

Pediatric Bipolar Disorder

Childhood mental health is a serious and growing concern in the United States. According to the National Institute of Mental Health, one in ten children in this country suffers from a mental disorder severe enough to cause some level of social, behavioral, and/or academic impairment, yet fewer than one in five children with a psychiatric illness receives treatment. Those that are treated often receive psychotropic medication that has not been thoroughly tested for safety and efficacy in children.

Bipolar disorder is one example of a serious illness that has not been adequately characterized in children. The term "bipolar disorder" describes a spectrum of chronic, debilitating psychiatric illnesses. It is characterized by mood episodes that can alternate from extreme highs (mania) to lows (depression) within hours or days, or even months and years. Symptoms of bipolar disorder can interfere with a child's developmentally appropriate functioning at home, at school, and with peers. Children with bipolar disorder are at risk for academic failure, addiction, and even suicide.

The Child & Adolescent Bipolar Foundation (CABF) estimates that at least 750,000 American children and teenagers currently suffer from bipolar disorder. The majority of these young people are undiagnosed. According to CABF (www.bpkids.org), bipolar disorder is believed to occur in approximately one to two percent of the adolescent and adult population; bipolar spectrum disorder and related conditions (such as recurrent depression) occurs in five to seven percent of the same population. While the exact

prevalence among younger children is unknown, the number being diagnosed with bipolar disorder is increasing as pediatricians and other professionals who work with children begin to recognize signs of the illness.

Bipolar disorder may be particularly difficult to diagnosis in children and adolescents because its symptoms can be hard to distinguish from symptoms of other problems that may occur in these age groups. Childhood conditions such as

helped to establish a link between the early onset of bipolar symptoms and having a parent with bipolar disorder. Among genetically at-risk youth, bipolar symptoms are often a precursor to the more serious expressions of the condition. Dr. Findling's research found that these children suffer from serious mood symptoms as well as psychosocial dysfunction. Yet, despite the obvious need for intervention, there had been limited research on the treatment of this vulnerable population. Dr. Findling is now completing a study that investigates whether divalproex sodium is superior to a placebo in the treatment of youth who suffer from

symptoms of bipolar disorder and who also have a parent who has been diagnosed with bipolar illness. Preliminary findings suggest that divalproex sodium was not superior to the placebo, yet both interventions appeared to be effective, indicating it may be useful to more fully explore the value of psychosocial interventions in this patient population.

In addition to Dr. Findling's pharmacological studies, he will be exploring cognitive behavioral therapy – “talk therapy” – as a treatment option and/or component in the effective treatment of pediatric bipolar disorder.



