneidungen wird im Bereich der Padiatrischen Bipolaren Storung vor allem der differentialdiagnostische Prozess bedeutsam. Eine fruhe Diagnosestellung und Moglichkeiten zur Therapie sollen diskutiert werden.
Abstract In recent years, intense controversies have evolved about the existence and exact diagnostic criteria of pediatric bipolar affective disorder. The present study aims to discuss pediatric bipolar affective disorder based on the current literature focussing on the diagnostic prospects. Based on a case study, a process of bipolar disorder developed in childhood is depicted exemplarily. Because of the high comorbidity and overlapping symptoms of paediatric bipolar affective disorder and other psychiatric disorders, the major impact of the differential diagnosis has to be stressed. An early diagnosis and the treatment possibilities are discussed.
Accession Number: WOS:000344937100015

Record 16 of 50 = SMD (FRANCE)
Title: Disruptive mood dysregulation disorder
Author(s): Purper-Ouakil, D (Purper-Ouakil, Diane)
Source: ANNALES MEDICO-PSYCHOLOGIQUES **Volume:** 172 **Issue:** 8 **Pages:** 663-666 **DOI:** 10.1016/j.amp.2014.08.009 **Published:** OCT 2014
Abstract: Disruptive mood dysregulation disorder (DMDD) is a new DSM 5 diagnosis specifically addressing children and adolescents. DMDD belongs to the category of mood disorders and has been created to improve recognition of a condition characterized by both mood and behavioral symptoms and to avoid a diagnosis of bipolar disorder in children and adolescents with severe chronic irritability and temper tantrums. Its validity and possible overlap with disruptive behavior disorders such as oppositional defiant disorder or conduct disorder and neurodevelopmental disorder such as attention deficit hyperactivity disorder especially in children with severe emotional liability or comorbidities - are still subject to debate. This review addresses the background of DMDD, diagnosis and neuropsychological correlates. (C) 2014 Elsevier Masson SAS. All rights reserved.
Accession Number: WOS:000346887500010

Record 17 of 50 = TRAD (ENGLAND, AUSTRALIA,
Title: A meta-analysis of neuropsychological functioning in first-episode bipolar disorders
Author(s): Lee, RSC (Lee, Rico S. C.); Hermens, DF (Hermens, Daniel F.); Scott, J (Scott, Jan); Redoblado-Hodge, MA (Redoblado-Hodge, M. Antoinette); Naismith, SL (Naismith, Sharon L.); Lagopoulos, J (Lagopoulos, Jim); Griffiths, KR (Griffiths, Kristi R.); Porter, MA (Porter, Melanie A.); Hickie, IB (Hickie, Ian B.)
Source: JOURNAL OF PSYCHIATRIC RESEARCH **Volume:** 57 **Pages:** 1-11 **DOI:** 10.1016/j.jpsychires.2014.06.019 **Published:** OCT 2014
Abstract: Broad neuropsychological deficits have been consistently demonstrated in well-established bipolar disorder. The aim of the current study was to systematically review neuropsychological studies in first-episode bipolar disorders to determine the breadth, extent and predictors of cognitive dysfunction at this early stage of illness through meta-analytic procedures. Electronic databases were searched for studies published between January 1980 and December 2013. Twelve studies met eligibility criteria (N = 341, mean age = 28.2 years), and pooled effect sizes (ES) were calculated across eight cognitive domains. Moderator analyses were conducted to identify predictors of between-study heterogeneity. Controlling for known confounds, medium to large deficits (ES >= 0.5) in psychomotor speed, attention and working memory, and cognitive flexibility were identified, whereas smaller deficits (ES 0.20-0.49) were found in the domains of verbal learning and memory, attentional switching, and verbal fluency. A medium to large deficit in response inhibition was only detected in non-euthymic cases. Visual learning and memory functioning was not significantly worse in cases compared with controls. Overall, first-episode bipolar disorders are associated with widespread cognitive dysfunction. Since euthymia was not associated with superior cognitive performance in most domains, these results indicate that even in the earliest stages of disease, cognitive deficits are not mood-state dependent. The current findings have important implications for whether cognitive impairments represent neurodevelopmental or neurodegenerative processes. Future studies need to more clearly characterise the presence of psychotic features, and the nature and number of previous mood episodes. (C) 2014 Elsevier Ltd. All rights reserved.
Accession Number: WOS:000341550100001

Record 18 of 50 = PRO (FRANCE – cautiously pro)
Title: Bipolar disorder in children and adolescents: A difficult diagnosis
Author(s): Geoffroy, PA (Geoffroy, Pierre Alexis); Jardri, R (Jardri, Renaud); Etain, B (Etain, Bruno); Thomas, P (Thomas, Pierre); Rolland, B (Rolland, Benjamin)
Source: PRESSE MEDICALE **Volume:** 43 **Issue:** 9 **Pages:** 912-920 **DOI:** 10.1016/j.lpm.2014.02.025 **Published:** SEP 2014
Accession Number: WOS:000346503700008

Record 19 of 50 = PRO (TURKEY)
Title: Temperament and personality traits of bipolar disorder I patients comorbid with adult attention deficit hyperactivity disorder
Author(s): Oguz, N (Oguz, Nihan); Oral, T (Oral, Timucin); Oguz, M (Oguz, Mehmet)
Source: ANADOLU PSIKIYATRI DERGISI-ANATOLIAN JOURNAL OF PSYCHIATRY **Volume:** 15 **Issue:** 3 **Pages:** 221-229 **DOI:** 10.5455/apd.37031 **Published:** SEP 2014
Abstract: Objective: Temperament and personality in bipolar-I (BP-I) patients have been studied but temperament and personality in BP-I patients comorbid with adult attention deficit hyperactivity disorder (ADHD) have not been studied before. The aim of this study was to determine the effect of ADHD on the temperament and personality of BP-I patients in remission. Methods: Patients with a BP-I disorder diagnosis (n=121, female 71, male 50) were matched with control group with no known psychiatric illness (n=100, female 55, male 45) according to age, sex, education were recruited from consecutive admissions. After the sociodemographic form, SCID-I for childhood and adult ADHD and the other axis-I diagnoses according to DSM-IV criteria and SCID-II have been applied to all patients and control group. All patients were interviewed for the presence and history of current adult and childhood ADHD diagnosis. The subjects also completed the Adult ADD/ADHD DSM-IV Based Diagnostic and Screening Rating Scale Turkish version and the Turkish version of TEMPS-A Scale. Results: Adult ADHD diagnosis were observed in bipolar I patients with 21.7% (n=26) and in control group with 7% (n=7). Tempera-ment measurements revealed depressive type was found more commonly in the pure BP-I and the comorbid BP-I with adult ADHD group compared to the pure control group. There was no severe depressive temperament in the pure control group. When BP-I

and the comorbid BP-I with adult ADHD group were analysed separately for the depressive temperament, there were no difference between the pure BP-I and the comorbid BP-I with adult ADHD group. The the comorbid BP-I with adult ADHD group were observed to have moderate/severe episodes, earlier and longer maintenance treatment periods. All three groups differ in terms of personality disorder. Antisocial personality disorder and schizotypal personality disorder were observed only in the comorbid BP-I with adult ADHD group. Conclusion: BP-I disorder comorbid with adult ADHD has significant clinical implications which may relate to a personality disorder. This may be due to the influence of ADHD on BP-I disorder.
Accession Number: WOS:000340477600006
ISSN: 1302-6631

Record 20 of 50 = PRO (SPAIN)
Title: Practitioner Review: Long-term pharmacological treatment of pediatric bipolar disorder
Author(s): Diaz-Caneja, CM (Diaz-Caneja, Covadonga M.); Moreno, C (Moreno, Carmen); Llorente, C (Llorente, Cloe); Espliego, A (Espliego, Ana); Arango, C (Arango, Celso); Moreno, D (Moreno, Dolores)
Source: JOURNAL OF CHILD PSYCHOLOGY AND PSYCHIATRY **Volume:** 55 **Issue:** 9 **Pages:** 959-980 **DOI:** 10.1111/jcpp.12271 **Published:** SEP 2014
Abstract: Although long-term treatment is a core aspect of the management of children and adolescents with bipolar disorder (BD), most clinical recommendations are based on results from short-term studies or adult data. In order to guide clinical practice, we review the efficacy and safety profile of mood stabilizers, antipsychotics, and other pharmacological strategies for the long-term treatment of BD in pediatric patients. Methods: A MEDLINE, EMBASE, Cochrane and PsycInfo search (inception through November 2013) was performed to identify prospective studies longer than 12 weeks assessing the use of pharmacological strategies for the long-term treatment of BD in pediatric patients (0-18 years of age). Results: Four randomized controlled trials (RCT) [three placebo-controlled (assessing aripiprazole (2) and flax oil), and one head-to-head comparison of lithium vs. divalproex], and thirteen noncontrolled studies (six open-label studies assessing lithium or anticonvulsants, five assessing second-generation antipsychotics (SGAs) and four assessing combination strategies) were included in the review. Aripiprazole has shown efficacy for relapse prevention in children with pediatric bipolar disorder (PBD) 4-9 years of age in one placebo-controlled RCT. Positive results have been reported in noncontrolled studies with quetiapine and lithium for relapse prevention, as well as with lithium, quetiapine, ziprasidone, and the combination of risperidone and divalproex or lithium for long-term symptom reduction in PBD. The most frequently reported adverse events in children and adolescents treated with lithium and anticonvulsants are gastrointestinal and neurological, whereas use of SGAs is mainly related to weight gain and sedation. Conclusion: According to the limited empirical evidence, aripiprazole can be useful for relapse prevention in children with PBD. Given the lack of consistent efficacy data, clinical decision making should be based on individual clinical aspects and safety concerns.
Accession Number: WOS:000340410000002

Record 21 of 50 = PRO (TURKEY)
Title: Comorbidity of Adult Attention Deficit and Hyperactivity Disorder in Bipolar Patients: Prevalence, Sociodemographic and Clinical Correlates
Author(s): Berkol, TD (Berkol, Tonguc Demir); Yargic, I (Yargic, Ilhan); Ozyildirim, I (Ozyildirim, Ilker); Yazici, O (Yazici, Olcay)
Source: NOROPSIKIYATRI ARSIVI-ARCHIVES OF NEUROPSYCHIATRY **Volume:** 51 **Issue:** 2 **Pages:** 97-102 **DOI:** 10.4274/npa.y6376 **Published:** JUN 2014
Abstract: Introduction: The aims of this study were to determine the frequency of adult attention deficit and hyperactivity disorder (ADHD) comorbidity in bipolar patients and to investigate the influence of this comorbidity on the clinical characteristics of bipolar disorder (BD).
Method: A total of 135 patients with BD type land II and BD not otherwise specified were included in this study. First the Adult ADD/ADHD DSM-IV-Based Diagnostic Screening and Rating Scale (ADHD scale) was administered to all patients, and all of the patients were also interviewed for the diagnosis. Patients who were diagnosed as having ADHD comorbidity (n=23) on the basis of DSM-IV and those who were not diagnosed to have ADHD comorbidity (n=32) were compared in terms of sociodemographic and clinical correlates.
Results: Twenty-three of 135 patients (17%) were found to have ADHD comorbidity. In the ADHD comorbidity group, the level of education and the number of suicide attempts were higher (p=0.011 and 0.043, respectively). Although not significant, sub-threshold depressive symptoms in interepisodic periods, the lifetime history of antidepressant use and the total number of lifetime depressive episodes tended to be more frequent in bipolar disorder with ADHD comorbidity group than in the control group.
Conclusion: Bipolar disorder has a frequent comorbidity with ADHD, and contrary to expectations, it might be related to the depressive aspect, rather than the manic aspect of bipolar disorder. Early diagnosis of ADHD comorbidity in bipolar patients might help to prevent serious risk factors.
Accession Number: WOS:000340080500002

Record 22 of 50 = SMD (FRANCE)
Title: Attention deficit hyperactivity disorder (ADHD) and emotional symptoms: From emotional lability to bipolar disorder
Author(s): Purper-Ouakil, D (Purper-Ouakil, Diane); Vacher, C (Vacher, Cecile); Villemonteix, T (Villemonteix, Thomas)
Source: ANNALES MEDICO-PSYCHOLOGIQUES **Volume:** 172 **Issue:** 4 **Pages:** 309-312 **DOI:** 10.1016/j.amp.2014.03.004 **Published:** JUN 2014
Abstract: This article aims to review the literature about emotional symptoms associated with ADHD. Emotional symptoms are frequent in Attention Deficit Hyperactivity Disorder (ADHD) and range from mild/moderate to severe emotional lability, but are not specific to ADHD. Severe emotional lability in ADHD patients or association between emotional under-control and mood symptoms should urge clinicans to screen for co-occurring oppositional defiant disorder, mood disorders (depressive disorders, bipolar disorder) and disruptive mood dysregulation disorder. Although this latter diagnosis still lacks validity and may be difficult to differentiate from severe oppositionality in ADHD patients, it will draw attention to the emotional aspects of disruptive behavior disorders and the need to implement specific treatments for emotional hyperreactivity and under control. A better understanding of the relationships between behavior and mood and of the role of environmental stressors is needed to improve prevention of full-blown mood disorders in children with ADHD and emotional lability. (C) 2014 Published by Elsevier Masson SAS.
Accession Number: WOS:000338821600012

Record 23 of 50 = TRAD (SWEDEN)
Title: Language and mathematical problems as precursors of psychotic-like experiences and juvenile mania symptoms
Author(s): Cederlof, M (Cederlof, M.); Ostberg, P (Ostberg, P.); Pettersson, E (Pettersson, E.); Anckarsater, H (Anckarsater, H.); Gumpert, C (Gumpert, C.); Lundstrom, S (Lundstrom, S.); Lichtenstein, P (Lichtenstein, P.)
Source: PSYCHOLOGICAL MEDICINE **Volume:** 44 **Issue:** 6 **Pages:** 1293-1302 **DOI:** 10.1017/S0033291713002018 **Published:** APR 2014
Abstract: Background. Psychotic-like experiences (PLEs) and juvenile mania in adolescence index risk for severe psychopathology in adulthood. The importance of childhood problems with communication, reading, speech and mathematics for the development of PLEs and juvenile mania is not well understood.
Method. Through the Child and Adolescent Twin Study in Sweden, we identified 5812 children. The parents were interviewed about their children's development at age 9 or 12 years. At age 15 or 18 years, children and parents completed questionnaires targeting current PLEs and juvenile mania symptoms. Logistic regressions were used to assess associations between problems with communication, reading, speech and mathematics and PLEs/juvenile mania symptoms. To evaluate the relative importance of genes and environment in these associations, we used bivariate twin analyses based on structural equation models.
Results. Children with parent-endorsed childhood problems with communication, reading and mathematics had an increased risk of developing auditory hallucinations and parental-reported juvenile mania symptoms in adolescence. The most consistent finding was that children with childhood problems with communication, reading and mathematics had an increased risk of developing auditory hallucinations [for example, the risk for self-reported auditory hallucinations at age 15 was increased by 96% for children with communication problems: OR (odds ratio) 1.96, 95% confidence interval (CI) 1.33-2.88]. The twin analyses showed that genetic effects accounted for the increased risk of PLEs and juvenile mania symptoms among children with communication problems.
Conclusions. Childhood problems with communication, reading and mathematics predict PLEs and juvenile mania symptoms in adolescence. Similar to the case for schizophrenia and bipolar disorder, PLEs and juvenile mania may share genetic aetiological factors.
Accession Number: WOS:000336668700016

Record 24 of 50 = SCEP (ENGLAND)
Title: The use of antipsychotics in preschoolers: A veto or a sensible last option?
Author(s): Memarzia, J (Memarzia, Jessica); Tracy, D (Tracy, Derek); Giaroli, G (Giaroli, Giovanni)
Source: JOURNAL OF PSYCHOPHARMACOLOGY **Volume:** 28 **Issue:** 4 **Pages:** 303-319 **DOI:** 10.1177/0269881113519506 **Published:** APR 2014
Abstract: Recent reports have illustrated a dramatic rise in the use of antipsychotics in preschool children, medications originally designed and licensed for the treatment of adult psychotic disorders. Within this context, the current usage and the associated diagnoses are reviewed and compared with official guidelines and licensing for such use, highlighting a controversial challenge for clinicians. A review of the evidence base of the relative efficacy of such medications for a range of disorders is given. Associated safety and side effects are discussed, with compelling evidence for increased adverse events associated with use of antipsychotics in preschoolers, and neurodevelopmental hypotheses are used to guide predictions of long-term risk. An apparent gap in the literature and evidence base supporting such use and elucidating the risks and benefits leaves a challenge for clinicians and researchers and hinders the development of appropriate guidelines. Pragmatism in clinical practice, mindful of the limited evidence base that does exist and the propensity for harm, is necessary; far more research is required in this important area.
Accession Number: WOS:000332447200002

Record 25 of 50 = NA (NETHERLANDS)
Title: Psychopathology and Its Risk and Protective Factors in Hearing-Impaired Children and Adolescents A Systematic Review
Author(s): Theunissen, SCPM (Theunissen, Stephanie C. P. M.); Rieffe, C (Rieffe, Carolien); Netten, AP (Netten, Anouk P.); Briaire, JJ (Briaire, Jeroen J.); Soede, W (Soede, Wim); Schoones, JW (Schoones, Jan W.); Frijns, JHM (Frijns, Johan H. M.)
Source: JAMA PEDIATRICS **Volume:** 168 **Issue:** 2 **Pages:** 170-177 **DOI:** 10.1001/jamapediatrics.2013.3974 **Published:** FEB 2014
Abstract: IMPORTANCE Pediatric hearing impairment is a chronic handicap that can potentially lead to the development of psychopathology. Yet, for hearing-impaired children and adolescents, the exact occurrence of various forms of psychopathology and its causes are unclear, while this knowledge is essential to enable targeted screenings and interventions.
OBJECTIVE To investigate the level of psychopathological symptoms in hearing-impaired children and adolescents as compared with normally hearing peers. Second, the influence of type of hearing device and possible risk and protective factors on psychopathology were examined.
EVIDENCE REVIEW A systematic literature search was performed covering relevant databases, including PubMed, Embase, and Web of Science. Two independent researchers identified the relevant articles. The final search was performed on May 2, 2013, and resulted in a total of 35 articles.
FINDINGS Literature consistently demonstrated that hearing-impaired children and adolescents were more prone to developing depression, aggression, oppositional defiant disorder, conduct disorder, and psychopathy than their normally hearing peers. Levels of anxiety, somatization, and delinquency were elevated in some, but not all, hearing-impaired participants, for reasons related to sex, age, and type of school. Divergent results were obtained for the level of attention-deficit/hyperactivity disorder and the influence of type of hearing device on psychopathology. Possible risk and protective factors were identified, including age at detection and intervention of hearing loss, additional disabilities, communication skills, intelligence, type of school, and number of siblings.
CONCLUSIONS AND RELEVANCE Literature on psychopathology in hearing-impaired children and adolescents is scarce and sometimes inconsistent. To define a more precise occurrence of psychopathology, more studies are needed. These studies should have a longitudinal design to draw firmer conclusions on causality. Hopefully, this will lead to more knowledge in the future to help and support each hearing-impaired individual.
Accession Number: WOS:000331366900015

Record 26 of 50 = TRAD (ENGLAND)
Title: A systematic review of gender-specific rates of unipolar and bipolar disorders in community studies of pre-pubertal children
Author(s): Douglas, J (Douglas, Jessica); Scott, J (Scott, Jan)
Source: BIPOLAR DISORDERS **Volume:** 16 **Issue:** 1 **Special Issue:** SI **Pages:** 5-15 **DOI:** 10.1111/bdi.12155 **Published:** FEB 2014
Abstract: ObjectivesGender-specific rates of unipolar and bipolar disorders are well established for cases with post-pubertal onset. However, there is less certainty about these rates in pre-pubertal children. We undertook a systematic review of community studies that report gender-specific rates for unipolar and bipolar disorders in young children, particularly cases of major depression and mania.
MethodComputer databases (Medline, EMBASE, Index to Theses, and PsychInfo) were searched for non-clinical observational studies using recognized diagnostic criteria to identify unipolar and bipolar disorders in children aged 12years. A meta-analysis was undertaken to calculate pooled odds ratios (ORs) for caseness for major depression by gender. The limited data on bipolar disorder were summarized.
ResultsAnalysis of 12 studies (>15,000 children), indicated that the community prevalence of unipolar disorders was higher in boys (1.3%) than in girls (0.8%). Rates of major depression were low (0.61%), but boys were significantly more likely to meet diagnostic criteria than girls (OR=1.61; 95% confidence interval: 1.11-2.35). Five studies, assessing >5,000 children, identified only one case with a probable diagnosis of mania.
ConclusionsThis systematic review suggests that boys aged 12years are significantly more likely to experience major depression than girls. However, in younger children, community rates of major depression are low, and it is frequently suggested (but not proven) that most cases are comorbid. The absence of mania suggests either that childhood bipolar phenotypes do not resemble post-pubertal onset cases or that there are problems of case ascertainment.
Accession Number: WOS:000331202700002

Record 27 of 50 = TRAD (ENGLAND
Title: Aripiprazole for the Treatment and Prevention of Acute Manic and Mixed Episodes in Bipolar I Disorder in Children and Adolescents: A NICE Single Technology Appraisal
Author(s): Uttley, L (Uttley, Lesley); Kearns, B (Kearns, Ben); Ren, SJ (Ren, Shijie); Stevenson, M (Stevenson, Matt)
Source: PHARMACOECONOMICS **Volume:** 31 **Issue:** 11 **Pages:** 981-990 **DOI:** 10.1007/s40273-013-0091-0 **Published:** NOV 2013
Abstract: As part of its single technology process, the National Institute for Health and Care Excellence (NICE) invited the manufacturers of aripiprazole (Otsuka Pharmaceutical Co. and Bristol Myers Squibb) to submit evidence of the clinical and cost effectiveness of aripiprazole for the treatment and prevention of acute manic and mixed episodes in bipolar I disorder in children and adolescents. The School of Health and Related Research Technology Appraisal Group at the University of Sheffield was commissioned to act as the independent Evidence Review Group (ERG). The ERG produced a critical review of the evidence for the clinical and cost effectiveness of the technology, based upon the manufacturers' submission to NICE. The evidence, which was derived mainly from a double-blind, phase III, placebo-controlled trial of aripiprazole in patients aged 10-17 years, showed that aripiprazole performed significantly better than placebo in reducing mania according to the primary outcome measurement (the Young Mania Rating Scale at 4 weeks). Safety outcomes indicated that aripiprazole was significantly more likely to cause extrapyramidal symptoms and somnolence than placebo. The manufacturers also presented a network meta-analysis of aripiprazole versus other atypical antipsychotics commonly used to treat manic episodes (olanzapine, quetiapine and risperidone) to show that aripiprazole performed similarly to the comparator drugs in terms of efficacy and safety. Aripiprazole was demonstrated to perform better in safety outcomes of (1) less weight gain than olanzapine and quetiapine; and (2) less prolactin increase than olanzapine, quetiapine and risperidone. Results from the manufacturers' economic evaluation showed that use of aripiprazole second-line dominated all of the other treatment strategies that were considered. However, there was considerable uncertainty in this result, and clinical advisors indicated that the actual treatment strategy employed in practice is likely to be dependent upon the patient's characteristics. The ERG demonstrated that if this personalised medicine resulted in improved cost effectiveness for any of the other treatment strategies, then they had the potential to dominate use of aripiprazole second-line. In conclusion, whilst a strategy including aripiprazole appeared to be cost effective relative to a strategy without it, there was not robust enough evidence to recommend a specific place for aripiprazole within the treatment pathway.
Accession Number: WOS:000327425600003

Record 28 of 50 = NA (POLAND)
Title: Adolescent Outcome of Child ADHD in Primary Care Setting: Stability of Diagnosis
Author(s): Srebnicki, T (Srebnicki, Tomasz); Kolakowski, A (Kolakowski, Artur); Wolanczyk, T (Wolanczyk, Tomasz)
Source: JOURNAL OF ATTENTION DISORDERS **Volume:** 17 **Issue:** 8 **Pages:** 655-659 **DOI:** 10.1177/1087054712437583 **Published:** NOV 2013
Abstract: Objective: The aim of the study was to assess the functioning of patients with ADHD 6 to 7 years after the diagnosis. One objective was to determine the stability of diagnosis, symptoms decline, subtype change, remission, and change of diagnosis. Method: In all, 101 participants were chosen for testing. All were interviewed for the presence of ADHD and social, academic, and peer functioning, and completed Youth Self-Report. The caregivers completed a Wender Utah Rating Scale and Child Behavior Checklist, and were asked to assess the social, academic, and peer functioning of their offspring. Results: A total of 56% (n = 57) still met the criteria for ADHD and 24.7% (n = 25) still met the criteria for hyperkinetic disorder (HKD). Subtype migration was observed. In all, 7.7% (n = 14) were rediagnosed with Asperger's syndrome, 2.2% (n = 4) received a diagnosis of bipolar disorder, 2.2% (n = 4) were diagnosed with mental retardation, 1 with schizophrenia, and 1 with genetic disorder. Conclusion: The reliability of diagnosis was high. The rates of all subtypes of ADHD decreased. More measures need to be taken in terms of differential diagnosis of ADHD and Asperger's Syndrome.
Accession Number: WOS:000325419400003

Record 29 of 50 = PRO (BRAZIL)
Title: Pharmacotherapy of bipolar disorder in children and adolescents: an update
Author(s): Peruzzolo, TL (Peruzzolo, Tatiana Lauxen); Tramontina, S (Tramontina, Silza); Rohde, LA (Rohde, Luis Augusto); Zeni, CP (Zeni, Cristian Patrick)
Source: REVISTA BRASILEIRA DE PSIQUIATRIA **Volume:** 35 **Issue:** 4 **Pages:** 393-405 **DOI:** 10.1590/1516-4446-2012-0999 **Published:** OCT-DEC 2013

Abstract: Objective: To review the options for acute and maintenance pharmacological treatment of bipolar disorder in children and adolescents, including the treatment of bipolar depression and comorbid attention deficit/hyperactivity disorder (ADHD).
Methods: Narrative review of randomized clinical trials and open-label studies published from 2000 to 2012. The PubMed and PsycINFO websites were queried. Case series were included when a higher level of evidence was not available.
Results: Published data from randomized controlled trials (RCTs) in acute mania/hypomania with significant responses are available for lithium, topiramate, risperidone, olanzapine, and aripiprazole. Open trials of lithium and lamotrigine show that these drugs may be effective in the treatment of depressive episodes. No trials of selective serotonin reuptake inhibitors (SSRIs) have been conducted. In the treatment of comorbid ADHD, there are encouraging findings with mixed amphetamine salts and atomoxetine; conflicting results are observed with methylphenidate.
Conclusions: Published RCTs of traditional mood stabilizers are scarce, but the best available evidence (results from meta-analytic regression) suggests that second-generation antipsychotics (SGAs) as a group are more effective in reducing manic symptoms. Risperidone was the only one included in head-to-head comparisons (vs. lithium and divalproex), showing superiority in terms of efficacy, but with more metabolic side effects, which were also more common in most of the SGAs. There are few studies addressing the treatment of ADHD and depression. Brazilian guidelines for the treatment of pediatric bipolar disorder should also include some SGAs (especially risperidone and aripiprazole) as first-line treatment, and these drugs should be provided by the public health services.
Accession Number: WOS:000329514100012

Record 30 of 50 = TRAD (DENMARK)
Title: A three generations nation-wide population study of family load estimates in bipolar disorder with different age at onset
Author(s): Helenius, D (Helenius, Dorte); Jorgensen, PM (Jorgensen, Povl Munk); Steinhausen, HC (Steinhausen, Hans-Christoph)
Source: JOURNAL OF AFFECTIVE DISORDERS **Volume:** 150 **Issue:** 1 **Pages:** 146-151 **DOI:** 10.1016/j.jad.2012.12.013 **Published:** AUG 15 2013
Abstract: Objectives: This nation-wide register-based study investigates how often bipolar disorder (BD) occurs in affected families compared to control families by estimating the family load as a random effect; this effect measures the degree of dependence among family members in relation to BD. Furthermore, the study addresses the impact of certain risk factors, namely, sex, age at onset of BD, degree of urbanization, year of birth, month of birth, and maternal and paternal age at birth.
Method: A total of N=1204 children and adolescent psychiatric cases born between 1950 and 1997 and registered in the Danish Central Psychiatric Register (DPCR) developed BD before the age of 58 years. N=3553 controls without any psychiatric diagnosis were matched for age, gender, and region of residence. Psychiatric diagnoses were also obtained on the relatives, e.g. parents, siblings, and offspring as a part of the Danish Three Generation Study (3GS). A family component was obtained by using different regression models.
Results: Familial factors accounted for 20% of the variation in disease outcome when controlling for year and month of birth, sex, and degree of urbanization. Only female sex was associated with an increased hazard ratio of BD. Also having a mother, father or a sibling with the disorder was proven to be a significant risk factor. Furthermore, case relatives did not develop BD earlier than control relatives.
Conclusion: These findings based on a very large and representative dataset provide further and very solid evidence for the high family aggregation of BD. (C) 2012 Elsevier B.V. All rights reserved.
Accession Number: WOS:000322762600022

Record 31 of 50 = TRAD (SWITZERLAND)
Title: Screening for bipolar disorder in adolescents with the Mood Disorder Questionnaire - Adolescent version (MDQ-A) and the Child Bipolar Questionnaire (CBQ)
Author(s): Miguez, M (Miguez, Melissa); Weber, B (Weber, Beatrice); Debbane, M (Debbane, Martin); Balanzin, D (Balanzin, Dario); Gex-Fabry, M (Gex-Fabry, Marianne); Raiola, F (Raiola, Fulvia); Barbe, RP (Barbe, Remy P.); Bennour, MV (Bennour, Marylene Vital); Ansermet, F (Ansermet, Francois); Eliez, S (Eliez, Stephan); Aubry, JM (Aubry, Jean-Michel)
Source: EARLY INTERVENTION IN PSYCHIATRY **Volume:** 7 **Issue:** 3 **Pages:** 270-277 **DOI:** 10.1111/j.1751-7893.2012.00388.x **Published:** AUG 2013
Abstract: Aim: Screening instruments for bipolar disorders (BDs) in children and adolescents have been developed recently. The present study examined performances of the French versions of the Mood Disorder Questionnaire - Adolescent version (MDQ-A) and Child Bipolar Questionnaire (CBQ) in a sample of in-and outpatients.
Methods: Seventy-six adolescents (age 13-18) and parents first completed the MDQ-A (adolescent and parent versions) and CBQ screening instruments. About 3 weeks later, they had a diagnostic interview with the Kiddie-Schedule for Affective Disorders and Schizophrenia - Present and Lifetime (K-SADS-PL), and the adolescent MDQ-A self-report was completed a second time.
Results: Eight of 76 patients (10.5%) met K-SADS-PL diagnostic criteria for BD. Test-retest reliability of the adolescent MDQ-A self-report was moderate (kappa = 0.66), whereas agreement between adolescent and parent reports was poor (kappa = 0.07). Sensitivity and specificity of the MDQ-A with respect to K-SADS-PL were 75.0% and 57.4% for the adolescent version, and 87.5% and 63.2% for the parent version. Corresponding figures were 50.0% and 73.5% for the CBQ. All three screening instruments had low positive predictive values (17.1% for the MDQ-A adolescent version; 21.9% for the MDQ-A parent version; 18.2% for the CBQ), whereas negative predictive values were higher than 90%.
Conclusions: The present study points to modest performances of the MDQ-A and CBQ to detect BDs in adolescents, with diagnostic criteria for BD being unmet for a majority of patients who screened positive.
Accession Number: WOS:000322167200007

Record 32 of 50 = TRAD (BELGIUM)
Title: The child behavior checklist dysregulation profile predicts adolescent DSM-5 pathological personality traits 4 years later
Author(s): De Caluwe, E (De Caluwe, Elien); Decuyper, M (Decuyper, Mieke); De Clercq, B (De Clercq, Barbara)
Source: EUROPEAN CHILD & ADOLESCENT PSYCHIATRY **Volume:** 22 **Issue:** 7 **Pages:** 401-411 **DOI:** 10.1007/s00787-013-0379-9 **Published:** JUL 2013
Abstract: Emotional dysregulation in childhood has been associated with various forms of later psychopathology, although no studies have investigated the personality related adolescent outcomes associated with early emotional dysregulation. The present study uses a typological approach to examine how the child behavior checklist-dysregulation profile (CBCL-DP) predicts DSM-5 pathological personality traits (as measured with the personality inventory for the diagnostic and statistical manual of mental disorders 5 or PID-5 by Krueger et al. (Psychol Med 2012)) across a time span of 4 years in a sample of 243 children aged 8-14

years (57.2 % girls). The results showed that children assigned to the CBCL-DP class are at risk for elevated scores on a wide range of DSM-5 personality pathology features, including higher scores on hostility, risk taking, deceitfulness, callousness, grandiosity, irresponsibility, impulsivity and manipulativeness. These results are discussed in the context of identifying early manifestations of persistent regulation problems, because of their enduring impact on a child's personality development.
Accession Number: WOS:000321634800004

Record 33 of 50 = PRO (MEXICO)
Title: Association between externalized disorders and age of onset in patients with bipolar disorder type I and II. Are the externalized disorders symptoms predictors of an earlier onset?
Author(s): Palacios-Cruz, L (Palacios-Cruz, Lino); Arias-Caballero, A (Arias-Caballero, Adriana); Sotres, FC (Cortes Sotres, Francisco); de la Pena-Olvera, F (de la Pena-Olvera, Francisco); Aranda, MF (Feria Aranda, Miriam); Godinez, MC (Cardenas Godinez, Marcela); Apiquian-Guitart, R (Apiquian-Guitart, Rogelio); Cabrera-Lagunes, A (Cabrera-Lagunes, Alfonso); Berlanga, C (Berlanga, Carlos); Fresan, A (Fresan, Ana); Heinze-Martin, G (Heinze-Martin, Gerhard)
Source: SALUD MENTAL **Volume:** 36 **Issue:** 3 **Pages:** 241-251 **Published:** MAY-JUN 2013
Abstract: Background
Early onset mania (MIMT), compared with adolescent onset mania (MIA), has a different clinical presentation of classic mania adult onset (MIEA). Patients with MIA have a course more like the MIEA. Externalizing disorders (ADHD, ODD, and TC) have been associated with an earlier age of onset of bipolar disorder and as a marker of poor prognosis. Our goal is to determine the frequency of symptoms related to disruptive behavior disorders in patients with bipolar disorder start very early, early and adult evaluated retrospectively.
Methods
The total sample (N=64) of adolescent and adult patients was obtained from the National Institute of Psychiatry (INPRF) clinics. The diagnosis was confirmed by the research team. Patients signed the informed asentment and consentment. We applied the K SADS PL Mexico, MINI and MINI KID. We used the EEPE-AA for externalizing disorders.
Results
There were significant differences in scores compared by EEPE AA EIED groups in the Inattention subscale for GIMT. The presence of ADHD, ODD, TC and Suicide Risk in the time of evaluation was significantly associated with an earlier onset.
Discussion and conclusion
Our data supports the clinical utility and importance of separating the TBP by age of onset. The detection of externalizing disorders may speak of an early onset of the disorder and may also have implications for prognosis and psychopharmacological treatment, since the TBP-onset childhood to adulthood remains similar and difficult to manage. This suggests that we must have a longitudinal view of this disorder.
Accession Number: WOS:000322293100010

Record 34 of 50 = PRO (SPAIN)
Title: Comorbidity and Phenomenology of Bipolar Disorder in Children With ADHD
Author(s): Serrano, E (Serrano, Eduardo); Ezpeleta, L (Ezpeleta, Lourdes); Castro-Fornieles, J (Castro-Fornieles, Josefina)
Source: JOURNAL OF ATTENTION DISORDERS **Volume:** 17 **Issue:** 4 **Pages:** 330-338 **DOI:** 10.1177/1087054711427553 **Published:** MAY 2013
Abstract: Objective: To assess the comorbidity of bipolar disorder (BPD) in children with ADHD and to study the psychopathological profile of ADHD children with and without mania. Method: A total of 100 children with ADHD were assessed with a semistructured diagnostic interview and questionnaires of mania, ADHD, and general psychopathology. Results: 8% of children met criteria for BPD and 6% for BPD-not specified. ADHD children with bipolar spectrum disorder had greater comorbidity with disruptive behavior disorders and scored higher on the Young Mania Rating Scales and on the Child Behavior Checklist (CBCL) Scales of rule-breaking behavior, externalizing problems, and total problems; however, significance on the CBCL Scales was lost when controlling for disruptive behavior disorders. Conclusion: BPD is frequently associated with ADHD; it has important implications for prognosis and choice of treatment. Differences on the CBCL Scales could be explained by the comorbidity with disruptive behavior disorders rather than by a specific manic profile. (J. of Att. Dis. 2013; 17(4) 330-338)
Accession Number: WOS:000319686100005

Record 35 of 50 = PRO (FRANCE, CANADA)
Title: Juvenile bipolar disorder and suicidality: a review of the last 10 years of literature
Author(s): Halfon, N (Halfon, Natacha); Labelle, R (Labelle, Real); Cohen, D (Cohen, David); Guile, JM (Guile, Jean-Marc); Breton, JJ (Breton, Jean-Jacques)
Source: EUROPEAN CHILD & ADOLESCENT PSYCHIATRY **Volume:** 22 **Issue:** 3 **Pages:** 139-151 **DOI:** 10.1007/s00787-012-0328-z **Published:** MAR 2013
Abstract: Although children and adolescents with bipolar disorder (BD) are at elevated risk for suicide, little research to date has been conducted on suicidality in this population. The purpose of this descriptive review of the past 10 years of scientific literature on suicidality in youths with BD was to identify the risk and protective factors associated with this phenomenon, and to discuss the implications for research and clinical practice. Searches on Medline and PsycINFO databases for the period from early 2002 to mid-2012 yielded 16 relevant articles, which were subsequently explored using an analysis grid. Note that the authors employed a consensus analysis approach at all stages of the review. Four primary categories of risk factors for suicidality in youths with BD were identified: demographic (age and gender), clinical (depression, mixed state or mixed features specifier, mania, anxiety disorders, psychotic symptoms, and substance abuse), psychological (cyclothymic temperament, hopelessness, poor anger management, low self-esteem, external locus of control, impulsivity and aggressiveness, previous suicide attempts, and history of suicide ideation, non-suicidal self-injurious behaviors and past psychiatric hospitalization), and family/social (family history of attempted suicide, family history of depression, low quality of life, poor family functioning, stressful life events, physical/sexual abuse, and social withdrawal). Youths with BD who experienced more complex symptomatic profiles were at greater risk of suicidality. Few protective factors associated with suicidality have been studied among youths with BD. One protective factor was found in this descriptive literature review: the positive effects of dialectical behavior therapy. This article allows a better appreciation of the risk and protective factors associated with suicidality among youth with BD. Greater awareness of risk factors is the first step in suicide prevention.
Accession Number: WOS:000315736200002

Record 36 of 50 = SCEP (SWEDEN)
Title: Hypomania spectrum disorders from adolescence to adulthood: A 15-year follow-up of a community sample
Author(s): Paaren, N (Paaren, N.); von Knorring, AL (von Knorring, A-L); Olsson, G (Olsson, G.); von Knorring, L (von Knorring, L.); Bohman, H (Bohman, H.); Jonsson, U (Jonsson, U.)
Source: JOURNAL OF AFFECTIVE DISORDERS **Volume:** 145 **Issue:** 2 **Pages:** 190-199 **DOI:** 10.1016/j.jad.2012.07.031 **Published:** FEB 20 2013
Abstract: Background: There is a lack of scientific knowledge about the broader spectrum of hypomania in adolescence and the course over time. To investigate this, we used longitudinal data spanning from adolescence to age 31 years.
Method: A community sample of adolescents (N=2300) was screened for depressive symptoms. Adolescents (16-17 years) with a positive screening and matched controls were interviewed with a structured diagnostic interview. A blinded follow-up assessment was conducted 15 years later, with a structured diagnostic interview covering the age span 19-31 years. Questions about treatment and family history were included.
Results: Ninety adolescents (16-17 years) with a lifetime hypomania spectrum episode (3.9% of the total sample) were identified: 40 with fullsyndromal, 18 with brief-episode (<4 day), and 32 with subsyndromal (1-2 main symptoms and 1-2 additional symptoms) hypomania. The hypomania symptoms reported by the fullsyndromal and the brief-episode groups were similar, whereas the subsyndromal group per definition reported fewer symptoms. Of the 90 adolescents with a hypomania spectrum episode, 64 (71%) participated in the follow-up interview. Mania in adulthood was reported by 2 (3%), hypomania by an additional 4 (6%), and major depression by 38 (59%). Incidence of mood episodes in adulthood did not differ between the subgroups of hypomania spectrum.
Limitations: 29% of the participants with hypomania spectrum were lost to follow-up.
Conclusion: The results indicate that only a small proportion of adolescents with hypomania spectrum episodes continue to have (hypo)mania in adulthood. Thus, maintenance or prophylactic treatment does not seem warranted for this group. (C) 2012 Elsevier B.V. All rights reserved.
Accession Number: WOS:000314092100007

Record 37 of 50 = SMD (ENGLAND)
Title: Mood dysregulation
Author(s): Mikita, N (Mikita, Nina); Stringaris, A (Stringaris, Argyris)
Source: EUROPEAN CHILD & ADOLESCENT PSYCHIATRY **Volume:** 22 **Pages:** S11-S16 **DOI:** 10.1007/s00787-012-0355-9 **Supplement:** 1 **Published:** FEB 2013
Abstract: The publication of the DSM-5 is nearing, yet a debate continues about the boundaries of bipolar disorder (BP) in children and adolescents. This article focuses on two key components of this debate that are often treated under the collective term mood dysregulation: the first is chronic irritability (and the proposed DSM-5 category of disruptive mood dysregulation disorder) and the other concerns short episodes of mania-like symptoms. We update our previous review [Stringaris in Eur Child Adolesc Psychiatry 20(2):61-66, 2011] and also present relevant neurobiological evidence. Most findings so far suggests that chronic, severe irritability is not a developmental presentation of mania. The diagnostic status of brief duration hypomania is less clear, with some evidence in support of its clinical relevance to BP. We end with recommendations for future research to inform classification and treatment.
Accession Number: WOS:000314311700003

Record 38 of 50 = PRO (BRAZIL)
Title: Mood disorders in childhood and adolescence
Author(s): Rocha, TBM (Maio Rocha, Thiago Botter); Zeni, CP (Zeni, Cristian Patrick); Caetano, SC (Caetano, Sheila Cavalcante); Kieling, C (Kieling, Christian)
Source: REVISTA BRASILEIRA DE PSIQUIATRIA **Volume:** 35 **Pages:** S22-S31 **DOI:** 10.1590/1516-4446-2013-S106 **Supplement:** 1 **Published:** 2013
Abstract: The identification and treatment of mood disorders in children and adolescents has grown over the last decades. Major depression is one of the most common and debilitating disorders worldwide, imposing a massive burden to the youth population. Bipolar disorder is being increasingly recognized as having its roots early in life, and its presentation during childhood and adolescence has been submitted to extensive research. This review aims to highlight clinical aspects of the current knowledge on mood disorders in the pediatric population, presenting updated information on epidemiology, diagnostic procedures, and management strategies. Limitations of available evidence and future directions of research in the field are also discussed.
Accession Number: WOS:000325742100004

Record 39 of 50 = TRAD (AUSTRALIA)
Title: The presentation of early-onset psychotic disorders
Author(s): Starling, J (Starling, Jean); Williams, LM (Williams, Leanne M.); Hainsworth, C (Hainsworth, Cassandra); Harris, AW (Harris, Anthony W.)
Source: AUSTRALIAN AND NEW ZEALAND JOURNAL OF PSYCHIATRY **Volume:** 47 **Issue:** 1 **Pages:** 43-50 **DOI:** 10.1177/0004867412463615 **Published:** JAN 2013
Abstract: Objective: This study aims to describe the clinical course of psychotic disorders, including the premorbid history, symptoms and level of functioning in a group of children and adolescents treated by paediatric mental health services, mainly as inpatients.
Method: A sample of 45 children and adolescents with a psychotic disorder (mean age 13.2 years) was assessed using questionnaires, semi-structured interviews, parent interviews and file audit. The symptoms of those with a schizophrenia spectrum disorder (SSD) were compared to those with a mood disorder (MD).
Results: This population showed a high level of premorbid impairment, including previous treatment for other psychiatric disorders. As well as hallucinations and delusions, high levels of self-harm, aggression, anxiety and depression were reported. The SSD and MD groups differed mainly in their levels of premorbid functioning.
Conclusions: While it is well known that childhood-onset schizophrenia is a severe disorder with a poor outcome, this study found that young people diagnosed with other psychotic disorders also have significant impairment and are likely to require high levels of care to maximize their functional recovery.
Accession Number: WOS:000313056700009

Record 40 of 50 = SCEP (ENGLAND
Title: An update on the debated association between ADHD and bipolar disorder across the lifespan
Author(s): Skirrow, C (Skirrow, Caroline); Hosang, GM (Hosang, Georgina M.); Farmer, AE (Farmer, Anne E.); Asherson, P (Asherson, Philip)
Source: JOURNAL OF AFFECTIVE DISORDERS **Volume:** 141 **Issue:** 2-3 **Pages:** 143-159 **DOI:** 10.1016/j.jad.2012.04.003 **Published:** DEC 10 2012
Abstract: Diagnostic formulations for attention deficit hyperactivity disorder (ADHD) and bipolar disorder (BD) both include symptoms of distractibility, psychomotor agitation and talkativeness, alongside associated emotional features (irritability and emotional lability). Treatment studies suggest the importance of accurate delineation of ADHD and BD. However, boundaries between the two disorders are blurred by the introduction of broader conceptualisations of BD. This review attempts to elucidate whether associations between ADHD and BD are likely to be driven by superficial symptomatological similarities or by a more meaningful etiological relationship between the disorders. This is achieved by outlining findings on comorbidity, temporal progression of the disorders, familial co-variation, and neurobiology in ADHD and BD across the lifespan. Longitudinal studies fail to consistently show developmental trajectories between ADHD and BD. Comparative research investigating neurobiology is in its infancy, and although some similarities are seen between ADHD and BD, studies also emphasise differences between the two disorders. However, comorbidity and family studies appear to show that the two disorders occur together and aggregate in families at higher than expected rates. Furthermore close inspection of results from population studies reveals heightened co-occurrence of ADHD and BD even in the context of high comorbidity commonly noted in psychopathology. These results point towards a meaningful association between ADHD and BD, going beyond symptomatic similarities. However, future research needs to account for heterogeneity of BD, making clear distinctions between classical episodic forms of BD, and broader conceptualisations of the disorder characterised by irritability and emotional lability, when evaluating the relationship with ADHD. (c) 2012 Elsevier B.V. All rights reserved.
Accession Number: WOS:000311237700005

