

Institute for Children's Mental Disorders and Schizophrenia Research Center

BIPOLAR MOOD DISORDER

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Better treatment almost always means earlier treatment

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Studying ways to identify and treat preschool children with bipolar disorder

Better treatment almost always means earlier treatment. Older studies of bipolar disorder generally focus on adults. The last decade has seen research focus on younger and younger individuals, with a dramatic increase in interest in and research on mania and bipolar disorder in 6-15 year-old children. However, there has been much less effort devoted to the question of whether and/or how mania can manifest in preschool 3-5 year-olds, and whether identifying bipolar disorder in this age group might lead to earlier and better treatments. Because psychotic symptoms often occur concurrently with mania in older age groups, psychosis in preschool children should also be an important target of investigation.

In two recent studies, manic-like symptoms were found in groups of children identified as having either depressive or Attention Deficit Disorder (ADHD) symptoms. Family history showed a possible link to bipolar disorder in both groups. One study by Dr Luby and Dr Mrakotsky in St Louis showed that preschool children identified with depression who had a positive family history for bipolar disorder were more likely to manifest increased frequency of

physical restlessness; it was hypothesized that these children might be showing early precursors of later mania. Another study Dr Steven Dilsaver in Texas demonstrated that more than half of 5-11 year old children diagnosed with ADHD also have euphoria and/or flight of ideas, symptoms often considered to represent mania. In the group positive for these mania-associated symptoms, there was a significantly more frequent occurrence of a family history for bipolar disorder (18.3 times more likely) and of the presence of psychotic symptoms (32.3% of the mood-disordered children had psychotic features).

The above studies prompt interest in the possibility that a manic syndrome with or without psychotic features can be detected in

the preschool age range. Such a syndrome may sometimes be masked by the diagnosis of ADHD, a very frequent comorbidity, or by other comorbid diagnoses. Without a full comprehension of the differential diagnosis, an individual child is apt to enter into a treatment plan that is not adapted to the core problem. Nor do we know enough about treatment, which is difficult to study without



a clear idea of the targets of treatment in this age group.

Here at the University of Colorado Health Sciences Center, Dr Carol Beresford is the primary investigator on a study designed to elucidate whether and how symptoms of mania and psychosis can be detected in preschool children, and how diagnostically specific these symptoms are. The first goal is to use existing instruments to determine what mania and psychosis might look like in a preschooler with bipolar disorder. The second goal will determine whether these symptoms truly predict the development of bipolar disorder or measure how severe a psychiatric illness becomes.

The current evaluation is accomplished by way of structured parent interviews about the children's symptoms. Children themselves are also being interviewed using a story-telling technique that presents the children with conflicts that need to be solved in their completion of the stories. The videotaped stories are coded to help assess differences in how children think when they are asked to complete complex stories.

The preliminary data, with as yet small numbers, suggests that symptoms suggestive of bipolar disorder may be present in 3, 4, and 5 year-old children. These symptoms may include: 1) irritability, 2) grandiosity, 3) fast, pressured and increased talk, 4) rejection sensitivity, and 5) mood non-reactivity.

To finish our studies, we need 3 groups of preschool children, all aged between 3½ and 5 years of age:

- A) Preschool children, ages 3½ to 5 years, who have been diagnosed by a psychiatrist as possibly having bipolar disorder.*
- B) Parents with bipolar I disorder who have children, ages 3½ to 5 years.*
- C) A comparison group of 3½ to 5-year old preschoolers who don't have bipolar disorder and who don't have parents with bipolar disorder.*

For questions related to studies with:

- Infant or expectant parents, please contact Jenny at 303-315-0118 or Jordan at 303-315-0191
- Children, please contact Shari at 303-315-4603.
- For adult studies, please contact Chris at 303 315-0001.

Ongoing Research - Subjects Needed

- Children with schizophrenia that developed the disorder before age 13
- Individuals with schizophrenia who are not abusing substances, have never had mania, have two living parents and have at least one unaffected sibling
- Non-smoking individuals with schizophrenia willing to take an add-on medication
- Individuals with schizophrenia or bipolar disorder (mother or father) who have or are about to have a child
- Infants 0-6 months and a parent
- Children/Adolescents (ages 6-16) of a parent who has been diagnosed with either schizophrenia or bipolar I disorder
- Parents with ADHD and a child between the ages of 3.5 and 6 years
- Parents with Bipolar I disorder and a child between the ages of 3.5 and 6 years
- Typically developing children with parents who do not have Bipolar I disorder or ADHD
- Siblings where one or more have been diagnosed with schizophrenia or schizoaffective disorder
- Individuals with schizophrenia who have both parents available