Chronic, long episode mania exists in children


Q Does mania exist in children and what are its duration and prognostic factors?

METHODS

Main results

Mean age of onset of mania was 6.9 years. Episodes of mania lasted for a mean of 79.2 weeks from baseline. During follow up, participants received at least one bipolar diagnosis in 67.1% of weeks (mania in 18.7%, hypomania in 18.3%, and depression in 47.1% of weeks). Polarity switches occurred 1.1 times per year on average.

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Follow up period: 48 months (208 weeks).

Conclusions

This prospective study demonstrated the existence of chronic, long episode mania in children with prepubertal and early adolescent bipolar disorder. The presence of psychosis predicted increased duration of manic episode, and low maternal warmth predicted relapse.

Notes

Out of 93 participants, 86 completed follow up (92.5%).

Commentary

Research on childhood onset bipolar disorder remains contentious because of substantial controversy over the differentiation of mania from attention deficit/hyperactivity disorder (ADHD). During the past 10 years the debate regarding childhood onset bipolar disorder focused more and more on the features and instruments key to the diagnosis of mania in children. Still, many European child and adolescents psychiatrists are questioning whether these severely impaired children have bipolar disorder (BP) or a variant of ADHD. Longitudinal follow up studies will help to clarify distinguishing features of these initially overlapping clinical syndromes.

With this study Dr Geller and colleagues provide pioneering research on prepubertal and early adolescent BP (PEA-BP). Geller and colleagues define the PEA-BP phenotype by elated mood and/or grandiosity as one inclusion criterion. This is the first prospective four year follow up study of a sample with this PEA-BP phenotype. Geller et al conclude that their findings validate the existence, long episode duration, and chronicity of child mania. Interestingly, 86% of the participants showed comorbid ADHD and it remains unclear whether community physician administered treatment with stimulants or anti-depressants might have affected the occurrence of mania. The authors indicate future publications will report on the predictive value of various treatments.

The PEA-BP children described by Geller et al have clinical characteristics of the most severely ill adults with BP. However, a relatively small percentage of adult bipolar patients develop in due time this severe chronic form of mixed bipolar disorder with poor response to treatment. The authors raise the possibility that child and adult BP are discontinuous, but note this is unlikely because of high familial aggregation. For childhood onset disorders, an additional rationale for longitudinal naturalistic investigation is to establish continuities and discontinuities among syndromes with onset in childhood and those with onset in adulthood. Therefore future follow up of this PEA-BP sample and other samples is necessary to understand the development of this syndrome into adolescence and adulthood and to help identify subtypes of BP or ADHD.

For clinicians it remains challenging to diagnose and treat these children with a variety of severe psychopathological syndromes. This study contributes to the understanding of the phenotype which is essential to develop prevention and intervention strategies.

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