Record 41 of 50 = SCEP (CANADA)
Title: The Nature of the Association Between Childhood ADHD and the Development of Bipolar Disorder: A Review of Prospective High-Risk Studies
Author(s): Duffy, A (Duffy, Anne)
Source: AMERICAN JOURNAL OF PSYCHIATRY **Volume:** 169 **Issue:** 12 **Pages:** 1247-1255 **DOI:** 10.1176/appi.ajp.2012.11111725 **Published:** DEC 2012
Abstract: Objective: The author reviewed prospective longitudinal studies of the offspring of parents with bipolar disorder to inform our understanding of the nature of the association between childhood ADHD and the risk of developing bipolar disorder in adolescence and young adulthood.
Method: A literature review of published prospective cohort studies of the offspring of bipolar parents since 1985 was undertaken using a comprehensive search strategy in several electronic databases. The author provides a qualitative synthesis of results focusing on ADHD and the association with bipolar disorder in prospectively assessed high-risk offspring. These results are discussed in light of findings from other prospective epidemiological and clinical cohort studies.
Results: From the reviewed high-risk studies, evidence suggests that the clinical diagnosis of childhood ADHD is not a reliable predictor of the development of bipolar disorder. However, the author found evidence that symptoms of inattention may be part of a mixed clinical presentation during the early stages of evolving bipolar disorder in high-risk offspring, appearing alongside anxiety and depressive symptoms. The author also found preliminary evidence that childhood ADHD may form part of a neurodevelopmental phenotype in offspring at risk for developing a subtype of bipolar disorder unresponsive to lithium stabilization.
Conclusions: While childhood ADHD does not appear to be part of the typical developmental illness trajectory of bipolar disorder, subjective problems with attention can form part of the early course, while neurodevelopmental abnormalities may be antecedents in a subgroup of high-risk children. (Am J Psychiatry 2012; 169:1247-1255)
Accession Number: WOS:000312179500007

Record 42 of 50 = NA (ITALY)
Title: Adult ADHD: clinical aspects and therapeutic implications
Author(s): Ceraudo, G (Ceraudo, Giuseppe); Vannucchi, G (Vannucchi, Giulia); Massei, GJ (Massei, Guido Jacopo); Perugi, G (Perugi, Giulio); Dell'Osso, L (Dell'Osso, Liliana)
Source: RIVISTA DI PSICHIATRIA **Volume:** 47 **Issue:** 6 **Pages:** 451-464 **Published:** NOV-DEC 2012
Abstract: Attention Deficit Hyperactivity Disorder (ADHD) has been originally described as a disorder of childhood and adolescence. In the last years, a huge amount of evidence supports a syndromal continuity from childhood to adulthood. The identification of ADHD in adults raises several problems of differential diagnosis and the disorder is frequently associated with other mental disorders, at least in patients referred to psychiatric settings. It is not clear if adult ADHD is characterized by a specific pattern of symptoms that include attentive deficits and consequent behavioral manifestations, instead of hyperactivity. Comorbidity with other mental disorders influences clinical picture, severity, course and treatment outcome. In particular comorbid ADHD, bipolar disorder and alcohol/substance use disorders coexist in a relevant proportion of cases and it might represent a specific phenotype, associated with treatment resistance. Substances use, often poly-drug abuse, such as alcohol, cocaine, stimulants and heroin, inevitably complicates course and therapeutic choice. The recognition of ADHD in adults has important implications at therapeutic level, even when present as incomplete or residual forms. Psychostimulants and other compounds with specific efficacy on ADHD symptomatology has been shown to be useful also in adults both in monotherapy and in association with other drugs, such as mood stabilizers. However their use should be cautious when a mood disorder coexists, for the possible induction of manicswitches or rapid cycling. Further research is necessary in order to better characterize the clinical picture of ADHD in adults and to elaborate widely shared treatment guidelines.
Accession Number: WOS:000312822400001

Record 43 of 50 = PRO (ITALY)
Title: Developmental Pathways for Different Subtypes of Early-Onset Bipolarity in Youths
Author(s): Masi, G (Masi, Gabriele); Mucci, M (Mucci, Maria); Pfanner, C (Pfanner, Chiara); Berloffa, S (Berloffa, Stefano); Magazu, A (Magazu, Angela); Perugi, G (Perugi, Giulio)
Source: JOURNAL OF CLINICAL PSYCHIATRY **Volume:** 73 **Issue:** 10 **Pages:** 1335-1341 **DOI:** 10.4088/JCP.11m07504 **Published:** OCT 2012

Abstract: Objective: Two main patterns of comorbidity have been described in bipolar disorder in children and adolescents: the first including preexisting attention-deficit/hyperactivity disorder (ADHD) and related disruptive behavior disorders and the second including anxiety disorders, namely, the association of co-occurring multiple anxiety disorders, usually predating the onset of bipolarity. This study was aimed at exploring whether ADHD and multiple anxiety disorders may exhibit different pathways to specific bipolar phenotypes.
Method: We compared 49 youths (7 to 18 years) with bipolar disorder + ADHD without anxiety, 76 youths with bipolar disorder + multiple anxiety disorders without ADHD, and 52 youths with bipolar disorder without ADHD or multiple anxiety disorders who were referred to a third-level hospital and diagnosed according to DSM-IV-TR in the period 2005-2011. Subjects were evaluated for current and lifetime Axis I psychiatric disorders by using a structured clinical interview (Kiddie Schedule for Affective Disorders and Schizophrenia for School-Aged Children-Present and Lifetime Version) and followed up for at least 6 months.
Results: Compared to both patients with bipolar disorder + multiple anxiety disorders and patients with bipolar disorder without ADHD and multiple anxiety disorders, patients with bipolar disorder + ADHD without anxiety were more frequently male, were younger, had an earlier onset of bipolar disorder, had a prevalent chronic course and irritable mood, were more likely to present with a bipolar disorder not otherwise specified diagnosis, had a greater clinical severity and functional impairment, had a manic/mixed index episode, had a higher risk of conduct disorder, and were more resistant to treatments, according to the CGI-Improvement scores ($P < .0001$). Patients with bipolar disorder + multiple anxiety disorders were similar to those with bipolar disorder without ADHD or multiple anxiety disorders, except for a higher rate of diagnosis of bipolar II disorder, more use of antidepressants, and less use of atypical antipsychotics.
Conclusions: The presence of comorbid ADHD versus anxiety disorders is indicative of fundamental differences in the phenomenology of bipolar disorder in youth. While ADHD prior to bipolar disorder is associated with a specific bipolar phenotype, bipolar patients with multiple anxiety disorders are similar to "typical" bipolar patients. I Clin Psychiatry 2012;73(10):1335-1341 (c) Copyright 2012 Physicians Postgraduate Press, Inc.
Accession Number: WOS:000315000600010
PubMed ID: 23058936

Record 44 of 50 = PRO (ITALY)
Title: Is substance use disorder with comorbid adult attention deficit hyperactivity disorder and bipolar disorder a distinct clinical phenotype?
Author(s): Ceraudo, G (Ceraudo, Giuseppe); Toni, C (Toni, Cristina); Vannucchi, G (Vannucchi, Giulia); Rizzato, S (Rizzato, Salvatore); Casalini, F (Casalini, Francesca); Dell'Osso, L (Dell'Osso, Liliana); Maremmani, I (Maremmani, Icro); Perugi, G (Perugi, Giulio)
Source: HEROIN ADDICTION AND RELATED CLINICAL PROBLEMS **Volume:** 14 **Issue:** 3 **Pages:** 71-76 **Published:** SEP 2012
Abstract: Objectives: Comorbidity between substance use disorder (SUD) and attention deficit hyperactivity disorder (ADHD) in adulthood has been reported in epidemiological and clinical samples. With the aim of assessing the impact of comorbid ADHD, we have investigated the prevalence, clinical and epidemiological features associated with that comorbidity in a sample of adult patients diagnosed with SUD. Methods: A total of 109 outpatients (aged 18-65 years) with SUD (high prevalence of heroin addicts) were included. All patients were screened using the Adult ADHD Self-report Scale (ASRS) and the Diagnostic, Clinical and Therapeutic Checklist (DCTC), a semi-structured interview developed for the exploration of the criteria of major Axis 1 and Axis II diagnoses, according to DSM-IV criteria. The DCTC also includes the Clinical Global Impression Bipolar (CGI-BP) scale, Global Assessment of Functioning (GAF) scale and the Sheehan Disability Scale (SDS). Results: Twenty patients out of 109(18.35%) fulfilled both DSM-IV and ASRS criteria for ADHD. No significant differences were observed between ADHD and non-ADHD patients in age, sex, marital status, employment, education or type(s) of substance used. ADHD patients showed a higher prevalence of Bipolar Disorder (80% vs 43.2%, chi-square = 8.84, p=.003) and of current manic or mixed episode at the time of observation (40% vs 16.9%, chi-square=3.29, p=.027) than non-ADHD patients. No significant difference between ADHD and non-ADHD patients were observed in terms of prevalence of comorbid Anxiety Disorders and Impulse Control Disorders. "Treatment resistance" (15% vs 3.4%, chi-square = 4.25, p=.039) and "irritability" (35% vs 15.7%, chi-square = 3.90, p=.048) in response to previous treatment with antidepressants were more frequently reported by ADHD than by non-ADHD patients. Conclusion: In patients with SUD (with high prevalence of heroin addicted patients) the presence of comorbid adult ADHD influences a patient's course, prognosis and therapeutic management. Patients with SUD and adult ADHD present high rates of comorbid BD. Patients with ADHD, SUD and BD seems to be a distinct phenotype characterized by early onset and mood instability. Further research is needed to confirm our findings, and the clinical and therapeutic implications of SUD-ADHD-BD comorbidity.
Accession Number: WOS:000311927800002

Record 45 of 50 = NA (CANADA, SWITZERLAND)
Title: The Relationship between Social Defiance, Vindictiveness, Anger, and Brain Morphology in Eight-year-old Boys and Girls
Author(s): Fahim, C (Fahim, Cherine); Fiori, M (Fiori, Marina); Evans, AC (Evans, Alan C.); Perusse, D (Perusse, Daniel)
Source: SOCIAL DEVELOPMENT **Volume:** 21 **Issue:** 3 **Pages:** 592-609 **DOI:** 10.1111/j.1467-9507.2011.00644.x **Published:** AUG 2012
Abstract: The goal of this study is twofold: (1) to assess brain anatomical differences between children meeting diagnostic criteria for oppositional defiant disorder (ODD) and healthy controls, and (2) to investigate whether morphological brain characteristics associated with ODD differ in boys and girls. Eight-year-old participants (N = 38) were scanned using magnetic resonance imaging. ODD symptoms were assessed using the Dominic-R interactive. In ODD participants, we observed a significant reduction of gray matter density in the left orbitofrontal cortexa prefrontal region that plays a pivotal role in emotional self-regulation and impulse controland, conversely, an increase in the left temporal areaan area that has been associated with aggressive, impulsive, and antisocial personality. Furthermore, ODD boys showed a reduction of both gray matter density in the left orbitofrontal cortex and of white matter density in the left superior frontal area. The structural abnormalities found in the present study, in particular, the correlation between ODD symptoms and reduction of gray matter density in the left orbitofrontal cortex, may present some evidence for the existence of neuropathology associated with ODD symptoms during childhood. Furthermore, our findings indicate morphometric differences between boys and girls with ODD, which may be associated with gender differences in social behavior in children showing ODD symptoms.
Accession Number: WOS:000306510800010

Record 46 of 50 = PRO (AUSTRALIA)
Title: Acute treatment of mania in children and adolescents
Author(s): Hazell, P (Hazell, Philip); Jairam, R (Jairam, Rajeev)
Source: CURRENT OPINION IN PSYCHIATRY **Volume:** 25 **Issue:** 4 **Pages:** 264-270 **DOI:** 10.1097/YCO.0b013e328353d467 **Published:** JUL 2012
Abstract: Purpose of review
To examine critically data concerning the efficacy and safety of acute treatments for mania in children and adolescents, in the light of considerable recent emergent evidence.
Recent findings
We found consistent evidence favouring the use of second-generation antipsychotics (SGAs), limited evidence favouring the use of combinations of SGA with a mood stabilizer, and no evidence supporting the use of mood stabilizer monotherapy in this context. Various SGA drugs are not clearly separated in terms of efficacy, but do differ in their side-effect profiles. There are insufficient data to comment on the benefit of alternative treatments, psychological treatments and electroconvulsive therapy. The presence of common comorbidities has an inconsistent influence on clinical effectiveness.
Summary
First-line treatment for mania in children and adolescents is a SGA, with combination therapies offering no clear advantage. Gaps in our knowledge remain about expected time to recovery, and when to augment or change treatment when there is lack of effect.
Accession Number: WOS:000305919200002
PubMed ID: 22569308

Record 47 of 50 = PRO (TURKEY)
Title: Comparison of Symptoms of Pediatric Bipolar Disorder in the Manic Phase and Attention Deficit and Hyperactivity Disorder
Author(s): Ceylan, MF (Ceylan, Mehmet Fatih); Akca, OF (Akca, Omer Faruk); Yuce, M (Yuce, Murat); Bodur, S (Bodur, Sahin)
Source: KLINIK PSIKOFARMAKOLOJI BULTENI-BULLETIN OF CLINICAL PSYCHOPHARMACOLOGY **Volume:** 22 **Issue:** 2 **Pages:** 161-166 **Published:** JUN 2012
Abstract: Objectives: The clinical presentation of Bipolar Disorder (BD) in adults often has an episodic course. However, pediatric onset BD often presents with higher rates of mixed episodes, rapid cycling, and co-occurring Attention-Deficit/Hyperactivity Disorder (ADHD) than adults with BD. The aim of this study is to describe the clinical characteristics of pediatric onset BD in a Turkish sample and to compare these characteristics with children with a diagnosis of Attention Deficit and Hyperactivity Disorder (ADHD).
Methods: A total of 19 child or adolescent patients diagnosed with BD in the manic state and 19 child or adolescent patients diagnosed with ADHD based on DSM-IV criteria were included in the study. The children were analyzed in terms of age of onset, symptoms, and comorbidity. Subsequently, both groups were compared in terms of symptoms of BD according to the Child Mania Rating Scale.
Results: Irritable mood (94%), rapid mood swings (89%), delusions (94%), auditory (63%) and visual hallucinations (47%) were detected statistically more commonly in the bipolar disorder patients. There were no significant differences between the two groups in terms of hyperactivity, distractibility, and irritability.
Conclusion: Children and adolescents with BD often present with higher rates of rapid mood swings, irritable mood, and psychotic features. However, irritability does not seem to be a specific symptom for pediatric
Accession Number: WOS:000308118800006
ISSN: 1017-7833

Record 48 of 50 = TRAD (INDIA)
Title: Mania with Aarskog-Scott Syndrome
Author(s): Nayak, RB (Nayak, Raghavendra B.); Lambika (Lambika); Bhogale, GS (Bhogale, G. S.); Pandurangi, A (Pandurangi, A.)
Source: INDIAN PEDIATRICS **Volume:** 49 **Issue:** 4 **Pages:** 327-328 **Published:** APR 2012
Abstract: Aarskog-Scott syndrome is transmitted as an X-linked trait and affects males. We report a 10-year-old boy presenting with complaints of increased temper tantrums, demanding behavior, grandiose ideas, overfamiliarity, abusive assaultive behavior and tobacco abuse. On examination, patient had most of the physical characteristics of Aarskog-Scott Syndrome. He also had global developmental delay and attention deficit hyperactivity disorder. This is the first case report of Aarskog Scott syndrome combined with mania.
Accession Number: WOS:000303369400020

Record 49 of 50 = PRO (CANADA)
Title: Recent Progress in Understanding Pediatric Bipolar Disorder
Author(s): Goldstein, BI (Goldstein, Benjamin I.)
Source: ARCHIVES OF PEDIATRICS & ADOLESCENT MEDICINE **Volume:** 166 **Issue:** 4 **Pages:** 362-371 **DOI:** 10.1001/archpediatrics.2011.832 **Published:** APR 2012
Abstract: Bipolar disorder is one of the most severe psychiatric illnesses, particularly when onset occurs during childhood or adolescence. With recent empirical evidence, questions regarding the existence of bipolar disorder among children and adolescents have given way to questions regarding prevalence. There are substantial risks inherent in misapplying diagnoses and treatments of bipolar disorder when not warranted and in withholding these diagnoses and treatments when they are warranted. As with adults, the course of bipolar disorder among children and adolescents diagnosed using unmodified diagnostic criteria is characterized by recovery and recurrence, functional impairment, suicidality, and high rates of comorbid psychiatric and medical problems. Discrepancies between increasing billing diagnoses and a stable epidemiologic prevalence of bipolar disorder suggest the possibility that diagnostic criteria are not being systematically applied in some clinical settings. Introducing new diagnoses may exacerbate rather than mitigate concerns regarding misdiagnosis and excessive use of mood-stabilizing medications. Several medications, particularly second-generation antipsychotics, are efficacious for treating acute manic episodes of bipolar I disorder. However, less is known regarding the treatment of other mood states and subtypes of bipolar disorder. Psychosocial treatments provide a forum in which to educate children and families regarding bipolar disorder and its treatment, and may be especially

beneficial for reducing depressive symptoms. Offspring of parents with bipolar disorder are at increased risk of developing the illness, as are youth with major depressive disorder and certain psychiatric comorbidities. Preliminary findings regarding biomarkers offer hope that, in the future, these biomarkers may inform diagnostic and treatment decisions. Arch Pediatr Adolesc Med. 2012;166(4):362-371. Published online January 2, 2012. doi:10.1001/archpediatrics.2011.832
Accession Number: WOS:000302277500010

Record 50 of 50 = TRAD (NETHERLANDS)
Title: Premorbid school performance in twins concordant and discordant for bipolar disorder
Author(s): Vonk, R (Vonk, R.); van der Schot, AC (van der Schot, A. C.); van Baal, GCM (van Baal, G. C. M.); van Oel, CJ (van Oel, C. J.); Nolen, WA (Nolen, W. A.); Kahn, RS (Kahn, R. S.)
Source: JOURNAL OF AFFECTIVE DISORDERS **Volume:** 136 **Issue:** 3 **Pages:** 294-303 **DOI:** 10.1016/j.jad.2011.11.034 **Published:** FEB 2012
Abstract: Background: Although the genetic risk to develop bipolar disorder is present from conception, the first frank symptoms of the illness generally become evident in late adolescence or early adulthood. However, except for pediatric bipolar disorder (PBD), it is still unclear when the first signs of the illness in adults become apparent and whether these are related to the genetic risk to develop bipolar disorder. This study examined whether underperforrnance at school precedes the onset of the illness and is a genetically related risk marker for developing bipolar disorder.
Methods: Information on school performance was obtained using objective archival data from 53 bipolar twin pairs (24 monozygotic (MZ), 29 dizygotic (DZ)) and 42 healthy matched control twin pairs (23 MZ, 19 DZ).
Results: Affected twin pairs completed significantly fewer years of education than did control twin pairs with no difference between bipolar patients and their non-bipolar cotwins. The underperformance at school in the affected twin pairs occurred in early adolescence at a significantly younger age than the control twin pairs and preceded the onset of the first frank episode of bipolar disorder by thirteen years. Median age at onset of underperformance was not different in the patients and their non-bipolar cotwins. The association between liability of bipolar disease and age of first underperformance was significant and could be explained by genetic factors.
Limitations: The sample is not a population based twin sample.
Conclusion: Underperformance at school during early adolescence may be a genetic marker for the vulnerability to develop bipolar disorder. (C) 2011 Elsevier B.V. All rights reserved.
Accession Number: WOS:000301996000012

Record 1 of 50 = PRO (CANADA sponsored by BMS)
Title: Aripiprazole in pediatric psychosis and bipolar disorder: A clinical review
Author(s): Doey, T (Doey, Tamison)
Source: JOURNAL OF AFFECTIVE DISORDERS **Volume:** 138 **Pages:** S15-S21 **DOI:** 10.1016/j.jad.2012.02.031 **Supplement:** S **Published:** 2012
Abstract: Background: Aripiprazole is an atypical antipsychotic with unique pharmacological properties, used for a variety of indications, including psychotic and mood disorders in youth. Existing literature was reviewed to summarize experience with this agent in that population.
Methods: A review of relevant literature using the key words aripiprazole, children, pediatric, all child, schizophrenia, bipolar disorder, and atypical antipsychotics was conducted.
Results: A total of 140 articles and book chapters were identified, of which 7 reported double-blind controlled trials with aripiprazole, 5 were meta-analyses of pooled data, 11 were open label trials, 10 were chart reviews, and 17 were case reports or case series. Limitations: Although every effort was made to locate all available data, some information from posters or researchers was not available. Publication bias tends to report positive outcomes with a treatment, while negative studies are less likely to be reported. Most trials are of short duration.
Conclusions: Treatment with aripiprazole is associated with significant reduction of the Positive and Negative Symptom Scale (PANSS) scores in youth with schizophrenia, and reductions in items in the negative symptom scores at higher doses (30 mg/day). Significant reductions in the Young Mania Rating Scale (YMRS) have been demonstrated in youth with bipolar disorder. In mixed populations, reductions in the Clinical Global Impressions Scale (CGI-S) have also been demonstrated when compared with treatment with placebo. Head-to-head comparisons are fewer in number, and overall aripiprazole compares favorably with other atypical antipsychotics (ATAs) in the populations studied. Treatment with aripiprazole is reported to have a lower incidence of weight gain, and less elevation of prolactin. At higher doses, it appears more likely to result in extrapyramidal symptoms (EPS) and tremor. (C) 2012 Published by Elsevier B.V.
Accession Number: WOS:000304490900003

Record 2 of 50 = TRAD (INDIA)
Title: Clinical profile of mood disorders in children
Author(s): Sagar, R (Sagar, Rajesh); Pattanayak, RD (Pattanayak, Raman Deep); Mehta, M (Mehta, Manju)
Source: INDIAN PEDIATRICS **Volume:** 49 **Issue:** 1 **Pages:** 21-23 **Article Number:** PII S09747559INPE1000331-1 **DOI:** 10.1007/s13312-012-0009-5 **Published:** JAN 2012
Abstract: Objective: To described the clinical profile of pediatric mood disorders.
Design:Retrospective record review; Ages a parts per thousand currency sign16 y.
Setting:Tertiary case hospital.
Participants:Children a parts per thousand currency sign16 year with a DSM-IV diagnosis of Mood disorders.
Methods:Records were screened for the period between June 1, 2008 and May 31, 2010.
Results:The prevalence of mood disorders was 4.1% (38/930). Mood was depressed in 51.9% and irritable in 33.3% of depressive disorders. Other common symptoms were anhedonia, sleep/appetite disturbances, concentration difficulty and anxiety. Nearly 13.2% had suicidal ideation and 28.5% had comorbid psychiatric disorder. Family history was positive in 39.5%, while an identifiable stressor was present in 50%.
Conclusions:The pediatric mood disorders have a unique clinical presentation and requires more research, especially from Indian setting.
Accession Number: WOS:000299769300006

Record 3 of 50 = TRAD (NORWAY)
Title: Genuine clinical predictors of bipolar II disorder: An exploration of temporal and contextual characteristics
Author(s): Skjelstad, DV (Skjelstad, Dag V.); Holte, A (Holte, Arne); Malt, UF (Malt, Ulrik F.)
Source: JOURNAL OF AFFECTIVE DISORDERS **Volume:** 135 **Issue:** 1-3 **Pages:** 419-423 **DOI:** 10.1016/j.jad.2011.08.029 **Published:** DEC 2011
Abstract: Background: Symptoms of the initial prodrome of bipolar disorder (BD) are too nonspecific to reliably prospectively predict BD. An assessment of symptoms' temporal and contextual characteristics may help identify clinical indicators with enhanced predictive power.
Methods: Fifteen bipolar II disorder (BD-II) patients and 22 family members were interviewed about characteristics of symptoms that emerged before the first major affective episode (FMAE). The textual data of transcribed interviews were analyzed utilizing qualitative methodology. To identify genuine clinical predictors (GCPs), we outlined three alternative definitions and investigated the extent to which the reported symptoms in different symptom categories survived successively narrower inclusion criteria.
Results: Most of the reported symptom instances met the broadest GCP criteria as episodic or chronic. "Mood swings" and "irritability/aggressiveness" were the only symptom categories in which most of the reported symptom instances met our intermediate strict criteria as episodic/chronic, and exaggerated/inexplicable. The mood swings were mainly characterized as episodic and occurred for no apparent reason; conversely, irritability and aggressiveness were typically characterized as episodic and exaggerated responses to life events.
Limitations: This is a retrospective and hypothesis-generating study.
Conclusions: Recurrent mood swings and irritability/aggressiveness are characterized as inexplicable and exaggerated responses, respectively, and may be the most prominent genuine clinical predictors of the FMAE of BD-II. Future studies need to investigate the extent to which the presence of different characteristics of the same symptoms discriminate between individuals who later develop BD and those who do not.
Accession Number: WOS:000297908200062

Record 4 of 50 = TRAD (INDIA/NETHERLANDS)
Title: Factor structure of manic symptoms in adolescents
Author(s): Gupta, SC (Gupta, Subhash Chandra); Sinha, VK (Sinha, Vinod Kumar); Praharaj, SK (Praharaj, Samir Kumar); Gandotra, S (Gandotra, Sachin)
Source: ANNALS OF CLINICAL PSYCHIATRY **Volume:** 23 **Issue:** 4 **Pages:** 243-249 **Published:** NOV 2011
Abstract: OBJECTIVE: To identify the factor structure of manic symptoms in adolescents as assessed by the Scale for Manic States (SMS).
METHOD: Pattern of symptoms was assessed in a group of 100 adolescents with a diagnosis of manic episode as defined by the International Classification of Diseases, 10th revision - Diagnostic Criteria for Research. A principal component analysis of the broad range of psychiatric symptoms covered by the SMS was conducted.
RESULTS: Seven eigenvalues were greater than unity, and parallel analysis revealed 5 factors, whereas scree plot was inconclusive. Five-factor solution as obtained by parallel analysis was chosen, which described our data appropriately and were clinically relevant. The 5 factors were: aggressive overactivity, dysphoria, psychosis, hedonia, and thought retardation. These captured 58.14% of the total variance.
CONCLUSIONS: These 5 factors explain the clinical dimensions in adolescent mania similar to those of the adult population. Nevertheless, certain features, such as presence of psychosis along with euphoric mood and thought retardation, distinguish adolescent from adult mania.
Accession Number: WOS:000297034500002

Record 5 of 50 = PRO (TURKEY)
Title: Is there a relationship between attention deficit/hyperactivity disorder and manic symptoms among children with mental retardation of unknown etiology?
Author(s): Fidan, T (Fidan, Tulin); Kirpinar, I (Kirpinar, Ismet); Oral, M (Oral, Meltem); Kocak, K (Kocak, Kubra)
Source: COMPREHENSIVE PSYCHIATRY **Volume:** 52 **Issue:** 6 **Pages:** 644-649 **DOI:** 10.1016/j.comppsych.2010.11.007 **Published:** NOV-DEC 2011
Abstract: Mental retardation (MR) is common and lifelong. In children and adolescents with MR, the rate of attention deficit/hyperactivity disorder (ADHD) and bipolar disorder is higher than that in the general population. However, there are no previous sufficient data that exist in establishing a relationship between ADHD and manic symptoms. The aim of the present study was to examine the relationship between manic symptoms and ADHD as well as oppositional-defiant disorder (ODD) and conduct disorder (CD) in children with MR of unknown etiology (MR-UE).
A total of 167 children with MR-UE attending a rehabilitation and training school in Erzurum, Turkey, were included in the study. We administered the Child Disruptive Behavior Screening and Rating Scale related to Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition and the Young Mania Rating Scale Parent Version (P-YMRS) to parents.
The age range of children and adolescents with MR-UE was between 5 and 21 years, with a mean age of 11.13 +/- 3.75 years. In total, 5.8% of children and adolescents with MR-UE showed a border intelligence quotient (IQ), with 58.4% having a mild IQ, 29.2% having a moderate IQ, and 6.6% having severe IQ. According to the Child Disruptive Behavior Screening and Rating Scale related to Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, 40.1% of children and adolescents with MR-UE had inattention, 19.9% had hyperactivity, 28.7% had ODD, and 13.3% had CD.
A total of 7.2% of the children and adolescents with MR-UE had probable mania, and 1.8% had mania according to Young Mania Rating Scale Parent Version. A positive correlation existed between the mean scores of Young Mania Rating Scale-Parent Version and the mean scores of inattention, hyperactivity, ODD, and CD (P = .000). Hyperactivity and ODD were predictors of being manic/probably manic.
Diagnosing psychiatric disorders in children and adolescents with MR-UE is difficult but essential for better functioning. Manic symptoms and disruptive behaviors as well as ADHD symptoms were prevalent among children and adolescents with MR-UE and hyperactivity, and oppositional-defiant symptoms were predictors of manic symptoms in these patients.
Accession Number: WOS:000296471800011

Record 6 of 50 = TRAD (ENGLAND)
Title: Dimensions and Latent Classes of Episodic Mania-Like Symptoms in Youth: An Empirical Enquiry
Author(s): Stringaris, A (Stringaris, Argyris); Stahl, D (Stahl, Daniel); Santosh, P (Santosh, Paramala); Goodman, R (Goodman, Robert)
Source: JOURNAL OF ABNORMAL CHILD PSYCHOLOGY **Volume:** 39 **Issue:** 7 **Pages:** 925-937 **DOI:** 10.1007/s10802-011-9520-8 **Published:** OCT 2011
Abstract: The dramatic increase in diagnostic rates of bipolar disorder in children and adolescents in the USA has led to an intense interest in the phenomenology of the disorder. Here we present data from a newly-developed instrument to assess episodic mania-like symptoms in youth in a large population-based sample (N = 5326) using parent- and self-report. We found that a substantial proportion of children screened positive for having episodes of "going high" and were at an increased risk for morbidity and impairment. Using factor analysis, we identified that episodic mania-like symptoms comprised two dimensions: An under-controlled dimension that was associated with significant impairment, and a low-risk exuberant dimension. Using latent class analysis, we identified a small group of children scoring high on a range of manic symptoms and suffering from severe psychosocial impairment and morbidity. Our results carry implications for the nosology and psychosocial impairment associated with episodic mood changes in young people.
Accession Number: WOS:000294265100002

Record 7 of 50 = TRAD (FRANCE)
Title: Thymic oscillations in children and adolescents
Author(s): Purper-Ouakil, D (Purper-Ouakil, D.)
Source: ENCEPHALE-REVUE DE PSYCHIATRIE CLINIQUE BIOLOGIQUE ET THERAPEUTIQUE **Volume:** 37 **Special Issue:** 4 **Pages:** 3-7 **Published:** SEP 2011
Accession Number: WOS:000296754000002

Record 8 of 50 = TRAD (SWITZERLAND)
Title: 'Bright side' and 'dark side' hypomania are associated with differences in psychological functioning, sleep and physical activity in a non-clinical sample of young adults
Author(s): Brand, S (Brand, Serge); Gerber, M (Gerber, Markus); Puhse, U (Puehse, Uwe); Holsboer-Trachsler, E (Holsboer-Trachsler, Edith)
Source: JOURNAL OF AFFECTIVE DISORDERS **Volume:** 131 **Issue:** 1-3 **Pages:** 68-78 **DOI:** 10.1016/j.jad.2010.12.007 **Published:** JUN 2011
Abstract: Background: No research has yet focused on hypomanic states in non-clinical early adult populations. The aim of the present study was therefore to assess hypomania in a large non-clinical sample of young adults.
Methods: A total of 862 participants (639 females and 223 males; mean age: M = 24.67; SD= 5.91) took part in the study. They completed a series of validated self-report questionnaires assessing hypomania (HCL-32) and other aspects of psychological functioning, sleep, stress, quality of life, cognitive-emotional elaboration of pain, self-efficacy, and physical activity.
Results: Based on the HCL-32, 19% of the participants (n = 169) were categorized as currently being in a hypomanic state. Of those, 57.6% were classified as "active/elated" ('bright side'), whereas 42.4% were classified as "irritable/risk-taking" ('dark side'). Compared to non-hypomanic participants and the 'bright side' group, 'dark side' hypomanic participants reported more depressive symptoms, sleep disturbances, somatic complaints, perceived stress, negative coping strategies, and lower self-efficacy. By contrast, 'bright side' hypomanic participants had lower stress scores, more positive self-instructions, and higher levels of exploration, self-efficacy, and physical activity.
Limitations: A cross-sectional design was adopted, assessing university students, who may not be representative of the stage of early adulthood.
Conclusions: The present results underscore the notion of a continuity between a mood state and both favorable ('bright side') and unfavorable ('dark side') hypomanic states. In early adulthood, 'bright' and 'dark side' hypomania differs with respect to physical activity, psychological functioning and sleep. (C) 2010 Elsevier B.V. All rights reserved.
Accession Number: WOS:000291457800008

Record 9 of 50 = TRAD (TURKEY)
Title: The comorbidity of anxiety disorders in bipolar I and bipolar II patients among Turkish population
Author(s): Ibiloglu, AO (Ibiloglu, Aslihan Okan); Caykoylu, A (Caykoylu, Ali)
Source: JOURNAL OF ANXIETY DISORDERS **Volume:** 25 **Issue:** 5 **Pages:** 661-667 **DOI:** 10.1016/j.janxdis.2011.02.008 **Published:** JUN 2011
Abstract: High rates of anxiety disorders have been reported in bipolar disorders. The study aimed to investigate prevalence of anxiety disorders in remitted bipolar subjects and their influence on the illness severity. Bipolar subjects with anxiety disorders were younger, had earlier age at onset of illness, and were over-represented by female subjects and those with earlier onset illness compared to those without anxiety disorder. The study demonstrated that (1) anxiety disorders are highly prevalent in bipolar subjects, (2) individual anxiety disorders, particularly SP and PD seem to have an effect on illness severity, (3) bipolar subjects with comorbid anxiety tend to have a poorer course and are less responsive to treatment, and (4) anxiety tends to be associated with an earlier age at onset of bipolar disorder (BPD) and results in a more complicated and severe disease course. (C) 2011 Elsevier Ltd. All rights reserved.
Accession Number: WOS:000290595100006

Record 10 of 50 = SCEP (ENGLAND
Title: Bipolar Disorder in Children and Adolescents Recognised in the UK: A Clinic-Based Study
Author(s): Chan, J (Chan, Judy); Stringaris, A (Stringaris, Argyris); Ford, T (Ford, Tamsin)
Source: CHILD AND ADOLESCENT MENTAL HEALTH **Volume:** 16 **Issue:** 2 **Pages:** 71-78 **DOI:** 10.1111/j.1475-3588.2010.00566.x **Published:** MAY 2011
Abstract: Background: Diagnoses of paediatric bipolar disorder have increased over the last two decades in the United States, where high levels of comorbidity with ADHD have also been reported. Aims: To explore how British clinicians apply these diagnoses. Method: We compared 378 young people under the age of 18 who received a diagnosis of bipolar disorder and/or ADHD from a large NHS mental health trust between 1992 and 2007. Results: Children with bipolar disorder were rare in this sample (n = 35, 1.0%), particularly under the age of 13 (n = 9, 0.3%). Children with bipolar disorder presented more often with affective and psychotic symptoms than children with ADHD. Irritability was common in both disorders. Core ADHD symptoms

were prevalent in both conditions but occurred in a greater proportion of children with ADHD. Conclusion: Our findings suggest that psychiatrists in England use the traditional adult criteria of bipolar disorder rather than the broader criteria being adopted by some practitioners in the US.
Key Practitioner Message:
Children were rarely diagnosed with bipolar disorder in this UK sample, particularly under the age of 13
Children diagnosed with bipolar disorder presented with elevated mood and often showed mixed emotional symptoms and psychotic symptoms
Children diagnosed with bipolar disorder shared some ADHD symptoms, but these symptoms are far commoner among young people diagnosed with ADHD
When assessing children with bipolar disorder, it is important to assess suicidal risk, especially among prepubertal children where such risks may be less often sought routinely
Accession Number: WOS:000289472500002

Record 11 of 50 = PRO (ITALY)
Title: Bipolar disorder co-morbidity in children with attention deficit hyperactivity disorder
Author(s): Donfrancesco, R (Donfrancesco, Renato); Miano, S (Miano, Silvia); Martines, F (Martines, Francesca); Ferrante, L (Ferrante, Laura); Melegari, MG (Melegari, Maria Grazia); Masi, G (Masi, Gabriele)
Source: PSYCHIATRY RESEARCH **Volume:** 186 **Issue:** 2-3 **Pages:** 333-337 **DOI:** 10.1016/j.psychres.2010.07.008 **Published:** APR 30 2011
Abstract: The present study aimed at: (1) exploring rate and clinical features of superimposed bipolar disorder (BD) in Italian children with attention deficit hyperactivity disorder (ADHD), compared with a community sample, matched for age and gender; (2) exploring predictors of BD in ADHD children, by comparing ADHD children with or without superimposed BD. We studied 173 consecutive drug-naive outpatients with ADHD (156 males and 17 females, mean age of 9.2 +/- 2.3 years, age range 6-17.5 years), diagnosed with a clinical interview (Schedule for Affective Disorders and Schizophrenia for School-Age Children-Present and Lifetime Version (K-SADS-PL)); the control group consisted of a community-based sample of 100 healthy children. The rate of children with a diagnosis of BD was higher in the ADHD group (29/173, 16.7%) compared with controls (1/100, 1%), (P<0.001). Among the 29 children with ADHD + BD, 16 (55.2%) had a Bipolar DisorderNot Otherwise Specified (BD-NOS), and 11(37.9%) showed ultrarapid cycling. Compared with children with ADHD without BD, they showed a higher rate of combined sub-type (21/29, 72.4%), a higher score at ADHD-Rating Scale (total score and hyperactivity subscale), higher rates of major depression, oppositional defiant disorder and conduct disorder. In summary, children with ADHD present a higher risk for developing a superimposed BD. The identification of clinical features with an increased risk of BD can improve diagnosis, prognosis and treatments. (C) 2010 Elsevier Ireland Ltd. All rights reserved.
Accession Number: WOS:000289131700029

Record 12 of 50 = TRAD (SPAIN)
Title: Early-onset bipolar disorder: how about visual-spatial skills and executive functions?
Author(s): Lera-Miguel, S (Lera-Miguel, Sara); Andres-Perpina, S (Andres-Perpina, Susana); Calvo, R (Calvo, Rosa); Fatjo-Vilas, M (Fatjo-Vilas, Mar); Lourdes, F (Lourdes, Fananas); Lazaro, L (Lazaro, Luisa)
Source: EUROPEAN ARCHIVES OF PSYCHIATRY AND CLINICAL NEUROSCIENCE **Volume:** 261 **Issue:** 3 **Pages:** 195-203 **DOI:** 10.1007/s00406-010-0169-z **Published:** APR 2011
Abstract: Early-onset bipolar disorder is an impairing condition that is strongly associated with genetic inheritance. Neurocognitive deficits are core traits of this disorder which seem to be present in both young and adult forms. Deficits in verbal memory and attention are persistent within euthymic phases in bipolar adults, adolescents, and children. In younger samples, including type I or II and not otherwise specified patients, executive functions are not widely impaired and the existence of visual-spatial deficits remains unclear. The main aim of this study was to compare the neurocognitive performance in young stabilized type I or II bipolar patients and healthy controls. Fifteen medicated adolescents with bipolar disorder and 15 healthy adolescents, matched in age and gender, were compared on visual-spatial skills (reasoning, memory, visual-motor accuracy) and executive functioning (attention and working memory, set-shifting, inhibition) using t-tests and MANCOVA. Correcting for verbal competence, MANCOVA showed that patients performed significantly worse than controls in letters and numbers sequencing (P = 0.003), copy (P < 0.001) and immediate recall (P = 0.007) of the Rey Complex Figure Test, interference of the Stroop Color-Word Test (P = 0.007) and non-perseverative errors on the Wisconsin Card Sorting Test (P = 0.038). Impaired cognitive performance was found in young bipolar patients in working memory, visual-motor skills, and inhibitory control.
Accession Number: WOS:000289257000008

Record 13 of 50 = NA (SPAIN)
Title: Dysbindin-1 Gene Contributes Differentially to Early- and Adult-Onset Forms of Functional Psychosis
Author(s): Fatjo-Vilas, M (Fatjo-Vilas, Mar); Papiol, S (Papiol, Sergi); Estrada, G (Estrada, Gemma); Bombin, I (Bombin, Igor); Peralta, V (Peralta, Victor); Rosa, A (Rosa, Araceli); Parellada, M (Parellada, Mara); Miret, S (Miret, Salvador); Martin, M (Martin, Maria); Lazaro, L (Lazaro, Luisa); Campanera, S (Campanera, Silvia); Munoz, MJ (Jose Munoz, Ma); Lera-Miguel, S (Lera-Miguel, Sara); Arias, B (Arias, Barbara); Navarro, ME (Eulalia Navarro, Ma); Castro-Fornieles, J (Castro-Fornieles, Josefina); Cuesta, MJ (Cuesta, Manuel J.); Arango, C (Arango, Celso); Fananas, L (Fananas, Lourdes)
Source: AMERICAN JOURNAL OF MEDICAL GENETICS PART B-NEUROPSYCHIATRIC GENETICS **Volume:** 156B **Issue:** 3 **Pages:** 322-333 **DOI:** 10.1002/ajmg.b.31166 **Published:** APR 2011
Abstract: Dysbindin-1 is a relatively ubiquitous protein in the brain which is involved in the modulation of synaptic homeostasis. The dysbindin-1 gene (DTNBP1) has been associated with schizophrenia and bipolar disorder diagnoses. However, its contribution to the severity of the clinical and neurocognitive expression of these disorders remains controversial. We aimed to explore the association between DTNBP1 and the phenotypes which are more directly linked with the underlying biology, such as age at onset and neurocognitive impairment. The present family sample comprised 894 Caucasian individuals: 268 patients affected by functional psychosis [58% with illness onset before 18 years, mean age at onset (SD): 14.71 (2.10)], 483 parents and 143 siblings. Ten DTNBP1 single nucleotide polymorphisms were genotyped in all individuals and their transmission disequilibrium was tested in relation to: (i) the risk for psychosis; (ii) patients' age at onset; and (iii) familial neurocognitive performance (including IQ estimation and executive functioning). In early-onset families a 5-marker haplotype encompassing exons 2-4 and the surrounding introns was significantly over-transmitted to cases, while in adult-onset families two haplotypes corresponding to the region between introns 4 and 7 were over-transmitted to cases. Estimated IQ was associated with the rs760666 marker in the whole sample, whereas a significant association between executive functioning and the

rs2619522 marker appeared in early-onset families. Our findings confirm the role of the dysbindin-1 gene in the risk for functional psychosis and show a differential haplotypic risk pattern in families with early as opposed to adult onset in the affected offspring. (C) 2011 Wiley-Liss, Inc.
Accession Number: WOS:000288332600009

Record 14 of 50 = NA (CANADA)
Title: A model of communicative perspective-taking for typical and atypical populations of children
Author(s): Nilsen, ES (Nilsen, Elizabeth S.); Fecica, AM (Fecica, Agnieszka M.)
Source: DEVELOPMENTAL REVIEW **Volume:** 31 **Issue:** 1 **Pages:** 55-78 **DOI:** 10.1016/j.dr.2011.07.001 **Published:** MAR 2011
Abstract: Successful communication requires that individuals attend to the perspective of their conversational partners and use this information to modify their behavior accordingly. This paper presents a framework by which to understand children's communicative perspective-taking skills and, within this framework, outlines three routes by which children's communicative perspective-taking performance can be disrupted. First, children may have difficulty in communicative contexts due to deficits in mentalizing ability whereby they are unable to appreciate another's perspective. Second, children may have intact mentalizing abilities but do not have the cognitive skills to support the use of this information when generating communicative behaviors. Third, decreased social exposure may lead to exacerbated deficits in either mentalizing ability or the use of mentalistic information within communicative contexts. Patterns within both typical and atypical populations (i.e., autism, ADHD, and mood disorders) are reviewed. (C) 2011 Elsevier Inc. All rights reserved.
Accession Number: WOS:000294515000003
ISSN: 0273-2297

Record 15 of 50 = TRAD (GERMANY)
Title: Recognizing mania in children and adolescents-age does not matter, but decreased need for sleep does
Author(s): Meyer, TD (Meyer, Thomas D.); Fuhr, K (Fuhr, Kristina); Hautzinger, M (Hautzinger, Martin); Schlarb, AA (Schlarb, Angelika A.)
Source: COMPREHENSIVE PSYCHIATRY **Volume:** 52 **Issue:** 2 **Pages:** 132-138 **DOI:** 10.1016/j.comppsych.2010.06.004 **Published:** MAR-APR 2011
Abstract: Background: The diagnosis of pediatric bipolar disorders is a controversial topic. If this is mainly due to a bias against a diagnosis in younger children, then just changing the information about the age of a patient should influence the likelihood of a diagnosis despite otherwise identical symptoms. Therefore, we designed a study to test if the age of a patient will influence diagnostic decisions. We further attempted to replicate an earlier result with regard to "decreased need for sleep" as a salient symptom for mania.
Methods: We randomly sent I of 4 case vignettes describing a person with current mania to child/adolescents psychiatrists in Germany. This vignette was systematically varied with respect to age of the patient (6 vs 16 years) and the presence/absence of decreased need for sleep but always included sufficient criteria to diagnose a mania.
Results: One hundred sixteen responded and, overall, 63.8% of the respondents diagnosed a bipolar disorder in the person described in the vignette. Although age did not affect the likelihood of a bipolar diagnosis, the presence of decreased need for sleep did increase its likelihood. Furthermore, the number of core symptoms identified by the clinicians was closely linked to the likelihood of assigning a bipolar diagnosis.
Conclusion: Certain symptoms such as the decreased need for sleep, and also elated mood and grandiosity, seem to be salient for some clinicians and influence their diagnoses. Biological age of the patient, however, does not seem to cause a systematic bias against a diagnosis of bipolar disorder in children. (C) 2011 Elsevier Inc. All rights reserved.
Accession Number: WOS:000287647700003

Record 16 of 50 = SCEP (ENGLAND, WALES)
Title: Prevalence of bipolar disorder in children and adolescents with attention-deficit hyperactivity disorder
Author(s): Hassan, A (Hassan, Amani); Agha, SS (Agha, Sharifah Shameem); Langley, K (Langley, Kate); Thapar, A (Thapar, Anita)
Source: BRITISH JOURNAL OF PSYCHIATRY **Volume:** 198 **Issue:** 3 **Pages:** 195-198 **DOI:** 10.1192/bjp.bp.110.078741 **Published:** MAR 2011
Abstract: Background Some research suggests that children with attention-deficit hyperactivity disorder (ADHD) have a higher than expected risk of bipolar affective disorder. No study has examined the prevalence of bipolar disorder in a UK sample of children with ADHD.
Aims To examine the prevalence of bipolar disorder in children diagnosed with ADHD or hyperkinetic disorder.
Method Psychopathology symptoms and diagnoses of bipolar disorder were assessed in 200 young people with ADHD (170 male, 30 female; age 6-18 years, mean 11.15, s.d.=2.95). Rates of current bipolar disorder symptoms and diagnoses are reported. A family history of bipolar disorder in parents and siblings was also recorded.
Results Only one child, a 9-year-old boy, met diagnostic criteria for both ICD-10 hypomania and DSM-IV bipolar disorder not otherwise specified.
Conclusions In a UK sample of children with ADHD a current diagnosis of bipolar disorder was uncommon.
Accession Number: WOS:000295710400008

Record 17 of 50 = SMD (ENGLAND)
Title: Irritability in children and adolescents: a challenge for DSM-5
Author(s): Stringaris, A (Stringaris, Argyris)
Source: EUROPEAN CHILD & ADOLESCENT PSYCHIATRY **Volume:** 20 **Issue:** 2 **Pages:** 61-66 **DOI:** 10.1007/s00787-010-0150-4 **Published:** FEB 2011
Abstract: Irritability has recently become a major focus of interest for clinicians and nosologists alike, and its position in the upcoming DSM-5 is currently debated. However, research on irritability has only recently started emerging. Here, I review the recent findings on irritability and its differentially strong relationship to depressive and generalised anxiety disorders compared to disruptive behaviours. Furthermore, I examine the importance of irritability in the recent debate about bipolar disorder in children and adolescents and discuss findings from research into severe mood dysregulation. I next address the relevance of irritability to the two core aims of developmental sensitivity and dimensionality. Finally, I critically discuss the recently proposed putative DSM-5 category of temper dysregulation disorder with dysphoria and make suggestions about future research directions.

