

EDITOR'S NOTE

This column reflects our commitment to provide you, the primary care physician, with information that will prove helpful in making informed decisions about the care of your patients who suffer from psychiatric disorders. We will highlight abstracts of high interest to you from our sister publication, *The Journal of Clinical Psychiatry*, and summarize pertinent articles from the general scientific literature. We hope that this section is clinically relevant to your practice and that it will encourage you to expand your horizons.

Pediatric Bipolar Disorder: A Review of the Past 10 Years

Pavuluri MN, Birmaher B, Naylor MW

J Am Acad Child Adolesc Psychiatry 2005;44:846–871

Objective: To evaluate the literature of the past 10 years encompassing the epidemiology, clinical characteristics, assessment, longitudinal course, biological and psychosocial correlates, and treatment and prevention of pediatric bipolar disorder.

Method: The authors conducted a computerized survey of articles published during the past 10 years. Selected studies are presented.

Results: Prevailing views differ on core features of pediatric bipolar disorder, a disorder recognized with increasing frequency. The incidence and prevalence of pediatric bipolar disorder and its associated comorbidities differ, depending on the study setting and criteria employed. Pediatric bipolar disorder frequently recurs and is accompanied by substantial psychiatric and psychosocial morbidity. Studies of families, including those of the offspring of parents with bipolar disorder (“top down”) and those of relatives of youths with bipolar disorder (“bottom up”), indicate that pediatric bipolar disorder aggregates in families with adult- or later-onset bipolar disorder and suggest a genetic predisposition for bipolar disorder. Hope for early identification and prevention of pediatric bipolar disorder is offered by greater understanding of the risk factors for early-onset bipolar disorder and recognition of the phenomenology of prodromal symptoms. Although the findings do not seem to be specific to the disorder, neuroimaging studies identify frontotemporal and frontostriatal pathology. While further short- and long-term randomized, placebo-controlled trials are anticipated, combination pharmacotherapies appear promising. Early trials of different psychotherapeutic approaches, including psychoeducation strategies designed specifically for bipolar disorder in youths, are promising.

Conclusion: While considerable progress has been made in our knowledge of pediatric bipolar disorder, varying views on the clinical presentation of bipolar disorder in children predominate. Our understanding of the phenocopy may be buttressed by phenomenological and longitudinal studies and biological validation using genetic, neurochemical, neurophysiological, and neuroimaging methods. Randomized, controlled treatment studies for the acute and maintenance treatment of pediatric bipolar disorder are needed.

Association Between Smoking and Attention-Deficit/Hyperactivity Disorder Symptoms in a Population-Based Sample of Young Adults

Kollins SH, McClernon FJ, Fuemmeler BF

Arch Gen Psychiatry 2005;62:1142–1147

Context: Attention-deficit/hyperactivity disorder (ADHD) has been associated with increased risk of smoking, but few studies have looked at nonclinical ADHD samples to judge the extent to which the number of symptoms— independent of the full diagnosis—convey risk for smoking-related outcomes.

Objective: To assess smoking-related variables in relation to the number of retrospectively reported ADHD inattention and hyperactivity/impulsivity symptoms in a population-based sample of young adults.

Design, Setting, and Participants: The study population, consisting of 15,197 young adults with ADHD, was drawn from eligible participants from wave III of the National Longitudinal Study of Adolescent Health, a nationally representative sample of adolescents examined from 1995 to 2002.

Main Outcome Measures: The relationship between self-reported ADHD symptoms and the lifetime likelihood of being a regular smoker, defined by having smoked at least 1 cigarette a day for 30 days, was assessed using logistic regression. The authors also looked at the extent to which ADHD symptoms predicted age at onset of regular smoking and number of cigarettes smoked for regular smokers.

Results: A linear relation was found between the number of self-reported inattention and hyperactivity/impulsivity symptoms and smoking outcome measures ($p < .001$ for each symptom domain). Each reported inattention and hyperactivity/impulsivity symptom significantly increased the likelihood of ever regularly smoking when demographic and conduct disorder symptoms

were controlled for (OR = 1.11; 95% CI = 1.08 to 1.14 and OR = 1.16; 95% CI = 1.13 to 1.19, respectively). For lifetime regular smokers, reported symptoms lowered the estimated age at onset and increased the number of cigarettes smoked.

Conclusions: In this nationally representative sample, self-reported ADHD symptoms were linked with adult smoking outcome variables. These results provide further evidence of a probable connection between ADHD symptoms and risk for tobacco use.

Cognitive Status, Depressive Symptoms, and Health Status as Predictors of Functional Disability Among Elderly Persons With Low-to-Moderate Education: The Faenza Community Aging Study

De Ronchi D, Bellini F, Berardi D, et al.

Am J Geriatr Psychiatry 2005;13:672–685

Objective: A community-based group of 216 elderly people with low-to-moderate education level was assessed for the effect of very early dementia and symptoms of depression on functional disability.