Accession Number: WOS:000287324500002
PubMed ID: 21298306
ISSN: 1018-8827

Record 18 of 50 = PRO (SPAIN)
Title: Psychometric Properties of the Young Mania Rating Scale for the Identification of Mania Symptoms in Spanish Children and Adolescents with Attention Deficit/Hyperactivity Disorder
Author(s): Serrano, E (Serrano, Eduardo); Ezpeleta, L (Ezpeleta, Lourdes); Alda, JA (Alda, Jose A.); Matali, JL (Matali, Jose L.); San, L (San, Luis)
Source: PSYCHOPATHOLOGY **Volume:** 44 **Issue:** 2 **Pages:** 125-132 **DOI:** 10.1159/000320893 **Published:** 2011
Abstract: Background: Diagnosing mania in children is difficult, due to the high comorbidity and symptom overlap with attention deficit/hyperactivity disorder (ADHD). The detection of manic symptoms in ADHD has important implications for prognosis and choice of treatment. Our objective was to study the utility of the Young Mania Rating Scale (YMRS) for discriminating mania in Spanish children with ADHD. Method: One hundred children and adolescents with ADHD between 8 and 17 years of age were evaluated with a structured diagnostic interview (Diagnostic Interview for Children and Adolescents-IV), the YMRS, the Parent-Young Mania Rating Scale (P-YMRS), the Child Mania Rating Scale-Parent Version (CMRS-P) and the Children's Global Assessment Scale. Results: The YMRS showed a 1-dimensional structure with good internal consistency and test-retest reliability. The YMRS was associated with the P-YMRS and the CMRS-P. The scores obtained with the YMRS differentiated between ADHD with and without mania. The receiver operating characteristic curve analysis showed good diagnostic efficiency in differentiating mania in ADHD (area under the curve of 0.90). Conclusions: The Spanish version of the YMRS is a valid and reliable instrument for detecting and quantifying the symptoms of mania in children and adolescents with ADHD. The results provide further knowledge about the frequent association between ADHD and manic symptoms in children.

Accession Number: WOS:000286143800007

Record 19 of 50 = SCEP (FRANCE)
Title: Bipolar disorder: Continuity from child to adult?
Author(s): Da Fonseca, D (Da Fonseca, D.); Bat, F (Bat, F.); Rouviere, N (Rouviere, N.); Campredon, S (Campredon, S.); Bastard-Rosset, D (Bastard-Rosset, D.); Viellard, M (Viellard, M.); Santos, A (Santos, A.); Deruelle, C (Deruelle, C.); Azorin, JM (Azorin, J-M); Fakra, E (Fakra, E.); Adida, M (Adida, M.)
Source: ENCEPHALE-REVUE DE PSYCHIATRIE CLINIQUE BIOLOGIQUE ET THERAPEUTIQUE **Volume:** 36 **Pages:** S173-S177 **Supplement:** 6 **Published:** DEC 2010
Abstract: Early onset (pediatric) bipolar disorders are still an issue of much controversy due to several clinical particularities of the thymic episodes at this age. To date, there is indeed no consensus regarding the prevalence of bipolar disorders before puberty. Diagnosis criteria in children and young adolescents remain thus elusive. The purpose of this review is to provide an overview of this issue. The idea of continuity, from childhood to adulthood, in bipolar disorders also raises important questions regarding predictive factors of bipolar disorders in adults. Studies on the childhood of bipolar adults, as well as studies on the children of bipolar parents will be reviewed, in an attempt to identify the psychopathological substrates of bipolar disorders. (C) L'Encephale, Paris, 2010. All rights reserved.
Accession Number: WOS:000286025500004

Record 20 of 50 = TRAD (CANADA, FRANCE)
Title: Psychodynamic-oriented psychological assessment predicts evolution to schizophrenia at 8-year follow-up in adolescents hospitalized for a manic/mixed episode: Interest of an overall subjective rating
Author(s): Louet, E (Louet, Estelle); Consoli, A (Consoli, Angele); Lucanto, R (Lucanto, Raffaella); Duplant, N (Duplant, Nicole); Bailly-Salin, MJ (Bailly-Salin, Marie-Jose); Lemoigne, A (Lemoigne, Annie); Martin, M (Martin, Michele); Mayer, C (Mayer, Charlotte); Thompson, C (Thompson, Caroline); Gollier-Briant, F (Gollier-Briant, Fanny); Laurent, C (Laurent, Claudine); Brunelle, J (Brunelle, Julie); Bodeau, N (Bodeau, Nicolas); Cohen, D (Cohen, David)
Source: JOURNAL OF PHYSIOLOGY-PARIS **Volume:** 104 **Issue:** 5 **Special Issue:** SI **Pages:** 257-262 **DOI:** 10.1016/j.jphysparis.2010.08.004 **Published:** NOV 2010
Abstract: Little is known concerning the prognostic significance of manic/mixed episodes in adolescents. In particular, whether the use of psychodynamic-oriented projective psychological testing predicts evolution to schizophrenia at follow-up has not been established. Eighty subjects, aged 12-20 years old, consecutively hospitalized for a manic or mixed episode between 1994 and 2003 were recruited. All patients were contacted in 2005-2006 for a follow-up assessment. For the subgroup of adolescents (N = 40) who had psychodynamic-oriented psychological testing (Rorschach and TAT), two scores regarding psychosocial risk and schizophrenia risk were computed using the clinical global impression (CGI) assessment based on an overall subjective rating given by a panel of expert psychologists who reviewed all protocols. At follow-up (average 8 years), 25 (62.5%) patients, 16 females and nine males, were assessed: 14 still had a diagnosis of bipolar disorder: eight changed to schizo-affective disorder and three to schizophrenia. Inter-rater reliability of both CGI-risk scores (psychosocial risk and schizophrenia risk) showed good clinical consensus with intraclass correlation and Kappa scores ranging from 0.53 to 0.75. Univariate analysis showed that CGI-psychosocial risk score ($p = 0.017$), type of index episode ($p = 0.049$) and CGI-schizophrenia risk score ($p = 0.09$) were associated with transition to schizophrenia spectrum disorder at follow-up. Age, sex, socioeconomic status, duration of stay and the presence of psychotic features at index episode were not associated with the transition. We conclude that the CGI assessment appears to be valid to score risk of poor outcome using psychodynamic-oriented psychological testing and that these scores may predict, in part, the transition to schizophrenia in adolescents with a history of manic/mixed episode. (C) 2010 Elsevier Ltd. All rights reserved.
Accession Number: WOS:000286164400005

Record 21 of 50 = TRAD (NORWAY)
Title: Symptoms and signs of the initial prodrome of bipolar disorder A systematic review
Author(s): Skjelstad, DV (Skjelstad, Dag V.); Malt, UF (Malt, Ulrik F.); Holte, A (Holte, Arne)
Source: JOURNAL OF AFFECTIVE DISORDERS **Volume:** 126 **Issue:** 1-2 **Pages:** 1-13 **DOI:** 10.1016/j.jad.2009.10.003 **Published:** OCT 2010
Abstract: Background: Systematic studies addressing symptoms, signs and temporal aspects of initial bipolar prodrome are reviewed to identify potential clinical targets for early intervention.

Methods: The databases PsycINFO, PubMed, EMBASE and British Nursing Index were searched for original studies.
Results: Eight studies were identified. Irritability and aggressiveness, sleep disturbances, depression and mania symptoms/signs, hyperactivity, anxiety, and mood swings are clusters representing common symptoms and signs of the distal prodrome of bipolar disorder (BD). As time to full BD onset decreases, symptoms of mania and depression seem to increase gradually in strength and prevalence. The specificity of prodromal symptoms and signs appears to be low. Not every person who develops BD experiences a prolonged initial prodrome to the full illness. Current data on the mean duration of the prodrome are contradictory, ranging from 1.8 to 7.3 years. No qualitative studies were found.
Limitations: Because of the scarcity of data, studies that did not explicitly investigate bipolar prodrome were included when thematically relevant. The selected studies are methodologically diverse and the validity of some findings is questionable. Findings must be interpreted cautiously.
Conclusions: The initial prodrome of BD is characterized by dysregulation of mood and energy. Because of the apparently low specificity of prodromal symptoms and signs of BD, it is currently neither possible nor advisable to predict the development of BD based solely on early phenomenology. More well-designed in-depth studies, including qualitative ones, are needed to characterize the initial bipolar prodrome.
Accession Number: WOS:000282488000001

Record 22 of 50 = NA (CANADA)
Title: Associations of Risk of Depression With Sexual Risk Taking Among Adolescents in Nova Scotia High Schools
Author(s): Wilson, K (Wilson, Kevin); Asbridge, M (Asbridge, Mark); Kisely, S (Kisely, Steve); Langille, D (Langille, Don)
Source: CANADIAN JOURNAL OF PSYCHIATRY-REVUE CANADIENNE DE PSYCHIATRIE **Volume:** 55 **Issue:** 9 **Pages:** 577-585 **Published:** SEP 2010
Abstract: Objective: Several interrelated factors, including depression, influence adolescents' chances of risky sexual behaviour. We examined the relation between depression and sexual risk-taking behaviours in adolescents after accounting for the effects of other variables.
Method: We surveyed male (n = 1120) and female (n = 1177) adolescents at 4 high schools in central Nova Scotia, measuring factors known to be associated with sexual risk taking. Risk of depression was assessed using the Center for Epidemiologic Studies Depression Scale. Outcomes were self-reported sexual behaviours. We used logistic regression to assess associations of multiple factors with sexual risk taking.
Results: In univariate analyses, risk of depression was associated with 3 risk-taking behaviours for females (being sexually active, having unplanned sex when using substances, and not using effective contraception at last intercourse) and 2 for males (having unplanned sex when using substances and having more than 1 partner in the previous year). In full multivariate models, risk of depression in females remained significantly associated with unplanned sex and nonuse of effective contraception at last intercourse, but was no longer associated with being sexually active. For males, both associations remained significant.
Conclusions: Risk of depression is consistently and independently associated with adolescent sexual risk behaviours after adjusting for other variables. Health care providers working with teenagers should screen for risky sexual behaviours and sexually transmitted infections if depression is apparent in their patients.
Accession Number: WOS:000281775900006

Record 23 of 50 = TRAD (CANADA)
Title: Bipolar disorder among adolescents and young adults: Results from an epidemiological sample
Author(s): Kozloff, N (Kozloff, Nicole); Cheung, AH (Cheung, Amy H.); Schaffer, A (Schaffer, Ayal); Cairney, J (Cairney, John); Dewa, CS (Dewa, Carolyn S.); Veldhuizen, S (Veldhuizen, Scott); Kurdyak, P (Kurdyak, Paul); Levitt, AJ (Levitt, Anthony J.)
Source: JOURNAL OF AFFECTIVE DISORDERS **Volume:** 125 **Issue:** 1-3 **Pages:** 350-354 **DOI:** 10.1016/j.jad.2010.02.120 **Published:** SEP 2010
Abstract: Background: Over the past decade, the clinical recognition and treatment of bipolar disorder (BD) in youth have increased significantly; however, little is known about prevalence of and service use for this disorder at a population level. The objective of this study was to measure the lifetime prevalence of BD, and to describe the socio-demographics, comorbidities, and use of mental health services among 15-24-year-olds with BD.
Methods: Data were extracted from the Canadian Community Health Survey: Mental Health and Well-being (CCHS 1.2), a representative population-based survey of 36,984 people age 15 and older. Among subjects age 15-18 and 19-24 (N = 5673), we calculated lifetime prevalence rates of BD and report the demographic and clinical characteristics and rates of service use of this sample.
Results: The weighted lifetime prevalence of BD was 3.0% among 15-24-year-olds (N = 191): 2.1% among 15-18-year-olds, and 3.8% among 19-24-year-olds. Rates of psychiatric comorbidity were high, with anxiety disorders, problematic substance use, and suicidality present among nearly half of the sample. Mental health services were accessed in the previous 12 months by 56.1% of youth with BD.
Limitations: The questionnaire used in CCHS 1.2 relied on self-report, limiting its applicability to this younger sample.
Conclusions: BD is particularly common among young adults and there are specific factors associated with BD in youth. Nearly half of all youth with BD have never used mental health services, suggesting that clinicians should be more vigilant about the signs and symptoms of BD in young people.
Accession Number: WOS:000281377100049

Record 24 of 50 = PRO (SOUTH AFRICA)
Title: Bipolar Mood Disorder in children and adolescents: in search of theoretic, therapeutic and diagnostic clarity
Author(s): Bradfield, BC (Bradfield, Bruce Christopher)
Source: SOUTH AFRICAN JOURNAL OF PSYCHOLOGY **Volume:** 40 **Issue:** 3 **Pages:** 241-249 **Published:** SEP 2010
Abstract: I address early onset Bipolar Mood Disorder, exploring the ways in which the disorder manifests in the lives of children Complications in current and past literature are clarified, and the dearth of substantive research into the area is noted I clarify associated risk factors specific to paediatric bipolar disorder A treatment procedure informed by cognitive-behavioural, narrative and family systems theories is proffered, and is considered in relation to the development of a pharmacological intervention I highlight shortcomings in psychiatric interventions, and provide a framework for treatment which that takes into account the complex variety of needs which bipolar children present.
Accession Number: WOS:000281714500003

Record 25 of 50 = TRAD (FRANCE)
Title: A SNAP25 promoter variant is associated with early-onset bipolar disorder and a high expression level in brain
Author(s): Etain, B (Etain, B.); Dumaine, A (Dumaine, A.); Mathieu, F (Mathieu, F.); Chevalier, F (Chevalier, F.); Henry, C (Henry, C.); Kahn, JP (Kahn, J-P); Deshommes, J (Deshommes, J.); Bellivier, F (Bellivier, F.); Leboyer, M (Leboyer, M.); Jamain, S (Jamain, S.)
Source: MOLECULAR PSYCHIATRY **Volume:** 15 **Issue:** 7 **Pages:** 748-755 **DOI:** 10.1038/mp.2008.148 **Published:** JUL 2010
Abstract: Bipolar disorder (BD) is one of the most common and persistent psychiatric disorders. Early-onset BD has been shown to be the most severe and familial form. We recently carried out a whole-genome linkage analysis on sibpairs affected by early-onset BD and showed that the 20p12 region was more frequently shared in our families than expected by chance. The synaptosomal-associated protein SNAP25 is a presynaptic plasma membrane protein essential for the triggering of vesicular fusion and neurotransmitter release, and for which abnormal protein levels have been reported in postmortem studies of bipolar patients. We hypothesised that variations in the gene encoding SNAP25, located on chromosome 20p12, might influence the susceptibility to early-onset BD. We screened SNAP25 for mutations and performed a case-control association study in 197 patients with early-onset BD, 202 patients with late-onset BD and 136 unaffected subjects. In addition, we analysed the expression level of the two SNAP25 isoforms in 60 brains. We showed that one variant, located in the promoter region, was associated with early-onset BD but not with the late-onset subgroup. In addition, individuals homozygous for this variant showed a significant higher SNAP25b expression level in prefrontal cortex. These results show that variations in SNAP25, associated with an increased gene expression level in prefrontal cortex, might predispose to early-onset BD. Further analyses of this gene, as well as analysis of genes encoding for the SNAP25 protein partners, are required to understand the impact of such molecular mechanisms in BD. Molecular Psychiatry (2010) 15, 748-755; doi:10.1038/mp.2008.148; published online 6 January 2009
Accession Number: WOS:000279059400009

Record 26 of 50 = PRO (SOUTH KOREA)
Title: Differences of Clinical Characteristics and Phenotypes between Prepubertal- and Adolescent-Onset Bipolar Disorders
Author(s): Song, M (Song, Misun); Yoon, H (Yoon, Huh); Choi, I (Choi, Inchul); Hong, SD (Hong, Sungdo David); Joung, YS (Joung, Yoo Sook)
Source: JOURNAL OF KOREAN MEDICAL SCIENCE **Volume:** 25 **Issue:** 6 **Pages:** 912-917 **DOI:** 10.3346/jkms.2010.25.6.912 **Published:** JUN 2010
Abstract: The aim of this study is to describe the clinical characteristics of prepubertal- and adolescent-onset bipolar disorder (BD) and to identify any clinical differences between patients with prepubertal- and adolescent-onset BD. We analyzed the clinical records of 53 inpatients with BD. These patients were divided into prepubertal-onset and adolescent-onset groups. We also divided the subjects into narrow, intermediate, and broad phenotypes according to the definitions proposed by Leibenluft and colleagues. Of the total sample, 16 patients (30.2%) were in the prepubertal-onset group and 37 (69.8%) were in the adolescent-onset group. Patients with prepubertal-onset BD were more likely to display an insidious clinical presentation, atypical features, and comorbid psychopathology. And the majority of the subjects, especially in the prepubertal-onset group, were classified under the intermediate and broad phenotypes. These results suggest that the clinical presentation of BD with prepubertal-onset is different from that of adolescent-onset BD. It is inferred that a significant number of patients with prepubertal- and adolescent-onset BD do not meet DSM-IV criteria for mania or hypomania from the results of this study.
Accession Number: WOS:000278477200017

Record 27 of 50 = TRAD (SWITZERLAND)
Title: Is the increase of hypomanic stages during adolescence related to gender and developmental tasks?
Author(s): Brand, S (Brand, Serge); Angst, J (Angst, Jules); Holsboer-Trachsler, E (Holsboer-Trachsler, Edith)
Source: WORLD JOURNAL OF BIOLOGICAL PSYCHIATRY **Volume:** 11 **Issue:** 3 **Pages:** 594-602 **DOI:** 10.3109/15622970903521149 **Published:** APR 2010
Abstract: Objectives. To detach themselves from their family of origin, adolescents need to develop proactive behaviour which includes increased risk-taking and novelty seeking. These behaviours may be attributable both to developmental issues and to hypomanic-like stages. Since there is a lack of research focusing on hypomania in adolescents the aim of the study was to compare hypomania scores of adolescents with those of adult outpatients suffering from bipolar II disorders, and to investigate possible gender-related differences. Methods. One hundred and seven adolescents (mean age: 18 years) took part in the study; 60 of them indicated that they experienced intense romantic love; 47 were controls. Participants completed the Hypomania Check List, and data were compared with those of adult outpatients suffering from bipolar II disorders. Results. Scores of adolescents in early-stage intense romantic love differed from those of adolescent controls, but not from those of outpatients suffering from a bipolar II disorder. Factor analyses revealed that both groups of adolescents displayed higher scores for the factor "irritable/risk-taking" hypomania. A gender-related pattern was found, with increased scores for female adolescents. Conclusion. Adolescents' developmental tasks surrounding experiences in social, psychosexual and substance use-related engagement may lead to temporary and gender-related hypomanic-like stages.
Accession Number: WOS:000280007700009

Record 28 of 50 = PRO (ITALY – cautiously pro)
Title: Phenomenology and 24 month treatment outcome of pediatric bipolar disorder
Author(s): Carucci, S (Carucci, S.); Atzori, P (Atzori, P.); Balia, C (Balia, C.); Danjou, E (Danjou, F.); Zuddas, A (Zuddas, A.)
Source: EUROPEAN NEUROPSYCHOPHARMACOLOGY **Volume:** 20 **Pages:** S90-S91 **Supplement:** 1 **Published:** MAR 2010
Accession Number: WOS:000276669200102

Record 29 of 50 = PRO (TURKEY)
Title: Genetic and neurobiological factors in the etiology of pediatric bipolar disorder
Author(s): Coskun, M (Coskun, Murat); Zoroglu, SS (Zoroglu, Suleyman Salih); Ozturk, M (Ozturk, Mucahit)
Source: KLINIK PSIKOFARMAKOLOJI BULTENI-BULLETIN OF CLINICAL PSYCHOPHARMACOLOGY **Volume:** 20 **Issue:** 1 **Pages:** 101-108 **Published:** MAR 2010
Abstract: Research on the etiology of psychiatric disorders have important implications for early detection of high-risk populations, development or implementation of possible preventive interventions, determination of current and future treatment modalities and prediction of treatment response and course of the illness. Bipolar disorder (BD) is a chronic and seriously

debilitating illness. It has been known that, like most of other psychiatric disorders, genetic and neurobiological factors have important role in the etiology of BD. However despite family, twin, adoption, and molecular genetic studies have shown genetic vulnerability/ transmission of BD in adult population, the data regarding young population are limited and only in its early stage. Current literature shows that pediatric bipolar disorder (PBD) may differ from adult illness regarding a variety of factors such as clinical and phenomenological features, treatment response, and course of the illness. While a number of factors may be contributing to these differences (e.g., age and developmental level), it remains crucial but largely unknown how much of that has been contributed by the etiological factors. This article aims to present and discuss, in the light of current literature, genetic and neurobiological factors in the etiology of PBD. We performed a search on PubMed using different combinations of keywords "juvenile/ pediatric bipolar disorder", "bipolar disorder children/ adolescents", "etiology", "genetics", "brain imaging", "neurobilogical factors", and "family studies" and reviewed fulltext or abstracts of relevant articles. We also benefited from print books particularly the last (fourth) edition of Lewis' Textbook of Child and Adolescent Psychiatry.
Accession Number: WOS:000281789100016

Record 30 of 50 = NA (TAIWAN)
Title: Psychiatric comorbidity among children and adolescents with and without persistent attention-deficit hyperactivity disorder
Author(s): Gau, SSF (Gau, Susan Shur-Fen); Ni, HC (Ni, Hsing-Chang); Shang, CY (Shang, Chi-Yung); Soong, WT (Soong, Wei-Tsuen); Wu, YY (Wu, Yu-Yu); Lin, LY (Lin, Liang-Ying); Chiu, YN (Chiu, Yen-Nan)
Source: AUSTRALIAN AND NEW ZEALAND JOURNAL OF PSYCHIATRY **Volume:** 44 **Issue:** 2 **Pages:** 135-143 **DOI:** 10.3109/00048670903282733 **Published:** FEB 2010
Abstract: Objectives: The aims of the present study were to examine the current psychatric comorbidity among children and adolescents with and without persistent attention-deficit hyperactivity disorder (ADHD) as compared to school controls, and to determine the factors predicting psychatric comorbidity.
Method: The sample included 296 patients (male, 85.5%), aged 11-17, who were diagnosed with DSM-IV ADHD at the mean age of 6.7 +/- 2.7 years and 185 school controls. The ADHD and other psychiatric diagnoses were made based on clinical assessments and confirmed by psychiatric interviews. The ADHD group was categorized into 186 patients (62.8%) with persistent ADHD and 110 (37.2%) without persistent ADHD.
Results: Compared to the controls, the two ADHD groups were more likely to have oppositional defiant disorder (ODD), conduct disorder (CD), tics, mood disorders, past and regular use of substances, substance use disorders and sleep disorders (odds ratios (ORs) = 1.8-25.3). Patients with persistent ADHD had higher risks for anxiety disorders, particularly specific phobia than the controls. Moreover, patients with persistent ADHD were more likely to have ODD than their partially remitted counterparts. Advanced analyses indicated that more severe baseline ADHD symptoms predicted ODD/CD at adolescence; longer methylphenidate treatment duration was associated with an increased risk for tics and ODD/CD at adolescence; and older age predicted higher risks for mood disorders and substance use disorders.
Conclusion: Reduced ADHD symptoms at adolescence may not lead to decreased risks for psychiatric comorbidity, and identification of severe ADHD symptoms at childhood and age-specific comorbid patterns throughout the developmental stage is important to offset the long-term adverse psychiatric outcomes of ADHD.
Accession Number: WOS:000274156900005

Record 31 of 50 = PRO (BRAZIL)
Title: Pediatric Bipolar Disorder: A Global Perspective
Author(s): Kleinman, A (Kleinman, Ana)
Source: JOURNAL OF AUTISM AND DEVELOPMENTAL DISORDERS **Volume:** 40 **Issue:** 2 **Pages:** 262-263 **DOI:** 10.1007/s10803-009-0804-6 **Published:** FEB 2010
Accession Number: WOS:000274374200014

Record 32 of 50 = NA (NEW ZEALAND)
Title: Maintaining a therapeutic connection: nursing in an inpatient eating disorder unit
Author(s): Snell, L (Snell, Lynlee); Crowe, M (Crowe, Marie); Jordan, J (Jordan, Jenny)
Source: JOURNAL OF CLINICAL NURSING **Volume:** 19 **Issue:** 3-4 **Pages:** 351-358 **DOI:** 10.1111/j.1365-2702.2009.03000.x **Published:** FEB 2010
Abstract: Aim. The aim of this study was to investigate and theorise the experiences of nurses in developing a therapeutic relationship with patients admitted to a specialised eating disorder inpatient service for weight recovery.
Background. Nursing in in-patient eating disorders units can be both challenging and intensive work. It is an area of practice associated with high rates of stress, burnout and frustration. The establishment of therapeutic relationships is difficult because of the nature of patients' symptoms.
Design. This is a qualitative study exploring nurses' descriptions of practice in an inpatient eating disorder unit.
Method. This study used a grounded theory methodology to interview seven registered nurses about their experiences of establishing therapeutic relationships. The process of analysis involved open and axial coding and the integration of theory.
Results. The central variable that emerged from the analysis was 'connecting'. This variable was fundamental to the three major categories: (1) developing the therapeutic connection, (2) negotiating the therapeutic connection and (3) coordinating the connection. The central category that emerged was maintaining the therapeutic connection. The contextual variables that had the strongest influence on shaping the categories were the specific nature of eating disorders and the unit's approach to treatment.
Conclusion. Nurses play a crucial role in enabling the smooth functioning of the eating disorders unit and the successful treatment of the patients' eating disorders. This role was at times invisible and it was through these nurses' descriptions that it became apparent.
Relevance to clinical practice. The round the clock care provided by nurses in in-patient settings for eating disorders provides unique challenges and opportunities in the key task of developing a strong therapeutic relationship to engage patients with the treatment and recovery process.
Accession Number: WOS:000273599200007

Record 33 of 50 = PRO (TURKEY)
Title: Clinical and phenomenological features in pediatric bipolar disorder
Author(s): Coskun, M (Coskun, Murat); Zoroglu, SS (Zoroglu, Sueleyman Salih); Ozturk, M (Ozturk, Muecahit)
Source: ANADOLU PSIKIYATRI DERGISI-ANATOLIAN JOURNAL OF PSYCHIATRY **Volume:** 11 **Issue:** 1 **Pages:** 60-

67 **Published:** 2010
Abstract: Retrospective studies in adults with bipolar disorder have reported that as many as 60% experienced the onset of their bipolar disorder before 20 years of age, and 10-20% reported the onset before 10 years of age. These findings make childhood and adolescence onset bipolar disorder more relevant as early recognition and intervention in psychiatric disorders have been increasingly important. Today, despite there is no doubt on the existance of pediatric bipolar disorder, there remains significant controversy about clinical and phenomenological features of disorder in children and adolescents. This review article aims to present and discuss clinical and phenomenological features of pediatric bipolar disorder in the light of current literature. We performed a search on Pubmed using keywords 'juvenile/pediatric bipolar disorder', 'bipolar disorder children/adolescents' and reviewed fulltext or abstracts of relevant articles. We also benefited from print books particularly the fourth edition of Lewis's Textbook of Child and Adolescent Psychiatry. (Anatolian Journal of Psychiatry 2010; 11:60-67)
Accession Number: WOS:000275055700009

Record 34 of 50 = PRO (TURKEY)
Title: Psychiatric comorbidity and differential diagnosis in pediatric bipolar disorder
Author(s): Coskun, M (Coskun, Murat); Zoroglu, SS (Zoroglu, Sueleyman Salih); Ozturk, M (Oeztuerk, Muecahit)
Source: ANADOLU PSIKIYATRI DERGISI-ANATOLIAN JOURNAL OF PSYCHIATRY **Volume:** 11 **Issue:** 2 **Pages:** 177-184 **Published:** 2010
Abstract: Bipolar disorder is frequently found in comorbidity with other psychiatric disorders in young and adult subjects. Psychiatric comorbidity has been reported play a significant role in the treatment and course of bipolar disorder in adult subjects. Meanwhile psychiatric comorbidity is a rule, rather than an exception, in pediatric bipolar disorder and has also a great impact on the treatment and course of the illness. Besides that, psychiatric comorbidity remains an important issue and difficulty while making diagnosis of bipolar disorder in young subjects. Meanwhile majority of symptoms of mania or hypomania are frequently encountered and even included among diagnostic characteristics of other childhood psychiatric disorders. Higher comorbidity and symptom overlapping with other psychiatric disorders is a major difficulty in the diagnosis and differentiation of bipolar disorder in young subjects. This review article aims to present and discuss psychiatric comorbidty and differential diagnosis in pediatric bipolar disorder in the light of current literature. A literature search was performed in Pubmed using different combinations of 'pediatric/juvenile bipolar disorder, bipolar disorder children/adolescents, bipolar disorder comorbidity/differential diagnosis, ADHD, disruptive behavior/anxiety/substance use/psychotic disorders, schizophrenia' and fulltext or abstract of relevant articles were reviewed. (Anatolian Journal of Psychiatry 2010; 11:177-184)
Accession Number: WOS:000276942900013

Record 35 of 50 = PRO (GREECE cautiously pro)
Title: The emerging modern face of mood disorders: a didactic editorial with a detailed presentation of data and definitions
Author(s): Fountoulakis, KN (Fountoulakis, Konstantinos N.)
Source: ANNALS OF GENERAL PSYCHIATRY **Volume:** 9 **Article Number:** 14 **DOI:** 10.1186/1744-859X-9-14 **Published:** 2010
Abstract: The present work represents a detailed description of our current understanding and knowledge of the epidemiology, etiopathogenesis and clinical manifestations of mood disorders, their comorbidity and overlap, and the effect of variables such as gender and age. This review article is largely based on the 'Mood disorders' chapter of the Wikibooks Textbook of Psychiatry http://en.wikibooks.org/wiki/Textbook_of_Psychiatry/Mood_Disorders.
Accession Number: WOS:000208606200014

Record 36 of 50 = TRAD (FRANCE)
Title: Premorbid phase of bipolar disorder
Author(s): Da Fonseca, D (Da Fonseca, D.); Fakra, E (Fakra, E.)
Source: ENCEPHALE-REVUE DE PSYCHIATRIE CLINIQUE BIOLOGIQUE ET THERAPEUTIQUE **Volume:** 36 **Pages:** S3-S7 **Supplement:** 1 **Published:** JAN 2010
Abstract: The study of the premorbid functioning in bipolar disorder allows us to identify several risk factors of the disease. First we will present retrospective studies of adults or teenagers presenting a bipolar disorder and second the studies concerning offspring of parents with bipolar disorder. Despite contradictory results and methodological weaknesses, these studies indicate that anxious disorders and childhood disruptive behaviour disorders may be useful markers of risk for adult bipolar disorder. All these results may open up several interesting perspectives for the prevention ant the treatment of bipolar disorder.
Accession Number: WOS:000275935300002

Record 37 of 50 = TRAD (GERMANY)
Title: Bipolar disorders as co-morbidity in childhood and adolescence - underdiagnosed or overinterpreted? Therapy of a 14-year-old boy with Hyperkinetic Conduct Disorder and hypomania
Author(s): Rothermel, B (Rothermel, Boris); Poustka, L (Poustka, Luise); Banaschewski, T (Banaschewski, Tobias); Becker, K (Becker, Katja)
Source: ZEITSCHRIFT FUR KINDER-UND JUGENDPSYCHIATRIE UND PSYCHOTHERAPIE **Volume:** 38 **Issue:** 2 **Pages:** 123-130 **DOI:** 10.1024/1422-4917/a000019 **Published:** 2010
Abstract: Objective: Considerable debate exists regarding differing prevalence rates of co-morbid bipolar disorder in children and adolescents with ADHD in Germany as compared to the US. Methods: Described in this case report are the assessment of and treatment procedure for a 14-year-old boy with hyperkinetic conduct disorder and co-morbid hypomanic episode, as well as different possible interpretations of symptoms. Conclusions: Further studies of children and adolescents with ADHD and coexisting impulsive-aggressive behaviour are needed. Important in practice is a precise differentiation of symptoms with regard to co-morbid bipolar disorder.
Accession Number: WOS:000275482800007

Record 38 of 50 = NA (CANADA, ENGLAND)
Title: The role of dopamine in bipolar disorder
Author(s): Cousins, DA (Cousins, David A.); Butts, K (Butts, Kelly); Young, AH (Young, Allan H.)
Source: BIPOLAR DISORDERS **Volume:** 11 **Issue:** 8 **Pages:** 787-806 **Published:** DEC 2009
Abstract: Objective:
Despite effective pharmacological treatments for bipolar disorder, we still lack a comprehensive pathophysiological model of the

illness. Recent neurobiological research has implicated a number of key brain regions and neuronal components in the behavioural and cognitive manifestations of bipolar disorder. Dopamine has previously been investigated in some depth in bipolar disorder, but of late has not been a primary focus of attention. This article examines the role of dopamine in bipolar disorder, incorporating recent advances into established models where possible.
Methods:
A critical evaluation of the literature was undertaken, including a review of behavioural, neurochemical, receptor, and imaging studies, as well as genetic studies focusing on dopamine receptors and related metabolic pathways. In addition, pharmacologic manipulation of the central dopaminergic pathways and comparisons with other disease states such as schizophrenia were considered, principally as a means of exploring the hypothesised models.
Results:
Multiple lines of evidence, including data from pharmacological interventions and structural and functional magnetic resonance imaging studies, suggest that the dopaminergic system may play a central role in bipolar disorder.
Conclusion:
Future research into the pathophysiological mechanisms of bipolar disorder and the development of new treatments for bipolar disorder should focus on the dopaminergic system.
Accession Number: WOS:000271899700001

Record 39 of 50 = PRO (BRAZIL)
Title: Methylphenidate Combined with Aripiprazole in Children and Adolescents with Bipolar Disorder and Attention-Deficit/Hyperactivity Disorder: A Randomized Crossover Trial
Author(s): Zeni, CP (Zeni, Cristian Patrick); Tramontina, S (Tramontina, Silza); Ketzer, CR (Ketzer, Carla Ruffoni); Pheula, GF (Pheula, Gabriel Ferreira); Rohde, LA (Rohde, Luis Augusto)
Source: JOURNAL OF CHILD AND ADOLESCENT PSYCHOPHARMACOLOGY **Volume:** 19 **Issue:** 5 **Pages:** 553-561 **DOI:** 10.1089/cap.2009.0037 **Published:** OCT 2009
Abstract: In clinical samples, juvenile bipolar disorder (JBPD) is frequently accompanied by co-morbid attention-deficit/hyperactivity disorder (ADHD). Clinical trials assessing combined psychopharmacological interventions in this population are scarce, and methylphenidate (MPH) may worsen manic symptoms. We conducted a randomized crossover trial with MPH and placebo (2 weeks each) combined with aripiprazole in children and adolescents (n = 16; 8-17 years old) with JBPD and ADHD who had a significant response in manic symptoms with aripiprazole but still presented clinically significant symptoms of ADHD. ADHD, manic, and depressive symptoms were assessed by means of standard scales. Fourteen out of the 16 subjects completed the trial. No significant differences between the effects of methylphenidate and placebo were detected in ADHD (F-1,F- 43.22 = 0.00; p = 0.97) or manic (F-1,F- 40.19 = 0.93; p = 0.34) symptoms. Significant improvement in depressive symptoms was observed in the MPH group (F-1,F-19.03 = 7.75; p = 0.01) according to a secondary self-reported outcome measure. One patient using aripiprazole and MPH discontinued the trial due to the onset of a severe mixed episode. No other significant adverse events were observed. Although MPH did not worsen manic symptoms, it was not more effective than placebo in improving ADHD symptoms in children and adolescents with JBPD co-morbid with ADHD stabilized with aripiprazole. Further investigations are warranted. This study is registered at www.clinicaltrials.gov under the identifier NCT00305370.
Accession Number: WOS:000271392100010

Record 40 of 50 = SCEP (AUSTRALIA)
Title: The Paediatric Bipolar Hypothesis: The View from Australia and New Zealand
Author(s): Parry, P (Parry, Peter); Furber, G (Furber, Gareth); Allison, S (Allison, Stephen)
Source: CHILD AND ADOLESCENT MENTAL HEALTH **Volume:** 14 **Issue:** 3 **Pages:** 140-147 **DOI:** 10.1111/j.1475-3588.2008.00505.x **Published:** SEP 2009
Abstract: Background: The paediatric bipolar disorder (PBD) hypothesis arose in the USA and proposes childhood onset and high rates of prevalence. Method: Child and adolescent psychiatrists in Australia and New Zealand were surveyed about the PBD hypothesis. Results: Sixty percent responded (N = 199) and most (53%) reported never having diagnosed pre-pubertal PBD and a further 29% estimated seeing '1 or 2' cases. Most (83%) rated pre-pubertal PBD as 'very rare', 'rare' or 'not diagnosable'. Opinion varied as to whether PBD was over-diagnosed (25%), appropriately diagnosed (42%), or under-diagnosed (28%) in Australia and New Zealand, 5% were unsure. In contrast there was a consensus of views that PBD was over-diagnosed in the USA (90%), whilst less felt it appropriately diagnosed (3%), or under-diagnosed (1%) and 6% were unsure. Conclusions: The majority view was consistent with classical descriptions of bipolar disorder.
Key Practitioner Message:
Paediatric bipolar disorder (PBD) as defined by USA researchers, applies to a range of child behavioural patterns that differ in varying degrees from traditional descriptions of bipolar disorder
PBD has become a common diagnosis in the USA
There is some evidence to suggest that adoption of the PBD diagnosis in the UK and Europe has been limited
This paper reports on a survey of Australian and New Zealand child and adolescent psychiatrists and finds a solid majority retain a traditional view of bipolar disorder and are sceptical of the new PBD phenotypes
The PBD phenotypes remain hypothetical and the alternative hypothesis is that responses to trauma and other more recognised emotional and behavioural disorders of childhood remain sufficient diagnostic explanations
Accession Number: WOS:000207854900005

Record 41 of 50 = SCEP (ENGLAND)
Title: Managing bipolar disorders in children and adolescents
Author(s): Taylor, E (Taylor, Eric)
Source: NATURE REVIEWS NEUROLOGY **Volume:** 5 **Issue:** 9 **Pages:** 484-491 **DOI:** 10.1038/nrneurol.2009.117 **Published:** SEP 2009
Abstract: Bipolar disorders are recurrent disturbances in mood that include periods both of depression and mania. Classic bipolar disorders, with manic episodes lasting for at least several days, often start in adolescence, but are uncommon in earlier childhood. Treatment of mania in young patients should include ensuring the individual's safety, and administration of a mood-stabilizing drug, or, in severe cases, a neuroleptic. Prophylaxis with lithium or an anticonvulsant should then be considered. in younger children, brief outbursts of excessive emotion-especially anger-should be recognized as a notable clinical problem. These outbursts do not necessarily constitute the beginnings of a classic bipolar disorder, but should trigger a diagnostic

differential that also includes attention-deficit hyperactivity disorder, reaction to hostile environments, severe mood dysregulation, substance misuse, and autism spectrum disorders.
Accession Number: WOS:000275052900007

Record 42 of 50 = SMD (ENGLAND)
Title: Mood lability and psychopathology in youth
Author(s): Stringaris, A (Stringaris, A.); Goodman, R (Goodman, R.)
Source: PSYCHOLOGICAL MEDICINE **Volume:** 39 **Issue:** 8 **Pages:** 1237-1245 **DOI:** 10.1017/S0033291708004662 **Published:** AUG 2009
Abstract: Background. Mood lability is a concept widely used. However, data on its prevalence and morbid associations are scarce. We sought to establish the occurrence and importance of mood lability in a large community sample of cildren and adolescents by testing a priori hypotheses.
Method. Cross-sectional data were taken from a national mental health survey including 5326 subjects aged 8-79 years in the UK. The outcomes were prevalence and characteristics of mood lability and its associations with psychopathology and overall impairment.
Results. Mood lability occurred in more than 5% of the population of children and adolescents, both by parent and self-report. Mood lability was strongly associated with a wide range of psychopathology and was linked to significant impairment even in the absence of psychiatric disorders. Mood lability was particularly strongly associated with co-morbidity between internalizing and externalizing disorders, even when adjusting for the association with individual disorders. The pattern of results did not change after excluding youth with bipolar disorder or with episodes of elated mood.
Conclusions. Clinically significant mood lability is relatively common in the community. Our findings indicate that mood lability is not a mere consequence of other psychopathology in that it is associated with significant impairment even in the absence of psychiatric diagnoses. Moreover, the pattern of association of mood lability with co-morbidity suggests that it could be a risk factor shared by both internalizing and externalizing disorders. Our data point to the need for greater awareness of mood lability and its implications for treatment.
Accession Number: WOS:000268165300002

Record 43 of 50 = SCEP (ENGLAND)
Title: Evidence-based guidelines for treating bipolar disorder: revised second edition-recommendations from the British Association for Psychopharmacology
Author(s): Goodwin, GM (Goodwin, G. M.)
Group Author(s): Consensus Grp British Assoc Psycho
Source: JOURNAL OF PSYCHOPHARMACOLOGY **Volume:** 23 **Issue:** 4 **Pages:** 346-388 **DOI:** 10.1177/0269881109102919 **Published:** JUN 2009
Abstract: The British Association for Psychopharmacology guidelines specify the scope and target of treatment for bipolar disorder. The second version, like the first, is based explicitly on the available evidence and presented, like previous Clinical Practice guidelines, as recommendations to aid clinical decision making for practitioners: they may also serve as a source of information for patients and carers. The recommendations are presented together with a more detailed but selective qualitative review of the available evidence. A consensus meeting, involving experts in bipolar disorder and its treatment, reviewed key areas and considered the strength of evidence and clinical implications. The guidelines were drawn up after extensive feedback from participants and interested parties. The strength of supporting evidence was rated. The guidelines cover the diagnosis of bipolar disorder, clinical management, and strategies for the use of medicines in treatment of episodes, relapse prevention and stopping treatment.
Accession Number: WOS:000265947300002

Record 44 of 50 = PRO (SOUTH AFRICA notes the controversy)
Title: Attention deficit hyperactivity disorder and bipolar mood disorder in children and adolescents
Author(s): Scribante, L (Scribante, L.)
Source: SOUTH AFRICAN JOURNAL OF PSYCHIATRY **Volume:** 15 **Issue:** 2 **Pages:** 29-32 **Published:** JUN 2009
Accession Number: WOS:000268639600003

Record 45 of 50 = PRO (BRAZIL)
Title: Aripiprazole in Children and Adolescents With Bipolar Disorder Comorbid With Attention-Deficit/Hyperactivity Disorder: A Pilot Randomized Clinical Trial
Author(s): Tramontina, S (Tramontina, Silza); Zeni, CP (Zeni, Cristian P.); Ketzer, CR (Ketzer, Carla R.); Pheula, GF (Pheula, Gabriel F.); Narvaez, J (Narvaez, Joana); Rohde, LA (Rohde, Luis Augusto)
Source: JOURNAL OF CLINICAL PSYCHIATRY **Volume:** 70 **Issue:** 5 **Pages:** 756-764 **Published:** MAY 2009
Abstract: Objective: To assess response to treatment with aripiprazole in children and adolescents with bipolar disorder comorbid with attention-deficit/hyperactivity disorder (ADHD).
Method: Children and adolescents were extensively assessed according to DSM-IV criteria for bipolar disorder comorbid with ADHD (n = 710). Those with this comorbidity who were acutely manic or in mixed states were randomly assigned in a 6-week double-blind, placebo-controlled trial to aripiprazole (n = 18) or placebo (n = 25). Primary outcome measures were assessed weekly and included the Young Mania Rating Scale; the Swanson, Nolan, and Pelham Scale-Version IV; and weight. Secondary outcome measures were the Clinical Global Impressions-Severity of Illness scale, the Child Mania Rating Scale-Parental Version (CMRS-P), the Children's Depression Rating Scale-Revised, the Kutcher Adolescent Depression Scale, and adverse events. The trial was conducted at the Hospital de Clinicas de Porto Alegre, Rio Grande do Sul, Brazil, from January 2005 to November 2007.
Results: The group receiving aripiprazole showed a significantly greater reduction in YMRS scores (P = .02, effect size [ES] = 0.80), CMRS-P scores (P = .02; ES = 0.54), and CGI-S scores (P = .04; ES = 0.28) from baseline to endpoint than the placebo group. In addition, higher rates of response (P = .02) and remission (P = .01) were found for the aripiprazole group. No significant between-group differences were found in weight, ADHD symptoms, and depressive symptoms. Adverse events significantly more frequent in the aripiprazole group were somnolence and sialorrhea.
Conclusions: Aripiprazole was effective in reducing manic symptoms and improving global functioning without promoting severe adverse events or weight gain. No significant treatment effect in ADHD symptoms was observed. Studies are needed to assess psychopharmacologic interventions for improving ADHD symptoms in juvenile bipolar disorder comorbid with ADHD.

Trial Registration: clinicaltrials.gov Identifier: NCT00116259 J Clin Psychiatry 2009;70(5):756-764 (C) Copyright 2009 Physicians Postgraduate Press, Inc.
Accession Number: WOS:000266424000017

Record 46 of 50 = TRAD (CANADA, FRANCE)
Title: Phenomenology, socio-demographic factors and outcome upon discharge of manic and mixed episodes in hospitalized adolescents A chart review
Author(s): Brunelle, J (Brunelle, Julie); Consoli, A (Consoli, Angele); Tanguy, ML (Tanguy, Marie-Laure); Huynh, C (Huynh, Christophe); Perisse, D (Perisse, Didier); Deniau, E (Deniau, Emmanuelle); Guile, JM (Guile, Jean-Marc); Gerardin, P (Gerardin, Priscille); Cohen, D (Cohen, David)
Source: EUROPEAN CHILD & ADOLESCENT PSYCHIATRY **Volume:** 18 **Issue:** 3 **Pages:** 185-193 **DOI:** 10.1007/s00787-008-0715-7 **Published:** MAR 2009
Abstract: Background The existence of bipolar disorder type I (BD-I) during adolescence is now clearly established whereas there are still some controversies on BD-II and BD-NOS diagnosis, mainly in Europe (O'Dowd in Br Med J 29, 2006). Little is known on the phenomenology and potential short-term prognosis factors of bipolar episodes in this age population. In particular, very few studies examine this issue on inpatients in the European context of free access to care. Objective To describe the phenomenology of acute manic and mixed episodes in hospitalized adolescents and to analyse potential predictive factors associated with clinical improvement at discharge and length of hospitalization. Methods A total of 80 subjects, aged 12-20 years, consecutively hospitalized for a manic or mixed episode. Socio-demographic and clinical data were extracted by reviewing patients' charts. We used a multi-variate analysis to evaluate short-term outcome predictors. Results The sample was characterized by severe impairment, high rates of psychotic features (N = 50, 62.5%), a long duration of stay (mean 80.4 days), and an overall good improvement (86% very much or much improved). Thirty-three (41.3 %) patients had a history of depressive episodes, 13 (16.3%) had manic or brief psychotic episodes but only 3 (3.7%) had a history of attention deficit/hyperactivity disorders. More manic episodes than mixed episodes were identified in subjects with mental retardation (MR) and in subjects from migrant and/or low socio-economic families. Overall severity and female gender predicted better improvement in GAF scores. Poor insight and the existence of psychotic features predicted longer duration of stay. Conclusion These results suggest that severe manic and mixed episodes in adolescents with BD-I need prolonged inpatient care to improve and that socio-cultural factors and MR should be examined more closely in youth with BD.
Accession Number: WOS:000264814300008

Record 47 of 50 = PRO (IRELAND)
Title: The effectiveness of family therapy and systemic interventions for child-focused problems
Author(s): Carr, A (Carr, Alan)
Source: JOURNAL OF FAMILY THERAPY **Volume:** 31 **Issue:** 1 **Pages:** 3-45 **DOI:** 10.1111/j.1467-6427.2008.00451.x **Published:** FEB 2009
Abstract: This review updates a similar paper published in the Journal of Family Therapy in 2001. It presents evidence from meta-analyses, systematic literature reviews and controlled trials for the effectiveness of systemic interventions for families of children and adolescents with various difficulties. In this context, systemic interventions include both family therapy and other family-based approaches such as parent training. The evidence supports the effectiveness of systemic interventions either alone or as part of multimodal programmes for sleep, feeding and attachment problems in infancy; child abuse and neglect; conduct problems (including childhood behavioural difficulties, ADHD, delinquency and drug abuse); emotional problems (including anxiety, depression, grief, bipolar disorder and suicidality); eating disorders (including anorexia, bulimia and obesity); and somatic problems (including enuresis, encopresis, recurrent abdominal pain, and poorly controlled asthma and diabetes).
Accession Number: WOS:000261979500002

Record 48 of 50 = PRO (IRELAND)
Title: Bipolar disorder in young people: Description, assessment and evidence-based treatment
Author(s): Carr, A (Carr, Alan)
Source: DEVELOPMENTAL NEUROREHABILITATION **Volume:** 12 **Issue:** 6 **Pages:** 427-441 **DOI:** 10.3109/17518420903042454 **Published:** 2009
Abstract: Objective: The literature on bipolar in children and adolescents was reviewed to provide an update for clinicians.
Review process: Literature of particular relevance to evidence-based practice was selected for critical review.
Outcomes: An up-to-date overview of clinical features, epidemiology, prognosis, aetiology, assessment and intervention was provided.
Conclusions: Bipolar disorder in children and adolescence is a relatively common, multifactorially determined and recurring problem which persists into adulthood. Psychometrically robust screening questionnaires and structured interviews facilitate reliable assessment. Multimodal chronic care programmes involving medication (notably lithium) and family-oriented psychotherapy are currently the treatment of choice.
Accession Number: WOS:000207788600007

Record 49 of 50 = NA (FRANCE)
Title: Adolescence and schizophrenia
Author(s): Bailly, D (Bailly, D.)
Source: ENCEPHALE-REVUE DE PSYCHIATRIE CLINIQUE BIOLOGIQUE ET THERAPEUTIQUE **Volume:** 35 **Pages:** S10-S19 **Supplement:** 1 **Published:** JAN 2009
Abstract: Whilst early onset schizophrenias are rare all studies show a clear increase in the incidence and prevalence of the disorder from the age of 15 onwards. The clinical picture in adolescence is similar to that described in adults although the diagnosis of schizophrenia at this age is still difficult, as the disorder shares many common symptoms with the affective psychoses (particularly with bipolar disorder). Some clinical features, the premorbid history and past family history can help with the differential diagnosis in this situation. Studies on the fate of schizophrenic adolescents show that the disorder has particularly harmful consequences on the individuals' development and psychosocial adaptation. The risk of suicide or accidental death are highlighted. This may be partly explained by the progressive deterioration of cognitive function seen, with the progression and the prevalence of co-morbid disorders (conduct disorders, substance abuse). Paradoxically there are few objective data available as yet about the efficacy of the different treatment strategies offered; medical and psychotherapeutic, behavioural or psychosocial. Whilst early intervention programmes for adolescents at high risk of schizophrenia have been introduced, their

utility and efficacy remain to be shown.
Accession Number: WOS:000265063000004

Record 50 of 50 = PRO (TURKEY)
Title: Co-morbidity of bipolar disorder in children and adolescents with attention deficit/hyperactivity disorder (ADHD) in an outpatient Turkish sample
Author(s): Lus, G (Lus, Gozde); Mukaddes, NM (Mukaddes, Nahit Motavalli)
Source: WORLD JOURNAL OF BIOLOGICAL PSYCHIATRY **Volume:** 10 **Issue:** 4 **Pages:** 488-494 **DOI:** 10.3109/15622970902929876 **Part:** 2 **Published:** 2009
Abstract: This study aimed to assess the prevalence of bipolar disorder (BPD) in children and adolescents with attention deficit hyperactivity disorder (ADHD), and to compare the clinical characteristics of a group with ADHD with a group with co-morbidity of ADHD and BPD. The study includes 121 individuals, aged 6 16 years, with a diagnosis of ADHD. Comorbidity of BPD was evaluated using the Schedule for Affective Disorders and Schizophrenia for School-age Children-Present and Lifetime version (K-SADS-PL) and the Parent-Young Mania Rating Scale (P-YMRS). The Child Behavior Checklist (CBCL) was used to assess psychopathology in two groups. Ten children (8.3%) in the ADHD sample received the additional diagnosis of BPD. The ADHD + BPD group had significantly higher scores than the ADHD group on withdrawn, anxiety/depression, social problems, thought problems, attention problems, aggression, externalization, total score items of CBCL, and on the P-YMRS. It could be concluded that BPD is not a rare co-morbid condition in children with diagnosis of ADHD and subjects with this co-morbidity show more severe psychopathology than subjects with pure ADHD. Differential diagnosis of BPD disorder in subjects with ADHD seems crucial in establishing an effective treatment program, and therefore improving mental health outcomes.
Accession Number: WOS:000273003200019

Record 1 of 50 = TRAD (GERMANY)
Title: Pharmacotherapy in bipolar disorders during childhood and adolescence
Author(s): Vloet, JA (Vloet, Jennifer A.); Hagenah, UF (Hagenah, Ulrich F.)
Source: ZEITSCHRIFT FUR KINDER-UND JUGENDPSYCHIATRIE UND PSYCHOTHERAPIE **Volume:** 37 **Issue:** 1 **Pages:** 27-50 **DOI:** 10.1024/1422-4917.37.1.27 **Published:** 2009
Abstract: Objective: Bipolar disorders during childhood and adolescence are rare, but serious and highly recurrent disorders, often associated with negative outcome. Pharmacotherapy, including Lithium, other mood stabilizers, and atypical antipsychotic agents, is the first-line treatment in bipolar disorder and often necessary for many month or years.
Method: A computerized medline-search (Pubmed) was made for prospective studies and reviews of bipolar disorder in this age-group published during the last 10 years, which were then reviewed for their relevance.
Results: Despite the widespread use of substances whose efficacy for adults is well-established, there is a substantial lack of empirical data regarding efficacy and safety in the treatment of bipolar disorder in children and adolescents. Placebo-controlled studies are very rare, and the interpretation of the existing data is complicated by the diagnostic controversy about bipolar disorder in children. Side-effects are more common in children and adolescents than in adults.
Conclusions: Combination therapy may be favoured in cases of severe and psychotic bipolar disorder. Needed are more placebo-controlled studies and long-term studies on the efficacy and safety of mood stabilizers and atypical antipsychotic agents in the treatment of children and adolescents with bipolar disorder.
Accession Number: WOS:000263082500004

Record 2 of 50 = PRO (AUSTRALIA)
Title: Long-Chain Omega-3 Polyunsaturated Fatty Acids in the Blood of Children and Adolescents with Juvenile Bipolar Disorder
Author(s): Clayton, EH (Clayton, Edward H.); Hanstock, TL (Hanstock, Tanya L.); Hirneth, SJ (Hirneth, Stephen J.); Kable, CJ (Kable, Colin J.); Garg, ML (Garg, Manohar L.); Hazell, PL (Hazell, Philip L.)
Source: LIPIDS **Volume:** 43 **Issue:** 11 **Pages:** 1031-1038 **DOI:** 10.1007/s11745-008-3224-z **Published:** NOV 2008
Abstract: Reduced long-chain omega-3 polyunsaturated fatty acids (LCn-3PUFA), including eicosapentaenoic acid (EPA) and docosahexaenoic acid (DHA), have been reported in adult patients suffering from depression and bipolar disorder (BD). LCn-3PUFA status has not previously been examined in children and adolescents with BD compared with healthy controls. Fifteen children and adolescents (9-18 years, M +/- SD = 14.4 +/- 3.48) diagnosed with juvenile bipolar disorder (JBD) and fifteen healthy age and sex-matched controls were assessed for dietary intake and fasting red blood cell (RBC) membrane concentrations of LCn-3PUFA. Fatty acid concentrations were compared between participants diagnosed with JBD and controls after controlling for dietary intake. RBC membrane concentrations of EPA and DHA were not significantly lower in participants diagnosed with JBD compared with healthy controls (M +/- sem EPA = 3.37 +/- 0.26 vs. 3.69 +/- 0.27 mu g/mL, P = 0.458; M +/- sem DHA = 22.08 +/- 2.23 vs. 24.61 +/- 2.38 mu g/mL, P = 0.528) after controlling for intake. Red blood cell DHA was negatively (r = -0.55; P = 0.044) related to clinician ratings of depression. Although lower RBC concentrations of LCn-3PUFA were explained by lower intakes in the current study, previous evidence has linked reduced LCn-3PUFA to the aetiology of BD. As RBC DHA was also negatively related to symptoms of depression, a randomised placebo-controlled study examining supplementation with LCn-3PUFA as an adjunct to standard pharmacotherapy appears warranted in this patient population.
Accession Number: WOS:000260526200006

Record 3 of 50 = NA (TURKEY)
Title: Comorbidity of adult attention-deficit hyperactivity disorder and bipolar disorder: prevalence and clinical correlates
Author(s): Tamam, L (Tamam, Lut); Karakus, G (Karakus, Gonca); Ozpoyraz, N (Ozpoyraz, Nurgul)
Source: EUROPEAN ARCHIVES OF PSYCHIATRY AND CLINICAL NEUROSCIENCE **Volume:** 258 **Issue:** 7 **Pages:** 385-393 **DOI:** 10.1007/s00406-008-0807-x **Published:** OCT 2008
Abstract: The aim of this study was to determine the frequency of adult attention deficit hyperactivity disorder (ADHD) comorbidity with lifetime bipolar disorder, and the influence of this comorbidity on various demographic and clinical variables in patients. Patients (n = 159) with a previous diagnosis of bipolar disorder (79 female, 80 male) were included in this study. All patients were interviewed for the presence of current adult and childhood ADHD diagnosis and other axis I psychiatric disorder comorbidities using the structured clinical interview for DSM-IV (SCID) and the Schedule for Affective Disorders and Schizophrenia for School Age Children-Present and Lifetime Version (K-SADS-PL). The subjects also completed a Wender Utah rating scale (WURS-25) and a Current Symptoms Scale for ADHD symptoms. In particular, patients' clinical

characteristics, the age of onset of bipolar disorder, and the number of episodes were noted. Twenty-six of the 159 bipolar patients (16.3%) were diagnosed with adult ADHD, while another subgroup of patients (n = 17, 10.7%) received a diagnosis of childhood ADHD but did not fulfill criteria for adult ADHD. Both of these two subgroups (patients with adult ADHD, and patients with only childhood ADHD) had an earlier age of onset of the disease and a higher number of previous total affective or depressive episodes than those without any lifetime ADHD comorbidity. However only bipolar patients with adult ADHD comorbidity had higher lifetime comorbidity rates for axis I psychiatric disorders, such as panic disorder and alcohol abuse/dependence, compared to patients without lifetime ADHD. Bipolar patients with comorbid adult ADHD did not differ from bipolar patients with comorbid childhood ADHD in terms of any demographic or clinical variables except for adult ADHD scale scores. In conclusion, ADHD is a common comorbidity in bipolar patients, and it adversely affects the course of the disease and disrupts the social adjustment of the patients. Regular monitoring of ADHD will help to prevent problems and complications that could arise in the course of the disease, particularly in patients with early onset bipolar disorder.
Accession Number: WOS:000260365400001

Record 4 of 50 = NA (AUSTRALIA)
Title: Is Kleine-Levin syndrome a variant of bipolar disorder? An hypothesis
Author(s): Sachdev, PS (Sachdev, Perminder S.)
Source: ACTA NEUROPSYCHIATRICA **Volume:** 20 **Issue:** 4 **Pages:** 177-181 **DOI:** 10.1111/j.1601-5215.2008.00291.x **Published:** AUG 2008
Accession Number: WOS:000257753400002

Record 5 of 50 = SCEP (AUSTRALIA)
Title: Pre-pubertal paediatric bipolar disorder: a controversy from America
Author(s): Parry, P (Parry, Peter); Allison, S (Allison, Stephen)
Source: AUSTRALASIAN PSYCHIATRY **Volume:** 16 **Issue:** 2 **Pages:** 80-84 **DOI:** 10.1080/10398560701829592 **Published:** 2008
Abstract: Objective: The aim of this paper was to explore the rapid rise in the diagnosis of bipolar disorder (BD) in the paediatric, particularly pre-pubertal, age group, in the USA over the past decade and to look at associated controversies. Conclusions: There has been a very marked rise in the diagnosis of BD among pre-pubertal children, and to a lesser extent adolescents, in the USA since the mid 1990s. The rise appears to have been driven by a reconceptualizing of clusters of emotional and behavioural symptoms in the paediatric age group by some academic child psychiatry departments, most notably in St Louis, Boston and Cincinnati. There is controversy in both the academic literature and public media centring on diagnostic methods, epidemiological studies, adverse effects of medication including media-reported fatalities, and pharmaceutical company influence. With some exceptions, the traditional view of BD as being very rare prior to puberty and uncommon in adolescence appears accepted beyond the USA, though whether this is changing is as yet uncertain, and thus there are implications for Australian and New Zealand child and adolescent psychiatry.
Accession Number: WOS:000255273600003

Record 6 of 50 = NA (ITALY)
Title: Randomised controlled trials of selective serotonin reuptake inhibitors in treating depression in children and adolescents: A systematic review and meta-anatysis
Author(s): Usala, T (Usala, Tatiana); Clavenna, A (Clavenna, Antonio); Zuddasa, A (Zuddasa, Alessandro); Bonati, M (Bonati, Maurizio)
Source: EUROPEAN NEUROPSYCHOPHARMACOLOGY **Volume:** 18 **Issue:** 1 **Pages:** 62-73 **DOI:** 10.1016/j.euroneuro.2007.06.001 **Published:** JAN 2008
Abstract: To evaluate the efficacy of selective serotonin reuptake inhibitors (SSRIs) in children and adolescents with depressive disorder, the main electronic databases and the reference Lists of retrieved articles and reviews were searched up to January 2007. Randomized controlled studies (RCT) were assessed for methodological quality, taking into consideration the specific diagnostic and severity evaluation toots used, and a meta-analysis on the efficacy of SSRIs compared placebo was undertaken. In all, 13 studies were included, covering a total of 2530 children and adolescents. Eleven studies met the criteria for inclusion in the meta-analysis. The pooled odds ratio was 1.57 (95% C.I. 1.29-1.91). Only fluoxetine appeared to offer a moderately significant benefit profile (OR = 2.39). All studies differed in diagnostic toots and primary efficacy measures. SSRI treatment, especially with fluoxetine, may be effective on child and adolescent depression. Nevertheless, additional RCTs with sound methodological designs, validated diagnostic instruments, large sample sizes, and consistent outcomes are necessary to determine the rote of SSRIs, alone or in combination with psychological interventions in the treatment of depression in children and adolescents. (C) 2007 Elsevier B.V. and ECNP. All rights reserved.
Accession Number: WOS:000252604600008

Record 7 of 50 = TRAD (LITHUANIA)
Title: Distinctions of bipolar disorder symptoms in adolescence
Author(s): Gudiene, D (Gudiene, Devika); Leskauskas, D (Leskauskas, Darius); Markeviciute, A (Markeviciute, Aurelija); Klimavicius, D (Klimavicius, Dalius); Adomaitiene, V (Adomaitiene, Virginija)
Source: MEDICINA-LITHUANIA **Volume:** 44 **Issue:** 7 **Pages:** 548-552 **Published:** 2008
Abstract: Bipolar disorder in adolescents is a serious mental illness with problematic diagnosis that adversely affects social, academic, emotional, and family functioning. The objective of this study was to analyze features of premorbid and clinical symptoms, comorbidity, and course of bipolar disorder in adolescence. Data for analysis were collected from all case histories (N=6) of 14-18-year-old patients, hospitalized with diagnosis of bipolar disorder in the Unit of Children and Adolescents' Psychiatry, Department of Psychiatry, Hospital of Kaunas University of Medicine, during the period from 2000 to 2005. Analysis of bipolar disorder course showed that five patients previously had been diagnosed with an episode of depression. The most frequent symptoms typical to bipolar disorder were disobedience and impulsive behavior, rapid changes of mood. The most common premorbid features were frequent changes of mood, being active in communication, hyperactive behavior Adolescence-onset bipolar disorder was frequently comorbid with emotionally instable personality disorder, borderline type. Findings of the study confirm the notion that oppositional or impulsive behavior, rapid changes of mood without any reason, c dysphoric mood and euphoric mood episodes with increased energy were cardinal symptoms of bipolar disorder with mania in adolescents. Most frequent premorbid features of these patients were quite similar to attention-deficit/hyperactivity disorder making differential diagnosis problematic.

Accession Number: WOS:000258644300008

Record 8 of 50 = SCEP (CANADA)
Title: The early manifestations of bipolar disorder: a longitudinal prospective study of the offspring of bipolar parents
Author(s): Duffy, A (Duffy, Anne); Alda, M (Alda, Martin); Crawford, L (Crawford, Leah); Milin, R (Milin, Robert); Grof, P (Grof, Paul)
Source: BIPOLAR DISORDERS **Volume:** 9 **Issue:** 8 **Pages:** 828-838 **Published:** DEC 2007
Abstract: A major aim of this longitudinal high-risk study is to identify reliable early indicators of emerging bipolar disorder (BD) among offspring from well-characterized parents.
High-risk offspring were recruited from families in which one parent had BD diagnosed on the basis of the Schedule for Affective Disorders and Schizophrenia - Lifetime version (SADS-L) interviews and DSM-IV diagnostic criteria and the other parent was well. Bipolar parents were further subdivided on the basis of response or non-response to long-term lithium. A comparison group of offspring was recruited from well parents diagnosed on the basis of either SADS-L interviews or the family history method. All consenting offspring from high-risk and control families were assessed longitudinally with the Schedule for Affective Disorders and Schizophrenia for School-aged Children - Present and Lifetime version (KSADS-PL) interviews and DSM-IV diagnoses were made on a blind consensus review. The offspring were reassessed on average annually, as well as at any time symptoms developed.
Antecedent conditions to BD in both high-risk groups included sleep and anxiety disorders, while attention-deficit hyperactivity disorder and pre-psychotic conditions were antecedents among the offspring of lithium non-responders only. Among those offspring developing BD, the index mood episode was almost always depressive.
Despite a specific genetic risk, BD began with non-specific psychopathology and/or depressive disorders in a majority of offspring. Therefore, diagnosis based only on cross-sectional assessment of symptoms appears to be insufficient for the accurate early detection of emerging BD. Other parameters such as family history and associated antecedents should be taken into account.
Accession Number: WOS:000251414300005

Record 9 of 50 = PRO (SPAIN)
Title: Differences between prepubertal- versus adolescent- onset bipolar disorder in a Spanish clinical sample
Author(s): Lazaro, L (Lazaro, Luisa); Castro-Fornieles, J (Castro-Fornieles, Josefina); de la Fuente, JE (Eugenio de la Fuente, Jose); Baeza, I (Baeza, Immaculada); Morer, A (Morer, Astrid); Pamias, M (Pamias, Montserrat)
Source: EUROPEAN CHILD & ADOLESCENT PSYCHIATRY **Volume:** 16 **Issue:** 8 **Pages:** 510-516 **DOI:** 10.1007/s00787-007-0629-9 **Published:** DEC 2007
Abstract: Objectives To examine patients attended and diagnosed with bipolar disorder (BD) at a child and adolescent psychiatry service; to record age of diagnosis and age of onset, and to study clinical differences between prepubertal and adolescent onset groups. Method All patients currently attended for BD type I, type II or non specified BD were reviewed and divided into two age groups: prepubertal onset (beginning before age 13) and adolescent onset (beginning at or above age 13). Results The sample were 43 patients with BD. Fourteen (32.6%) with prepubertal onset and 29 (67.4%) with adolescent onset. Time between onset of symptoms and diagnosis was longer in the prepubertal onset group (1.2 years versus 0.8 years respectively, P = .05). Patients with prepubertal onset BD more frequently presented previous symptoms such as irritability and conduct problems and had a higher rate of comorbidity (more frequently attention-deficit/hyperactivity disorder-ADHD). The adolescent onset group more often presented psychotic symptoms. Conclusions The clinical characteristics of patients with bipolar disorder differ according to whether onset is prepubertal or adolescent.
Accession Number: WOS:000251843300005

Record 10 of 50 = PRO (BRAZIL)
Title: Preschool bipolar disorder: Brazilian children case reports
Author(s): Maia, APF (Maia, Ana Paula Ferreira); Boarati, MA (Boarati, Miguel A.); Kleinman, A (Kleinman, Ana); Fu, L (Fu, Lee, I)
Source: JOURNAL OF AFFECTIVE DISORDERS **Volume:** 104 **Issue:** 1-3 **Pages:** 237-243 **DOI:** 10.1016/j.jad.2007.04.003 **Published:** DEC 2007
Abstract: Objective: This study describes the clinical phenomenology and family history of preschool age onset Bipolar Disorder (BD).
Methods: Eight children and adolescents out of 118 cases (6.78%), both genders, meeting current DSM-IV criteria diagnosis of BD were described. The clinical assessment, CBCL, DICA-TV and CGAS were performed directly with each patient and their parents.
Results: Most (87.5%) presented classical symptoms of mania: euphoria, grandiosity, irritability, psychomotor agitation and agitated sleep or, in the same proportion, sleeplessness. Hyperactivity and increase of energy were found in all eight cases. The clinical course varied from a rapid, ultra-rapid, ultradian cycle to a continued pattern. Five out of eight children (62.5%) presented aggressiveness toward others and one deliberate self-harm. Most (87.5%) had psychiatric family history. The average number of medications used during their life was 4.5 drugs.
Limitation: The small sample and retrospective reports of the first manic symptoms in three of the cases (cases V, VI and VII).
Conclusion: An important incidence of classical manic features was found in very young children. The clinical course tended to be continuous, and preschool BD seems to have a strong association with affective disorder family history. (c) 2007 Elsevier B.V. All rights reserved.
Accession Number: WOS:000251489600031

Record 11 of 50 = TRAD (FINLAND)
Title: Early age at onset of bipolar disorder is associated with more severe clinical features but delayed treatment seeking
Author(s): Suominen, K (Suominen, Kirsi); Mantere, O (Mantere, Outi); Valtonen, H (Valtonen, Hanna); Arvilommi, P (Arvilommi, Petri); Leppamaki, S (Leppaemaeki, Sami); Paunio, T (Paunio, Tiina); Isometsa, E (Isometsae, Erkki)
Source: BIPOLAR DISORDERS **Volume:** 9 **Issue:** 7 **Pages:** 698-705 **DOI:** 10.1111/j.1399-5618.2007.00388.x **Published:** NOV 2007
Abstract: Objective: Our aim was to obtain a comprehensive view of differences between bipolar disorder (BD) patients with onset at early versus adult age in a representative study cohort.
Methods: In the Jorvi Bipolar Study (JoBS), 1,630 psychiatric in- and outpatients were systematically screened for BD using the

Mood Disorder Questionnaire (MDQ). A total of 191 bipolar I and II patients with a current DSM-IV episode were interviewed to obtain information about age at onset of mood symptoms, clinical course, treatment, comorbidity, and functional status. The patients were classified as either early onset (< 18 years) or adult onset.
Results: One-third of subjects with BD (58/191, 30%) had early onset. This was associated with female gender, more lifetime psychotic symptoms, greater overall comorbidity, and a greater length of time from first episode to treatment.
Conclusions: Although BD patients with early age at onset have more severe clinical features and illness course, the delays from first episode to treatment and to correct diagnosis are longer than for those with adult onset disorder. To reduce morbidity rates related to the most severe forms of BD, the recognition and diagnosis of BD during adolescence needs to be improved.
Accession Number: WOS:000250644300004

Record 12 of 50 = PRO (ITALY)
Title: Clinical implications of DSM-IV subtyping of bipolar disorders in referred children and adolescents
Author(s): Masi, G (Masi, Gabriele); Perugi, G (Perugi, Giulio); Millepiedi, S (Millepiedi, Stefania); Mucci, M (Mucci, Maria); Pari, C (Pari, Cinzia); Pfanner, C (Pfanner, Chiara); Berloffa, S (Berloffa, Stefano); Toni, C (Toni, Cristina)
Source: JOURNAL OF THE AMERICAN ACADEMY OF CHILD AND ADOLESCENT PSYCHIATRY **Volume:** 46 **Issue:** 10 **Pages:** 1299-1306 **DOI:** 10.1097/chi.0b013e3180f62eba **Published:** OCT 2007
Abstract: Objective: According to DSM-IV, bipolar disorders (BDs) include four subtypes, BID 1, BID 11, cyclothymic disorder, and BID not otherwise specified (NOS). We explore the clinical implications of this subtyping in a naturalistic sample of referred youths with BID 1, BID 11, and BD-NOS. Method: The sample consisted of 217 patients, 135 males and 82 females, ages between 8 and 18 years (mean age, 13.6 +/- 2.9 years), diagnosed according to historical information, prolonged observations, and a structured clinical interview (Schedule for Affective Disorders and Schizophrenia for School-Age Children-Present and Lifetime version). The location of the study was the Stella Maris Scientific Institute of Child Neurology and Psychiatry of Pisa (Italy). Results: Seventy-eight patients (35.9%) had BD I, 97 (44.7%) had BD II, and 42 (19.4%) had BD-NOS. Patients with BD I presented more frequently psychotic symptoms and elated rather than irritable mood. Patients with BD II were less severely impaired, presented more frequently depression as the intake affective episode, and had the highest comorbidity with anxiety disorders. Patients with BD-NOS presented an earlier onset of the disorder, a chronic rather than episodic course, an irritable rather than an elated mood, and a more frequent comorbidity with attention-deficit/ hyperactivity disorder and oppositional defiant disorder. Conclusions: DSM-IVcategorization of BID may have meaningful implications in youths, but needs to be detailed further.
Accession Number: WOS:000249802900007

Record 13 of 50 = SCEP (CANADA)
Title: Does bipolar disorder exist in children? A selected review
Author(s): Duffy, A (Duffy, Anne)
Source: CANADIAN JOURNAL OF PSYCHIATRY-REVUE CANADIENNE DE PSYCHIATRIE **Volume:** 52 **Issue:** 7 **Pages:** 409-417 **Published:** JUL 2007
Abstract: Although there is increasing recognition that a substantial proportion of patients with bipolar disorder (BD) experience an onset of illness in adolescence, significant controversy remains over the validity of the diagnosis in very young children. In careful studies of adult patients dating from Kraepelin, first mood episodes not uncommonly occurred during adolescence. Some of these early-onset patients experienced subthreshold mood disturbances or predisposing temperaments earlier in childhood. Earlier onsets of BD have been reported in more recent clinical and community samples of children. Several factors possibly contributed to these earlier onsets, including exposure to psychotropics, bias in favour of a mood rather than a psychotic diagnosis, and recognition of softer-spectrum BDs. However, the validity of the diagnosis of BD in impulsive, irritable, labile, or behaviourally dysregulated children remains to be proven. Studies of high-risk children of well-characterized parents with BD have demonstrated that BID most often debuts as a depressive episode in mid to late adolescence and that activated episodes are rare prior to age 12 years. Some children manifest antecedent nonspecific psychopathology in early childhood. Therefore, as currently diagnosed, BD does not manifest as such typically until at least adolescence.
Accession Number: WOS:000248207500002

Record 14 of 50 = NA (SWITZERLAND)
Title: ADHD for neurologists - ADHD in children, adolescents and adults
Author(s): Preuss, U (Preuss, U.)
Source: AKTUELLE NEUROLOGIE **Volume:** 34 **Issue:** 5 **Pages:** 291-306 **DOI:** 10.1055/s-2007-970815 **Published:** JUN 2007

Record 15 of 50 = TRAD (CANADA, FRANCE)
Title: Comorbidity with ADHD decreases response to pharmacotherapy in children and adolescents with acute mania: Evidence from a metaanalysis
Author(s): Consoli, A (Consoli, Angele); Bouzamondo, A (Bouzamondo, Anissa); Guile, JM (Guile, Jean-Marc); Lechat, P (Lechat, Philippe); Cohen, D (Cohen, David)
Source: CANADIAN JOURNAL OF PSYCHIATRY-REVUE CANADIENNE DE PSYCHIATRIE **Volume:** 52 **Issue:** 5 **Pages:** 323-328 **Published:** MAY 2007
Abstract: Objective: To assess whether comorbid attention-deficit hyperactivity disorder (ADHD) influences response to treatment in young patients with acute mania.
Methods: We conducted a metaanalysis of 5 open trials of 100, 35, 41, 60, and 37 children and adolescents. The pooled group included 273 children and adolescents with bipolar disorder (BD), divided into 2 subgroups: those with (n = 132), and those without (n = 14 1), ADHD comorbidity.
Results: There was a moderate and significant reduction in relative risk (RR) favouring treatment response in children and adolescents with BD but without ADHD comorbidity (RR 0.822; 95%Cl, 0.69 to 0.97; P = 0.021). The negative effect of ADHD comorbidity on treatment response was more significant in studies including adolescents only or subjects with BD I only.
Conclusion: These findings suggest that children and adolescents with BD and ADHD tend to be less responsive to drugs used in treatment of acute mania.
Accession Number: WOS:000246680600007

Record 16 of 50 = PRO (AUSTRALIA cautiously pro)
Title: Bipolar disorder in children and adolescents: obstacles to early diagnosis and future directions
Author(s): Cahill, CM (Cahill, Catherine M.); Green, MJ (Green, Melissa J.); Jairam, R (Jairam, Rajeev); Malhi, GS (Malhi, Gin S.)
Source: EARLY INTERVENTION IN PSYCHIATRY **Volume:** 1 **Issue:** 2 **Pages:** 138-149 **DOI:** 10.1111/j.1751-7893.2007.00011.x **Published:** MAY 2007
Abstract: Aim: This article reviews research centred around juvenile bipolar disorder with particular reference to diagnostic difficulties. Putative deficits are scrutinized with respect to trait likelihood and the roles of neuropsychology and neuroimaging in enhancing our understanding of juvenile bipolar disorder are discussed.
Methods: Search terms including childhood, adolescent, youth and juvenile combined with the terms 'bipolar disorder', mania, depression and hypomania were used to identify relevant studies in MEDLINE and PsychLit.
Results: Over recent years research into this relatively new disorder has increased phenomenally. Key issues within the field include diagnostic specificity, the heritability of the disorder, the impact of comorbidity and the implications of neuropsychological and neuroimaging findings.
Conclusion: Despite concerning controversies in literature the diagnosis of bipolar disorder in children and adolescents as compared with adults, promising future research directions include better neurological characterization of the disorder through the application of findings from clinical populations, neuropsychological and neuroimaging research.
Accession Number: WOS:000207052700004

Record 17 of 50 = SCEP (FRANCE)
Title: Treatments in child and adolescent bipolar disorders
Author(s): Consoli, A (Consoli, Angele); Deniau, E (Deniau, Emmannuelle); Huynh, C (Huynh, Christophe); Purper, D (Purper, Diane); Cohen, D (Cohen, David)
Source: EUROPEAN CHILD & ADOLESCENT PSYCHIATRY **Volume:** 16 **Issue:** 3 **Pages:** 187-198 **DOI:** 10.1007/s00787-006-0587-7 **Published:** MAY 2007
Abstract: The existence of bipolar disorder in adolescents is now clearly established. However, whether bipolarity exists in children is more controversial. We reviewed the literature on acute and prophylactic treatment of bipolar disorder in youths. The guidelines for the treatment of bipolar disorder in children and adolescents are generally similar to those applied in adult practice. But no evidence-based data support the use of mood stabilisers or antipsychotics since we only found two placebo-randomised controlled trials testing the efficacy of lithium in the paediatric literature. Therefore, we support the view that prescriptions should be limited to the most typical cases. In fact, the use of mood stabilisers or antipsychotics in the treatment of bipolar disorder in children and adolescents appears to be of limited use when a comorbid condition, such as attention deficit hyperactivity disorder, occurs unless aggressive behaviour is the target symptom.
Accession Number: WOS:000245968900005

Record 18 of 50 = TRAD (FINLAND)
Title: Differences in the clinical characteristics of adolescent depressive disorders
Author(s): Karlsson, L (Karlsson, Linnea); Pelkonen, M (Pelkonen, Mirjami); Heila, H (Heila, Hannele); Holi, M (Holi, Matti); Kiviruusu, O (Kiviruusu, Olli); Tuisku, V (Tuisku, Virpi); Ruuttu, T (Ruuttu, Titta); Marttunen, M (Marttunen, Mauri)
Source: DEPRESSION AND ANXIETY **Volume:** 24 **Issue:** 6 **Pages:** 421-432 **DOI:** 10.1002/da.20233 **Published:** 2007
Abstract: Our objective was to analyze differences in clinical characteristics and comorbidity between different types of adolescent depressive disorders. A sample of 218 consecutive adolescent (ages 13-19 years) psychiatric outpatients with depressive disorders was interviewed for DSM-IV Axis I and Axis II diagnoses. We obtained data, by interviewing the adolescents themselves and collecting additional background information from the clinical records. Lifetime age of onset for depression, current episode duration, frequency of suicidal behavior, psychosocial impairment, and the number of current comorbid psychiatric disorders varied between adolescent depressive disorder categories. The type of co-occurring disorder was mainly consistent across depressive disorders. Minor depression and dysthymia (DY) presented as milder depressions, whereas bipolar depression (BPD) and double depression [DD; i.e., DY with superimposed major depressive disorder (MDD)] appeared as especially severe conditions. Only earlier lifetime onset distinguished recurrent MDD from first-episode MDD, and newly emergent MDD appeared to be as impairing as recurrent MDD. Adolescent depressive disorder categories differ in litany clinically relevant aspects, with most differences reflecting a continuum of depression severity. Identification of bipolarity and the subgroup with DD seems especially warranted. First episode MDD should be considered as severe a disorder as recurring MDD. Depression and Anxiety 24:421-432, 2007. (C) 2006 Wiley-Liss, Inc.
Accession Number: WOS:000250080400006

Record 19 of 50 = TRAD (AUSTRIA)
Title: Child and adolescent bipolar disorder
Author(s): Aichhorn, W (Aichhorn, W.); Stuppack, C (Stuppaeck, Ch.); Kralovec, K (Kralovec, K.); Yazdi, K (Yazdi, K.); Aichhorn, M (Aichhorn, M.); Hausmann, A (Hausmann, A.)
Source: NEUROPSYCHIATRIE **Volume:** 21 **Issue:** 2 **Pages:** 84-92 **Published:** 2007
Abstract: The onset of bipolar disorders before the age of 10 is rare. First manifestation occurs most frequently between the age of 15 to 30. Children of a parent with bipolar disorder are at a fivefold risk for developing a bipolar disorder. Therefore, an elaborate family-history is essential for the assessment of potentially manic or depressive symptoms in children and adolescents. Basically, for all age-groups the same diagnostic criteria according to ICD 10 are applied. Due to the differing symptoms for children and adolescents the finding of a diagnosis is considerably harder than for adults. Manic episodes before the age of 10 are characterized by increased activity, more risk taking behaviour and elevated emotional instability. In adolescents, however, behavioural disturbance with antisocial behaviour and drug-abuse are more common. Thus, typical misdiagnosis as ADHD or conduct disorders for children and adolescents are frequent. Aggravating the complexity, in up to 90 % both differential-diagnosis may occur as comorbid disorders. Furthermore, psychotic symptoms are more common than in adults and dysphoria is more likely than euphoric or depressive mood. Asymptornatic intervals rarely exist, whereas "ups" and "downs" in rapid succession are prevailing (rapid cycling). An early diagnosis, leading specific treatment, is essential for the prognosis of bipolar disorders. Additionally, structural (CCT or MRI) and laboratory examination are essential to expel endocrine or brain-organic diseases. Besides psychotherapeutic and psychoeducative methods, always including parents and attached persons, the psychopharmacological treatment is a major part of a multimodal treatment. The available substances partly have been in use for years and are appropriate for youngsters. These include mood stabilizers like lithium, divalproex and carbamazepine, which

provide besides their acute antimanic effects also relapse-prophylactic properties. In addition atypical antipsychotics like risperidone, olanzapine and quetiapine have gained more and more importance in the treatment of manic states in children and adolescents during the last years. However the use of antidepressants in children and adolescents should be considered with great caution due to arguable efficacy and potentially severe adverse effects, i.e. amplification of suicidal ideation.
Accession Number: WOS:000247702600004

Record 20 of 50 = PRO (ITALY)
Title: Developmental differences according to age at onset in juvenile bipolar disorder
Author(s): Masi, G (Masi, Gabriele); Perugi, G (Perugi, Giulio); Millepiedi, S (Millepiedi, Stefania); Mucci, M (Mucci, Maria); Toni, C (Toni, Cristina); Bertini, N (Bertini, Nicoletta); Pfanner, C (Pfanner, Chiara); Berloffa, S (Berloffa, Stefano); Pari, C (Pari, Cinzia)
Source: JOURNAL OF CHILD AND ADOLESCENT PSYCHOPHARMACOLOGY **Volume:** 16 **Issue:** 6 **Pages:** 679-685 **DOI:** 10.1089/cap.2006.16.679 **Published:** DEC 2006
Abstract: Background: This study on a large sample of unselected, consecutive children and adolescents referred to a third-level hospital who received a diagnosis of bipolar disorder (BD) was aimed at exploring whether childhood-onset BD, as compared with adolescent-onset BD, presents specific clinical features in terms of severity, functional impairment, course, prevalent mood, pattern of co-morbidity, and treatment outcome.
Methods: A total of 136 patients, 81 males (59.6%) and 55 females (40.4%), mean age 13.5 +/- 2.9 years, meeting the Diagnostic and Statistical Manual of Mental Disorders, 4th edition (DSM-IV) diagnosis of BD according to a structured clinical interview Schedule for Affective Disorders and Schizophrenia for School-Age Children-Present and Lifetime Version (KSADS-PL), were included in the study.
Results: Eighty patients (58.8%) had a childhood-onset BD (before 12 years of age) and 56 (41.2%) had an adolescents-onset BD. Compared with the adolescent-onset BD, patients with childhood-onset were more frequently males and had a more frequent co-morbidity with attention-deficit/hyperactivity disorder (ADHD) and oppositional defiant disorder (ODD). An episodic course was found in only 42.5% of bipolar children, but 76.8% of youngsters with adolescent-onset BD. Severity, 6-month treatment outcome, prevalent mood (elated versus irritable), and co-morbid anxiety did not differentiate the two groups.
Conclusions; Our findings suggest that a very early age at onset may identify a form of BD with a more frequent subcontinuous course and a heavy co-morbidity with ADHD.
Accession Number: WOS:000243605300031

Record 21 of 50 = PRO (NEW ZEALAND)
Title: Impact of ADHD on the neurocognitive functioning of adolescents with bipolar disorder
Author(s): Rucklidge, JJ (Rucklidge, Julia J.)
Source: BIOLOGICAL PSYCHIATRY **Volume:** 60 **Issue:** 9 **Pages:** 921-928 **DOI:** 10.1016/j.biopsych.2006.03.007 **Published:** NOV 1 2006
Abstract: Background: Pediatric Bipolar Disorder (BD) has been associated with a number of neurocognitive deficits not dissimilar to ADHD. This study co mpa red neuropsychological profiles of 4 g roups of adolescents (14- 17 years): 41 Normal Controls (NC), 3 0 ADHD, 12 BD and 12 combined (BD+ADHD).
Methods: Participants were identified according to a standardized protocol (WASHU-KSADS mood section, K-SADS-PL and Conners Scales) and completed tests of processing speed, memory, executive functioning, set shifting, and inhibition. ADHD adolescents on stimulant medication did not take it on the day.
Results: After controllingfor covariates, the ADHD-only and combined groups were most impaired, including processing and naming speed, working memory, and response inhibition. The ADHD-only group showed specific impairment in naming objects, numbers and letters than the NC and showed greater deficits than the BD-only group on tests of naming speed. The combined group showed greatest deficits in verbal memory and inhibitory control other than working memory, there were no differences between the BD-only and NC groups. Removal of BD-NOS did not impact on the results.
Conclusions: This study failed to find broad neurocognitive deficits in BD-only adolescents. Only those with comorbid ADHD showed cognitive deficits, highlighting the impact ADHD may have on neurocognitive functioning of BD.
Accession Number: WOS:000241691600004

Record 22 of 50 = PRO (FRANCE)
Title: Evolution of bipolar disorder
Author(s): Bellivier, F (Bellivier, F.)
Source: ENCEPHALE-REVUE DE PSYCHIATRIE CLINIQUE BIOLOGIQUE ET THERAPEUTIQUE **Volume:** 32 **Pages:** S506-S510 **Part:** 2 **Published:** SEP 2006
Accession Number: WOS:000242011700004

Record 23 of 50 = PRO (ITALY)
Title: Attention-deficit hyperactivity disorder - bipolar comorbidity in children and adolescents
Author(s): Masi, G (Masi, Gabriele); Perugi, G (Perugi, Giulio); Toni, C (Toni, Cristina); Millepiedi, S (Millepiedi, Stefania); Mucci, M (Mucci, Maria); Bertini, N (Bertini, Nicoletta); Pfanner, C (Pfanner, Chiara)
Source: BIPOLAR DISORDERS **Volume:** 8 **Issue:** 4 **Pages:** 373-381 **DOI:** 10.1111/j.1399-5618.2006.00342.x **Published:** AUG 2006
Abstract: Objective: A substantial portion of juvenile bipolar disorder (BD) has a comorbid attention-deficit hyperactivity disorder (ADHD). The aim of our study was to analyze the cross-sectional and longitudinal implications of such comorbidity in children and adolescents with BD.
Methods: Ninety-eight refereed patients (mean age 13.7 +/- 3.0 years) with a diagnosis of BD by the Schedule for Affective Disorders and Schizophrenia for School-Age Children, Present and Lifetime version (K-SADS-PL) were followed for 6 months.
Results: Thirty-seven BD patients (37.8%) presented a lifetime diagnosis of comorbid ADHD. The mean age of onset of ADHD was 3.7 +/- 1.1 years, and the mean age of onset of BD was 10.0 +/- 3.2 years. Bipolar subjects with comorbid ADHD were predominantly male, younger, and had an earlier onset of BD (8.1 +/- 2.8 versus 11.1 +/- 2.9 years). Bipolar-ADHD patients presented more frequently a chronic rather than an episodic course of BD, with an irritable rather than an elated mood. They showed higher rates of oppositional defiant disorder/conduct disorder, lower rates of panic disorder, and less frequently received antidepressant medications. Finally, ADHD comorbidity was associated with a greater psychosocial impairment.
Conclusions: ADHD comorbidity is frequent in juvenile BD and can influence age of onset, phenomenology, comorbidity, and

course of BD. A timely diagnosis should improve our efforts regarding the outcome of these subjects.
Accession Number: WOS:000239111900007

Record 24 of 50 = NA (TURKEY)
Title: Adult attention-deficit hyperactivity disorder in patients with bipolar I disorder in remission: Preliminary study
Author(s): Tamam, L (Tamam, Lut); Tuglu, C (Tuglu, Cengiz); Karatas, G (Karatas, Gonca); Ozcan, S (Ozcan, Sevilay)
Source: PSYCHIATRY AND CLINICAL NEUROSCIENCES **Volume:** 60 **Issue:** 4 **Pages:** 480-485 **DOI:** 10.1111/j.1440-1819.2006.01535.x **Published:** AUG 2006
Abstract: Attention-deficit hyperactivity disorder (ADHD), a syndrome that typically first appears in early childhood, can occur in individuals of all ages. Prospective studies have demonstrated that at least half of children diagnosed as having ADHD continue to suffer the symptoms of this disorder in their adult life with significant impacts on their social status, achievement level and sense of well-being. The purpose of this preliminary study was to determine the rate of ADHD in patients with bipolar disorder (BD) and to examine the effects of comorbid ADHD on several clinical and sociodemographic variables of bipolar patients. Forty-four BD-I patients followed up in psychiatric outpatient clinics in two university hospitals, were assessed for the presence of adult ADHD according to DSM-IV. All patients also completed the Wender Utah Rating Scale for objective evaluation of ADHD. Of 44 patients with BD-I, only seven (15.9%) fulfilled criteria for a diagnosis of adult ADHD. Bipolar disorder-I patients with comorbid ADHD were more likely to be female, and have more affective episodes (especially depressive episodes) than bipolar patients without comorbid ADHD. Age at onset of affective illness was not significantly different between the two groups. In line with results of several previous reports, the present study also showed higher prevalence of ADHD in patients with BD-I than in normal population. A higher number of affective episode in patients with comorbid ADHD may suggest a more severe clinical course of BD in these patients. A larger group of samples is required to clarify the exact association and interaction between these two clinical entities.
Accession Number: WOS:000239010500014

Record 25 of 50 = NA (BRAZIL)
Title: Non-autistic pervasive developmental disorders: Rett syndrome, disintegrative disorder and pervasive developmental disorder not otherwise specified
Author(s): Mercadante, MT (Mercadante, MT); Van der Gaag, RJ (Van der Gaag, RJ); Schwartzman, JS (Schwartzman, JS)
Source: REVISTA BRASILEIRA DE PSIQUIATRIA **Volume:** 28 **Pages:** S12-S20 **DOI:** 10.1590/S1516-44462006000500003 **Supplement:** 1 **Published:** MAY 2006
Abstract: The category "Pervasive Developmental Disorders" includes autistic disorder Asperger's syndrome, Rett's syndrome, childhood disintegrative disorder and a residual category, named pervasive developmental disorder not otherwise specified. In this review, Rett's syndrome and childhood disintegrative disorder which are well-defined categories, will be discussed, as well as the not well defined categories that have been included in the Pervasive Developmental Disorder Not Otherwise Specified group. Different proposals of categorization have been created, some of which based on descriptive phenomenological approach, and others based upon other theoretical perspectives, such as neuropsychology. Current proposals are presented and discussed, followed by critical appraisals on the clinical advantages and disadvantages of these concepts.
Accession Number: WOS:000237852200003