Methods: A logistic-regression model, with functional disability as the dependent variable, was used to identify the combined effect of very early dementia and symptoms of depression on functional disability. The same model was repeated with each item on the Instrumental Activities of Daily Living scale as the dependent variable.

Results: While the association of early dementia alone with functional disability was strong, this association increased 3-fold in subjects with both very early dementia and symptoms of depression. In fact, while the risk in those with very early dementia was 11 times higher for functional disability than in those without, the risk for functional disability increased to 37 times higher in the group with both very early dementia and symptoms of depression.

Conclusion: The high risk of functional disability in elderly people with very early dementia as well as symptoms of depression greatly necessitates accurate diagnosis. Early intervention, before severe disability is developed, may be indicated if these results are confirmed.

A Randomized Effectiveness Trial of Brief Cognitive-Behavioral Therapy for Depressed Adolescents Receiving Antidepressant Medication

Clarke G, Debar L, Lynch F, et al.

J Am Acad Child Adolesc Psychiatry 2005;44:888–898

Objective: To assess a collaborative-care, cognitive-behavioral therapy (CBT) program administered in addition to selective serotonin reuptake inhibitor (SSRI) treatment in Health Maintenance Organization-based pediatric primary care.

Method: A randomized effectiveness trial comparing a treatment-as-usual (TAU) control group largely made up of SSRI medication delivered outside the experimental protocol (N = 75) with a TAU SSRI plus brief CBT group (N = 77). Those who participated had recently filled prescriptions for SSRI medication with ensuing telephone interviews. Adolescents meeting diagnostic criteria for major depressive disorder (N = 152) were enrolled. The CBT program consisted of either cognitive restructuring or behavioral activation training or both. Medication compliance was improved by therapist consultations with prescribing physicians.

Results: Improvement on the Short Form-12 Mental Component Scale (p = .04), reductions in TAU outpatient visits (p = .02), and reduction in days' supply of all medications (p = .01) were found in the CBT group through 1-year follow-up. CBT had no advantage for major depressive disorder episodes; a trend favoring CBT on the Center for Epidemiology Depression Scale was nonsignificant (p = .07).

Conclusion: The CBT effect detected by the investigators was insubstantial, possibly made less significant by the small population and most likely truncated by the unexpected decrease in SSRI pharmacotherapy in the CBT group. In all likelihood, the small, incremental improvements compared with monotherapy noted in this trial characterize the new norm in the treatment research of adolescent depression.

Worse Quality of Life for Children With Newly Diagnosed Attention-Deficit/Hyperactivity Disorder, Compared With Asthmatic and Healthy Children

Escobar R, Soutullo CA, Hervas A, et al.

Pediatrics 2005;116:e364–e369

Objective: The authors assessed the quality of life (QOL) of untreated children with newly diagnosed attention-deficit/hyperactivity disorder (ADHD), compared with asthmatic and healthy children.

Method: A group of 120 children, aged 6 to 12 years, with ADHD newly diagnosed by DSM-IV criteria, was enrolled in this prospective, case-control study. Subjects were matched according to age, gender, and health care area with 2 control groups, consisting respectively of 93 asthmatic children and 120 healthy children. Investigators collected sociodemographic characteristics and Child Health Questionnaire scores.

Results: On most Child Health Questionnaire surveys, the QOL of children with ADHD was found to be worse than that of asthmatic or healthy children. Scores on behavior, social limitations attributable to physical problems, emotional impact on parents, and family activities revealed the greatest differences. Scores on almost every psychosocial instrument were more affected in comparison with asthmatic children and both psychosocial and physical domains in comparison with healthy children.

Conclusion: Although ADHD interferes with the daily lives of children, parents, and families more than asthma, primarily in areas related to psychosocial functioning, there is also evidence of impaired physical functioning. The QOL of children with ADHD may be negatively affected by delays in recognition, assessment, and management of the disorder.

Cost-Effectiveness of ADHD Treatments: Findings From the Multimodal Treatment Study of Children With ADHD

Jensen PS, Garcia JA, Glied S, et al.

Am J Psychiatry 2005;162:1628–1636

Objective: Attention-deficit/hyperactivity disorder (ADHD) is a costly public health problem. This is the first study, as far as the authors are aware, comparing the cost-effectiveness of the major forms of ADHD treatments used in the National Institute of Mental Health Multimodal Treatment Study of Children With ADHD (MTA Study).

Method: A group of 579 children with ADHD, combined type, aged 7 to 9.9 years, was assigned to 14 months of medication management, behavioral treatment, both combined, or

community care. For the duration of the study, services, including medication, health care visits, behavioral treatments, and rental costs, were tabulated. Costs were calculated on the basis of provider specialty, total time, and number of visits with providers and adjusted to FY 2000 dollars with the consumer price index.