Record 26 of 50 = SCEP (INDIA)
Title: Comorbidity of attention deficit hyperactivity disorder in juvenile bipolar disorder
Author(s): Jaideep, T (Jaideep, T); Reddy, YCJ (Reddy, YCJ); Srinath, S (Srinath, S); Rajeev, J (Rajeev, J); Srinath, S (Srinath, S)
Source: BIPOLAR DISORDERS **Volume:** 8 **Issue:** 2 **Pages:** 182-187 **DOI:** 10.1111/j.1399-5618.2006.00293.x **Published:** APR 2006
Abstract: Objective: There is some evidence to suggest that attention deficit hyperactivity disorder (ADHD) and juvenile bipolar disorder could be related. This is based on studies of comorbidity and some preliminary family study data. However, doubts continue to be raised about the relationship between the two disorders. This study examined the comorbidity of disruptive behavior disorders (DBD) that include ADHD, oppositional defiant disorder (ODD) and conduct disorder (CD) in juvenile bipolar disorder.
Method: Seventy-three subjects with onset of bipolar disorder at age 18 years or younger were evaluated using structured interviews (Missouri Assessment of Genetics Interview for Children, Structured Clinical Interview for DSM-IV Axis I disorders - Clinician Version, and Operational Criteria Checklist for Psychotic Disorders version 3.4). Information was collected from subjects as well as from their parents. Patients with comorbid DBD were compared with patients without DBD.
Results: Ten subjects (14%) had one or more comorbid DBD. ADHD, CD, and ODD were present in three (4%), two (3%), and eight (11%) subjects, respectively. Those with DBD had earlier onset of bipolar disorder and spent more time ill compared to those without DBD.
Conclusions: The rates of comorbid DBD in juvenile bipolar disorder are low. The study does not support a definite relationship between ADHD and juvenile bipolar disorder. Higher rates reported previously may be due to differing methods of subject ascertainment. Samples recruited from community and general psychiatric settings may help to clarify the relationship between bipolar disorder and ADHD.
Accession Number: WOS:000236022400010

Record 27 of 50 = PRO (GERMANY)
Title: Differential diagnosis and pharmacotherapy of juvenile mania - A review
Author(s): Braun-Scharm, H (Braun-Scharm, H); Bilke, O (Bilke, O)
Source: PSYCHIATRISCHE PRAXIS **Volume:** 33 **Pages:** S40-S46 **DOI:** 10.1055/s-2005-915327 **Supplement:** 1 **Published:** MAR 2006
Abstract: Manic disorders and bipolar psychoses have long been under-diagnosed in child and adolescent psychiatry. Scientific research has been rare as well. In particular in adolescence and young adulthood bipolar disorders are not easy to diagnose. Therefore these disorders should be included in differential diagnosis as research from the U.S. shows that there is a significant number of these treatable patients. Being untreated sufficiently major setback in social development and quality of life occur, as severe as in schizophrenia. Adequate medication and psychotherapy in the early phases of these chronic disorders ameliorate the overall prognosis. Special attention should be drawn to hypomanic phases and phenomena as rapid cycling.
Accession Number: WOS:000237600200008

Record 28 of 50 = PRO (ITALY)
Title: Comorbidity of obsessive-compulsive disorder and attention-deficit/hyperactivity disorder in referred children and adolescents
Author(s): Masi, G (Masi, G); Millepiedi, S (Millepiedi, S); Mucci, M (Mucci, M); Bertini, N (Bertini, N); Kanner, C (Kanner, C); Arcangeli, F (Arcangeli, F)
Source: COMPREHENSIVE PSYCHIATRY **Volume:** 47 **Issue:** 1 **Pages:** 42-47 **DOI:** 10.1016/j.comppsych.2005.04.008 **Published:** JAN-FEB 2006
Abstract: Objective: The aim of this study was to explore whether comorbid attention-deficit/hyperactivity disorder (ADHD) affects the clinical expression and outcome of obsessive-compulsive disorder (OCD) in a clinical sample.
Method: A consecutive series of 94 children and adolescents (mean age, 13.6 +/- 2.8 years) with current diagnosis of OCD were included in the study. Twenty-four (25.5%) patients were diagnosed as having a comorbid ADHD. Subjects with OCD plus ADHD were compared with subjects with OCD but without ADHD.
Results: Comorbid ADHD with OCD was significantly associated with a higher rate of males, an earlier onset of OCD, a greater psychosocial impairment, and a heavier comorbidity, namely, with bipolar disorder, tic disorder, and oppositional defiant disorder/conduct disorder. Phenomenology of obsessions and compulsions and outcome were not affected by ADHD comorbidity.
Conclusions: A screening for ADHD should be performed in patients with OCD, as these patients and their parents are frequently not aware that the impairment may be partly due to a comorbid ADHD.
Accession Number: WOS:000234178000006

Record 29 of 50 = PRO (SWEDEN)
Title: Bipolar II and the bipolar spectrum
Author(s): Skeppar, P (Skeppar, P); Adolfsson, R (Adolfsson, R)
Source: NORDIC JOURNAL OF PSYCHIATRY **Volume:** 60 **Issue:** 1 **Pages:** 7-26 **DOI:** 10.1080/08039480500504685 **Published:** 2006
Abstract: In studies made in the last decade, patients consulting doctors because of depression and anxiety have very often turned out to suffer from bipolar type II and similar conditions with alternating depression and hypomania/mania (the bipolar spectrum disorders - BP). Specifically, about every second patient seeking consultation because of depression has been shown to suffer from BR mainly bipolar type II. BP is often concealed by other psychiatric conditions, e.g. recurrent depression, psychosis, anxiety, addiction, personality disorder, attention-deficit hyperactivity disorder and eating disorder. BP shows strong heredity Relatives of patients with BP also have a high frequency of the psychiatric conditions just mentioned. Conversion ("switching") from recurrent unipolar depressions (recurrent UP) to BP is common in very long longitudinal studies (over decades). Mood-stabilizing medicines are recommended to a great extent in the treatment of BP, since anti-depressive medicines are often not effective and involve a substantial risk of inducing mood swings. Particularly in the long-term pharmacological treatment of depression in BP anti-depressive medicines may worsen the condition, e.g. inducing a symptom triad of dysphoria, irritability and insomnia: ACID (antidepressant-associated chronic irritable dysphoria).
Accession Number: WOS:000237963200002

Record 30 of 50 = PRO (FRANCE)
Title: Age at onset in bipolar affective disorders: a review
Author(s): Leboyer, M (Leboyer, M); Henry, C (Henry, C); Paillere-Martinot, ML (Paillere-Martinot, ML); Bellivier, F (Bellivier, F)
Source: BIPOLAR DISORDERS **Volume:** 7 **Issue:** 2 **Pages:** 111-118 **DOI:** 10.1111/j.1399-5618.2005.00181.x **Published:** APR 2005
Abstract: Bipolar affective disorder (BPAD) is a multifactorial disorder with various clinical presentations. Etiologic heterogeneity may partly underlie the phenotypic heterogeneity. Efforts to dissect BPAD have been based on the course of the disorders (BP I versus BP II or rapid cycling), cormorbidity pattern (panic attacks, suicide attempts, addiction or hyperactivity), differences between the sexes, and clinical pattern (cycloid and puerperal psychosis). The present article provides a comprehensive review of the existing data, showing that age at onset (AAO) identifies homogeneous sub-groups of patients with BPAD. Recent work has demonstrated the existence of three - early, intermediate and late - onset bipolar sub-groups based on AAO, following Kendell's criteria for validity (The American Journal of Psychiatry 2003; 160: 999). We will also show how these distinctions may be of use in the search for genetic vulnerability factors and other pathogenic influences. Following Kendell's criteria, we show that AAO of bipolar disorders has been tested with most of the available strategies for establishing the validity of clinical syndromes. We also present data from genetic epidemiologic studies in bipolar disorder, showing that AAO sub-groups may reduce the underlying genetic heterogeneity. No accurate AAO thresholds to define valid sub-groups have been identified precisely. Until recently, studies defined early- and late-onset as corresponding to early or mid-adulthood, not taking into account juvenile-onset bipolar disorder. A recently proposed theoretical model with three AAO sub-groups (onset age 17, 27 and 46) is discussed.
Accession Number: WOS:000227589400002

Record 31 of 50 = PRO (ITALY)
Title: Prepubertal bipolar disorder: available pharmacological treatment options
Author(s): Masi, G (Masi, G)
Source: EXPERT OPINION ON PHARMACOTHERAPY **Volume:** 6 **Issue:** 4 **Pages:** 547-560 **DOI:** 10.1517/14656566.6.4.547 **Published:** APR 2005
Abstract: Awareness of bipolar spectrum disorders in children is rapidly increasing, with a more precise definition of their clinical subtypes and early signs. Paediatric bipolar disorder can lead to an important impairment in scholastic, familial and social functioning, and to a higher risk for substance abuse and suicide. In the context of a multimodal approach, the core treatment of early-onset bipolar disorder is pharmacological. This review focuses on the empirical evidence for pharmacotherapy in paediatric bipolar disorder. Mood stabilisers, including lithium, and older and newer anticonvulsivants will be considered, in mono- or polypharmacy. Atypical antipsychotics will be considered in more severe and/or treatment-resistant manic or mixed episodes. Finally, the prophylaxis of intercritical phases and the management of specific challenging conditions, such as bipolar depression and attention deficit hyperactivity disorder, with bipolar comorbidity, will be reviewed.
Accession Number: WOS:000228646800002

Record 32 of 50 = TRAD (IRAN)
Title: An open trial of citalopram in children and adolescents with depression
Author(s): Shirazi, E (Shirazi, E); Alaghband-Rad, J (Alaghband-Rad, J)
Source: JOURNAL OF CHILD AND ADOLESCENT PSYCHOPHARMACOLOGY **Volume:** 15 **Issue:** 2 **Pages:** 233-239 **DOI:** 10.1089/cap.2005.15.233 **Published:** APR 2005
Abstract: Objective: The aim of this study was to collect pilot data on the magnitude of effect and tolerability of citalopram in early-onset major depressive disorder (MDD).
Method: This study was performed in two academic child and adolescent psychiatric clinics (2000 through 2002). Thirty children and adolescents, 8-17 years of age (mean age, 13.57 +/- 2.5), of both sexes (53.3% girls; 46.7% boys) and diagnosed with MDD by means of clinical psychiatric evaluation, Diagnostic Interview for Children and Adolescents (DICA) and the Diagnostic and Statistical Manual of Mental Disorders, 4th edition (DSM-IV) criteria, were studied in an open-label clinical trial with 10-40 mg/day of citalopram for 6 weeks. The outcome measures were the Hamilton Depression Rating Scale (HDRS), the Children Global Assessment Scale (CGAS), and the New York State Psychiatric Institute side-effect form.
Results: Moderate (50%-70% change in HDRS and CGAS) to large (> 70% change in HDRS and CGAS) effect were seen in 91.7% of children (22/24). There were significant changes on HDRS ($X = 22.78$; $t = -14.12$; $p < 0.000$) and CGAS ($X = 26.02$; $t = 9.68$; $p < 0.000$) between baseline and the 6th week. Mild side effects were reported in 2 patients (8.3%). Adverse effects that contributed to discontinuation were nausea and vomiting in 3.3% ($n = 1$) of patients and unexpectedly switching to mania in 16.7% ($n = 5$) of patients.
Conclusion: Citalopram may be an efficatious treatment in early-onset MDD. However, the high switch rate to mania warrants further investigations, as well as cautions, in using it.
Accession Number: WOS:000229787000011

Record 33 of 50 = TRAD (TUNISIA, FRANCE)
Title: Bipolar disorders in children and adolescents: a clinical study from 50 cases
Author(s): Othman, S (Othman, S); Bailly, D (Bailly, D); Bouden, A (Bouden, A); Rufo, M (Rufo, M); Halayem, MB (Halayem, MB)
Source: ANNALES MEDICO-PSYCHOLOGIQUES **Volume:** 163 **Issue:** 2 **Pages:** 138-146 **DOI:** 10.1016/j.amp.2003.07.003 **Published:** MAR 2005
Abstract: Progress in knowledge about bipolar disorders, in their clinical, etiological and therapeutic aspects, led these last 20 years to increase the interest for the childhood and adolescence onset forms of these disorders, even if they are rare. In this way, numerous studies emphasized the difficulties encountered in making the diagnosis at this age, mainly because the heterogeneity of the clinical picture observed. In this paper, the authors present the results of a retrospective, descriptive, clinical study performed from 50 cases attended in the Razi hospital child and adolescent psychiatry department in Tunis between 1996 and 2001. Among the 470 adolescents hospitalized in the Razi hospital child and adolescent psychiatry department in Tunis between 1996 and 2001, 50 were diagnosed as having bipolar disorder according to the DSM-IV criteria. Their clinical records were analyzed by means of an epidemiological card drawn from the WASH-U-SADS. Twenty-eight girls and 22 boys were included in the study. The mean age of these subjects at their first hospitalization was 15.8 years; 30% were firstly hospitalized between the age of 14 and 15 years, 24% between the age of 18 and 19 years. The mean duration of their follow-up was 28 months (6-72 months). Forty-four percent of them had previously exhibited episodes of mild depressive manifestations, 16% undiagnosed major depressive disorder, and 14% (only girls) suicide attempts. Familial history of mental disorders was found in 40% of them: non affective psychoses in 18% of the cases, bipolar disorders in 16%, major depressive disorder in 4% and alcohol dependence in 2%. Ninety-four percent of the patients were diagnosed as having bipolar I disorder and 6% bipolar II disorder. The diagnoses at their first hospitalization were very heterogeneous: manic episode in 48% of the cases, major depressive episode with psychotic features in 30%, schizophreniform disorder in 14%, mixed episode in 4%, and adjustment disorder in 4%. The atypical diagnoses were found significantly more frequent in patients firstly hospitalized before the age of 16 years ($P < 0.005$). During the follow-up, 92 manic episodes were recorded. The analysis of the manic episode clinical features also showed that atypical manifestations (mixed episodes or with psychotic features) were significantly more frequent in the patients firstly hospitalized before the age of 16 years ($P < 0.02$). Concerning the therapeutic aspects, mood stabilizers were used from the first manic episode in 82% of the cases. The adjunction of an antipsychotic agent during the acute phase of the mood episodes was found relatively frequent, probably because of the frequency of the psychotic features observed during these episodes. These results confirm numerous data previously reported in comparable studies. More particularly, they agree with the recently evoked hypothesis of two separate phenotypes in juvenile bipolar disorders: the early onset forms, in the youngest people, are characterized by an onset usually depressive type and by the occurrence of mood episodes frequently atypical in their clinical and developing aspects; while the later onset forms look almost like the clinical picture usually observed in adulthood. These data also show that it is essential to assess carefully the mood condition in children and adolescents exhibiting atypical pathological episodes. (c) 2004 Elsevier SAS. Tons droits reserves.
Accession Number: WOS:000228578900005

Record 34 of 50 = PRO (CANADA, sponsored by Eli-Lilly)
Title: Canadian Network for Mood and Anxiety Treatments (CANMAT) guidelines for the management of patients with bipolar disorder: consensus and controversies
Author(s): Yatham, LN (Yatham, LN); Kennedy, SH (Kennedy, SH); O'Donovan, C (O'Donovan, C); Parikh, S (Parikh, S); MacQueen, G (MacQueen, G); McIntyre, R (McIntyre, R); Sharma, V (Sharma, V); Silverstone, P (Silverstone, P); Alda, M (Alda, M); Baruch, P (Baruch, P); Beaulieu, S (Beaulieu, S); Daigneault, A (Daigneault, A); Milev, R (Milev, R); Young, T (Young, T); Ravindran, A (Ravindran, A); Schaffer, A (Schaffer, A); Connolly, M (Connolly, M); Gorman, CP (Gorman, CP)
Source: BIPOLAR DISORDERS **Volume:** 7 **Pages:** 5-69 **Supplement:** 3 **Published:** 2005
Abstract: Since the previous publication of Canadian Network for Mood and Anxiety Treatments (CANMAT) guidelines in 1997, there has been a substantial increase in evidence-based treatment options for bipolar disorder. The present guidelines review the new evidence and use criteria to rate strength of evidence and incorporate effectiveness, safety, and tolerability data to determine global clinical recommendations for treatment of various phases of bipolar disorder. The guidelines suggest that although pharmacotherapy forms the cornerstone of management, utilization of adjunctive psychosocial treatments and incorporation of chronic disease management model involving a healthcare team are required in providing optimal management for patients with bipolar disorder. Lithium, valproate and several atypical antipsychotics are first-line treatments for acute mania. Bipolar depression and mixed states are frequently associated with suicidal acts; therefore assessment for suicide should always

be an integral part of managing any bipolar patient. Lithium, lamotrigine or various combinations of antidepressant and mood-stabilizing agents are first-line treatments for bipolar depression. First-line options in the maintenance treatment of bipolar disorder are lithium, lamotrigine, valproate and olanzapine. Historical and symptom profiles help with treatment selection. With the growing recognition of bipolar 11 disorders, it is anticipated that a larger body of evidence will become available to guide treatment of this common and disabling condition. These guidelines also discuss issues related to bipolar disorder in women and those with comorbidity and include a section on safety and monitoring.
Accession Number: WOS:000231193600001

Record 35 of 50 = SCEP (FRANCE)
Title: Attention deficit-hyperactivity disorder or juvenile mania
Author(s): Vantalon, V (Vantalon, V); Cohen, DM (Cohen, DM)
Source: ARCHIVES DE PEDIATRIE **Volume:** 11 **Issue:** 12 **Pages:** 1484-1489 **DOI:** 10.1016/j.arcped.2004.09.021 **Published:** DEC 2004
Abstract: In recent years, the relationship between juvenile mania and attention deficit hyperactivity disorder has been the focus of renewed clinical research and controversial debates. We have reviewed the recent literature about bipolar disorder and juvenile mania in children in order to clarify the knowledge in assessment, phenomenology and diagnosis of prepubertal bipolar disorder. Despite the fact that prepubertal mania has been recognized, there is no consensus on the diagnostic criteria. The symptomatic overlap and comorbidity of juvenile mania with attention deficit hyperactivity disorder has produced confusion. As prospective studies are not yet contributive because of the heterogeneity of samples and criteria, one cannot consider these manic children as truly cases of bipolar disorder. (C) 2004 Elsevier SAS. Tous droits reserves.
Accession Number: WOS:000226190300013

Record 36 of 50 = SCEP (FRANCE)
Title: Symptom variations in ADHD : importance of context, development and comorbidity
Author(s): Purper-Ouakil, D (Purper-Ouakil, D); Wohl, M (Wohl, M); Michel, G (Michel, G); Mouren, MC (Mouren, MC); Gorwood, P (Gorwood, P)
Source: ENCEPHALE-REVUE DE PSYCHIATRIE CLINIQUE BIOLOGIQUE ET THERAPEUTIQUE **Volume:** 30 **Issue:** 6 **Pages:** 533-539 **Published:** NOV-DEC 2004
Abstract: Attention-deficit/hyperactivity (ADHD) is a common disorder in school-aged children and is associated with significant impairment in social and academic functioning. Its recognition is based on congruent information from different sources, because most ADHD children and adolescents are not competely aware of impairments caused by inattention and/or hyperactivity/impulsivity. Fluctuations in symptom expression may complicate the diagnosis: during clinical examination or tests sessions, ADHD symptoms may be less severe than usual or completely absent This review examines variations in ADHD symptoms due to environmental context, internal state, circadian factors, development, psychiatric comorbidity and discusses their clinical relevance. Generally, ADHD symptoms are pervasive and identified in different areas of functioning. Despite their chronicity, they show a relative context-dependency. An unfamiliar environment or situation may lessen symptoms. The same happens in dual relations or in calm settings, when the child receives attention and positive reinforcement from the adult. On the contrary, the classroom situation with its high stimulation level (noise, visual distractors, large class size) is likely to reveal or accentuate instability, impulsivity and inattention. Independently from objective symptom fluctuations, the impact of ADHD symptoms, and their consequences on self-esteem may also vary with the degree of environmental mismatch. Recent research in experimental psychology also draws attention to the motivational state of ADHD children: preference for immediate gratification and delay aversion may explain why most of them show satisfactory attentional capacities in certain activities (for instance video games or TV), while showing impairment in school work or in other effortfull tasks (4). The diagnosis of the full ADHD syndrome requires significant impact on functioning in at least two areas. Some children with <<situational>> ADHD are impaired either in school setting or exclusively at home. Manuzza et al. (14) report long-term outcome of <<situational>> versus <<pervasive>> ADHD. School-ADHD, in opposition to home-ADHD shows similarities with the full blown syndrome, as regards proportion of anti-social personality disorder, psycho-social functioning and academic/professional achievments. Moderate seasonal variations have also been identified with less ADHD symptoms in August (12). This result is likely to reflect a better fit between individual characteristics and environmental demands during school holidays rather than neurobiological changes, as there are no convincing arguments for seasonal fluctuations of serotoninergic tone in ADHD (18, 20). Another cause for variations in ADHD symptom expression maybe the co-occurrence of a mood disorder. Relationships between early-onset mania and ADHD are discussed. The appropriate definition of prepubertal mania is still in debate; its recognition is hindered by symptom overlap and high level of comorbid conditions. Chronic emotional dysregulation with irritability and frequent temper tantrums, sometimes viewed as characteristics of early-onset mania, might reflect a - possibly severe - sub-type of ADHD rather than a prodrome of bipolarity (9). A marked cyclicity of symptoms, with periodic accentuation of ADHD and mood symptoms, requires carefull monitoring and systematic analysis of comorbid conditions. Clarification of the complex interrelations between ADHD and bipolar disorder will be obtained from long-term studies.
Accession Number: WOS:000226968100004

Record 37 of 50 = PRO (INDIA, AUSTRALIA)
Title: A prospective 4-5 year follow-up of juvenile onset bipolar disorder
Author(s): Jairam, R (Jairam, R); Srinath, S (Srinath, S); Girimaji, SC (Girimaji, SC); Seshadri, SP (Seshadri, SP)
Source: BIPOLAR DISORDERS **Volume:** 6 **Issue:** 5 **Pages:** 386-394 **DOI:** 10.1111/j.1399-5618.2004.00149.x **Published:** OCT 2004
Abstract: Objective: Data on outcome of juvenile onset bipolar disorder is limited. This study examined the course and outcome of bipolar disorder and assessed the rate and predictors of recovery and relapse in a sample of children and adolescents over a 4-5 year period.
Method: Twenty-five consecutively ascertained subjects (9-16 years) with a diagnosis of mania (mean duration at intake of 4.6 +/- 3.9 weeks), were comprehensively assessed at baseline and at 6-month intervals using the Diagnostic Interview for Children and Adolescents (revised) (DICA-R), the Missouri Assessment for Genetic Interview in Children (MAGIC), the Young's Mania Rating Scale (YMRS) and the Children's Global Assessment (CGAS). The study phenotype required DSM-IV criteria of mania with elation and/or grandiosity as a criterion to distinguish them from those with attention deficit hyperactivity disorder. Subjects received the standard treatment as prescribed by their primary treating team.
Results: During the course of the study period, all 25 subjects (100%) recovered from the index episode. The mean time to recovery was 44 +/- 46 days. The mean duration of follow-up was 51.6 +/- 4.1 months. Sixteen subjects (64%) relapsed after a

mean period of 18 +/- 16.4 months. A majority of the relapses (72.4%) were while the subjects were on treatment.
Conclusions: Acute juvenile onset mania has a high rate of recovery and low chronicity. The relapse rate was high and most of these occurred in the first 3 years despite aggressive prophylactic treatment. The effectiveness of currently used thymoleptics, in particular lithium, in the prophylaxis of juvenile bipolar disorder needs to be evaluated in controlled studies.
Accession Number: WOS:000223996200006

Record 38 of 50 = SCEP (GERMANY)
Title: Do child psychiatrists in Germany diagnose bipolar disorders in children and adolescents? Results from a survey
Author(s): Meyer, TD (Meyer, TD); Kossmann-Bohm, S (Kossmann-Bohm, S); Schlottke, PF (Schlottke, PF)
Source: BIPOLAR DISORDERS **Volume:** 6 **Issue:** 5 **Pages:** 426-431 **DOI:** 10.1111/j.1399-5618.2004.00131.x **Published:** OCT 2004
Abstract: Objectives: There is a controversy about the prevalence of childhood bipolar disorders (BD). Based on discrepant results, we studied if German psychiatrists in outpatient settings diagnose BD in children and adolescents at all, and if there are possible correlates of the diagnoses of pediatric BD. We also asked how often typical manic symptoms (e.g. elated mood) are actually seen in attention deficit hyperactivity disorder (ADHD) patients.
Methods: Provided by the medical register we had a complete list of all 251 psychiatrists in the area. Using a questionnaire we asked if and how often they diagnose BD among children and adolescents and how often they observe manic-like symptoms in children with ADHD (response rate 61%).
Results: While 63% of all psychiatrists have diagnosed BD in adolescents, only 7.8% did so in children. Age and therapeutic approach of the psychiatrists were associated with the likelihood of having diagnosed BD in children. Furthermore some typical bipolar symptoms were also present in ADHD patients.
Conclusions: Our study only relied on self-reports of the psychiatrists about the diagnoses and number of cases, but BD in children seems to be rarely diagnosed in outpatient settings in Germany. The design of our study, however, cannot resolve the questions what the reasons are for this low rate of BD diagnoses, e.g. misdiagnoses, overlooking comorbidity or referral strategies. Epidemiological studies are needed and should consider multiple follow-ups.
Accession Number: WOS:000223996200011

Record 39 of 50 = PRO (FRANCE)
Title: The many forms of bipolar disorder: a modern look at an old illness
Author(s): Thomas, P (Thomas, P)
Source: JOURNAL OF AFFECTIVE DISORDERS **Volume:** 79 **Pages:** S3-S8 **DOI:** 10.1016/j.jad.2004.01.001 **Supplement:** 1 **Published:** APR 2004
Abstract: Bipolar disorder continues to be underrecognized, despite being known for 2000 years. Mania, the fullest expression of the disease affects approximately 1% of the population; the less-than-manic forms of the disease dominated by depressive episodes have recently been found to be more common, affecting 4-5% of the population. In reviewing the international literature on this broadened bipolar spectrum, this paper pays particular tribute to the French EPIDEP and EPIMAN studies and Italo-American collaboration which have generated the largest set of systematic data on the new clinical portrait of bipolar disorders. Early detection is crucial, because untreated bipolar disorder has a high mortality rate. A review of the diagnostic criteria for the various subtypes of bipolar disorder has identified several factors that interfere with making an accurate diagnosis. These include age at onset, ethnic differences, co-morbidity (particularly substance abuse and alcoholism), and the broad range of clinical presentations. Moreover, symptoms frequently overlap with those of other psychiatric disorders including schizophrenia, attention-deficit disorder and personality disorders. Misdiagnosis is a major factor leading to a poor outcome for patients. Accurate identification and diagnosis of the different forms of mania can lead to specific treatment choices that may improve prognosis. Particularly important are recent data indicating reduced mortality with a variety of psychopharmacologic agents including, but not limited to, lithium and valproate.
Accession Number: WOS:000222024600002

Record 40 of 50 = TRAD (FRANCE)
Title: Confusing clinical presentations and differential diagnosis of bipolar disorder
Author(s): Gorwood, P (Gorwood, P)
Source: ENCEPHALE-REVUE DE PSYCHIATRIE CLINIQUE BIOLOGIQUE ET THERAPEUTIQUE **Volume:** 30 **Issue:** 2 **Pages:** 182-193 **Published:** MAR-APR 2004
Abstract: An early recognition of bipolar disorders may have an important impact on the prognosis of this disorder according to different mechanisms. Bipolar disorder is nevertheless not easy to detect, the diagnosis being correctly proposed after, in average more than a couple of years and three different doctors assessments. A short delay before introducing the relevant treatment should help avoiding inappropriate treatments (prescribing, for example, neuroleptics for long periods, antidepressive drugs each time depressive symptoms occurs, absence of treatment despite mood disorders), with their associated negative impact such as mood-switching, rapid cycling or presence of chronic side-effects stigmates. Furthermore, non-treated mood disorders in bipolar disorder are longer, more stigmatizing and maybe associated with an increased risk of suicidal behaviour and mortality. Lastly, compliance, an important factor regarding the long term prognosis of bipolar disorder, should be improved when there is a short delay between correct diagnosis and treatment and onset of the disorder. We therefore propose to review the literature for the different pitfalls involved in the diagnosis of bipolar disorder. (1) Non-bipolar mood-disorders are frequently quoted as one of the alternative diagnosis. Hyperthymic temperament, side-effects of prescribed treatments and organic comorbid disorders may be involved. Bipolar disorders have a sex-ratio closer to 1 (men are thus more frequently of the bipolar type in mood-disorders), with earlier age at onset, and more frequent family history of suicidal attempts and bipolar disorder. (2) Schizo-affective disorders are also a major concern regarding the diagnosis of bipolar disorder. This is explained by flat affects sometimes close to anhedonia, presence of a schizoid personality in bipolar disorder, persecutive hostily that can be considered to be related to irritability rather than a schizophrenic symptom. Rapid cycling, mixed episodes and short euthymia periods may also increase the risk to shift from bipolar to schizophrenia diagnosis. (3) Schizophreniform disorder ("bouffee delirante", aigue in France) is a frequent form of bipolar disorder onset when major dissociative features are not obvious. The borderline personality is also a problem for the diagnosis of bipolar disorder, some authors proposing that bipolar disorder is a mood-related personality disorder, sometimes improved by mood-stabilizers. Phasic instead of reactional, weeks and not days-length, clearcut onset and recovery versus non-easy to delimit mood-episodes may help to adjust the diagnosis. (4) Organic disorders may lead to diagnostic confusion, but it is generally proposed that bipolar disorder should be treated the same way, whether or not an organic condition is detected (with special focus on treatment tolerance). (5) Addictive disorders are frequent comorbid conditions in

bipolar disorders. Psychostimulants (such as amphetamins or cocaine) intoxications sometimes mimic manic episodes. As these drugs are preferentially chosen by subjects with bipolar disorder, the later diagnosis should be systematically assessed. (6) Puerperal psychosis is a frequent type of onset in female bipolar disorder. The systematic prescription of mood-stabilizers for and after such episode, when mood elation is a major symptom, is generally proposed.
(7) Attention deficit-hyperactivity disorder also has unclear border with bipolar disorder, as a quarter of child hyperactivity may be latterly associated with bipolar disorder. The assessment of mood cycling and their follow-up in adulthood may thus be particularly important. (8) Lastly, presence of some anxious disorders may delay the diagnosis of comorbid bipolar disorder.
Accession Number: WOS:000223123100011

Record 41 of 50 = NA (ITALY)
Title: Pharmacologic treatment of autism
Author(s): Palermo, MT (Palermo, MT); Curatolo, P (Curatolo, P)
Source: JOURNAL OF CHILD NEUROLOGY **Volume:** 19 **Issue:** 3 **Pages:** 155-164 **Published:** MAR 2004
Abstract: Autism is a chronic and lifelong pervasive developmental disorder for which there is yet no effective cure, and medical management remains a major challenge for clinicians. In spite of the possible similarities with conditions that have an established pharmacotherapy, and despite improvements in some associated "problematic behaviors" following the use of available medications, effective medical treatment for the core symptoms involving language and social cognition remains elusive. The purpose of the present article is to review current biologic knowledge about autism in an attempt to correlate clinical trials with known mechanisms of disease. In addition, the need for controlled studies and for the creation of homogeneous subgroups of patients based on clinical and genetic characteristics is emphasized. The application of molecular genetic investigations and pharmacogenetics in the diagnostic work-up of autistic patients can lead to more effective individualized medical care.
Accession Number: WOS:000220918100001
PubMed ID: 15119475
ISSN: 0883-0738

Record 42 of 50 = TRAD (NETHERLANDS)
Title: Earlier onset of bipolar disorder in children by antidepressants or stimulants? An hypothesis
Author(s): Reichart, CG (Reichart, CG); Nolen, WA (Nolen, WA)
Source: JOURNAL OF AFFECTIVE DISORDERS **Volume:** 78 **Issue:** 1 **Pages:** 81-84 **DOI:** 10.1016/S065-0327(02)00180-5 **Published:** JAN 2004
Abstract: Among adults and adolescents, bipolar disorder (BD) has a similar prevalence in the US and in the Netherlands. However, among pre-pubertal children, BD is frequently diagnosed in the US and seldomly in the Netherlands. This suggests that, among children, the prevalence of BD is lower in the Netherlands than in the US, indicating an earlier onset of BD in the US than in the Netherlands. It is hypothesized that this may be related to the greater use of antidepressants and stimulants for depression or attention deficit disorder with hyperactivity by US children. In those children who are genetically at risk to develop BD, these drugs may lead to a switch into mania.
Accession Number: WOS:000188207500011

Record 43 of 50 = TRAD (DENMARK)
Title: Psychopharmacological treatment with lithium and antiepileptic drugs: suggested guidelines from the Danish Psychiatric Association and the Child and Adolescent Psychiatric Association in Denmark
Author(s): Licht, RW (Licht, RW); Vestergaard, P (Vestergaard, P); Kessing, LV (Kessing, LV); Larsen, JK (Larsen, JK); Thomsen, PH (Thomsen, PH)
Source: ACTA PSYCHIATRICA SCANDINAVICA **Volume:** 108 **Pages:** 1-22 **DOI:** 10.1034/j.1600-0447.108.s419.1.x **Supplement:** 419 **Published:** OCT 2003
Abstract: A subcommittee under the Danish Psychiatric Association and the Child and Adolescent Psychiatric Association in Denmark have recently developed national guidelines for the psychopharmacological treatment with lithium and antiepileptic drugs, and the present translation aims at contributing to the international discussion on the development of proper guidelines for the treatment of bipolar disorder. Among the antiepileptic drugs, the report deals with valproate, carbamazepine and lamotrigine and to a lesser extent with oxcarbazepine, gabapentin and topiramate. The various drugs will be reviewed, outlining the scientific evidence for mood-stabilizing properties and discussing major side effects, the most important interactions with other drugs and practical use. Special considerations during pregnancy and lactation, during treatment of children and adolescents and during treatment of the elderly will also be presented. Antidepressants and antipsychotics are beyond the scope of the report, but due to the mood-stabilizing properties of at least some of the atypical antipsychotics, these agents will be brought into some focus in connection with the overall treatment guidelines for the different phases of bipolar disorder given at the end of this report.
Accession Number: WOS:000185318000001

Record 44 of 50 = SCEP (CANADA)
Title: No evidence of attentional deficits in stabilized bipolar youth relative to unipolar and control comparators
Author(s): Robertson, HA (Robertson, HA); Kutcher, SP (Kutcher, SP); Lagace, DC (Lagace, DC)
Source: BIPOLAR DISORDERS **Volume:** 5 **Issue:** 5 **Pages:** 330-339 **DOI:** 10.1034/j.1399-5618.2003.00042.x **Published:** OCT 2003
Abstract: Objective: The purpose of this study was to determine the presence or absence of attentional problems and prior diagnosis of ADHD in a cohort of stabilized bipolar I relative to unipolar and normal control.
Method: Indices of attention were obtained from bipolar (n = 44), unipolar (n = 30), and normal controls (n = 45). Measures included: Freedom from Distractibility (FD) Composite Index of the WISC III, Conners' Continuous Performance Test (CPT), Wisconsin Card Sorting Test (WCST), and a checklist measure of subjective cognitive/attentional problems (SIP-AV).
Results: Bipolar (6.8%), unipolar (10%), and no control youth report a prior diagnosis of ADHD. No significant group or sex differences were observed on FD Composite Index, various CPT indices, or the WCST. Despite normative attentional function by objective testing, subjectively experienced cognitive problems in the clinical probands were reported.
Conclusions: This cohort of well-functioning bipolar youth diagnosed on average 3-4 years prior to assessment do not possess attentional deficits based on a variety of objective tests compared to unipolar or control youth, but self report subjective difficulties in attentional/problem solving ability. In contrast to other authors, we do not find that bipolar youth have high rates of comorbid ADHD.

Accession Number: WOS:000185736900004

Record 45 of 50 = SCEP (ENGLAND)
Title: Is preadolescent mania the same condition as adult mania? A British perspective
Author(s): Harrington, R (Harrington, R); Myatt, T (Myatt, T)
Source: BIOLOGICAL PSYCHIATRY **Volume:** 53 **Issue:** 11 **Pages:** 961-969 **DOI:** 10.1016/S0006-3223(03)00315-9 **Published:** JUN 1 2003
Abstract: Until relatively recently, the prevailing view was that mania was uncommon in preadolescent children. In the past 15 years, however, there has been increasing interest in the idea that mania may be much more common at younger ages than previously recognized. This article is concerned with the issue of whether preadolescent mania represents the same kind of problem as adult mania. It reviews concepts of bipolar disorder and mania in adults and preadolescents, some of the issue that arise in diagnosing mania in children, and the evidence for continuities between preadolescent and adult mania. The diagnosis of mania in preadolescent children often requires that inferences are made about the meaning of some symptoms but it is not always clear that these inferences are valid. It is concluded that the extant evidence does not provide a clear conclusion about the links between preadolescent and adult mania. More work is needed on the phenomenology and diagnosis of mania in children, on its natural history and on its familial correlates. (C) 2003 Society of Biological Psychiatry.
Accession Number: WOS:000183339900006

Record 46 of 50 = PRO (BRAZIL)
Title: Juvenile bipolar disorder in Brazil: Clinical and treatment findings
Author(s): Tramontina, S (Tramontina, S); Schmitz, M (Schmitz, M); Polanczyk, G (Polanczyk, G); Rohde, LA (Rohde, LA)
Source: BIOLOGICAL PSYCHIATRY **Volume:** 53 **Issue:** 11 **Pages:** 1043-1049 **DOI:** 10.1016/S0006-3223(03)00008-8 **Published:** JUN 1 2003
Abstract: Background: Because few studies were conducted to evaluate bipolar disorder in children and adolescents outside North America, this investigation aims to describe clinical features, pattern of comorbidities, and response to pharmacologic treatment in a sample of youths with bipolar disorder (BD) from a pediatric psychopharmacology outpatient clinic in Brazil.
Methods: We performed a retrospective chart review of all patients under age 15 with BD diagnoses who were evaluated and treated in our clinic from 1998-2001. A comparison sample of subjects with attention-deficit/hyperactivity disorder (ADHD) without BD (n = 362) was also evaluated.
Results: The prevalence of juvenile BD in our sample was 7.2% (361500) (95% confidence interval = 5.2-9.9). Irritable mood was detected in 91.7% of the bipolar patients. The main comorbidity found was ADHD (58.3%). Children with BD had significantly higher rates of abnormally elevated CBCL scores in the externalizing dimension, anxiety and depression, delinquent behavior, and aggressive behavior scales than ADHD subjects ($p < .05$). Most BD patients (78%) needed combination drug therapy to achieve symptomatic control.
Conclusions: Our results replicate clinical and treatment findings from U.S. investigations in a different culture demonstrating that juvenile BD is not a rare disorder in clinical samples. (C) 2003 Society of Biological Psychiatry.
Accession Number: WOS:000183339900014

Record 47 of 50 = PRO (IRELAND, ENGLAND)
Title: Treatment of early onset bipolar disorder NOS, with low dose carbamazepine
Author(s): McNicholas, F (McNicholas, F); McKenna, L (McKenna, L)
Source: IRISH JOURNAL OF PSYCHOLOGICAL MEDICINE **Volume:** 20 **Issue:** 2 **Pages:** 69-71 **Published:** JUN 2003
Abstract: This report describes the presentation, monitoring and successful treatment of an eight year old girl with bipolar disorder, NOS (not otherwise specified), with low dose carbamazepine. The difficulties of diagnosing and managing bipolar disorder in prepubertal children are discussed.
Accession Number: WOS:000183725800008

Record 48 of 50 = TRAD (ENGLAND)
Title: Evidence-based guidelines for treating bipolar disorder: recommendations from the British Association for Psychopharmacology
Author(s): Goodwin, GM (Goodwin, GM)
Group Author(s): Consensus Grp British Assoc Psycho
Source: JOURNAL OF PSYCHOPHARMACOLOGY **Volume:** 17 **Issue:** 2 **Pages:** 149-173 **DOI:** 10.1177/0269881103017002003 **Published:** JUN 2003
Abstract: The British Association for Psychopharmacology guidelines specify the scope and target of treatment for bipolar disorder. They are based explicitly on the available evidence and presented, similar to previous Clinical Practice guidelines, as recommendations to aid clinical decision-making for practitioners. They may also serve as a source of information for patients and carers. The recommendations are presented together with a more detailed review of the available evidence. A consensus meeting, involving experts in bipolar disorder and its treatment, reviewed key areas and considered the strength of evidence and clinical implications. The guidelines were drawn up after extensive feedback from participants and interested parties. The strength of supporting evidence was rated. The guidelines cover the diagnosis of bipolar disorder, clinical management and strategies for the use of medicines in short-term treatment of episodes, relapse prevention and stopping treatment.
Accession Number: WOS:000183624700003

Record 49 of 50 = NA (FRANCE)
Title: Anxiety and impulsivity levels identify relevant subtypes in adolescents with at-risk behavior
Author(s): Askenazy, FL (Askenazy, FL); Sorci, K (Sorci, K); Benoit, M (Benoit, M); Lestideau, K (Lestideau, K); Myquel, M (Myquel, M); Lecrubier, Y (Lecrubier, Y)
Source: JOURNAL OF AFFECTIVE DISORDERS **Volume:** 74 **Issue:** 3 **Pages:** 219-227 **DOI:** 10.1016/S0165-0327(02)00455-X **Published:** MAY 2003
Abstract: Background: Impulsivity (I) and anxiety (A) were hypothesized to be crucial clinical features in adolescents with at-risk behavior. We therefore classified them into sub-groups according to these two major dimensions. The study examined the relevance of these groups by describing their major diagnoses and behavioral characteristics. Methods: During a 1-year period, all in-patients consecutively admitted for at-risk behavior, except those with a previous psychotropic treatment and/or schizophrenic disorders, were rated for anxiety and impulsivity, and categorized into four groups: impulsive and anxious (IA),

impulsive and non-anxious (Ia), non-impulsive and anxious (iA), non-impulsive and non-anxious (ia). We assessed the main behavioral disturbances (suicide attempt, carving, violence, delinquency, substance abuse, and eating disorder) and the main current axis I disorder in each sub-group. Results: A total of 69 patients were included. In the IA group 62% exhibited hypomanic episodes and 87% recurrent suicide attempts. In the la group all exhibited conduct disorders, 93% were males, 80% delinquents, and 100% violent with others. Both groups reported a high percentage of cannabis use (67%). The iA group exhibited anorexia nervosa (73%) with a major depressive episode. The ia patients were mainly non-violent, first suicide attempts with low risk. Limitations: Long-term data are needed to assess the stability of these groups. Conclusions: We found that sub-typing adolescents with at-risk behavior into four groups according to their level of anxiety and impulsivity was highly predictive of being suicidal with mood disorders (AI), delinquent with conduct disorder (Ia), anorectic or depressed (Ai), and with substance abuse associated only to impulsivity. It is likely that this sub-typing of patients may be useful for prevention and therapeutics. The impulsive-anxious group (IA) appears closely related to the soft bipolar spectrum. A replication and follow-up data are now needed.
Accession Number: WOS:000183025700002

Record 50 of 50 = TRAD (AUSTRALIA)
Title: Manic symptoms in young males with ADHD predict functioning but not diagnosis after 6 years
Author(s): Hazell, PL (Hazell, PL); Carr, V (Carr, V); Lewin, TJ (Lewin, TJ); Sly, K (Sly, K)
Source: JOURNAL OF THE AMERICAN ACADEMY OF CHILD AND ADOLESCENT PSYCHIATRY **Volume:** 42 **Issue:** 5 **Pages:** 552-560 **DOI:** 10.1097/01.CHI.0000046830.95464.33 **Published:** MAY 2003
Abstract: Objective: To compare the outcome in early adulthood of males who met criteria for attention-deficit/hyperactivity disorder (ADHD) and mania, ADHD alone, or no psychiatric disorder when aged 9-13 years. Method: Males who met criteria at baseline assessment conducted in the period 1992-1994 for mania+ADHD (n = 15), ADHD without mania (n = 65), or no psychiatric diagnosis (n = 17) were reevaluated after 6 years using computer-assisted structured interviews for Axis I and Axis 11 disorders, questionnaires about functioning and service utilization, and a clinician-rated assessment of global functioning. Results: There were no group differences in the prevalence of Axis I or Axis 11 disorders, with the exception of alcohol abuse, which was higher in controls. Manic symptoms persisted in only one mania+ADHD subject, while three (5%) of the ADHD subjects had new-onset manic symptoms. There were no clear cases of bipolar disorder. The groups were not distinguished on levels of service utilization or criminal behavior, but global functioning was significantly lower at follow-up in the mania+ADHD group compared with controls. Conclusions: Although a pilot study in scope, the findings cast doubt on a link between mania symptoms associated with ADHD in childhood and later bipolar disorder.
Accession Number: WOS:000182428900011

Record 1 of 36 = PRO (INDIA, AUSTRALIA)
Title: The index manic episode in juvenile-onset bipolar disorder: The pattern of recovery
Author(s): Rajeev, J (Rajeev, J); Srinath, S (Srinath, S); Reddy, YCJ (Reddy, YCJ); Shashikiran, MG (Shashikiran, MG); Girimaji, SC (Girimaji, SC); Seshadri, SP (Seshadri, SP); Subbakrishna, DK (Subbakrishna, DK)
Source: CANADIAN JOURNAL OF PSYCHIATRY-REVUE CANADIENNE DE PSYCHIATRIE **Volume:** 48 **Issue:** 1 **Pages:** 52-55 **Published:** FEB 2003
Abstract: Objective: Recent studies of patients with juvenile bipolar disorder report low rates of recovery and high rates of chronicity. However, we lack data on the short-term outcome. This study examines the pattern of recovery from the index episode in an aggressively treated juvenile sample.
Method: We assessed 25 subjects (< 16 years) with a diagnosis of mania, using the Diagnostic Interview for Children and Adolescents-Revised) (DICA-R), Young Mania Rating Scale (YMRS), and Children's Global Assessment Scale (CGAS) at intake and at 3 and 6 months. We studied the time taken to recover from the index episode, the level of functioning, and the factors predicting them.
Results: After 6 months, 24 (96%) subjects had recovered from the index manic episode. The median time to recovery was 27 days. Total episode length was significantly longer among those with previous affective episodes.
Conclusions: The findings suggest that juvenile-onset mania has high rates of recovery and low rates of chronicity. These differences from the existing literature need further exploration.
Accession Number: WOS:000180841500010

Record 2 of 36 = TRAD (ENGLAND)
Title: Is there a relationship between attention deficit hyperactivity disorder and bipolar disorder?
Author(s): Kent, L (Kent, L); Craddock, N (Craddock, N)
Source: JOURNAL OF AFFECTIVE DISORDERS **Volume:** 73 **Issue:** 3 **Pages:** 211-221 **Article Number:** PII S0165-0327(02)00092-7 **DOI:** 10.1016/S0165-0327(02)00092-7 **Published:** FEB 2003
Abstract: With the increasing recognition of attention deficit hyperactivity disorder (ADHD) in adults and psychotic disorders in children and adolescents, the possiblity of a relationship between bipolar disorder (BP) and ADHD has attracted growing interest. This paper critically reviews the scientific literature concerning this postulated relationship by examining evidence from clinico-epidemiological, follow up, family and laboratory studies, including neuroimaging, neuropsychology and genetic studies. The evidence suggests that although the diagnostic categories of BP and ADHD appear to be unrelated, there is support for a possible relationship between some ADHD and manic-like symptoms. However, several fundamental methodological issues require rectification in future research in order to further elucidate the relationship between these disorders.
Accession Number: WOS:000180990000001

Record 3 of 36 = NA (GERMANY)
Title: Depression in childhood and adolescence - Introduction to the special issue
Author(s): Hautzinger, M (Hautzinger, M); Petermann, F (Petermann, F)
Source: KINDHEIT UND ENTWICKLUNG **Volume:** 12 **Issue:** 3 **Pages:** 127-132 **DOI:** 10.1026//0942-5403.12.3.127 **Published:** 2003
Abstract: Depression in children and adolescents is a serious and common health problem. A brief review of age-dependent symptoms, epidemiological data, and risk factors, and means of intervention and prevention is provided. Some unresolved questions are pointed out.