Results: The costs of treatment varied as much as 4-fold, with combined treatment being the most expensive, followed by behavioral treatment and then medication management. Reflecting the less intensive (and less effective) nature of community-delivered treatment, medication treatment costs were lower in the community care group. Medical management was more effective but more costly than community care while more cost-effective than combination treatment and behavioral treatment alone. Involving lower costs per additional child "normalized" among children with multiple comorbid disorders, combination treatment (medical management and psychotherapy) proved somewhat more cost-effective under certain conditions.

Conclusion: While not as effective as combined medical management and behavioral treatment, medical management alone is probably more cost-effective in routine treatment for children with ADHD, especially those without comorbid disorders. Combination treatment may be cost-effective for some children with comorbid disorders.

Psychiatric Comorbidity in Adult Attention Deficit Hyperactivity Disorder: Findings From Multiplex Families

McGough JJ, Smalley SL, McCracken JT, et al.

Am J Psychiatry 2005;162:1621-1627

Objective: This study evaluated patterns of psychiatric comorbidity in adults with and without attention-deficit/hyperactivity disorder (ADHD) identified through a genetic study of families including multiple children with ADHD.

Method: The authors investigated lifetime ADHD and comorbid psychopathology in 435 parents of children with ADHD, comparing rates and mean ages at onset of comorbid psychopathology in parents with lifetime ADHD, parents with persistent ADHD, and those without ADHD. Kaplan-Meier survival curves were used to compare age-adjusted rates of comorbidity, while logistic regression was used to evaluate other 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 than parents without ADHD. Subjects with ADHD had more lifetime psychopathology; 87% had at least 1 and 56% had at least 2 other psychiatric disorders, compared with 64% and 27%, respectively, in subjects without ADHD. ADHD was correlated with greater disruptive behavior, substance use, and mood and anxiety disorders and with earlier age at 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 contributed to risk for disruptive behavior disorders, while female sex and oppositional defiant disorder added 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.

Conclusion: Clinical referral bias does not account for significant lifetime psychiatric comorbidity associated with adult ADHD.

Obesity, Shame, and Depression in School-Aged Children: A Population-Based Study

Sjoberg RL, Nilsson KW, Leppert J

Pediatrics 2005;116:e389-e392

Objectives: To assess any association between adolescent obesity and depression in a nonclinical population and to investigate whether psychosocial and economic status and subjective experiences of shame (defined as experiences of being degraded or ridiculed by others) may explain such a relationship.

Method: We assessed associations between self-reported body mass index (BMI) and depression, controlling for gender, shame, parental employment, parental separation, and economy. The study sample consisted of a group of 4703 adolescents (71% of the target population of 15- and 17-year-old students in 1 Swedish County) responding to the Survey of Adolescent Life in Vestmanland 2004.

Results: Obesity was related to depression and depressive symptoms among 15- and 17-year-olds in a significant way. In addition, obesity was related to experiences of shame in a significant way. When shaming experiences, parental employment, and parental separation were controlled for, all significant association between BMI grouping and depression according to the DSM-IV disappeared. Adolescents reporting numerous experiences of shame were at increased risk (odds ratio: 11.3; confidence interval: 8.3 to 14.9) for depression.

Conclusion: The significant statistical association between adolescent obesity and depression can be attributed to the effects of experiences of shame, parental separation, and parental employment. Clinical treatment of obesity, these results suggest, may at times be more than just a matter of diet and exercise; it should also include dealing with issues of shame and social isolation.

Cognitive-Behavioral Family Treatment of Childhood Obsessive-Compulsive Disorder: Long-Term Follow-Up and Predictors of Outcome

Barrett P, Farrell L, Dadds M, et al.

J Am Acad Child Adolesc Psychiatry 2005;44:1005-1014

Objective: (1) To assess the long-term effectiveness of individual and group cognitive-behavioral family therapy in the treatment of childhood obsessive-compulsive disorder and (2) to explore pretreatment indicators of long-term outcome.

Method: Forty-eight participants (aged 8-19 years) who had received individual or group cognitive-behavioral family therapy were included in this study, carried out at a university-based clinic. Follow-up assessments of participants and parents at 12 and 18 months included diagnostic and symptom severity interviews, child self-report measures of anxiety and depression, and parental self-report of distress. Pretreatment data were predictors of success over the long term.

Results: Assessments showed that treatment benefits were sustained. At follow-up, a total of 70% of participants in individual therapy and 84% in group therapy were free of obsessive-compulsive disorder, with no significant differences between the individual or group conditions, regardless of assessment measures. Worse long-term outcome was predicted by higher pretreatment severity and higher family dysfunction.

Conclusion: Cognitive-behavioral family therapy for obsessive-compulsive disorder may provide relief equally effective in individual and group-based therapy over the long term. Long-term prognosis may be improved with particular attention to family dysfunction.