Record 4 of 36 = SCEP (CANADA)
Title: A prospective study of the offspring of bipolar parents responsive and nonresponsive to lithium treatment
Author(s): Duffy, A (Duffy, A); Alda, M (Alda, M); Kutcher, S (Kutcher, S); Cavazzoni, P (Cavazzoni, P); Robertson, C (Robertson, C); Grof, E (Grof, E); Grof, P (Grof, P)
Source: JOURNAL OF CLINICAL PSYCHIATRY **Volume:** 63 **Issue:** 12 **Pages:** 1171-1178 **Published:** DEC 2002
Abstract: Background: The descriptions of clinical course among bipolar youths vary significantly and differ markedly from the findings described in classical studies of bipolar adults'. This difference may in part reflect genetic heterogeneity. Response to lithium monotherapy identifies a homogeneous subgroup of bipolar adults. The aim of this study was to prospectively characterize the clinical course, including antecedent and comorbid conditions, among the offspring of 2 groups of bipolar parents divided on the basis of response to lithium.
Method: Parents were identified from families participating in ongoing molecular genetic studies and selected from specialty affective disorder clinics. For each child, 1 parent met Research Diagnostic Criteria/DSM-IV criteria for bipolar I disorder and either response or nonresponse to lithium prophylaxis. The other parent had no lifetime history of a major psychiatric illness. Blind to family affiliation and lithium response, all eligible offspring aged 10 to 25 years were interviewed using the Schedule for Affective Disorders and Schizophrenia for School-Aged Children-Present and Lifetime Version (K-SADS-PL), and best-estimate diagnoses were made by a panel of experts. Offspring were then reassessed over a 5-year period.
Results: Offspring of lithium responders (N = 34) had good premorbid functioning and manifested classical mood disorders with an episodic course. Comorbid conditions in this group-remitted prior to the mood disorder: In contrast, offspring of lithium nonresponders (N = 21) had poorer premorbid functioning and manifested mood disorders with a chronic course. Comorbid conditions continued alongside the mood disorder. Clinical course among affected offspring was predicted by the disease course of the parent.
Conclusion: The pattern of clinical course, remitting or nonremitting, appears to be inherited. Among the offspring of lithium-responsive bipolar parents, an early-onset subgroup with a classical episodic clinical course can be identified.
Accession Number: WOS:000180410200013
PubMed ID: 12523878

Record 5 of 36 = PRO (TURKEY)
Title: A 5-year-old boy with recurrent mania successfully treated with carbamazepine
Author(s): Tuzun, U (Tuzun, U); Zoroglu, SS (Zoroglu, SS); Savas, HA (Savas, HA)
Source: PSYCHIATRY AND CLINICAL NEUROSCIENCES **Volume:** 56 **Issue:** 5 **Pages:** 589-591 **DOI:** 10.1046/j.1440-1819.2002.01059.x **Published:** OCT 2002
Abstract: In the present paper the clinical symptomatology and treatment of childhood mania that was first seen in a child at 5 years of age and which re-emerged at age 7, is reported. The patient presented at the child and adolescent psychiatric outpatient clinic of Istanbul Medical University with the typical symptoms of mania such of hyperactivity, euphoria, irritability, dangerous and risky behavior, decreased sleep, and age-inappropriate sexual behavior. He was treated with carbamazepine safely and effectively without any major side-effects. Clinical phenomenology and treatment of the condition are discussed with relevant literature.
Accession Number: WOS:000177597300017

Record 6 of 36 = PRO (SPAIN)
Title: Comorbid disorders of the attention deficit with hyperactivity disorder
Author(s): Pascual-Castroviejo, I (Pascual-Castroviejo, I)
Source: REVISTA DE NEUROLOGIA **Volume:** 35 **Issue:** 1 **Pages:** 11-+ **Published:** JUL 1 2002
Abstract: Objective, To show the comorbid pathology associated with the attention deficit/hyperactivity disorder (ADHD) during the pediatric and adult ages. Patients and methods. We use the disorders included by the international literature as the most frequents. There are included as main disorders: problems of affectivity, learning disabilities, dyslexia, vehicle driving problems, anxiety, bipolar disorder, motor coordination problems, tics and Tourette syndrome, oppositional defiant disorder, impulsive-aggressive, antisocial behavior, and predisposition to delinquency, and to be alcohol and drugs abusers. Conclusion. The presence of comorbid disorders in the ADHD may show a higher severity of the disorder which makes that many of these subjects to be predisposed to be in contact with psychiatrics, policemen and justice during the entire life.
Accession Number: WOS:000177126700002

Record 7 of 36 = PRO (ITALY)
Title: Clozapine in adolescent inpatients with acute mania
Author(s): Masi, G (Masi, G); Mucci, M (Mucci, M); Millepiede, S (Millepiede, S)
Source: JOURNAL OF CHILD AND ADOLESCENT PSYCHOPHARMACOLOGY **Volume:** 12 **Issue:** 2 **Pages:** 93-99 **DOI:** 10.1089/104454602760219135 **Published:** SUM 2002
Abstract: Some bipolar patients with acute manic episodes can be refractory to conventional treatment with mood stabilizers. Clozapine, an atypical antipsychotic, has been reported to be effective in adults with treatment-resistant bipolar disorder. We describe the therapeutic effect of clozapine in 10 adolescent inpatients (12- to 17-year-olds) with severe acute manic or mixed episodes who did not improve after treatment with conventional drugs (mood stabilizers, antipsychotics). At hospital discharge, 15 to 28 days after clozapine treatment, all patients had responded positively according to the Clinical Global Impression-Improvement Scale scores. The mean changes in Mania Rating Scale, Brief Psychiatric Rating Scale, Children's Global Assessment Scale, and Clinical Global Impression-Severity Scale were significant ($p<0.001$). Clozapine dosage was 142.5&PLUSMN;73.6 mg/day (range 75-300 mg/day). Side effects (increased appetite, sedation, enuresis, sialorrhea) were frequent but not severe enough to require reduction of dosage. Mean weight gain after 6 months was 6.96&PLUSMN;3.08 kg (10.7%). Neither decrease of white cells nor epileptic seizures were reported during follow-up (12-24 months). These preliminary findings suggest that clozapine may improve the clinical picture in adolescents with treatment-refractory manic or mixed episodes. Controlled studies on larger samples are warranted.
Accession Number: WOS:000176997900003

Record 8 of 36 = SCEP (CANADA)
Title: Psychiatric diagnoses in the context of genetic studies of bipolar disorder
Author(s): Duffy, A (Duffy, A); Grof, P (Grof, P)

Source: BIPOLAR DISORDERS **Volume:** 3 **Issue:** 6 **Pages:** 270-275 **DOI:** 10.1034/j.1399-5618.2001.30602.x **Published:** DEC 2001
Abstract: Precise definition of the phenotype is an issue of critical importance for the future success of genetic studies of bipolar disorders. So far, an uncertain phenotypic spectrum and genetic heterogeneity are realities that have hampered progress in genetic studies. While recognition of it broader spectrum of related illnesses is important for some applications, for genetic studies a narrow spectrum of illness closely tied to the genotype is paramount. This paper highlights current dilemmas and trends associated with phenotype specification and traces historical approaches. Finally, we explore a number of strategic directions in the diagnostic approach to bipolar disorders that may better serve genetic studies.
Accession Number: WOS:000173504800002

Record 9 of 36 = SCEP (CANADA)
Title: Measures of attention and hyperactivity symptoms in a high-risk sample of children of bipolar parents
Author(s): Duffy, A (Duffy, A); Grof, P (Grof, P); Kutcher, S (Kutcher, S); Robertson, C (Robertson, C); Alda, M (Alda, M)
Source: JOURNAL OF AFFECTIVE DISORDERS **Volume:** 67 **Issue:** 1-3 **Pages:** 159-165 **Article Number:** PII S0165-0327(01)00391-3 **DOI:** 10.1016/S0165-0327(01)00391-3 **Published:** DEC 2001
Abstract: Background: To determine whether significant symptoms of inattention were present among the offspring of well-characterized bipolar parents. Methods: We included 53 offspring of 30 parents meeting DSM-IV criteria for bipolar disorder diagnosed by consensus on the basis of a SADS-L interview and a wealth of longitudinal clinical data. The unaffected parent had no lifetime history of a major psychiatric illness. Offspring, prospectively followed for up to 5 years, completed psychometric measures of attention and mood when judged to be at a good level of functioning (well, remitted or treated). Results: Those offspring with any lifetime psychiatric diagnosis endorsed more subjective problems with attention. However, there was no measurable difference on tasks of sustained attention between those with and those without a lifetime psychiatric illness including affective disorder. There was a significant association between self-reported symptoms of depression and inattention. but no association between either self-report measure and an objective measure of sustained attention. Limitations: This study was not intended to be a comprehensive neuropsychological investigation of at risk offspring. Conclusions: In this high-risk population, subjective difficulty with attention appeared to be state-dependent, associated with the degree of subjective distress related to an underlying psychiatric illness.
Accession Number: WOS:000174633800016

Record 10 of 36 = TRAD (ENGLAND)
Title: Practitioner review: The treatment of bipolar disorder in children and adolescents
Author(s): James, ACD (James, ACD); Javaloyes, AM (Javaloyes, AM)
Source: JOURNAL OF CHILD PSYCHOLOGY AND PSYCHIATRY AND ALLIED DISCIPLINES **Volume:** 42 **Issue:** 4 **Pages:** 439-449 **DOI:** 10.1017/S0021963001007004 **Published:** MAY 2001
Abstract: This paper reviews the presentation, clinical features, and management of early-onset bipolar disorder. A framework for the treatment is based upon a systematic, critical appraisal of the available literature. A multimodal approach is emphasised using individual and family psychoeducational interventions in conjunction with pharmacotherapy. The role of mood stabilisers-lithium-and the anticonvulsants-sodium valproate and carbamazepine - is reviewed, alongside the treatments for depression in bipolar disorder and refractory mania.
Accession Number: WOS:000168913400003

Record 11 of 36 = TRAD (GERMANY)
Title: Center for Epidemiological Studies - Depression Scale (CES-D) - Norms for adolescents and extension for the assessment of manic symptoms
Author(s): Meyer, TD (Meyer, TD); Hautzinger, M (Hautzinger, M)
Source: DIAGNOSTICA **Volume:** 47 **Issue:** 4 **Pages:** 208-215 **DOI:** 10.1026//0012-1924.47.4.208 **Published:** 2001
Abstract: The Center for Epidemiological Studies Depression Scale (CES-D) is often used to assess depressive symptoms in the general population. This is also true for its German version. However, there are no norm data yet available for people under the age of 18. If one wants to screen for hypomanic or manic symptoms, no short and economic self-report instrument exists at all. Therefore we modified the CES-D and added nine questions covering the DSM IV criteria for manic episodes. This questionnaire was completed by 4032 students of the age groups 13 to 17, The psychometric properties of the CES-D of minors are equivalent to those of adults. The norm data are presented for this sample in percentiles. The "manic" symptoms achieved an internal consistency of .64. Using factor analysis, "mania" constituted a separate factor that was independent of the depression factor, However. the items assessing irritability and distractibility loaded higher on the depression than on the mania factor. Possible causes for such discrepancies are discussed.
Accession Number: WOS:000173840000005

Record 12 of 36 = TRAD (NETHERLANDS attributes high PBD in USA to use of stimulants and antidepressants in US children)
Title: Bipolar disorder in children and adolecents: a clinical reality?
Author(s): Reichart, CG (Reichart, CG); Nolen, WA (Nolen, WA); Wals, M (Wals, M); Hillegers, MHJ (Hillegers, MHJ)
Source: ACTA NEUROPSYCHIATRICA **Volume:** 12 **Issue:** 3 **Pages:** 132-135 **Published:** SEP 2000
Abstract: The appearance, the differential diagnosis and the prevalence of bipolar disorder in children and adolescents is discussed. Among adolescents bipolar disorder appears to have a similar prevalence in the US and The Netherlands. However, among children it is frequently diagnosed in the US and hardly in The Netherlands. It is concluded that bipolar disorder tends to start earlier in the US than in the Netherlands. It is hypothesized that this may be related to a higher use of stimulants and antidepressants by US children diagnosed as ADHD or depression, respectively.
Accession Number: WOS:000089511500019

Record 13 of 36 = PRO (INDIA cautiously pro)
Title: Juvenile bipolar disorder
Author(s): Reddy, YCJ (Reddy, YCJ); Srinath, S (Srinath, S)
Source: ACTA PSYCHIATRICA SCANDINAVICA **Volume:** 102 **Issue:** 3 **Pages:** 162-170 **Published:** SEP 2000
Abstract: Objective: Bipolar disorder in children and adolescents is less well studied than bipolar disorder in adults. This review addresses issues related to its underdiagnosis, precursors of bipolarity, comorbidity, natural course and treatment.

Method: Literature from Medline and other searches, and earlier relevant articles including references from recent review articles on juvenile bipolarity were reviewed.
Results: Bipolar disorder in juveniles is underdiagnosed and misdiagnosed on various counts. Few recent studies have reported high rates of comorbid attention deficit and disruptive disorders, prompting some researchers to consider them as probable developmental precursors of juvenile bipolarity. There is also evidence to suggest that some juvenile depression could be pre-bipolar, and that certain temperamental predispositions are probable precursors to bipolarity. Limited data on the natural course and outcome suggest that juvenile bipolar disorder is a highly recurring illness as in adults, and that it is associated with significant functional impairment. The psychopharmacological treatment of juvenile bipolar disorder is remarkably understudied, and treatment is often based on studies of adults.
Conclusion: There is a need for epidemiological studies of juvenile bipolar disorder. Similarly, there is an urgent need for the methodologically rigorous studies to establish the efficacy of various antimanic drugs. Finally, issues related to comorbidity and temperamental predispositions to juvenile bipolarity need greater clarity, as they may have important treatment and research implications.
Accession Number: WOS:000089058600002

Record 14 of 36 = SCEP (CANADA)
Title: Bipolar disorder in ADHD children grown up
Author(s): Roberts, N (Roberts, N); Parker, KCH (Parker, KCH); Woogh, C (Woogh, C); Cripps, L (Cripps, L); Froese, AP (Froese, AP)
Source: JOURNAL OF THE AMERICAN ACADEMY OF CHILD AND ADOLESCENT PSYCHIATRY **Volume:** 39 **Issue:** 6 **Pages:** 678-679 **DOI:** 10.1097/00004583-200006000-00003 **Published:** JUN 2000
Accession Number: WOS:000087331200003

Record 15 of 36 = SCEP (CANADA)
Title: Toward effective early intervention and prevention strategies for major affective disorders: A review of antecedents and risk factors
Author(s): Duffy, A (Duffy, A)
Source: CANADIAN JOURNAL OF PSYCHIATRY-REVUE CANADIENNE DE PSYCHIATRIE **Volume:** 45 **Issue:** 4 **Pages:** 340-348 **Published:** MAY 2000
Abstract: Objective: To review critically the literature pertaining to risk factors and antecedent symptoms and syndromes in order to determine an empirically based strategy for early treatment and prevention of major mood episodes.
Method: The relevant literature is summarized with particular emphasis on early-onset (child and adolescent) mood disorders.
Results: A complex interaction between biological psychological, and sociological factors contributes to the development of a major mood disorder. Having a positive family history of mood disorder (bipolar and unipolar) and being female (unipolar) are the strongest, most reliable risk factors. There is continuity between adolescent and adult mood disorders, and subsyndromal mood disturbance in adolescents has clinical and public health significance. However, more longitudinal study is required to reliably map the course and predictive importance of mood disorders in very young children.
Conclusions: Substantial evidence supports the effectiveness of early intervention and prevention efforts in children at risk for mood disorders (identified as having affected family members) and in adolescents manifesting significant mood symptoms and syndromes (especially if associated with a positive family history). However, the current level of understanding regarding the etiological significance and mechanism of risk factors associated with mood disorders does not support broad community-based primary prevention strategies in unselected populations.
Accession Number: WOS:000087378200002

Record 16 of 36 = TRAD (JAPAN)
Title: Depressive episodes of bipolar disorder in early teenage years: changes with increasing age and the significance of IQ
Author(s): Shiratsuchi, T (Shiratsuchi, T); Takahashi, N (Takahashi, N); Suzuki, T (Suzuki, T); Abe, K (Abe, K)
Source: JOURNAL OF AFFECTIVE DISORDERS **Volume:** 58 **Issue:** 2 **Pages:** 161-166 **DOI:** 10.1016/S0165-0327(99)00098-1 **Published:** MAY 2000
Abstract: Background: Depressive (or depression-like) episodes are the most common manifestations of bipolar affective disorder in early teenage years. The present paper analyses the clinical features and their changes over time in these episodes. Methods: By a prospective study on children who had their first affective or psychotic episodes between the ages of ten and fifteen, those who eventually met the ICD 10 diagnostic criteria for bipolar disorder were selected and followed up. Results: There were three boys and nine girls. Their early depressive episodes were characterised by psychotic features and clinging to the mother in most cases, and in some by brief episodes and/or a good response to sulpiride. However, these characteristics tended to disappear with increasing age. Five children (42%) had an IQ of 61-75. Limitations: Generalisability of the results is limited because of the small number of patients and the lack of control groups. Conclusions: Bipolar disorder in early teenage years may show clinical features and a drug response that are different from those in adulthood. Low IQ may expedite the onset of bipolar disorder.
Accession Number: WOS:000087156800009

Record 17 of 36 = TRAD (INDIA)
Title: Comorbidity in juvenile obsessive-compulsive disorder: A report from India
Author(s): Reddy, YCJ (Reddy, YCJ); Reddy, PS (Reddy, PS); Srinath, S (Srinath, S); Khanna, S (Khanna, S); Sheshadri, SP (Sheshadri, SP); Girimaji, SC (Girimaji, SC)
Source: CANADIAN JOURNAL OF PSYCHIATRY-REVUE CANADIENNE DE PSYCHIATRIE **Volume:** 45 **Issue:** 3 **Pages:** 274-278 **Published:** APR 2000
Abstract: Objective: Using minimal exclusion criteria, to assess systematically the psychiatric comorbidity in children and adolescents with obsessive-compulsive disorder (OCD) and compare the findings with those of previous studies.
Method: Fifty-four children and adolescents who satisfied DSM-III-R criteria for OCD were assessed using a structured interview schedule, the Children's version of the Yale-Brown Obsessive Compulsive Scale (CY-BOCS), and the questionnaire for tic disorders. All 54 subjects were recruited from the Child and Adolescent Psychiatry (CAP) services of the National Institute of Mental Health and Nauro Sciences (NIMHANS), Bangalore, South India. Diagnoses were determined consensually after a review of all the available data.
Results: Comorbidity was found in 69% of the sample. 22% were diagnosed with disruptive disorders; 20% met criteria for

mood disorders, 19% had anxiety disorders, and 17% had tic disorders. Only 1 subject had bipolar disorders and none had psychosis. The rates for individual diagnoses-in particular, the rates for disruptive disorders, bipolar disorder and psychosis-were considerably lower than those reported in previous studies.
Conclusions: Patterns of comorbidity in this study differed from those previously reported. Novel patterns of comorbidity with disruptive disorders, bipolar disorder and psychosis reported in a few recent studies were not replicated in this study. These differences are probably due to different ascertainment methods. Comorbidity needs to be assessed in large epidemiological samples before definite associations can be made between certain comorbid disorders and juvenile OCD.
Accession Number: WOS:000088216300007

Record 18 of 36 = NA (CANADA)
Title: Seasonal affective symptoms in adults with residual attention-deficit hyperactivity disorder
Author(s): Levitan, RD (Levitan, RD); Jain, UR (Jain, UR); Katzman, MA (Katzman, MA)
Source: COMPREHENSIVE PSYCHIATRY **Volume:** 40 **Issue:** 4 **Pages:** 261-267 **DOI:** 10.1016/S0010-440X(99)90125-6 **Published:** JUL-AUG 1999
Abstract: There is evidence from clinical, epidemiological, and neuroimaging studies that attention-deficit hyperactivity disorder (ADHD) and seasonal affective disorder (SAD) may have several features in common. To assess seasonal affective symptoms in adults with ADHD, 115 individuals attending an adult ADHD clinic in Toronto, Ontario, Canada were asked to complete the Seasonal Pattern Assessment Questionnaire (SPAQ). From this clinic population of 115, a total of 56 completed SPAQs were returned. Assuming that all individuals failing to complete the SPAQ were nonseasonal and depending on which case-finding criteria were used, the rate of SAD in the overall clinic sample was estimated at either 10.4% (Terman criteria) or 19.1% (criteria of Kasper et al.), These prevalence rates are significantly greater than the rates reported in large population surveys at similar latitudes. There was an apparent relationship between female gender, impulsive-subtype ADHD, and seasonality. Future studies to examine whether core symptoms of ADHD fluctuate across the seasons and to assess the efficacy of light therapy in "seasonal" ADHD patients would be of great theoretical and clinical interest. Copyright (C) 1999 by W.B. Saunders Company.
Accession Number: WOS:000081425800003

Record 19 of 36 = TRAD (INDIA)
Title: Rapid cycling affective disorder: a descriptive study from North India
Author(s): Avasthi, A (Avasthi, A); Sharma, A (Sharma, A); Malhotra, S (Malhotra, S); Gupta, N (Gupta, N); Kulhara, P (Kulhara, P); Malhotra, S (Malhotra, S)
Source: JOURNAL OF AFFECTIVE DISORDERS **Volume:** 54 **Issue:** 1-2 **Pages:** 67-73 **DOI:** 10.1016/S0165-0327(98)00135-9 **Published:** JUL 1999
Abstract: A series of 33 (4.29%) cases of rapid cycling affective disorder (RCAD ICD-10-DCR) out of a pool of 770 consecutive cases of ICD-IO affective disorder (AD) was collected over a period of 5 years. All cases of RCAD belonged to bipolar affective disorder. RCAD when compared with non-rapid cycling bipolar affective disorder (BPAD) revealed a significantly longer mean duration of illness, greater number of total episodes, greater number of hospitalizations and stronger family loading of bipolar affective disorder. These findings implicate RCAD as a severe form of bipolar affective disorder. (C) 1999 Elsevier Science B.V. All rights reserved.
Accession Number: WOS:000081006700007

Record 20 of 36 = PRO (AUSTRALIA)
Title: Confirmation that Child Behavior Checklist clinical scales discriminate juvenile mania from attention deficit hyperactivity disorder
Author(s): Hazell, PL (Hazell, PL); Lewin, TJ (Lewin, TJ); Carr, VJ (Carr, VJ)
Source: JOURNAL OF PAEDIATRICS AND CHILD HEALTH **Volume:** 35 **Issue:** 2 **Pages:** 199-203 **Published:** APR 1999
Abstract: Objective: To determine whether boys meeting diagnostic criteria for juvenile mania and attention deficit hyperactivity disorder (mania-ADHD) may be distinguished from boys with ADHD alone on a range of clinical and family variables.
Methodology: Boys aged 9-13 years with mania-ADHD (n = 25), ADHD alone (n = 99), or no psychiatric diagnosis (n = 27) were compared on parent and teacher report Child Behavior Checklists (CBCL) and Conners Questionnaires, self-report CBCLs, patterns of comorbidity, intellectual functioning, and family variables.
Results: Mania-ADHD subjects had significantly higher mean ratings than ADHD only subjects on the parent CBCL for the Withdrawn, Thought Problems, Delinquent Behavior and Aggressive Behavior scales and significantly higher rates of comorbid depression, anxiety and psychotic symptoms. Other Variables did not distinguish the mania-ADHD and ADHD only groups.
Conclusions: These data confirm previous research indicating that the CBCL may be used to assist in the clinical identification of manic children.
Accession Number: WOS:000080614400019

Record 21 of 36 = TRAD (ENGLAND)
Title: Neurodevelopmental antecedents of early-onset bipolar affective disorder
Author(s): Sigurdsson, E (Sigurdsson, E); Fombonne, E (Fombonne, E); Sayal, K (Sayal, K); Checkley, S (Checkley, S)
Source: BRITISH JOURNAL OF PSYCHIATRY **Volume:** 174 **Pages:** 121-127 **DOI:** 10.1192/bjp.174.2.121 **Published:** FEB 1999
Abstract: Background Developmental impairments have been identified as a risk factor for early-onset schizophrenia. Affective symptoms are more common in children and adolescents with disordered neu redevelopment than in healthy controls.
Aims To test the hypothesis that severe early-onset mood disorders are associated with developmental antecedents.
Method We retrospectively identified 38 adolescent, cases (15 female, 23 male; mean age 14.4 years, range I I - 18) who mel. ICD-IO Research Diagnostic Criteria for a manic episode, bipolar affective disorder or psychotic depression, and 41 controls (25 female, 16 male, mean age 14.2 years, range 11 - 18) with depression but without psychotic features.
Results Cases were significantly more likely to have experienced delayed language, social or motor development (OR 5.5, 95% CI=1.4-21.6, P=0.01), in particular those who develop psychotic symptoms (OR 7.2, 95% CI=1.8-28.6, P=0.003).
Conclusions Compared to early-onset unipolar depression, neurodevelopmental antecedents are over-represented in early-onset bipolar disorder. The validity of this finding was supported by contemporaneous IQ scores that are not subject to the same

potential biases as case-note ratings.
Declaration of interest None.
Accession Number: WOS:000078602400006
PubMed ID: 10211165

Record 22 of 36 = TRAD (INDIA)
Title: Retrospective study of affective disorders in children attending a child psychiatry clinic
Author(s): Malhotra, S (Malhotra, S); Gupta, N (Gupta, N); Singh, G (Singh, G)
Source: INDIAN JOURNAL OF MEDICAL RESEARCH **Volume:** 109 **Pages:** 71-75 **Published:** FEB 1999
Abstract: Occurrence of affective disorders in childhood and adolescence is being recognized more often in recent years. There is paucity of research in this area from the Indian subcontinent. Analysis of 33 patients of childhood onset affective disorder (COAD) diagnosed on ICD-IO diagnostic criteria for research was done with focus on the clinical profile particularly related to onset of puberty. Certain clinical symptoms were found to occur in mania and depression in children which are not incorporated in the diagnostic criteria for affective disorder. Also, puberty did not appear to influence the symptom profile of depression. COAD can be diagnosed using criteria for adult affective disorder but the need for including development perspective and child specific criteria in ICD-10 for diagnosing affective disorder in children is highlighted.
Accession Number: WOS:000078911100006

Record 23 of 36 = TRAD (ENGLAND)
Title: Treating depression in children and adolescents
Author(s): York, A (York, A); Hill, P (Hill, P)
Source: CURRENT OPINION IN PSYCHIATRY **Volume:** 12 **Issue:** 1 **Pages:** 77-80 **DOI:** 10.1097/00001504-199901000-00021 **Published:** JAN 1999
Abstract: Recent research into the treatment of depression in children and adolescents has been focused on the effectiveness of cognitive-behavioural therapy and selective serotonin reuptake inhibitors. There is now increasing evidence for the effectiveness of cognitive-behavioural therapy and emerging evidence for a place for selective serotonin reuptake inhibitors in the treatment of depression in this age group, Curr Opin Psychiatry 12:77-80. (C) 1999 Lippincott Williams & Wilkins.
Accession Number: WOS:000079079300013

Record 24 of 36 = TRAD (INDIA)
Title: A prospective study of bipolar disorder in children and adolescents from India
Author(s): Srinath, S (Srinath, S); Reddy, YCJ (Reddy, YCJ); Girimaji, SR (Girimaji, SR); Seshadri, SP (Seshadri, SP); Subbakrishna, DK (Subbakrishna, DK)
Source: ACTA PSYCHIATRICA SCANDINAVICA **Volume:** 98 **Issue:** 6 **Pages:** 437-442 **DOI:** 10.1111/j.1600-0447.1998.tb10116.x **Published:** DEC 1998
Abstract: Bipolar disorder in adults is known to run an episodic course. However, little information exists on the long-term naturalistic course of bipolar disorder in juvenile populations. The present study was undertaken with the objectives of (i) documenting the rates of recovery and relapse, (ii) identifying the predictors of recovery and relapse and (iii) assessing the rates of comorbid conditions. A total of 30 subjects with onset of bipolar illness (according to DSM-III-R criteria) in childhood and adolescence were assessed systematically at baseline and 4 to 5 years later. All 30 subjects (100%) had recovered from their index episodes and none had exhibited chronicity. Twenty of the 30 subjects (67%) had relapsed, with most relapses occurring within 2 years of recovery from index episodes. No predictors of recovery and relapse could be identified. Conduct disorder was the only comorbid diagnosis in two subjects (7%). The main implication of our study, in view of the high rates of relapse in the crucial developmental phase of a young individual, is that long-term maintenance medication should be considered in juvenile bipolar patients, even if it is a first episode.
Accession Number: WOS:000077779200003

Record 25 of 36 = TRAD (CANADA)
Title: Major depression in individuals with a history of childhood physical or sexual abuse: Relationship to neurovegetative features, mania, and gender
Author(s): Levitan, RD (Levitan, RD); Parikh, SV (Parikh, SV); Lesage, AD (Lesage, AD); Hegadoren, KM (Hegadoren, KM); Adams, M (Adams, M); Kennedy, SH (Kennedy, SH); Goering, PN (Goering, PN)
Source: AMERICAN JOURNAL OF PSYCHIATRY **Volume:** 155 **Issue:** 12 **Pages:** 1746-1752 **Published:** DEC 1998
Abstract: Objective: Numerous studies have linked childhood trauma with depressive symptoms over the life span. However, it is not known whether particular neurovegetative symptom clusters or affective disorders are more closely linked with early abuse than are others. in a large community sample from Ontario, the authors examined whether a history of physical or sexual abuse in childhood was associated with particular neurovegetative symptom clusters of depression, with mania, or with both. Method: The World Health Organization Composite International Diagnostic Interview was used to assess 8,116 individuals aged 15-64 years. Each subject was asked about early physical and sexual abuse experiences on a structured supplement to the interview. Six hundred fifty-three cases of major depression were identified. Rates of physical and sexual abuse in depressive subgroups defined by typical and reversed neurovegetative symptom clusters (i.e., decreased appetite, weight loss, and insomnia versus increased appetite, weight gain, and hypersomnia, respectively) and by the presence or absence of lifetime mania were compared by gender. Results: A history of physical or sexual abuse in childhood was associated with major depression with reversed neurovegetative features, whether or not manic subjects were included in the analysis. A strong relationship between mania and childhood physical abuse was found. Across analyses there was a significant main effect of female gender on risk of early sexual abuse; however, none of the group-by-gender interactions predicted early abuse. Conclusions: These results suggest an association between early traumatic experiences and particular symptom clusters of depression, mania, or both in adults.
Accession Number: WOS:000077303700016
PubMed ID: 9842786

Record 26 of 36 = TRAD (CANADA)
Title: Premorbid functioning in adolescent onset bipolar I disorder: a preliminary report from an ongoing study
Author(s): Kutcher, S (Kutcher, S); Robertson, HA (Robertson, HA); Bird, D (Bird, D)
Source: JOURNAL OF AFFECTIVE DISORDERS **Volume:** 51 **Issue:** 2 **Pages:** 137-144 **DOI:** 10.1016/S0165-0327(98)00212-2 **Published:** NOV 1998

Abstract: Background: This study reports on premorbid academic and peer functioning and psychiatric illness in a rigorously diagnosed sample (N = 28) of adolescent onset bipolar I patients. Methods: Premorbid functioning was assessed by parental report and review of the Ontario School Record (OSR). Premorbid psychiatric diagnoses were assigned on the basis of all information gathered. Results: Overall, findings suggest that this cohort demonstrates good to excellent peer and academic functioning prior to illness onset. Rates of premorbid psychiatric illnesses were similar to that described in epidemiologic samples. Conclusions: Results are discussed in relation to current understanding of early onset bipolar illness and directions for future research.
Accession Number: WOS:000078964800008
PubMed ID: 10743846
ISSN: 0165-0327

Record 27 of 36 = PRO (GERMANY cautiously pro, later became sceptic)
Title: Bipolar disorders in children and adolescents
Author(s): Remschmidt, H (Remschmidt, H)
Source: CURRENT OPINION IN PSYCHIATRY **Volume:** 11 **Issue:** 4 **Pages:** 379-383 **DOI:** 10.1097/00001504-199807000-00003 **Published:** JUL 1998
Abstract: Recent research has clearly demonstrated that bipolar disorder occurs during childhood and adolescence. The older the bipolar disorder adolescent is, the more the clinical features are similar to the adult type of the disorder. In younger children, in those with attention-deficit hyperactivity disorder and in adolescents, conduct disorders are frequently associated with bipolar disorder. Thus, the question emerges regarding whether attention-deficit hyperactivity disorder or conduct disorders may be developmental precursors of bipolar disorder or real comorbid conditions. The clarification of this issue is as important for genetic studies as it is for treatment research. Curr Opin Psychiatry 11:379-383. (C) 1998 Lippincott-Raven Publishers.
Accession Number: WOS:000074576900003
ISSN: 0951-7367

Record 28 of 36 = TRAD (SWEDEN)
Title: Adolescent depression - Epidemiology, nosology, life stress and social network minireview based on a doctoral thesis
Author(s): Olsson, G (Olsson, G)
Source: UPSALA JOURNAL OF MEDICAL SCIENCES **Volume:** 103 **Issue:** 2 **Pages:** 77-145 **Published:** 1998
Abstract: The study engaged a total population of 16-17-year-old urban high-school students and 2300 (93%) were screened for depression and previous suicide attempts. Adolescents with high depression scores in self-evaluation (12.3%) or reporting previous suicide attempts (2.4%) were diagnostically interviewed together with one control for each, matched for gender and educational program. After the interview self-ratings were completed regarding social network, family climate, and life events. Major depression was prevalent during the last year in 5.8% and during life time in 11.4%, 4 girls for every boy. A depression with remaining symptoms for a year or more was the most common type. Dysthymia without major depressive episodes was diagnosed in 1.1%, two girls for every boy. Short hypomanic episodes had been experienced by 13.2% of those with major depressive disorder.
Anxiety disorder was comorbid to depression in one half and conduct disorder in one forth of the depressed adolescents. Alcohol was abused by 6.5% and used regularly by another 12%. Other drugs were used by 6.5% of depressed adolescents and not at all by controls. The depressed used tobacco twice as frequently as non-depressed.
Social network and family climate were compared within the originally matched pairs. Adolescents with long-lasting depressions had a smaller and unsatisfying social network. They also had experienced many stressful life events related to family adversities, while those with shorter depressive episodes had stress related to the peer group. Depressed adolescents with comorbid conduct disorder reported insufficient support from the close network and a more negative family climate.
Accession Number: WOS:000078109200001
PubMed ID: 9923068
ISSN: 0300-9734

Record 29 of 36 = PRO (INDIA cautiously pro)
Title: Childhood mania in India
Author(s): Alexander, PJ (Alexander, PJ); Raghavan, R (Raghavan, R)
Source: JOURNAL OF THE AMERICAN ACADEMY OF CHILD AND ADOLESCENT PSYCHIATRY **Volume:** 36 **Issue:** 12 **Pages:** 1650-1651 **DOI:** 10.1097/00004583-199712000-00008 **Published:** DEC 1997
Accession Number: WOS:A1997YJ17100008
PubMed ID: 9401322
ISSN: 0890-8567

Record 30 of 36 = SCEP (INDIA)
Title: Clinical profile of mania in children and adolescents from the Indian subcontinent
Author(s): Reddy, YCJ (Reddy, YCJ); Girimaji, S (Girimaji, S); Srinath, S (Srinath, S)
Source: CANADIAN JOURNAL OF PSYCHIATRY-REVUE CANADIENNE DE PSYCHIATRIE **Volume:** 42 **Issue:** 8 **Pages:** 841-846 **Published:** OCT 1997
Abstract: Objectives: To see whether classic DSM-III-R criteria for mania are applicable to Indian youngsters and to examine the clinical presentation of mania in an Indian child and adolescent psychiatric sample.
Method: Fifty subjects with a diagnosis of functional psychosis as per the definition in ICD-9 were recruited from the population referred during the study period of approximately one year (n = 840) to the Child and Adolescent Psychiatry (CAP) clinic of the National Institute of Mental Health and Neuro Sciences (NIMHANS), Bangalore, South India. The subjects were systematically evaluated using a standardized clinical interview and demographic questionnaire and were classified according to DSM-III-R. The subjects who satisfied DSM-III-R criteria for mania formed the sample for this study.
Results: Twenty-one subjects received a diagnosis of mania according to DSM-III-R. The most common symptoms of mania included pressure of speech, irritability, elation, distractibility, increased self-esteem, expansive mood, flight of ideas, and grandiose delusions. No subject had comorbid attention-deficit hyperactivity disorder (ADHD). Additionally, 13 (61%) of the 21 manic subjects had delusions and/or hallucinations. The other common symptoms included psychomotor agitation, reduced sleep, anger, temper tantrums, decreased concentration, disobedience, aggression, and hyperactivity.
Conclusions: Mania was diagnosable in Indian children and adolescents using classic DSM-III-R criteria. The clinical profile

appears to be generally similar to that seen in adults. ADHD is not a comorbid condition. The presence of aggressive or disruptive behaviours and hyperactivity in childhood-and adolescent-onset mania, however, could lead to a misdiagnosis of attention-deficit hyperactivity disorder/conduct disorder (ADHD/CD). Similarly, the presence of psychotic features could lead to a misdiagnosis of schizophrenia.
Accession Number: WOS:A1997YD93700006
PubMed ID: 9356772
ISSN: 0706-7437

Record 31 of 36 = SCEP (NEW ZEALAND)
Title: Attention-deficit hyperactivity disorder with bipolar disorder: A familial subtype? Discussion
Author(s): Werry, JS (Werry, JS)
Source: JOURNAL OF THE AMERICAN ACADEMY OF CHILD AND ADOLESCENT PSYCHIATRY **Volume:** 36 **Issue:** 10 **Pages:** 1388-1390 **Published:** OCT 1997
Accession Number: WOS:A1997XZ47300022
ISSN: 0890-8567

Record 32 of 36 = PRO (CANADA)
Title: Bipolar disorder in children and adolescents: Current challenges
Author(s): Steele, M (Steele, M); Fisman, S (Fisman, S)
Source: CANADIAN JOURNAL OF PSYCHIATRY-REVUE CANADIENNE DE PSYCHIATRIE **Volume:** 42 **Issue:** 6 **Pages:** 632-636 **Published:** AUG 1997
Abstract: Objective: To demonstrate the diagnostic and treatment challenges injuvenile-onset bipolar disorder.
Method: Three case vignettes are outlined to demonstrate different bipolar presentations in children and adolescents.
Results: These case examples illustrate important issues in the diagnosis and management of juvenile-onset bipolar disorder. These issues include diagnostic confusion with atypical initial presentation and the effect of developmental factors on symptom expression. The relationship among genetic risk, early affective instability, and the stress generated by affectively ill family members is complex and circular. Comorbidity with disruptive behaviour disorders, as well as anxiety disorders, is demonstrated by the cases discussed. Comorbid disorders may affect outcome and require separate treatment intervention. There is evidence for the prophylactic antimanic effect of lithium carbonate in children and adolescents, but its specificity, as an antimanic agent is still uncertain. There is less evidence, at present, for effectiveness of other mood stabilizers in this age group, although sodium valproate may prove more effective in mixed mania and rapid cycling, which are so often seen with early-onset bipolar disorder.
Conclusions: While the existence of juvenile-onset bipolar disorder is no longer in dispute several outstanding issues related to diagnosis and long-term management remain. Careful prospective research will be necessary to sort out these issues definitively.
Accession Number: WOS:A1997XT85400010
PubMed ID: 9288426
ISSN: 0706-7437

Record 33 of 36 = TRAD (SWITZERLAND)
Title: Rapid-cycling affective disorder in the elderly: Clinical subtype or specific course of manic-depressive illness?
Author(s): Camus, V (Camus, V); Lima, CAD (Lima, CAD); Antonioli, D (Antonioli, D); Wertheimer, J (Wertheimer, J)
Source: JOURNAL OF GERIATRIC PSYCHIATRY AND NEUROLOGY **Volume:** 10 **Issue:** 3 **Pages:** 105-110 **Published:** JUL 1997
Abstract: Rapid cycling is a relatively unusual presentation of bipolar affective disorder in the elderly. Four cases or rapid-cycling affective disorder (RCAD) in elderly women (aged 78-86 yr) are presented. Two patients began their bipolar illness in adulthood (aged 30 and 49 yr), and rapid cycles appeared secondarily in their elderly years (82 and 76 yr). The other two began their illness immediately with rapid cycles respectively at the age of 62 and 66. Added to the nine cases of RCAD in the elderly previously reported in the literature, a meta-analysis conducted on this small sample suggests that immediate entry in rapid cycles seems more likely to be associated with a late occurrence of bipolar illness (after 60 years of age) (P =.0035, Fisher's Exact Test, two-tailed), and that very short cycles (<2 weeks each) are more likely to be associated with female gender (P =.0047, Fisher's Exact Test, two-tailed). Despite the small size of the sample, these results give some arguments to the hypothesis that RCAD is not a homogeneous syndrome but could be considered as a pattern of evolution, as well as clinical subtype, of the bipolar illness.
Accession Number: WOS:A1997XX85800003
PubMed ID: 9322132
ISSN: 0891-9887

Record 34 of 36 = PRO (BUT IS USA)
~~**Title:** BPD and ADHD - Reply~~
~~**Author(s):** Geller, B (Geller, B)~~
~~**Source:** JOURNAL OF THE AMERICAN ACADEMY OF CHILD AND ADOLESCENT PSYCHIATRY **Volume:** 36 **Issue:** 6 **Pages:** 720-720 **DOI:** 10.1097/00004583-199706000-00002 **Published:** JUN 1997~~
~~**Accession Number:** WOS:A1997XB49500002~~
~~**ISSN:** 0890-8567~~

Record 35 of 36 = TRAD (IRELAND)
Title: Rapid cycling mood disorder: A review
Author(s): Healy, E (Healy, E); McKeon, P (McKeon, P)
Source: IRISH JOURNAL OF PSYCHOLOGICAL MEDICINE **Volume:** 14 **Issue:** 1 **Pages:** 26-31 **Published:** MAR 1997
Abstract: Objectives: Rapid cycling mood disorder is an important clinical phenomenon. The concept of rapid cycling has evolved since it was first described in 1974. The purpose of this review is to summarise current diagnostic criteria, postulated risk factors and suggested management strategies.
Method: A Medline and Psych-Lit computerised literature search was supplemented by tracing back through the references from existing review work.
Results: Over 80 papers were identified which discussed diagnosis and management of rapid cycling.
Conclusions: DSM-IV provides a useful but narrow definition of rapid cycling. Standard treatment of affective disorder may

exacerbate rapid cycling. If a rapid cycling course develops, discontinuation of antidepressants and use of mood stabilisers is recommended.
Accession Number: WOS:A1997WP53000008
ISSN: 0790-9667

Record 36 of 36 = SCEP (CANADA)
Title: Mania in children
Author(s): Pelletier, G (Pelletier, G); Geoffroy, G (Geoffroy, G); Robaey, P (Robaey, P)
Source: JOURNAL OF THE AMERICAN ACADEMY OF CHILD AND ADOLESCENT PSYCHIATRY **Volume:** 35 **Issue:** 10 **Pages:** 1257-1257 **DOI:** 10.1097/00004583-199610000-00001 **Published:** OCT 1996
Accession Number: WOS:A1996VK05500001
PubMed ID: 8885574

Articles that correctly cited one of the four seminal articles, that were detected on Web of Science search in January 2014, but not in September 2016:

Record 12 of 14 = PRO (ITALY)
Title: Subthreshold Mood Disorders
Author(s): Pini, S (Pini, Stefano); Baldini-Rossi, N (Baldini-Rossi, Nicolo); Miniati, M (Miniati, Mario); Cassano, GB (Cassano, Giovanni Battista)
Edited by: Griez EJL; Faravelli C; Nutt DJ; Zohar J
Source: MOOD DISORDERS: CLINICAL MANAGEMENT AND RESEARCH ISSUES **Pages:** 117-143 **DOI:** 10.1002/0470094281.ch5 **Published:** 2005
Accession Number: WOS:000298279900007
ISBN: 978-0-470-09428-0
Book DOI: 10.1002/0470094281

Appendix C4 - Authors of the 835 articles

The 835 citing articles had a combined total of 897 contributing authors. There were 174 authors whose names were on at least four articles (*table 7.2*). Only 35 of these authors were affiliated with non-US institutions, and three of those 35 authors were also affiliated with a US institution.

Table 7.2 Authors with most articles

Authors	Articles	Non-US
BIEDERMAN J	111	
FARAONE SV	73	
WOZNIAK J	62	
FINDLING RL	54	
BIRMAHER B	50	
DELBELLO MP	48	
YOUNGSTROM EA	43	
KOWATCH RA	41	
MICK E	39	
AXELSON D	38	
WILENS TE	36	
PAVULURI MN	32	
GELLER B	30	
CHANG KD	23	
LEIBENLUFT E	22	
SPENCER T	22	
CARLSON GA	21	
FRISTAD MA	18	
STRAKOWSKI SM	18	
CALABRESE JR	17	
FRAZIER JA	17	
POST RM	16	
GILL MK	15	
MONUTEAUX MC	15	
ARNOLD LE	14	
GOLDSTEIN B	14	Canada/US[1]
PERUGI G	14	Italy[2, 8]
MIKLOWITZ DJ	14	
MASI G	13	Italy[2]
STROBER M	13	
KELLER M	12	
SPENCER TJ	12	
SWEENEY JA	12	

WILLIAMS M	12	
ZIMERMAN B	12	
AKISKAL HS	11	
BOLHOFNER K	11	
CRANEY JL	11	
DEMETER C	11	
FRAZIER TW	11	
HORWITZ SM	11	
HUNT J	11	
IYENGAR S	11	
LEVERICH GS	11	
MUCCI M	11	Italy[2]
PINE DS	11	
RYAN N	11	
GOLDSTEIN T	10	
HENRY DB	10	
KECK PE	10	
MCCLELLAN J	10	
MCELROY SL	10	
DILER RS	9	US/Turkey[1]
LEONARD H	9	
MENNIN D	9	
MILLEPIEDI S	9	Italy[2]
NOLEN WA	9	
TONI C	9	Italy[2]
BRENT D	8	
DEMETER CA	8	
LUBY J	8	
ADLER CM	7	
ALEARDI M	7	
ALTSHULER LL	7	
DUFFY A	7	Canada[3]
FRYE MA	7	
GREENHILL LL	7	
JENSEN PS	7	
KUPFER D	7	
PAPOLOS D	7	
SINGH MK	7	
SRINATH S	7	India[4]
STRINGARIS A	7	England[9]
WEST AE	7	
YOUNGSTROM JK	7	
AZORIN JM	6	France[8]
BARZMAN DH	6	

BERTINI N	6	Italy[2]
CHARNEY DS	6	
DICKSTEIN DP	6	
GRACIOUS BL	6	
GRUNZE H	6	Netherlands[5]
JOSHI G	6	
KWON A	6	
LUCKENBAUGH DA	6	
MCNAMARA NK	6	
MONK K	6	
MONUTEAUX M	6	
PELHAM WE	6	
REDDY YCJ	6	India[4]
SCHENKEL LS	6	
SOUTULLO CA	6	Spain[5]
TSUANG MT	6	
VALERI S	6	
WAGNER KD	6	
WELLER EB	6	
ALDA M	5	Canada[3]
ALTHOFF RR	5	
BRENT DA	5	
CARBRAY JA	5	
CHIAPPETTA L	5	
COHEN D	5	France[10]
CONNOR DF	5	
DOYLE R	5	
GEORGE EL	5	
HAMMERNESS P	5	
HENIN A	5	
HICKEY MB	5	
HOLLAND SK	5	
HOWE M	5	
HUDZIAK JJ	5	
JAIRAM R	5	Australia/India[4]
KLEIN DN	5	
KUPFER D	5	
LEWINSOHN PM	5	
PASSAROTTI AM	5	
PETTY CR	5	
PFANNER C	5	Italy[2]
PHILLIPS ML	5	
SOARES JC	5	US/Brazil[7]
SUPPES T	5	

TRAMONTINA S	5	Brazil[7]
VIETA E	5	Spain[8]
ZENI CP	5	Brazil[7]
BEBKO G	4	
BELLIVIER F	4	France[10]
BERLOFFA S	4	Italy[2]
BONAR L	4	
CAETANO SC	4	US/Brazil[7]
CASTRO-FORNIELES J	4	Spain[11]
CONSOLI A	4	France[10]
COOK EH	4	
DILSAVER SC	4	
DIWADKAR VA	4	
EL-MALLAKH RS	4	
FAEDDA GL	4	
FROMM SJ	4	
GALANTER CA	4	
GREENE RW	4	
GROF P	4	Canada[3]
HARRAL EM	4	
KETTER TA	4	
LENANE M	4	
MARTIN A	4	
MOORE P	4	
OBREJA M	4	
PARCELL T	4	
PARRY PI	4	Australia[12]
PERLMAN SB	4	
PLISZKA SR	4	
PURPER-OUAKIL D	4	France[10]
RAPOPORT JL	4	
RICH BA	4	
ROHDE LA	4	Brazil[7]
RUSSELL R	4	
SACHS GS	4	
SCHIRDA C	4	
STANFORD KE	4	
STANSBERRY RJ	4	
STEINER H	4	
TAYLOR DO	4	
TILLMAN R	4	
TOHEN M	4	
TRAVIS M	4	
VAN METER A	4	

VERSACE A	4	
WASCHBUSCH DA	4	
WAXMONSKY JG	4	
WELLER EB	4	
WELLER RA	4	
WERRY JS	4	New Zealand[13]
YANG M	4	
YOUNG AH	4	England[8]
ZOROGLU SS	4	Turkey[14]

1. Co-author/affiliated with University of Pittsburgh group.

2. Affiliated with University of Pisa group.

3. Affiliated with Canadian National Institute for Mental Health, sceptical perspective on PBD.

4. Affiliated with National Institute of Mental Health and Neurosciences (NIMHANS), Bangalore, India, articles initially favourable perspective, later returned to traditional perspective.

5. Co-authoring with Biederman and colleagues from Boston, US.

7. Co-authoring Brazilian group from Hospital de Clínicas de Porto Alegre and Federal University of Rio Grande do Sul in Sao Paolo region of Brazil. Co-author with University of Texas colleagues, include expat Brazilian.

8. Members of the international BRIDGE (Bipolar Disorder: Improving Diagnosis, Guidance and Education) Study Group

9. Has co-authored several articles with US colleagues on SMD/DMDD

10. Co-authors on French articles.

11. Has co-authored with University of Pittsburgh group.

12. Author of this study, sceptical perspective.

13. Has co-authored sceptical articles with US PBD sceptic McClellan.

14. Part of a very pro-PBD group affiliated to University of Istanbul.

The authors with the most articles were led by the group from MGH/Harvard who proposed the "broad-phenotype" PBD hypothesis: Biederman (110), Faraone (73), Wozniak (62), Mick (39), Wilens (35), and Spencer (22). Authors from the state of Ohio also published numerous articles: Findling from Case Western Reserve University (54), and DelBello (46) and Kowatch (40) from the University of Cincinnati. Other leading authors were: Birmaher (50) and Axelson (38) from the University of Pittsburgh in Pennsylvania, who are lead authors in the "COBY" study; Youngstrom (43) from the University of North Carolina; Pavuluri (32) from the University of Illinois in Chicago; Geller (30) from Washington University in St Louis, Missouri, of the "narrow-phenotype" PBD construct; Chang (22) from Stanford University in California. The main proponent of SMD/DMDD from the NIMH in Maryland, Leibenluft, had 22 articles, and Carlson from Stony Brook University in New York, who has authored articles sceptical of PBD, had 21 articles.

The author with the most articles of any non-US affiliated author was Goldstein from the University of Toronto with 14 articles. Many were co-authored with Birmaher and Axelson and others from the University of Pittsburgh where Goldstein holds a visiting academic

position. Three other Canadian authors, Duffy (7), Alda (4), and Grof (4) were co-authors affiliated with Dalhousie University in Nova Scotia and or the University of Calgary and received funding from the nationwide Canadian Institutes of Health Research.

Seven of the other non-US authors were all affiliated with the University of Pisa, Italy, and three had reached double figures: Perugi (14), Masi (13) and Mucci (11). The Pisa group had collaborated, particularly in early articles, with Akiskal from the University of San Diego, who had 11 articles in this dataset and is the long serving chief-editor for the *Journal of Affective Disorders* and one of the world's foremost proponents of a widened bipolar spectrum disorder.

Other international authors included a group from Porto Alegre and Sao Paolo region of Brazil: Tramontina (5), Zeni (5), and Rohde (4) who co-authored with expat Brazilians at the University of Texas: Soares (5) and Caetano (4). From Spain was Soutullo (9) from the University of Navarre who has co-authored with Biederman from the MGH/Harvard group, Vieta (5) and Castro-Fornieles (4) from Barcelona. From Turkey was Diler (9) who is also affiliated to the University of Pittsburgh, and Zoroglu from the University of Istanbul (4).

Other non-US authors with at least 4 articles were: from England: Stringaris (7) from Kings College London who has co-authored with Leibenluft and others on SMD/DMDD, and Young (4) from Kings College, London; from India: Srinath (7), Reddy (6), and Jairam (5) affiliated with the National Institute of Mental Health and Neurosciences (NIMHANS), Bangalore; from France: Azorin (6), Cohen (5), and Bellivier (4); from Australia: Jairam (5) who is affiliated with the University of New South Wales as well as NIMHANS in India, and myself, Parry (4) affiliated with the University of Queensland and Flinders University; from New Zealand: Werry (4) from the University of Auckland who has co-authored articles with McClellan (10) from the University of Washington in Seattle.

Authors Perugi from Italy, Azorin from France, Vieta from Spain and Young from England have all been members of the international BRIDGE (Bipolar Disorder: Improving Diagnosis, Guidance and Education) Study Group.

Appendix C5: Global comparison of perspectives on the PBD hypothesis.

It can be argued that the sceptical position on the PBD hypothesis is the same as the traditional perspective on bipolar disorder in children and adolescents, but with a further critique of the PBD hypothesis. Table 1 compares the international distribution of traditional/sceptical perspectives on PBD with the pro-PBD hypothesis perspective. For simplicity, the more nuanced SMD/DMDD perspective is not represented in this comparison of global perspectives.

Table 1: Global comparison of pro-PBD vs traditional/sceptical perspectives

Author nationalities with pro-PBD citations (N articles)	**Author nationalities with traditional/sceptical perspectives (N articles)**
US (519)	US (78)
Canada (22)	Canada (20)
Italy (23)	England (20)
Spain (13)	France (15)
Brazil (12)	India (9)
Turkey (12)	Australia (6)
France (11)	Germany (6)
Netherlands (11)	Switzerland (5)
England (8)	Netherlands (4)
Australia (7)	Sweden (4)
Germany (7)	Denmark (3)
India (4)	New Zealand (3)
Ireland (3)	Norway (3)
South Korea (3)	South Korea (3)
Wales (3)	Austria, Finland, Ireland, Spain (2)
Greece, Mexico, South Africa, Switzerland (2)	
Argentina, Austria, New Zealand, Sweden (1)	Belgium, Brazil, Greece, Iran, Japan, Poland, Taiwan, Tunisia, Turkey, Wales (1)

Appendix C6: Narrative analysis of non-US countries' perspectives

Applies to the bibliometric data presented in Chapter 7.

The citing articles from each of the 33 countries apart from the US were examined in more depth, dividing their articles into co-authored with US authors or not. This clarified the geographical pattern of where the academic centres were that accepted the PBD hypothesis and gave an indication of where the PBD hypothesis was temporarily explored and rejected. Key proponents and authors sceptical of PBD were highlighted.

Early non-US articles

Examination of the early articles by non-US authors (1996 to 2000) are of interest as indicators of the initial reception beyond the US of the hypothesised PBD phenotypes. The very first was a letter by three Canadian child psychiatrists (Pelletier, Geoffroy, & Robaey 1996) to *JAACAP* questioning the findings of the seminal article of Wozniak et al. (1995):

> It is difficult to accept that 43 children, 12 years or younger, from a pool of 262, fulfil all the *DSM-III-R* criteria for a manic episode with associated impairment. For a significant proportion (23%) of the "manic" children, symptoms of mania were reported as "always present." How can the authors say that they present a *distinct* period of abnormally and persistently irritable mood, lasting at least 1 week as stated in criterion A?
>
> The Canadian authors went on to suggest: "those children present a *hypomanic mode* of functioning which overlap the symptoms of ADHD." The letter was replied to by Biederman, Faraone and Wozniak (1996) who argued that the severity of the children's "explosive", "extremely aggressive" and "violent" behaviour warranted the diagnosis of mania and stated that "We use the term bipolar disorder because these children meet diagnostic criteria for that disorder". (p. 1257)

In 1997 the non-US articles included another letter from a Canadian child psychiatrist to *JAACAP* citing the debate between Pelletier et al. (1996) and Biederman et al. (1996) regarding Wozniak et al. (1995) and arguing that distractibility of thought in ADHD was being misdiagnosed as rapid thought by those advocating for a bipolar disorder diagnosis. Wozniak

et al.'s article was also cited in an Irish (Healy & McKeon, 1997) and a Swiss article (Camus et al. 1997) although the articles were both commenting on rapid-cycling bipolar disorder in adults rather than children. Another Canadian article in the *Canadian Journal of Psychiatry* describing three case vignettes of postulated PBD was supportive of the US PBD concepts (Steele & Fisman 1997). There were two articles from India by researchers into early-onset psychotic disorders who noted cases of peripubertal and early adolescent mania in 11-16-year-olds that were classical in symptomology and were not comorbid with ADHD. One described a small case series in a letter to *JAACAP* that cited the PBD constructs in a favourable way (Alexander & Raghavan 1997); the other was a larger cohort study (Reddy, Girimaji, & Srinath 1997)that was quite sceptical of the claims of Wozniak et al. The final non-US author to publish in 1997 was Werry (1997) of New Zealand, who authored a sceptical discussion of an article in *JAACAP* by the Harvard-MGH group (Faraone et al. 1997).

Indian child psychiatrists had access to vast catchment areas through the child and adolescent psychiatric inpatient units of their universities: five citing articles from India followed up to the year 2000. The Indian researchers who researched rare early-onset psychotic disorders included Avasthi et al. (1999); Malhotra, Gupta, and Singh (1999); Reddy and Srinath (2000); Reddy et al. (2000); and Srinath et al. (1998). The main theme was consistent with classical concepts of bipolar disorder and early adolescent cases still being very rare. Srinath et al. (1998) noted how their cohort of thirty-three 11 – 16-year-olds at onset with classical bipolar disorder differed from that of Geller et al.'s (1995) description of ultradian cycling PBD.

Other notable early citing articles by the year 2000 from non-US authors were from a range of countries: Germany (Remschmidt 1998); Australia (Hazell, Lewin & Carr 1999); England (although with international authors Sigurdsson, Fombonne, Kapil & Checkley, 1999); the Netherlands (Reichart et al. 2000) and Canada (Duffy 2000). These five articles were authored by prominent child psychiatrists in their countries and while all first adopted an open-minded attitude towards the PBD phenotypes, they eventually changed to a sceptical or more traditional perspective, as explained below.

Perspective	PRO	SCEP	SMD/DMDD	TRAD	NA	CONS	TOTALS
Plus US	17	2	0	1	0	0	20
Non US	5	10	0	7	6	0	28
Total							**48**

Figure 1: Perspectives of Canadian articles citing PBD by US and non-US authorship.

The Canadian articles were second in number only to those from the US, perhaps reflecting greater awareness in Canada of the PBD hypothesis, given geographic proximity. Interestingly the two most published authors in this data set, Goldstein and Duffy, had markedly divergent views, Goldstein being a proponent and working with US researchers, while Duffy was a sceptic of PBD.

In particular, Goldstein had collaborated with Axelson, Birmaher and others (Bella et al. 2011) from the University of Pittsburgh, Pennsylvania, on both the COBY study and with the Pittsburgh Bipolar Offspring Study (BIOS). There were other prominent co-authors such as Kupfer, from the US, head of the APA's DSM-5 committee who had also worked with Goldstein and others on the three Pittsburgh BIOS study articles (Bella et al. 2011; Birmaher et al. 2010; Diler et al. 2011). The BIOS study found preschool offspring of parents with bipolar disorder had an 8-fold increased incidence of ADHD and while not meeting full criteria for bipolar disorder, had "greater levels of subthreshold manic and depressive symptoms than children of comparison parents" (Birmaher et al. 2010, p. 321). Also affiliated with Pittsburgh was Rasim Diler from Turkey who wrote a global perspective book on PBD (Diler 2007). Other US co-authors with more than one article in this Canadian data set include Biederman, Wilens and Iyengar from MGH-Harvard, and PBD researchers such as Chang, Findling, Geller, Kowatch and Youngstrom. Thus, the bulk of the pro-PBD articles had US authors and originated in the US, with Goldstein as a co-author from the University of Toronto in nine articles (Bella et al. 2011; Birmaher et al. 2010; Diler et al. 2011; George et al. 2011; Goldstein 2012; Goldstein & Birmaher 2012; Hower et al. 2013; Sala et al. 2010; Sparks et al. 2014).

Goldstein (2012) was the sole author of another pro-PBD article in this citation tree set. Other pro-PBD articles by other Canadian authors that did not have US co-authors included: a review of aripiprazole in paediatric psychosis and PBD, sponsored by Bristol-Myers-Squibb (Doey 2012); an early article of three cases by Steele and Fisman (1997); and the "Canadian Network

for Mood and Anxiety Disorders (CANMAT) guidelines for the management of patients with bipolar disorder: consensus and controversies", authored by researchers from multiple departments of psychiatry across Canada and sponsored by Lilly, AstraZeneca and Janssen (Yatham et al. 2005).

While none of the authors of the latter three articles appeared again in this data set of citing articles, the lead author of the CANMAT guidelines, Lakshmi Yatham, head of research at the Department of Psychiatry at the University of British Columbia, was also lead author on two later CANMAT treatment guidelines for bipolar disorder in 2009 (Yatham et al. 2009) and 2013 (Yatham et al. 2013). The 2005 CANMAT guidelines while noting that diagnosis of bipolar disorder in children is "challenging", uncritically cited the seminal articles of both Geller et al. (1995) and Wozniak et al. (1995) to describe both the narrow and broad PBD phenotypes, as well as many other US pro-PBD articles including the *JAACAP* treatment guidelines of Kowatch et al. (2005).

The 2013 CANMAT guidelines noted the "controversial" nature of the PBD diagnosis and that DMDD had replaced broad phenotype PBD. However, the guidelines still uncritically cited pharmacotherapy studies of very young children by the MGH-Harvard group. The 2013 CANMAT guidelines also had Goldstein and Birmaher as co-authors and extensively cited the COBY study (e.g. Birmaher et al. 2009) and its descriptions of PBD phenomenology and suggested pharmacotherapy treatments. The 18 authors of the 2005 CANMAT guidelines were all adult psychiatrists with professorial positions across Canada and research expertise in bipolar disorder, with the exception of Peter Silverstone who worked in adolescent and young adult psychiatry at the University of Alberta. As of 2017 the CANMAT bipolar disorder guidelines team had 22 members, still mostly Canadian but with two members from the US, and one each from South Korea, the Netherlands, and Australia. There were still only two child and adolescent psychiatrists in the team: Birmaher from the University of Pittsburgh and Goldstein from University of Toronto/University of Pittsburgh (see URL: http://canmat.org/workgroupb.html accessed 18 July 2017) both key researchers in the COBY study.

The only two mainly US authored articles with some Canadian co-authorship that read as taking a sceptical perspective included US PBD-sceptic Carlson, who found that children with

manic symptoms as well as ADHD responded to anti-ADHD stimulant medication alone (Galanter et al. 2003; Galanter et al. 2005). Carlson would later co-author with Duffy in the Canadian child psychiatric literature some of the most sceptical articles on PBD. Duffy found non-specific psychopathology in children of parents with bipolar disorder, but as she and Carlson noted in a paper not in this citation tree dataset, this could reflect contextual parenting factors (Duffy & Carlson 2013).

Duffy continued to critique PBD and gathered convincing data for mania not occurring until post-puberty in almost all high-risk offspring of adults with classical bipolar disorder. Duffy was an author in seven articles in this citation tree dataset (Duffy 2000; Duffy 2007; Duffy 2012; Duffy et al. 2007; Duffy et al., 2002; Duffy & Grof 2001; Duffy et al. 2001). Duffy and many of her co-authors have affiliations with Dalhousie University in Halifax, Nova Scotia, from which 11 articles in the citation tree come. Of these, five were rated as sceptical in perspective, two as traditional, two as not applicable and two as pro-PBD. One of the latter was the CANMAT article with authors from many Canadian institutions, and the other was by Post and pro-PBD US authors Chang, Findling, Geller and Kowatch, with Canadian co-author Kutcher (Post et al. 2004). Kutcher had also co-authored sceptical and traditional articles with Duffy and other Canadians.

Early articles authored by Duffy displayed mild scepticism, particularly regarding comorbidity with ADHD in youngsters apparently susceptible to bipolar disorder. Duffy cited Wozniak et al. 1995 and noted:

> [W]e, and other groups, have not found any evidence of either syndromal or subsyndromal ADHD among adolescents at risk for or suffering from mood disorders (22,98,99). Finally, some evidence suggests that subsyndromal temperamental oscillations (hyperthymic, irritable, and cyclothymic) may be early markers of latent bipolarity (97). (Duffy 2000, p.345)

In reference (97) she cited Akiskal (1995) and his early proposals for childhood ‘bipolarity’. In subsequent articles focussing on high risk children of adults with classical bipolar disorder she and colleagues discounted the relationship with ADHD (Duffy et al. 2001) and externalising disorders (Duffy 2012), and with prepubertal temperamental lability (Duffy et al. 2007; Duffy et al. 2002; Duffy & Grof 2001). In an article in the *Canadian Journal of Psychiatry* titled “Does

bipolar disorder exist in children? A selected review", that received funding from the Canadian Institutes of Health Research, Duffy stated:

> Studies of high-risk children of well-characterized parents with BD have demonstrated that BD most often debuts as a depressive episode in mid to late adolescence and that activated episodes are rare prior to age 12 years. Some children manifest antecedent nonspecific psychopathology in early childhood. Therefore, as currently diagnosed, BD does not manifest as such typically until at least adolescence. (Duffy 2007, abstract)

Two other Canadian articles without US co-authors also took a sceptical perspective towards the PBD hypotheses, arguing that children with ADHD do not progress to adults with bipolar disorder (Robert et al. 2000) and that there was no evidence of ADHD in adolescents with stabilised bipolar disorder (Robertson, Kutcher, & Lagace 2003).

Other articles in this dataset from Canadian authors without US co-authors included seven that were judged to be mostly a traditional perspective. An early article examined "premorbid functioning in adolescent onset bipolar-I disorder" and found "this cohort demonstrates good to excellent peer and academic functioning prior to illness onset" (Kutcher, Robertson, & Bird 1998, p. 137). Another early article that included several authors from the CANMAT guidelines group investigated the role of child abuse in affective disorder in a large Ontario community survey of individuals aged 15-64-years and found correlations between early sexual and physical abuse and major depression, and physical abuse with later mania (Levitan et al. 1998). Two articles with French co-authors (Brunelle et al. 2009; Louet et al, 2010) also took what read as a mostly traditional perspective. A third article with French co-authors Consoli, Bouzamondo, Guile, Lechat, and Cohen (2007) undertook a meta-analysis of five open label pharmacological studies of bipolar disorder in children and adolescents and found that comorbid ADHD significantly reduced treatment response to antimanic medication, and as such this was judged as taking a sceptical perspective with regards to the PBD hypothesis. They cited the 10-year review in *JAACAP* of Pavuluri, Birmaher and Naylor (2005), and commented that PBD did not appear on the same continuum as classical episodic bipolar disorder. A fourth article with one of the same French co-authors (Cohen) took what was judged as a pro-PBD perspective in favourable citing of the COBY study and also the meta-

analysis of Van Meter et al. (2011): however, the main focus of this article was on adolescent suicidality (Halfon et al. 2013).

Another article that focused on classical bipolar disorder in 15 – 24-year-olds (Kozloff et al. 2010) also held to a traditional perspective, as did the most recent article in the non-US-authors dataset titled "Early-onset and very-early-onset bipolar disorder: distinct or similar clinical conditions?" (Propper et al. 2015). The latter used retrospective recall to define very-early-onset (VEO) bipolar disorder as being prior to age 15 and the early-onset (EO) bipolar disorder group as commencing between age 15-18 years. Some of the authors were members of the CANMAT guidelines group. They did find that the VEO group (though not exhibiting prepubertal onset) had some of the features of rapid cycling and greater ADHD comorbidity.

Six articles without US co-authors (Browne 2015; Cousins, Butts, & Young 2009; Fahim et al. 2012; Levitan, Jain, & Katzman 1999; Nilsen & Fecica 2011; Wilson et al. 2010) read as not adopting any perspective on bipolar disorder in children and adolescents but had cited one of the four seminal PBD articles for other reasons such as the role of dopamine in pharmacotherapy (Cousins et al. 2009). In contrast, all of the Canadian articles with US co-authors cited the PBD literature with understanding of the issues. This difference suggests the PBD hypothesis was less well-known north of the 49th parallel.

The writings of Goldstein and Duffy could be seen as representing the split in views within Canadian child psychiatry on the issue of PBD. However, this citation tree literature review suggested it was a far from an even split and indicated the majority of Canadian psychiatrists were likely to be sceptics with regards to PBD being a valid diagnostic entity.

England: 34 citing articles

Of 33 articles with English authors, 13 had US co-authors and 21 did not.

Perspective	PRO	SCEP	SMD/DMDD	TRAD	NA	CONS	TOTALS
Plus US	7	2	2	1	0	1	13
Non US	1	7	3	10	0	0	21
Total							**34**

Figure 2: Perspectives of English articles citing PBD by US and non-US authorship.

The numbers show a demarcation between articles with US co-authors and those without. Seven articles were judged as favourable towards the PBD hypothesis amongst the US co-

authored articles and only one amongst the non-US authored articles, where a second author was from Bristol, U.K. and the lead author from Dublin, Ireland (McNicholas & McKenna 2003). In fact England was perhaps the most proportionally sceptical country in the dataset of articles with nine sceptical articles, two being with US co-authors (Dubicka et al. 2008; James et al. 2014) and seven without (Chan, Stringaris, & Ford 2011; Goodwin & Consensus Grp British Assoc Psychopharmacology 2003, 2009; Harrington & Myatt 2003; Memarzia, Tracy, & Giaroli 2014; Skirrow et al. 2012; Taylor 2009). There were also ten articles of a traditional perspective, one with US and European co-authors (Bellivier et al. 2014) and ten without (Cousins et al. 2009; Douglas & Scott 2014; James & Javaloyes 2001; Kent & Craddock 2003; R. S. Lee et al. 2014; Sigurdsson et al. 1999; Skirrow et al., 2014; Argyris Stringaris, Stahl, Santosh, & Goodman 2011; Uttley, Kearns, Ren, & Stevenson 2013; York & Hill 1999).

An early pro-PBD article was from Montgomery,the London-based professor of psychiatry who co-developed the Montgomery-Asberg Depression Scale (1979) and Keck, a US author with many articles in the PBD field (Montgomery & Keck 2000). Titled "First International Exchange on Bipolar Disorder" it reported on a bipolar disorder conference in Spain that had focussed on rapid-cycling bipolar disorder, a broadened bipolar spectrum and promoted the findings of PBD researchers such as Biederman, Geller and others. The article included 14 references where Akiskal was an author.

The majority of the other US co-authored articles involved mostly US authors with single co-authors from England or other countries. Two articles had Post as lead author from the "Bipolar Collaborative Network" based at the US NIMH and Grunze was a co-author from the University of Newcastle in England (Post et al. 2010; Post et al. 2015). These concerned US adults with bipolar disorder and retrospective accounts of early-onset. A second set consisted of the BRIDGE study authors led by Swiss author, Angst (Switzerland), and included US, Spanish, Italian, English (Young from Kings College, London) and French representation. The BRIDGE study involved adult patients with bipolar disorder and took a widened bipolar spectrum perspective. Once again the research involved retrospective recall accounts of early-onset of symptoms, and was judged as favourable regarding the US PBD hypotheses (Perugi et al. 2013a; Perugi et al. 2013b). The other pro-PBD studies were a mouse genetics study with Dutch and US co-authors as well as Collier from Kings College, London, that had simply cited Wozniak et al. (1995) to reference a high comorbidity between ADHD and

childhood bipolar disorder (de Mooij-van Malsen et al. 2013), and a study from the Pittsburgh PBD research group of Birmaher and Axelson that had a single English co-author, Phillips (Mourao-Miranda et al. 2012): both were judged as pro-PBD.

Prominent amongst the articles with English authors were sceptical perspectives and reference to SMD/DMDD. Stringaris from Kings College, London and colleagues including Leibenluft from the US NIMH argued that 'SMD' should replace 'broad phenotype PBD' (Krieger et al. 2013; Stringaris et al. 2012). In non-US articles, Stringaris and colleagues further pressed the SMD/DMDD model for classifying irritability (Krieger et al. 2013; Stringaris 2011; Stringaris & Goodman 2008, 2009).

Of the 21 non-US English articles many were not specifically about PBD but related to other mood problems in youth or adult psychiatry and took a traditional perspective. Those that did cover PBD in varying depths were either mildly sceptical (Goodwin & Consensus Grp British Assoc Psychopharmacology 2003, 2009; James & Javaloyes 2001; Kent & Craddock 2003; Skirrow et al. 2012) or strongly sceptical (Harrington & Myatt 2003; Taylor 2009).

US PBD sceptic Carlson collaborated with Dubicka and Harrington on the trans-Atlantic comparative study of child psychiatrists' diagnostic bias with regards to bipolar disorder. This showed a marked discrepancy between US child psychiatrists' wide acceptance of PBD and a traditional perspective of British child psychiatrists (Dubicka et al. 2008).

Two articles provided a significant challenge to the pro-PBD perspective. James from Oxford University and colleagues co-authored a study with Leibenluft from the US that compared the extreme difference in discharge diagnosis rates from inpatient units in under-20-year-olds between the US and England (James et al. 2014). Secondly, an edition of the "Evidence-based guidelines for treating bipolar disorder" of the "British Association for Psychopharmacology" included BRIDGE study group authors from Europe as well as US PBD researcher Miklowitz from UCLA who has stressed family therapy perspectives in PBD (Goodwin et al. 2016). This was classified this as a 'consensus' document: however, the perspective on PBD is sceptical and upholds the traditional view.

There was just one pro-PBD article in the non-US English subset and this was a case report of an 8-year-old girl diagnosed with PBD and successfully treated with carbamazepine, although

it is clear from the case report that there was adversity in the family developmental environment and family interventions as well as pharmacotherapy involved (McNicholas & McKenna 2003). The lead author was Irish and the article is discussed further in the Irish section below.

France: 30 citing articles

Of 30 articles with French authors, seven had US co-authors and 23 did not.

Perspective	PRO	SCEP	SMD/DMDD	TRAD	NA	CONS	TOTALS
Plus US	6	0	0	1	0	0	7
Non US	5	4	2	10	2	0	23
Total							**30**

Figure 3: Perspectives of French articles citing PBD by US and non-US authorship.

Most of the 80 citing articles that *Web of Science* allocated to the French dataset were not specifically about PBD but concerned more traditional psychiatric diagnostic perspectives on mood problems in both adolescent and adult age groups.

There were seven US co-authored articles. Six of these articles were judged to be pro-PBD in perspective. One was lead-authored by Akiskal with the purpose of informing French psychiatrists in recognising "dysphoric mania" based on "Akiskal-Mallya criteria" (Akiskal et al. 1998). Akiskal was co-author also with five French colleagues in a longitudinal study of 109 consecutive inpatient admissions (ages 7 – 17, mean 12.7, SD 2.9) to the Child and Adolescent Psychiatry Department of the University of Lille and of Roubaix who fulfilled criteria for major depressive disorder according to DSM-IV criteria and free of previous hypomanic or manic episodes (Kochman et al. 2005). They found cyclothymic-hyperactive temperament in children and adolescents more likely led to bipolar disorder. However, this was in keeping with narrow phenotype PBD phenomenology and the research was based on Akiskal's "soft bipolarity" model:

> Early-onset manic-depressive disorder may not present with the sudden onset of mood episodes lasting several weeks. Rather, it may present with a picture of rapid-cycling multiple brief episodes (Geller et al. 1995). For these reasons, the diagnosis of major depressive disorder, hypomanic or manic episode was made even if the official DSM-IV duration criteria were not fulfilled: each episode had to last at least 2 days to be taken into account.

> The concept of soft bipolarity used in this paper is an innovative concept which goes beyond DSM-IV and ICD-10, and which has recently been agreed upon by an international consensus of bipolar experts, which confirms 2-day duration of hypomania, as well as pharmacological induction as bipolar variants (Akiskal et al. 2000). Such consensus is also reflected in the World Psychiatric Association's Evidence and Experience monograph devoted to bipolar disorder (Akiskal 2002). (p. 183)

Findling, a PBD researcher from Ohio, co-authored a review article regarding use of valproate in treating PBD with French author Azorin who was also a member of the BRIDGE study group (Azorin & Findling 2007). The other three US co-authored articles had Perugi and Masi from Pisa, Italy as lead authors (Masi et al. 2007; Perugi et al. 2013a; Perugi et al. 2013b). Perugi and colleagues from Pisa (see Italian section) have been the most published non-US PBD research group in this citation tree dataset and a significant number of their articles were co-authored with Akiskal. Both the Perugi et al. (2013a; 2013b) articles involved Bowden from Texas and also Angst from Switzerland and were publications of the BRIDGE study group. A recent article with multiple European and US authors, but no prominent PBD authors, compared retrospective age at onset recall in a large sample of European and US adult bipolar-I disorder patients and found the US sample reported a significantly lower age at onset (Bellivier et al. 2014). The authors, noting other research e.g. (Post et al. 2008) with similar findings, were puzzled by this US versus European discrepancy and stated:

> Overall, it remains difficult to interpret the differences between Europe and the US in terms of AAO of bipolar I disorder, and to determine whether these represent artefacts relating to methodological differences or clinical assessment biases or if they represent true differences in terms of risk or precipitating factors.

Of the 23 French articles without US co-authors, Paris-based Cohen was an author on five articles. Cohen is also affiliated with French-Canadian universities that would possibly have given him more exposure to the PBD literature than most other French child psychiatrists. Cohen addresses PBD directly in an article entitled “Attention-deficit hyperactivity disorder or juvenile mania” where the tone is cautiously sceptical (Vantalon & Cohen 2004):

> Despite the fact that prepubertal mania has been recognized, there is no consensus on the diagnostic criteria. The symptomatic overlap and comorbidity of juvenile mania with attention deficit hyperactivity disorder has produced confusion. As prospective

> studies are not yet contributive because of the heterogeneity of samples and criteria, one cannot consider these manic children as truly cases of bipolar disorder. (p. 1484)

As mentioned in the Canadian section above, Cohen was co-author with French and Canadian psychiatrists on a meta-analysis of studies of treatment of children and adolescents with and without PBD published in the *Canadian Journal of Psychiatry* that expressed doubts about the comorbid PBD+ADHD condition being real bipolar disorder (Consoli, Bouzamondo, et al. 2007) but was not outright**ly** sceptical, and overall read as a traditional perspective paper. However, Consoli and Cohen and other French authors expressed stronger scepticism about the existence of prepubertal bipolar disorder in an article in the journal *European Child and Adolescent Psychiatry* (Consoli, Deniau, et al. 2007).

As also noted in the Canadian section, Cohen co-authored with mostly Canadian colleagues a paper focused on suicidality judged as taking a pro-PBD perspective in that it tacitly accepted the PBD hypothesis in reviewing the mainly COBY study US literature (Halfon et al. 2013).

The four other articles judged to be pro-PBD, albeit all cautiously so, included a review titled "Bipolar disorder in children and adolescents, a difficult diagnosis" (Geoffroy et al. 2014) from Lille, France; an earlier article citing Akiskal's work (Thomas 2004) and two earlier articles involving the author Bellivier examining age of onset of bipolar disorders and citing US PBD literature but speculating the very early onset of bipolar disorder in the US was due to the high prescribing rates of stimulants and antidepressants there (Bellivier 2006; Leboyer et al. 2005).

More recently Bellivier and other French authors expressed the traditional perspective in an article in *Molecular Psychiatry* about a gene (SNAP25) implicated in ADHD and possibly bipolar disorder. The authors cite some of the PBD researchers such as Biederman and Faraone who have promoted the ADHD+Bipolar disorder PBD model (Etain et al. 2010).

An author with six articles in this dataset is Diane Purper-Ouakil, professor of child and adolescent psychiatry at the Université de Montepellier with a research interest in ADHD. An early article titled "Symptom variations in ADHD: importance of context, development and comorbidity" (Purper-Ouakil et al. 2004) expressed scepticism of the US PBD hypothesis and noted:

> Chronic emotional dysregulation with irritability and frequent temper tantrums, sometimes viewed as characteristics of early-onset mania, might reflect a possibly severe subtype of ADHD rather than a prodrome of bipolarity. (Abstract)

A co-author on the sceptical perspective article of Consoli et al. (2007) above, Purper-Ouakil reinforced the traditional perspective on bipolar disorders in an article titled "Thymic oscillations in children and adolescents" (Purper-Ouakil 2011). She has since appeared to have embraced the SMD/DMDD diagnostic construct and authored two articles in French language journals reviewing and highlighting SMD/DMDD (Purper-Ouakil 2014; Purper-Ouakil, Vacher, & Villemonteix 2014).

A literature review titled "Confusing clinical presentations and differential diagnosis of bipolar disorder" had a long English language abstract that presented an overall traditional perspective, but noted that according to the literature ADHD "has an unclear border with bipolar disorder" and that follow-up as to whether this cohort did develop bipolar disorder in adulthood (Gorwood 2004). Based on the English language abstracts a Tunisian retrospective case file study of 50 bipolar disorder-diagnosed adolescent inpatients (none younger than 14 years) found those under age 16 had more atypical features consistent with more rapid-cycling episodes using the WASH-U-K-SADS methodology (Othman et al. 2005), and took a traditional perspective; this was also the case in another article titled "Premorbid Phase of Bipolar Disorder" (Da Fonseca & Fakra 2010) that referred only to teenager and adult onset in their English abstract; a further article took a mildly sceptical perspective titled "Bipolar Disorder: Continuity from Child to Adult" mentioned a "lack of consensus" regarding PBD (Da Fonseca et al. 2010, Abstract); and a recent article also took a mostly traditional perspective stating that while "more than 50% of bipolar disorders diagnosed among adults first appeared before the age of 18", the disorder was still rare, severe and a had post-pubertal onset (Balsan & Corcos 2016, Abstract). An article on adolescence and schizophrenia (Bailly 2009) and an article about anxiety and at-risk behaviour in adolescence (Askenazy et al. 2003) did not appear to relate to bipolar disorder and were judged as not applicable.

Thus, similar to the articles from England, the French articles did not support PBD except for a minority that were co-authored with US PBD authors.

Italy: 27 citing articles

Of 27 articles with Italian authors, 12 had US co-authors and 15 did not.

Perspective	PRO	SCEP	SMD/DMDD	TRAD	NA	CONS	TOTALS
Plus US	11	0	0	0	1	0	12
Non US	12	0	0	0	3	0	15
Total							**27**

Figure 4: Perspectives of Italian articles citing PBD by US and non-US authorship.

What is striking about the Italian articles is the prominence of the group from Pisa who collaborated with Akiskal from the US. Of the 12 articles with contributing US authors, the first included McElroy and Brady as US co-authors from Cincinnati, Ohio and Nolen from The Netherlands as well as the two Italian authors Cassano and Placidi from Pisa (Cassano et al. 2000), and was proposed the US PBD model, referencing articles by Akiskal, Biederman, Geller and Kowatch. The (chronologically) second article was about anticonvulsant medication in autism and not PBD related (Di Martino & Tuchman 2001). The other ten articles were supportive of PBD concepts. Eight included authors from the Pisa group, six of those being co-authored with Akiskal (Dilsaver, Benazzi, & Akiskal 2005; Masi et al. 2007b; Masi et al. 2004; Masi et al. 2006c; Masi et al. 2001; Masi et al. 2003) and two involving the BRIDGE study group (Perugi et al. 2013a; Perugi et al. 2013b). A ninth article was a review of neuroimaging studies in PBD with two US co-authors from the University of Texas, but also Brambilla from the University of Udine in Italy (Baloch, Brambilla & Soares 2009).

The tenth article involved authors from multiple sites in Italy as well as US PBD researcher DelBello from Cincinnati, Ohio. Although one Italian author (Milone) was from Pisa, the others were from child psychiatric centres in Rome, Perugia and Latina. Their study compared 40 Italian children with mean age of 9.98 years (SD 2.03) with 28 US children with mean age 11.01 years (SD 1.2), all gathered from children age 5-12-years-old presenting to child psychiatric clinics. The article cited the main US PBD research groups and fully embraced narrow-phenotype, COBY study and broad-phenotype PBD hypotheses (Donfrancesco et al. 2014).

Of the 15 articles in the Italian dataset without a US co-author, 10 involved authors from the Pisa group (Ceraudo et al. 2012; Donfrancesco et al. 2011; Masi 2005; Masi et al. 2006a; Masi,

Mucci & Millepiede 2002; Masi et al. 2007a; Masi et al. 2006b; Masi et al. 2006d; Perugi & Vannucchi 2015; Pini et al. 2005).

Of the remaining articles, three were autism or ADHD focused with no real bipolar focus and the one that did address PBD was from a group from Sardinia (Carucci et al. 2010). This was a conference presentation titled "Phenomenology and 24-month outcome of pediatric bipolar disorder". While unable to view the article through library access, the authors' publication history at *ResearchGate* indicated that ADHD and not PBD was the main focus of their work apart from this one paper, so it is hard to know what their perspective was. *ResearchGate* listed one of the authors (Zuddas) as having co-authored 20 articles with Coghill from Scotland (URL: researchgate.net/profile/Alessandro_Zuddas/) who argued against the validity of PBD in the debate at IACAPAP 2012 in Paris. However, this conference presentation citation was listed as pro-PBD on the basis of its title.

This citation tree database suggests the group from Pisa, who were strongly linked to Akiskal from the US, may have been the most published PBD research group outside the US. There were no other Italian proponents of PBD found under this search methodology, apart from a co-author on a US neuroimaging review article, until the recent article of Donfrancesco et al. (2014). This article shows active research on prepubertal children with complete acceptance of all US PBD hypotheses and in conjunction with the PBD research group from Cincinnati, Ohio, US. This suggests usage of the PBD hypothesis has recently spread beyond Pisa to child psychiatric centres in Rome, Latina and Perugia at least.

Spain: 17 citing articles

Of 17 articles with Spanish authors, seven had US co-authors and 10 did not.

Perspective	PRO	SCEP	SMD/DMDD	TRAD	NA	CONS	TOTALS
Plus US	6	0	0	0	0	1	7
Non US	7	0	0	2	1	0	10
Total							**17**

Figure 5: Perspectives of Spanish articles citing PBD by US and non-US authorship.

Of the seven articles with US co-authors, one was the recent internationally authored third edition of the "Evidence-based guidelines for treating bipolar disorder" recommendations from the British Association for Psychopharmacology (Goodwin et al. 2016) that included co-

author Vieta from Barcelona. Vieta is also one of the BRIDGE study group authors;, two articles in this dataset were also in the Italian dataset (Perugi et al. 2013a; Perugi et al. 2013b) as they were lead authored by Perugi from Pisa in Italy. These were BRIDGE study articles and were co-authored with Jules Angst, a prominent bipolar disorder researcher from Switzerland and lead researcher in the BRIDGE study that postulates a large number of adults with depression and/or borderline personality traits have "bipolarity" based on brief hypomanic features. Although PBD was not a focus of the BRIDGE study, a favourable view of PBD was expressed, e.g. from Perugi et al, 2013a:

> The presentation of BD in children and adolescents differs substantially from that in adults. "Youths generally exhibit more severe irritability and dysphoria than elation and euphoria; a distinct cyclic course is less common and sub-continuous or chronic mood instability is more common than a clearly episodic presentation (Biederman et al., 2005 and Wozniak et al., 2011). Moreover, shorter episodes and/or rapid-cycling course is very common (Geller et al., 1995) as well as high comorbidity rates with co-occurrence of multiple mental disorders (Masi et al., 2006). This pattern has been demonstrated to persist from childhood into early adulthood (Biederman et al. 2005 and Wozniak et al. 2011). In our large sample the clinical features associated with BPD+ might be in continuity with developmental forms of bipolarity. (p. 76)

Three of the remaining four articles were either lead authored or co-authored by Cesar Soutullo from the University of Navarra, who had been a close collaborator on PBD research with Biederman and colleagues from MGH-Harvard. Two articles pertained to a clinical cohort of 38 Spanish children and young adolescents (5% of the clinic) diagnosed with PBD at median age of 13.96 years (inter-quartile range Q25:Q75 of 10.64;15.84) and first symptoms at median age 11.57 years (Q25:Q75 of 8.79;11.66). The first of these was co-authored with Biederman (Soutullo et al. 2009) and the follow-up article (showing a more chronic illness with younger children) with Biederman and Wozniak (Escamilla et al. 2011). The follow-up article noted that:

> Bipolar disorder often starts in childhood or adolescence. There is considerable scepticism outside the United States over the validity, stability and prevalence of BD in children and adolescents. (p. 270)

The article concluded that the persistence of symptoms in Spanish children was evidence of the validity of the construct. The third article (Soutullo et al. 2002) was co-authored with US PBD researcher DelBello amongst others and was of Spanish adolescents with a high rate of ADHD and PBD comorbidity. The last article with US co-authors (Sala et al. 2010) was co-authored with US researchers Birmaher and Keller as well as Canadian PBD researcher Goldstein, and was actually an examination of comorbid anxiety disorders in the Pittsburgh-based COBY study.

There were ten articles that had Spanish authors with no US co-authors. Seven articles were judged to be favourable to the PBD hypothesis. One article, judged from the English abstract to be favourable to PBD, was a Spanish language review by an adult neurologist looking at paediatric psychiatric disorders that were comorbid with ADHD (Pascual-Castroviejo 2002). Two articles (Serrano, Ezpeleta, Alda, Matali & San 2011; Serrano, Ezpeleta, & Castro-Fornieles 2013) were from a child and adolescent clinic at Hospital Sant Joan de Deu in Barcelona and assessed clinical cohorts of children with ADHD to have 14% with comorbid PBD, using the CBCL and YMRS rating scales as per US-based PBD research methodology. Another group at the Fundació Clínic per la Recerca Biomèdica in Barcelona (Lazaro et al. 2007) did similar research and found 43 patients with bipolar disorder of whom 14 (32.6%) had a prepubertal onset and "presented with symptoms such as irritability and conduct problems and ... higher rate of comorbidity [with ADHD]" (p. 510). A "Practitioner review" of "long-term pharmacological treatment of pediatric bipolar disorder" in the international high-ranking *Journal of Child Psychology and Psychiatry,* heavily cited the PBD literature noting use of SGA's, anticonvulsants and Lithium and that "Aripiprazole has shown efficacy for relapse prevention in children with PBD 4-9-years of age" (Diaz-Caneja et al. 2014, p. 959). The authors were all from the Universitario Gregorio Marañón in Madrid. A study from Barcelona involved measuring executive function in children and adolescents aged 7 – 17-years-old who had been diagnosed with either or both ADHD and PBD. Executive functioning was impaired if criteria were met for ADHD. Geller et al. (1995) and some other PBD articles were cited and the PBD hypothesis read as being fully accepted. The lead author was also affiliated with a Mexican university (Jimenez et al. 2015). A further recent article, indicating the increasing acceptance of PBD amongst Spanish child and adolescent psychiatrists was a review titled "Comorbidtiy in pediatric bipolar disorder: prevalence, etiology, impact and treatment," that

extensively and uncritically cited the US PBD literature (Frias, Palma & Farriols 2015). The authors were from the Universitat Ramon Llull in Barcelona.

Two articles were judged to take a traditional perspective. The most recent article (Torres et al. 2015) was from a University of Barcelona study of adults with bipolar disorder with or without ADHD, citing both Wozniak et al. (1995) and Geller et al. (1995) to refer to comorbidity of ADHD and PBD but in contrast they report a traditional age range for their Spanish cohort stating: "age of onset was 28 for the pure bipolar disorder group and 24.19 for the bipolar disorder plus ADHD group" (p. 397). A second article with a traditional perspective of bipolar disorder tested for neurocognitive deficits in adolescents with "early-onset bipolar disorder" (Lera-Miguel et al. 2011). A final article was judged as not applicable, concerning genetic studies in families with schizophrenia and bipolar disorder (Fatjo-Vilas et al. 2011).

Australia: 16 citing articles

Of 16 articles with Australian authors, three had US co-authors and 13 did not.

Perspective	PRO	SCEP	SMD/DMDD	TRAD	NA	CONS	TOTALS
Plus US	1	1	0	0	0	1	3
Non US	6	3	0	2	2	0	13
Total							**16**

Figure 6: Perspectives of Australian articles citing PBD by US and non-US authorship.

Three of the 16 articles with Australian authors included US authors. The most recent was the bipolar disorder guidelines 'consensus' article of the British Association for Psychopharmacology and was allocated also to Australian affiliation because Coghill, a co-author formerly from Scotland, was now affiliated with the University of Melbourne (Goodwin et al. 2016). A second article, postulating a "suggestive linkage" of the CBCL-JBD phenotype to three genetic polymorphisms had as one of its co-authors (Manuel Ferreira) who was affiliated with to the Brisbane-based Queensland Brain Institute; the article was, however, from the MGH-Harvard group and included Biederman as a co-author. It was strongly pro-PBD and published in *JAACAP*. The third article (Parry & Levin 2012) was co-authored with US child psychiatrist, Edmund Levin, and was a sceptical article published in the US-based *Journal of Trauma and Dissociation* (Appendix A18).

Of the articles without US co-authorship, five were judged as favourable to the PBD hypothesis. These were all from New South Wales-based authors mainly affiliated with the University of Newcastle and later University of Sydney, several of whom collaborated in a "Juvenile Bipolar Disorders" research clinic that aimed to research the US PBD phenotypes in the Australian context. Five of these articles involved solely Australian authors (Cahill et al. 2007; Clayton et al. 2008; Hazell & Jairam 2012; Hazell et al. 2003; Hazell et al. 1999). The sixth (Jairam et al. 2004) involved Australian author Rajeev Jairam and colleagues in India in a follow-up study of Indian children and young adolescents diagnosed with JBD.

Although not identified in this citation tree dataset, in recent years most of these authors have enunciated a more sceptical position on PBD. A lead clinician in this group, Professor Phillip Hazell of the University of Sydney has articulated to the Australian media a sceptical position (Cresswell 2011). Also Professor Gin Malhi, currently chief-editor of the *Australian & New Zealand Journal of Psychiatry* and a co-chief-editor of the journal *Bipolar Disorders,* who in 2007 co-authored with Cahill, Green and Jairam a pro-PBD article (Cahill et al. 2007) that was noted in this citation tree search, has more recently penned a sceptical editorial about PBD in *The Lancet* (Malhi 2016), that is not in this dataset but relevant in this context.

Three sceptical articles (Parry & Allison 2008; Parry, Furber, & Allison 2009; Parry, Allison & Bastiampillai 2015) were co-authored by Australian colleagues and included a survey of Australian and New Zealand child psychiatrists that showed the vast majority held a predominantly sceptical view of PBD (Appendix A4).

Three articles were judged to have a 'traditional' perspective on PBD. A follow-up study of adolescent males into young adulthood, diagnosed with both ADHD and broad-phenotype PBD, found them not to meet criteria for mania over the intervening 6 years (Hazell et al. 2003). Although the initial hypothesis was that this group may go on to develop more classic bipolar disorder, the findings and conclusion were in line with a traditional perspective. A study titled "A meta-analysis of neuropsychological functioning in first-episode bipolar disorders" (Lee et al. 2014) described 12 studies with mean age of 28-years-old, and was consistent with late adolescent/early adulthood onset. The other study was of 45 peripubertal children and adolescents (mean age 13.2) assessed as having psychotic

disorders, reflective of the fact that peripubertal age is associated with very early onset of such disorders (Starling et al. 2013), in line with a traditional perspective.

Two articles were judged to be not applicable. One was titled "Is premenstrual dysphoric disorder really a disorder" (Browne 2015), the other "Is Klein-Levin syndrome a variant of bipolar disorder?" (Sachdev 2008).

In summary, the Australian citation tree dataset corresponds closely to the debate here in Australia over the past two decades: A few Australian researchers, mainly in the state of New South Wales, seriously investigated the PBD hypothesis, did their own research, and in the final analysis confirmed the traditional perspective.

Netherlands: 16 citing articles

Of 16 articles with Dutch authors, 11 had US co-authors and five did not.

Perspective	PRO	SCEP	SMD/DMDD	TRAD	NA	CONS	TOTALS
Plus US	11	0	0	0	0	0	11
Non US	0	0	0	4	1	0	5
Total							**16**

Figure 7: Perspectives of Dutch articles citing PBD by US and non-US authorship.

All 11 articles co-authored with US authors were judged as favourable to the PBD hypothesis. Three articles (Althoff et al. 2006; Boomsma et al. 2006; Hudziak et al. 2005) involved Dutch author Dorret Boomsma, a biological psychologist specialising in genetics from the Free University in Amsterdam, and were co-authored by researchers such as Stephen Faraone and colleagues from MGH-Harvard. Five other articles (Cassano et al. 2000; Leverich et al. 2007; Post et al. 2002b; Post et al. 2010; Post et al. 2008) were lead or co-authored by Robert Post from the US NIMH and involved Dutch author Willem Nolen. One of these studies (Post et al. 2008) showed a marked discrepancy in retrospective recall of age at onset between US adult cohorts and Dutch and German adult cohorts, 22% of the US adults recalled depressive and/or manic/hypomanic episodes prior to age 12 compared with 2% of their Dutch and German counterparts. The article cited US PBD research favourably. An article from a different Dutch group focussed on the genetics of ADHD and bipolar disorder in mice but favourably cited two articles by Wozniak and colleagues to say:

> A high comorbidity exists between bipolar disorders, major depressive disorder (MDD) and ADHD in both adults and children. For example, rates of ADHD between 57% and 98% have been shown in childhood bipolar disorder patients (Wozniak et al. 1995a, 1995b).

In contrast, four of the five Dutch authored articles without US co-authors were judged to have a traditional perspective. One of these studies (Vonk et al. 2012) discussed PBD and cites US studies, but also noted the controversy. A retrospective examination of school performance in adults with bipolar disorder looking at MZ v DZ twins, it found a predisposition in bipolar twins with greater MZ>DZ concordance of poor school performance in adolescence preceding adult onset of bipolar disorder in at least one twin. Another article co-authored with Indian authors (Gupta et al. 2011) found similarities in adolescent and adult manic phenomenology. Two early articles by Reichart and Nolen and colleagues (Reichart & Nolen 2004; Reichart et al. 2000) expressed curiosity about US PBD literature and speculated that the high rates of prepubertal bipolar disorder in the US but not in the Netherlands and Europe may relate to high levels of stimulant and antidepressant medication for US children. A fifth article was judged to be not applicable as it focused on sequelae of hearing impairment in children and cites Pavuluri et al. (2005) but only in context that hearing problems can lead to "psychiatric disorders" later in life. Bipolar disorder is not mentioned in the article.

Dr Willem Nolen, emeritus professor at the University of Groningen, had the most articles in the Dutch selection. A recent past president of the International Bipolar Disorders Society (ISBD), he collaborated with US authors in the above-mentioned articles, but his Dutch group, although open to the idea of a broadened bipolar spectrum, was not so focussed on prepubertal cases of bipolar disorder. The Dutch group have followed a cohort of 140 offspring of parents with bipolar disorder for 12 years from early adolescence (ages 12-21, mean age 16) through to mean age 28. A recent article, not in the citation tree dataset, (Mesman et al. 2013) from this study concluded:

> Even after 12 years of follow-up, from adolescence into adulthood, bipolar I disorder was rare among bipolar offspring. Nevertheless, the risk of developing severe and recurrent mood disorders and other psychopathology was high. Future follow-up of this and other adult bipolar offspring cohorts is essential to determine whether

> recurrent mood disorders in bipolar offspring reflect the early stages of bipolar disorder. (p. 548)

They further noted that "None of the participants [offspring] had a prepubertal case of mania or hypomania" (p. 544). This suggested that the most prominent Dutch researchers in bipolar disorder in the Netherlands held a primarily traditional perspective.

Turkey: 16 citing articles

Of 16 articles with Turkish authors, three had US co-authors and 13 did not.

Perspective	PRO	SCEP	SMD/DMDD	TRAD	NA	CONS	TOTALS
Plus US	3	0	0	0	0	0	3
Non US	9	0	0	1	3	0	13
Total							**16**

Figure 8: Perspectives of Turkish articles citing PBD by US and non-US authorship.

Three articles involved at least one US affiliated co-author, though all authors had Turkish names. All articles were judged to be clearly favourable to the PBD hypothesis. Rasim Diler, who is affiliated with the Western Psychiatric Institute in Pittsburgh, collaborated with PBD researchers Birmaher and Axelson, and was lead author of two of the articles, both using the same parent-rated scales common to PBD research but with Turkish cohorts: a survey of 7 – 13-year-old children attending an ADHD clinic found an 8.2% rate of "comorbid bipolar disorder" (Rasim Somer Diler, Uguz, Seydaoglu, Erol & Avci 2007); and a community epidemiological survey of 7 – 11-year-old children in Adana that found 6.3% to have "probable mania" and 1.3% to have "mania" (Diler et al. 2008, Abstract). The third article (Karaahmet et al. 2013) favourably cited PBD research in surveying 142 Turkish adult bipolar disorder patients for adult-ADHD and found a high rate of 23.3% comorbidity.

Of the 13 articles with solely Turkish authors, nine were judged as favourable to the PBD hypothesis. Three (Coskun, Zoroglu & Oeztuerk 2010; Coskun, Zoroglu & Ozturk 2010a; Coskun, Zoroglu & Ozturk 2010b) were literature reviews that favourably presented the PBD hypotheses, with conclusions similar to the following: "Despite there is (sic) no doubt on the existence of pediatric bipolar disorder, there remains significant controversy about clinical and phenomenological features" (Coskun, Zoroglu & Ozturk 2010a, p. 60). Three others (Ceylan et al. 2012; Fidan et al. 2011; Lus & Mukaddes 2009) used similar rating-scales methodology to US PBD researchers in diagnosing mania/bipolar disorder in clinical cohorts

of Turkish children. The articles tended to focus on comorbidity of PBD with DBDs (ADHD, ODD and CD). Two others were studies of comorbidity between ADHD and bipolar disorder in adults but both cited the US PBD literature to assert very high rates of comorbidity between ADHD and bipolar disorder are present in childhood (Berkol et al. 2014; Oguz, Oral & Oguz 2014). The ninth pro-PBD article was a case report of a 5-year-old boy (Tuzun, Zoroglu & Savas 2002).

The final four articles took a generally traditional perspective, though three were judged as not applicable. One article (Ibiloglu & Caykoylu 2011) surveyed a cohort of adults with bipolar disorder for comorbid anxiety disorders and was judged to take a traditional perspective. They quoted Wozniak et al. (1995) in passing when discussing that those with bipolar disorder with comorbid anxiety tended to have earlier onsets in "youth" of their illness.

Two other articles not relevant to PBD (Tamam, Karakus & Ozpoyraz 2008; Tamam et al. 2006) examined adults with ADHD for comorbid bipolar disorder, and were not specifically focused on PBD. They cited some US PBD literature, but with little further comment and the cohorts had mainly early-adult-onset bipolar disorder. The most recent article (Saricicek et al. 2016) concerned neuroimaging of white matter changes in adults with bipolar disorder and only cited Pavuluri et al. (2005) in passing regarding this and was judged not applicable.

Not in this data set is the large survey (involving 44 departments of child and adolescent psychiatry) of pre-pubertal children in Turkey that found no cases of bipolar disorder (Karacetin et al. 2018). This would suggest that at least in recent years the traditional perspective may have prevailed in Turkey.

Germany: 15 citing articles

Of 15 articles with German authors, five had US co-authors and 10 did not.

Perspective	PRO	SCEP	SMD/DMDD	TRAD	NA	CONS	TOTALS
Plus US	5	0	0	0	0	0	5
Non US	2	1	0	6	1	0	10
Total							**15**

Figure 9: Perspectives of German articles citing PBD by US and non-US authorship.

Of the five articles with US co-authors, the German authors were in a minority compared with US authors in all, and four articles are effectively US articles published in US journals (Hauser, Galling & Correll 2013; Leverich et al. 2007; Post et al. 2002; Tohen et al. 2007). The fifth

article is from the *British Journal of Psychiatry* and is Post et al.'s (2008) comparison of retrospective recall of onset of symptoms by adults with bipolar disorder in the US compared with a German and Dutch cohort. In this article nine authors, including Post, are from the US, two are from Germany and two from the Netherlands.

The ten German articles without US co-authors include six that were read as taking a traditional perspective: a recent article co-authored by a Norwegian and a German author cited Wozniak et al. (1995) on the issue of comorbidity but focused on comorbidity between ASD and bipolar disorder and made no further mention of PBD (Skokauskas & Frodl 2015); a case report of a 14-year-old boy with comorbid hyperkinetic conduct disorder and hypomania that noted "considerable debate exists regarding differing prevalence rates of co-morbid bipolar disorder in children and adolescents with ADHD in Germany as compared to the US" (Rothermel et al. 2010, Abstract); a German language article looking at pharmacotherapy of bipolar disorder in children and adolescents maintained the traditional view that bipolar disorders are "rare" (Vloet & Hagenah 2009); a survey of German child and adolescent psychiatrists found they held to the traditional perspective and were conservative about diagnosing bipolar disorder (Meyer, Koßmann-Böhm & Schlottke 2004), reporting only 7.8% had ever diagnosed bipolar disorder in preadolescent children; testing of a rating scale for capacity to pick up hypomania and mania in adolescent schoolchildren found irritability was associated mainly with depressive syndromes (Meyer & Hautzinger 2001); an article with English co-authors focused on adult ADHD cited Wozniak et al. (1995) in the context of irritability but decided that did not relate to bipolar disorder or to their focus on emotional lability in adults with ADHD (Skirrow et al. 2014)

One article was judged as not applicable: a German language article seemed to focus only on depression according to English language abstract (Hautzinger & Petermann 2003).

Only two German articles without US co-authors could be called pro-PBD in perspective. One was a German language article that from the English language abstract appears to take a pro-PBD perspective citing "research from the US" (Braun-Scharm & Bilke 2006):

> Manic disorders and bipolar psychoses have long been under-diagnosed in child and adolescent psychiatry. Scientific research has been rare as well. In particular in adolescence and young adulthood bipolar disorders are not easy to diagnose. Therefore these disorders should be included in differential diagnosis as research

> from the U.S. shows that there is a significant number of these treatable patients … Special attention should be drawn to hypomanic phases and phenomena as rapid cycling. (p. S40, Abstract)

The other pro-PBD perspective was the earliest German article in this dataset authored by Helmut Remschmidt (1998) in *Current Opinion in Psychiatry* that reviewed the literature and uncritically quoted the early articles of Carlson and the mid-1990s articles of Biederman and colleagues and Geller and colleagues. Remschmidt has had a distinguished career in European child and adolescent psychiatry with an interest in early-onset psychoses. He was president of IACAPAP and convenor of the ESCAP conference in Budapest, Hungary in 2009. At that conference two Australian colleagues asked him why there were no presentations on PBD at ESCAP and he replied to the effect that it was "a passing American fad" (pers. comm. Parry-Kriegeskotten; Parry-Rusche, 2009), so somewhere between 1998 and 2009 his view had shifted to a markedly sceptical perspective.

In summary, of 15 German articles in the dataset five would arguably been better classified as US articles given the small minority of German co-authors. All were judged favourable to PBD; the remaining eight showed there was little support for PBD in German child psychiatry. The surveys of community and inpatient clinical groups by Holtmann and associates (Holtmann et al. 2007; Holtmann et al. 2010; Holtmann et al. 2008) clearly did not cite the four key PBD articles that this literature review is based upon, but gave further information that PBD was not a mainstream diagnosis in Germany.

Brazil: 14 citing articles

Of 14 articles with Brazilian authors, six had US co-authors and eight did not.

Perspective	PRO	SCEP	SMD/DMDD	TRAD	NA	CONS	TOTALS
Plus US	5	0	1	0	0	0	6
Non US	7	0	0	0	1	0	8
Total							**14**

Figure 10: Perspectives of Brazilian articles citing PBD by US and non-US authorship.

The articles from Brazil were overwhelmingly favourable to the PBD hypothesis. Illustrative of this is a quote from the introduction to the most recent article from Brazil (Peruzzolo et al. 2015) where the authors were affiliated with institutions in Sao Paolo and Porto Alegro, and

one author, Cristian Zeni, also had affiliation with the University of Texas Health Science Center in Houston, US. The passage cites Geller & Luby (1997) as reference [2]:

> Bipolar disorder (BD) is a severe mental disorder characterized by mood swings during which a person has distinct periods of impairing elevated (mania) or decreased (depression) mood and energy [1]. It occurs in approximately 0.4 to 1.6% of adults and in 1% in children and adolescents [2, 3]. In the early-age onset presentation (pediatric bipolar disorder, PBD), difficulties in interpersonal relationships, academic functioning, and negative outcomes such as multiple hospitalizations and high rates of suicide attempts are observed [4, 5]. (p. 1).

Five other Brazilian articles included US affiliated co-authors. Four of these articles (Baloch et al. 2010; Mourao-Miranda et al. 2012; Olvera, Glahn et al. 2004; Zappitelli et al. 2011) were judged favourable to the PBD hypothesis. Mourao-Miranda et al. (2012) included prominent PBD authors Birmaher and Axelson from Pittsburgh, US and examined neuroimaging in offspring of adults diagnosed with bipolar disorder. The other three articles included authors Rene Olvera and Jair Soares both Brazilian nationals but affiliated with the University of Texas and included an offspring study (Zappitelli et al. 2011), neuroimaging study (Baloch et al. 2010) and review of neuroimaging studies in PBD (Olvera et al.,2004). The fifth article (Krieger et al., 2013) was about irritability in children being best diagnosed as SMD rather than PBD, and included the US proponent of SMD, Leibenluft and the UK proponent of SMD, Stringaris, as co-authors.

Eight articles had solely Brazilian authors. Seven of these articles were judged to be favourable to the PBD hypothesis. All seven articles share several co-authors and were predominantly affiliated with the University of Sao Paolo. Luis Rhode, a senior Brazilian child psychiatrist who has collaborated with Biederman and other PBD researchers at conferences was a co-author to four of these articles. The articles dealt with epidemiology: finding a rate of PBD in an under-age-15 clinical cohort of 7.2%, thus “replicating … findings from US investigators in a different culture demonstrating that juvenile BD is not a rare disorder in clinical samples” (Tramontina et al. 2003, Abstract). This study was highlighted by Biederman in his editorial to the special PBD issue of *Biological Psychiatry* (Biederman, 2003).

Another clinical sample (*n* = 118) found a PBD rate of 6.78% (*n* = 8) using US PBD parent rating scales such as the Child Mania Rating Scale-Parental Version (Maia et al. 2007). Two studies involved aripiprazole treatment in children diagnosed with PBD aged 8 – 17-years-old (Tramontina et al. 2009; Zeni et al. 2009). The other three of these seven articles included: a generally favourable book review of Rasim Diler's book "Pediatric Bipolar Disoder: A Global Perspective" (Kleinman, 2010); an overview of PBD (Rocha et al. 2013) and a review of the pharmacotherapy of PBD (Peruzzolo et al. 2013)], both published in the official journal of the Brazilian Psychiatric Association, *Revista Brasileira De Psiquiatria.*

The eighth article was judged as not applicable, being focused on the "non-autistic pervasive developmental disorders" (Mercadante, Van der Gaag & Schwartzman 2006)]. The authors had no obvious collaboration with the authors of the other articles listed here.

Thus, this citation tree analysis suggested that at least in the Sao Paolo region of Brazil, there has been significant adoption of the PBD hypothesis into research and clinical practice. Brazilian researchers appeared to have strong links with US-PBD researchers at MGH-Harvard and the University of Texas.

India: 13 citing articles

Of 13 articles with Indian authors, none had US-co-authors.

Perspective	PRO	SCEP	SMD/DMDD	TRAD	NA	CONS	TOTALS
Plus US	0	0	0	0	0	0	0
Non US	4	2	0	7	0	0	13
Total							**13**

Figure 11: Perspectives of Indian articles citing PBD by US and non-US authorship.

As mentioned above, India was one of the first countries outside the US to publish on the topic of PBD. This is even more interesting as there was, at least in this citation tree data set, no obvious collaboration with US PBD researchers. The reason for this interest seems to be that Indian researchers were already working with largish cohorts of early-onset psychosis cases due to referral pathways from large catchments. S. Srinath (7 articles) and Y.C.J. Reddy (6 articles) from the prestigious National Institute of Mental Health and Neuro Sciences (NIMHANS) in Bangalore are the two most published authors in this data set and were co-authors in most of their articles. Their initial article published in the *Canadian Journal of*

Psychiatry was sceptical in perspective, based on their own research cohort, and as mentioned above they could clearly say from their own data that mania was diagnosable in their cohort according to "classic DSM-III-R criteria", was "generally similar to that seen in adults" and "ADHD is not a comorbid condition" (Reddy et al. 1997, Abstract).

There were four articles in the Indian dataset that I allocated to a pro-PBD perspective and one of these was a later article involving both Srinath and Reddy in *Acta Psychiatrica Scandinavica* reviewing the PBD literature, where the authors reiterated the main views of the PBD proponents (Reddy & Srinath, 2000). However, they added some caution, noting further research was needed. Later articles by these two authors and other articles in the Indian dataset included seven with a traditional perspective, and most involved studies of adolescents with classical bipolar disorder (Avasthi et al. 1999; Gupta et al. 2011; Malhotra et al. 1999; Nayak et al. 2012; Reddy et al. 2000; Sagar Pattanayak, & Mehta 2012; Srinath et al. 1998). The majority were affiliated with NIMHANS in Bangalore, reflecting a traditionalist perspective dominant at one of India's key psychiatric research and teaching institutions.

One of the other pro-PBD perspective articles involved a letter to *JAACAP* (Alexander & Raghavan 1997) very early in the PBD era. It described:

> [A] retrospective chart review of all cases admitted between January 1994 and August 1996 to a general hospital child psychiatry unit. Of a total of 119 charts surveyed, five (4.2%) met *DSM-IV* criteria for bipolar disorder. The age range of onset of BD in our sample was 10 to 13 years. There were four boys and one girl. (p. 1650)

Alexander and Raghavan described that three of the five children presented with irritability, two with euphoria, one had borderline intellect and another had epilepsy. They reference Wozniak et al. (1995) and other US authors. They note that their rate of 4.2% was lower than "Wozniak et al.'s report of 16% of patients seen in a paediatric psychopharmacology unit having mania." They also cited Carlson (1995) to note that the relation between conduct disorder and mania in children "remains an unclear issue" (pp. 1650-1).

The two other articles to have a pro-PBD perspective (Jairam et al. 2004; Rajeev et al. 2003; note: same lead author) involved Australian child psychiatrist from Sydney, Rajeev Jairam, who collaborated also with the New South Wales group who initially were relatively accepting

of the PBD hypothesis. Both involved the same data set, following twenty-five 9 – 16-year-old youth in India diagnosed with mania and found a high rate of recovery. The referencing of US authors showed acceptance of the PBD hypothesis, even though the study findings of low chronicity were at odds with much of the PBD literature. It is likely they were identifying peripubertal cases of classical early-onset bipolar disorder.

The second article allocated to the sceptical perspective also noted the US PBD hypotheses, in particular the postulated comorbidity between JBD and disruptive behaviour disorders (DBDs). The authors assessed 73 subjects who had onset of bipolar disorder by age 18 with structured interviews and found just 10 (14%) to have histories of the DBDs (ADHD 3 (4%), CD 2 (3%) and ODD 8 (11%)) and concluded their study did not support a relationship between ADHD and JBD (Jaideep et al. 2006).

Thus, the theme from this Indian dataset is one of exploration of the PBD hypotheses but overall maintenance of or return to a traditional perspective.

Switzerland: 9 citing articles

Of nine articles with Swiss authors, three had US co-authors and six did not.

Perspective	PRO	SCEP	SMD/DMDD	TRAD	NA	CONS	TOTALS
Plus US	2	0	0	1	0	0	3
Non US	0	0	0	4	2	0	6
Total							**9**

Figure 12: Perspectives of Swiss articles citing PBD by US and non-US authorship.

One article was the traditional perspective article with mainly French authors and US co-authors (Bellivier et al. 2014) that compared age at onset of bipolar disorder in a European and US cohort of adults with bipolar disorder. Ten of the 14 authors were French, three were from the US and one, Malafosse, was Swiss. The two pro-PBD perspective articles have also been described above, both are BRIDGE study articles with international authors led by Perugi from Italy and Angst was the Swiss author. Angst is a highly published adult psychiatrist who has been a long-standing proponent of a broadened dimensional bipolar spectrum particularly with shortened time and reduced symptom criteria for hypomania (e.g. Angst 2007).

Four of the Swiss studies without US co-authors were judged to take a traditional perspective. For two of these the lead author was Serge Brand of the Depression Research Unit at the University of Basel and both articles cited Pavuluri et al. (2005) to note the PBD hypothesis of increased rates of bipolar disorder in the paediatric age group. Both articles read as fitting the traditional rather than the pro-PBD end of this perspective spectrum. The first was a study of adolescents that found females especially met self-report questionnaire criteria for hypomania when in a state of normal intense romantic love (Brand, Angst & Holsboer-Trachsler 2010) and although Angst was a co-author and the concept of "soft bipolarity" was accepted, the article emphasised developmental normality of adolescents towards risk taking and intense romantic infatuations. The second postulated a distinction of "bright side"/ "active/elated" from "dark side"/ "irritable/risk-taking" hypomania in young adults (Brand et al. 2011). The article cited Duffy as having stated "there is evidence that manifestations of bipolar disorders become apparent during late adolescence and early adulthood (cf Duffy et al., 2010)" (Brand et al. 2011, p. 76).

Also judged to be of a traditional perspective was the early article by a group of Swiss authors (Camus et al. 1997) about rapid-cycling affective disorder in the elderly, that cited Geller et al. (1995) in noting reports of very rapid cycling in children, but overall adhered to the traditional perspective of "rapid cycling" being several distinct episodes per year, each lasting a few weeks. The fourth study (Miguez et al. 2013) examined the performances of mood-rating instruments in adolescents. It uncritically cited the PBD literature including the Pavuluri et al. (2005) *JAACAP* 10-year-review, but found poor reliability in the instruments, particularly for adolescent and parent concordance and concluded by noting that follow up studies such as Lewinsohn et al. (2000) found "subsyndromal BD was not associated with increased incidence of full syndrome BD in young adulthood, but with an increased risk of developing major depressive disorder and anxiety"(p. 275). The article stressed that "Clinicians should be aware that screening instruments do not eliminate the need for a competent psychiatric evaluation to confirm bipolar disorder diagnosis" (p. 275)

An article focussed on neuroimaging in ODD (Fahim et al. 2012) cited Geller and Luby's (1997) 10-year-review but no other PBD literature, and the citation was in the context of the only mention of any mood disorder in the whole paper, that was otherwise devoted to ODD: "High rates of ODD symptomatology have showed in children diagnosed with depression and

bipolar disorder (Angold & Costello, 1993, Geller & Luby, 1997)" (p. 593). There was such little information that the article was rated as not applicable, although it could have been termed traditional if more mention of bipolar disorder was made. A French language article titled "ADHD for neurologists – ADHD in children, adolescents and adults" was not accessible, and there was no available abstract in any language, so this was rated as not applicable as well.

In summary, the articles from Switzerland reveal that Angst, an eminent Swiss adult psychiatrist and lead researcher in the BRIDGE study, was a strong proponent of a widened bipolar spectrum, generally favourable to the PBD hypothesis, but there were no obvious other pro-PBD Swiss authors. The few articles in this data set suggested a traditional perspective was probably mainstream in Switzerland.

Ireland: 5 citing articles

Of 5 articles with Irish authors, none had US co-authors, though one Irish author had a visiting affiliation with Stanford University in the US.

Perspective	PRO	SCEP	SMD/DMDD	TRAD	NA	CONS	TOTALS
Plus US	0	0	0	0	0	0	0
Non US	3	0	0	2	0	0	5
Total							**5**

Figure 13: Perspectives of Irish articles citing PBD by US and non-US authorship.

Three of the Irish articles were judged favourable to the PBD hypothesis. Two were by **a** single author and consisted of a lengthy review of the mainly US literature on PBD (Carr 2009a) and a paper on family therapy for child psychiatric issues that referenced PBD (Carr 2009b). A third pro-PBD article was a case report of an 8-year-old girl diagnosed with PBD and successfully treated with carbamazepine, although it is clear from the case report that there was adversity in the family developmental environment and significant family therapy and parenting support provided as well (McNicholas & McKenna 2003). The article noted that prepubertal bipolar disorder was rare but favourably cited the PBD literature including the first 10-year-review article of Geller and Luby (1997). The lead author, McNicholas is a professor of child and adolescent psychiatry at University College Dublin and later in her career had visiting academic status at Stanford University in the US. However, despite listing 74 publications and conference presentations she does not return to the topic of PBD again. The second author was from Bristol, England and this article is mentioned in the English section as well.

Two articles were judged to take a traditional perspective: an early review article on the topic of rapid-cycling bipolar disorder cited Geller et al. (1995) but most of the articles it reviewed and its own perspective described several discrete episodes per year, not daily, and did not focus on children (Healy & McKeon, 1997); the article of Skokauskas and Frodl (2015) examined an overlap between ASD and bipolar disorder. Both authors, although one was Norwegian and one German, had an affiliation to University College Dublin.

New Zealand: 5 citing articles

None of the five articles with New Zealand authors, two had US co-authors and three did not.

Perspective	PRO	SCEP	SMD/DMDD	TRAD	NA	CONS	TOTALS
Plus US	0	2	0	0	0	0	2
Non US	1	1	0	0	1	0	3
Total							**5**

Figure 14: Perspectives of New Zealand articles citing PBD by US and non-US authorship.

Two articles included US authors, and one of them also a Canadian author. Both were judged as sceptical of the PBD hypothesis. Jon McClellan (a US sceptic of PBD) co-authored with New Zealand child psychiatrist John Werry one of the few sceptical articles on PBD to be published in *JAACAP* (McClellan & Werry 2003). Rucklidge from New Zealand and co-authors Gately (New York University) and Kaplan (University of Calgary) with US and Canadian affiliations treated 120 children and adolescents diagnosed with PBD and ADHD in a Canadian clinical cohort with micronutrients and assessed symptomatic response. They noted the extreme controversy over PBD and the adverse effects and relatively poor response of pharmacotherapy in PBD cases (Rucklidge, Gately & Kaplan 2010).

Of the three New Zealand-only authored articles, an earlier article by Rucklidge (2006) adopted an accepting stance to PBD. It was a study of New Zealand children with PBD, ADHD or normal controls examining for neurocognitive deficits to find these deficits were mostly with the ADHD cohort. The PBD diagnosis was made along PBD research lines, using the WASH-U-KSADS. In later personal communication [Parry-Rucklidge, 2010] Julia Rucklidge indicated she later revised her perspective on PBD to a sceptical position. The other two articles were judged to be a further sceptical perspective by Werry (1997) and a not-applicable article on eating disorders (Snell, Crowe & Jordan 2010).

Sweden: 5 citing articles

None of the five articles with Swedish authors had US co-authors.

Perspective	PRO	SCEP	SMD/DMDD	TRAD	NA	CONS	TOTALS
Plus US	0	0	0	0	0	0	0
Non US	1	2	0	2	0	0	5
Total							**5**

Figure 15: Perspectives of Swedish articles citing PBD by US and non-US authorship.

One of the Swedish articles was judged favourable to the PBD hypothesis in that it favourably reviewed the expanded bipolar spectrum concept and accepted high comorbidity with ADHD in children (Skeppar & Adolfsson 2006).

Two related Swedish articles were judged to take a sceptical perspective. They involved a long-term follow up study of adolescents with depression and hypomania 15 years later. One article showed that only 6% of adolescents with hypomania had hypomanic recurrences in adulthood and only 3% had developed mania (Päären et al., 2013), and discussed the PBD literature in light of these findings. The other article (Päären et al. 2014) elucidated the risk factors for adult bipolar disorder as being:

> No risk factor of high sensitivity or specificity was identified. Because of the severity of BPD, however, adolescents with mood disorders should be followed carefully into adulthood. Characteristics such as family histories, disruptive disorders, anxiety disorders, somatic symptoms, and family histories of mood disorders warrant particular attention. (p. 10)

The two other Swedish studies were judged to have a traditional perspective and focussed on adolescent depression (Olsson 1998) and psychotic-like experiences emerging between late childhood and mid adolescence (Cederlof et al. 2014).

Wales: 5 citing articles

Of five articles with Welsh authors, four had US co-authors and one did not.

Perspective	PRO	SCEP	SMD/DMDD	TRAD	NA	CONS	TOTALS
Plus US	3	0	0	0	0	1	4
Non US	0	1	0	0	0	0	1
Total							**5**

Figure 16: Perspectives of Welsh articles citing PBD by US and non-US authorship.

Three articles were judged as favourable to the PBD hypothesis. Two of these (Mourao-Miranda et al. 2012; Perlman et al. 2013) were neuroimaging studies from mostly the same group of US authors from several centres in the US but based primarily in Pittsburgh, including Axelson and Birmaher as well as Mary Phillips who had an additional affiliation with the University of Cardiff. Hence *Web of Science* nominated these two as Welsh articles. A fourth article with multiple international authors was the British Association for Psychopharmacology guidelines (Goodwin et al. 2016), discussed above in the English section, that was categorised as a consensus article. One of the mainly English 27 authors, Ian Jones was affiliated with Cardiff University.

The single article without US co-authors (Hassan et al. 2011) was judged to take a sceptical perspective. It had Welsh and English affiliated authors and was a UK study of 200 children (mean age 11.3 years) with ADHD, that found only one child (a 9-year-old boy) met ICD-10 and DSM-IV criteria for bipolar disorder. Thus, the only articles with a pro-PBD perspective in this Welsh dataset had US co-authors.

Austria: 3 citing articles

Of three articles with Austrian authors, one had US co-authors and two did not.

Perspective	PRO	SCEP	SMD/DMDD	TRAD	NA	CONS	TOTALS
Plus US	0	0	0	0	0	1	1
Non US	1	0	0	1	0	0	2
Total							**3**

Figure 17: Perspectives of Austrian articles citing PBD by US and non-US authorship.

The article with US co-authors was the British Association for Psychopharmacology guidelines (Goodwin et al. 2016), and Heinz Grunze, from the Christian Doppler Klinik, Salzburg, was the Austrian co-author.

One Austrian article (Lackner et al. 2014) appeared to be favourable to the PBD hypothesis judging by the wording of the abstract, although it noted PBD was a subject of “intense controversy”. The Austrian full text article was not accessed. The other Austrian article (Aichhorn et al. 2007) was judged as taking a traditional perspective. The first two sentences of the abstract encapsulate this:

> The onset of bipolar disorders before the age of 10 is rare. First manifestation occurs most frequently between the age of 15 to 30. Children of a parent with bipolar disorder are at a fivefold risk for developing a bipolar disorder. (Abstract)

Denmark: 3 citing articles

None of the three Danish authored articles had US co-authors.

Perspective	PRO	SCEP	SMD/DMDD	TRAD	NA	CONS	TOTALS
Plus US	0	0	0	0	0	0	0
Non US	0	0	0	3	0	0	3
Total							**3**

Figure 18: Perspectives of Danish articles citing PBD by US and non-US authorship.

All three Danish articles were judged to be of a traditional perspective and all authors were Danish. One examined the stability of bipolar diagnoses in the paediatric age range (<19-years-old) in a large Danish database (Kessing, Vradi & Andersen 2015) and although using the term "pediatric bipolar disorder" and citing US PBD literature, the results and conclusions were in line with the traditional perspective as the vast majority of cases diagnosed in mid to late teens. Another dealt with a large Danish database of people diagnosed with bipolar disorder to find that having a first degree relative with bipolar disorder was a significant risk factor for developing the condition, but the disorder did not develop significantly earlier than those with bipolar disorder but no first degree relatives with the illness (Helenius, Jorgensen & Steinhausen 2013). The article cited several PBD researchers about familiality of bipolar disorder but discussed the disorder in terms of an under-age-25-years being considered as early onset: in other words, a traditionalist perspective. The third article (Licht et al. 2003) reviewed the use of lithium and anticonvulsants for bipolar disorder in all age groups. They cited several US PBD researchers regarding pharmacotherapy. However, despite some openness to the PBD literature, the overall tone of the article was in the traditionalist sense:

> In most patients, manic symptoms begin at the age of 15–25 years. Manic symptoms are very rarely diagnosed in prepubertal children, but one study has shown that 7.5% of adult bipolar patients had the onset of manic symptoms at the age of 10–14 years. (p. 15)

In summary, a small traditional group of Danish articles, despite knowledge and citing of the US PBD literature.

Greece: 3 citing articles

Of three articles with Greek authors, one had a US co-author.

Perspective	PRO	SCEP	SMD/DMDD	TRAD	NA	CONS	TOTALS
Plus US	1	0	0	0	0	0	1
Non US	1	0	0	1	0	0	2
Total							**3**

Figure 19: Perspectives of Greek articles citing PBD by US and non-US authorship.

One article with authors from the University of Athens and a US PBD researcher from Case Western University in Ohio (Calabrese) as co-author was strongly pro-PBD and cited Geller and other PBD researchers regarding ultradian cycling (Papadimitriou et al. 2005). Professor George Papadimitriou is an adult psychiatrist with expertise in genetics and mood disorders at the University of Athens, who had also co-authored another article not in this data set on the topic of neuroimaging for white matter abnormalities in children at risk of bipolar disorder, where the lead author Frazier was a US PBD researcher (Frazier et al. 2007). A second article by a sole author from the Aristotle University of Thessaloniki was cautiously favourable towards PBD in reviewing the literature on mood disorders (Fountoulakis 2010). The third article, already discussed above, involved German and English co-authors as well as Greek author Malliaris, and was judged traditional (Skirrow et al. 2014).

Norway: 3 citing articles

None of the three Norwegian authored articles had US co-authors.

Perspective	PRO	SCEP	SMD/DMDD	TRAD	NA	CONS	TOTALS
Plus US	0	0	0	0	0	0	0
Non US	0	0	0	3	0	0	3
Total							**3**

Figure 20: Perspectives of Norwegian articles citing PBD by US and non-US authorship.

All three Norwegian articles were judged to take a traditional perspective. One was the previously mentioned article examining ASD and bipolar disorder overlap (Skokauskas & Frodl 2015), whose lead author is Norwegian. The other two articles were by the same group of authors. Both articles were judged to have a traditional perspective, examining the prodrome of bipolar disorder and noting marked variation in the literature (Skjelstad, Malt & Holte 2010) and clinical predictors of bipolar-II disorder (Skjelstad, Holte & Malt 2011).

Thus, this was a similar dataset to the Danish one.

South Korea: 3 citing articles

Two of the three South Korean authored articles had US co-authors, one did not.

Perspective	PRO	SCEP	SMD/DMDD	TRAD	NA	CONS	TOTALS
Plus US	2	0	0	0	0	0	2
Non US	1	0	0	0	0	0	1
Total							**3**

Figure 21: Perspectives of South Korean articles citing PBD by US and non-US authorship.

Two articles involved US co-authors. One was a validation test of a Korean version of a parent rating scale for adolescent mania that involved PBD researchers Eric Youngstrom of the University of North Carolina and Robert Findling of Case Western University, Ohio (Lee et al. 2014). All nine authors on the other article (Greenwood et al. 2013) were US or Canadian with one (Joo) having a Korean affiliation as well. The article reported a study of gene variations in children diagnosed with ADHD and PBD and read as favourable to the PBD hypothesis.

The third article (Song et al. 2010) was fully South Korean and was also judged favourable to the PBD hypothesis. It was a case records study of 53 children and adolescents diagnosed with bipolar disorder and assessed 16 (30%) of the group as having prepubertal PBD and described US PBD phenotypes:

> Patients with prepubertal-onset BD were more likely to display an insidious clinical presentation, atypical features, and comorbid psychopathology. And the majority of the subjects, especially in the prepubertal-onset group, were classified under the intermediate and broad phenotypes. (Abstract)

These articles, though small in number, suggest the PBD hypothesis had found fertile ground in South Korea.

Finland: 2 citing articles

Neither of the two Finish authored articles had US co-authors.

Perspective	PRO	SCEP	SMD/DMDD	TRAD	NA	CONS	TOTALS
Plus US	0	0	0	0	0	0	0
Non US	0	0	0	2	0	0	2
Total							**2**

Figure 22: Perspectives of Finnish articles citing PBD by US and non-US authorship.

There were two articles from Finnish authors, and both were judged as taking a traditional perspective. One (Suominen et al. 2007) was a study of 191 psychiatric patients, screened for bipolar disorder with the Mood Disorders Questionnaire (MDQ) then asked to retrospectively give information about first symptoms, mood episode, diagnosis. While several US PBD authors were cited about the nature of very early onset bipolar disorder, the Finnish authors appeared to follow a traditional paradigm. They divided the subjects into early onset (< 18-years-old) and adult-onset (> 18-years-old) at time of first episode. The full break down of retrospectively recalled age of first manic/hypomanic episode was not given, but the following data was reported:

> One-third of subjects with BD (58/191, 30%) had early age at onset (<18 years). The mean age at onset for first affective episode was 23.7 ± 9.8 years for the whole group, 14.2 ± 3.4 years (range 4.7–17.9 years) for the early onset subgroup, and 27.8 ± 8.8 years (range 18.0–51.8 years) for the late onset subgroup.

The second study (Karlsson et al. 2007) focussed on depression in adolescents and referred to those adolescents with bipolar disorder in a traditionalist manner. The first 10-year review of PBD in JAACAP (Geller & Luby 1997) was cited but only a few other PBD researchers in a lengthy reference section.

Adding these two Finish articles to the other Scandinavian articles, though each country had only a small number of articles, together they presented what seemed a solid traditionalist perspective from Scandinavia.

Mexico: 2 citing articles

Neither of the two Mexican authored articles had US co-authors.

Perspective	PRO	SCEP	SMD/DMDD	TRAD	NA	CONS	TOTALS
Plus US	0	0	0	0	0	0	0
Non US	2	0	0	0	0	0	2
Total							**2**

Figure 23: Perspectives of Mexican articles citing PBD by US and non-US authorship.

The two articles in the Mexican dataset were both favourable to the PBD hypothesis. The first, using the K-SADS-PL and a scale for externalising disorders described childhood onset mania as being highly co-morbid with disruptive behaviour disorders (Palacios-Cruz et al. 2013).

The second study (Jimenez et al. 2015) has been mentioned above in the Spanish section was also clearly pro-PBD. The lead author was affiliated with a university in Sinaloa, Mexico, but all four authors were affiliated with Spanish universities, three of them in Barcelona where in fact the study was carried out.

South Africa: 2 citing articles

Neither of the two South African authored articles had US co-authors.

Perspective	PRO	SCEP	SMD/DMDD	TRAD	NA	CONS	TOTALS
Plus US	0	0	0	0	0	0	0
Non US	2	0	0	0	0	0	2
Total							**2**

Figure 24: Perspectives of South African articles citing PBD by US and non-US authorship.

The two South African articles were judged to be favourable to the PBD hypothesis. One in the *South African Journal of Psychiatry* (Scribante 2009) reviewed the literature on ADHD and bipolar disorder and reported the US PBD literature favourably but noted the controversy. The other in the *South African Journal of Psychology* (Bradfield 2010) reviewed and presented the US PBD literature uncritically.

Countries with one article and US co-authors

Three countries (Argentina, Israel, Scotland) authored a single article with US co-authors.

Perspective	PRO	SCEP	SMD/DMDD	TRAD	NA	CONS	TOTALS
Plus US	2	0	0	0	0	1	**3**

Figure 25: Perspectives of articles from three countries (Argentina, Israel, Scotland) with US co-authors articles citing PBD.

One of the articles was judged to take a pro-PBD perspective. It was in fact a US neuroimaging study based at UCLA in Los Angeles (Davanzo et al. 2003). *Web of Science* allocated it to both the US and Argentine datasets as one of the nine co-authors (Santoro) was Argentinian. It was cautiously favourable to the PBD hypothesis.

The sole article *Web of Science* allocated to Israel (Roy et al. 2013) was also a mainly US publication. There were eight US co-authors including Ellen Leibenluft from the NIMH, with one Israeli author, Yair Bar-Haim, from Tel Aviv University. The article was titled “Clinical features of young children referred for impairing temper outbursts” and highlighted the SMD model. The article’s conclusion is worth noting:

> Over the past few years, there has been significant discussion regarding the appropriate diagnosis and treatment of children with severe temper outbursts. The present findings do not support that severe temper outbursts are indicative of bipolar disorder; rather, most children with these tantrums have multiple comorbidities including ADHD, oppositional defiant disorder, and anxiety and depressive disorders. These results have significant implications for the pharmacological treatment of these children. Further, these young children demonstrate deficits in the expression of positive emotions and the regulation of negative facial expressions in response to frustration. This provides preliminary experimental evidence of specific emotional deficits that might benefit from targeted interventions. (p. 595)

The article allocated as Scottish was the "consensus" article: "Evidence-based guidelines for treating bipolar disorder: Revised third edition recommendations from the British Association for Psychopharmacology" in the *Journal of Psychopharmacology* with 27 authors from England, Scotland, Wales, Spain, Austria, Australia and the US. The Scottish author was David Coghill.

Countries with one article and no US co-authors

Eight countries (Belgium, Czech Republic, Iran, Japan, Lithuania, Poland, Taiwan) authored single articles without US co-authors.

Perspective	PRO	SCEP	SMD/DMDD	TRAD	NA	CONS	TOTALS
Non US	0	0	0	8	0	0	**8**

Figure 26: Perspectives of articles from eight countries (Belgium, Czech Republic, Iran, Japan, Lithuania, Poland, Taiwan) without US co-authors articles citing PBD.

All eight articles were judged to take the traditional perspective on bipolar disorder in the paediatric age group.

The Belgian article (De Caluwe, Decuyper & De Clercq 2013) was a longitudinal study of 243 children (ages 8 – 14 years-old) using the CBCL to assess children for "emotional dysregulation" and presence of DSM-5 personality pathology features four years later in adolescence. The PBD label was not applied despite similar phenomenology.

The Czech article was in fact the Canadian article of Propper et al. (Propper et al. 2015), as described in the Canadian section above. All authors had Canadian affiliations, eight in Halifax,

Nova Scotia. Two of the nine co-authors were also affiliated with the Czech NIMH in Klecany, Czech Republic.

The Iranian study (Shirazi & Alaghband-Rad 2005) was an open-label trial of citalopram in children and adolescents 8 – 17-years-old (mean 13.57 +/- 2.5years) for MDD. They found a high rate of 16.7% (n = 5) of manic switch and referenced PBD literature with that finding. However, the overall thrust of the article was of a traditional perspective.

The Japanese article (Shiratsuchi et al. 2000) was judged to take a traditional perspective. It was a long-term prospective study from 1979 of children and early adolescent patients (ages 10 – 15-years-old) to the Japanese clinic presenting with a first episode of an affective episode or psychotic episode. Twelve patients were identified to have bipolar disorder, 10 of whom had significant psychotic features. The age of first manic episode ranged from 13 – 19-years-old and invariably followed the initial depressive episode by months to years. The authors cited Geller et al. (1995) in passing.

The article from Lithuania (Gudiene et al. 2008) was an analysis of the phenomenology of bipolar disorder in six 14 – 18 year-old adolescents. The article was published in a Lithuanian journal with an English abstract. It did note premorbid features of ADHD were common but overall appeared to take a traditional albeit possibly widened bipolar spectrum perspective of adolescent onset mania with euphoria and uncharacteristic disruptive behaviour and borderline personality disorder features.

The Polish study (Srebnicki, Kolakowski & Wolanczyk 2013) was a survey of 101 adolescents for psychiatric disorders six to seven years after they had received a diagnosis of ADHD. A rate of 2.2% (n = 4) had developed bipolar disorder, consistent with the traditional perspective.

The Taiwanese article (Gau et al. 2010) studied psychiatric co-morbidity of children and adolescents (ages 11 – 17 years-old] with long-standing ADHD and found a low rate of comorbid bipolar disorder (4.1%) compared with higher rates of other disorders: e.g. ODD 64.3%, CD 24.9%, MDD & Dysthymia 9.2%, Anxiety disorders 31.7%. They note this is at odds with the US PBD literature.

The Tunisian article (Othman et al. 2005) was co-authored with French authors and mentioned in the French section. It was a description of the phenomenology of 50 adolescents diagnosed with bipolar disorder out of 470 admitted to the Tunisian psychiatric inpatient unit over a 6-year period. The adolescents had significant psychotic phenomenology and were in mid- to late-adolescence. However, the article cited US PBD literature in conjunction with noting atypical features for those adolescents with earlier onset illnesses defined as hospitalisation before age 16. Overall the tone of this article was judged to be of a traditional perspective.

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