

378 Depression During Pregnancy: Is the Developmental Impact Earlier in Boys? A Prospective Case-Control Study.

388 Long-Term Outcome of Adolescent Depression Initially Resistant to Selective Serotonin Reuptake Inhibitor Treatment: A Follow-Up Study of the TORDIA Sample.

397 Psychosocial Functioning, Familiarity, and Psychiatric Comorbidity in Bipolar Youth With and Without Psychotic Features.

406 Massage Therapy for Children With Autism Spectrum Disorders: A Systematic Review.

Impact of Mood Disorders

This section of Focus on Childhood and Adolescent Mental Health has 3 articles examining the impact of mood disorders on youth. In addition, there is a timely review of massage therapy for treatment of children with autism spectrum disorders.

The impact of prenatal depression on newborns and 1-year-old infants was examined by Gerardin and colleagues. A major focus of the study was gender differences in infant development related to prenatal depression. Pregnant women (N = 160: 34 with depression, 126 without depression) participated in this prospective case-control study. Importantly, postnatal depression was excluded from the control group as to not confound the results between prenatal and postnatal depression, leaving 79 participants in the control group. The mothers were interviewed during the third trimester of pregnancy, 3 days after delivery, and at 2 and 6 months postpartum. The diagnosis of maternal depression was based upon a number of scales and a structured diagnostic interview. Newborns were assessed using the Neonatal Behavioral Assessment Scale. The Infant-Toddler Social and Emotional Assessment was used to evaluate the infants at 1 year. The findings demonstrated that gender did have an impact on the outcome of newborns of prenatally depressed mothers. The male newborns had lower scores on motor skills and regulation of states compared to controls. Infants of prenatally depressed mothers had higher scores on generalized anxiety (especially for males), sleep problems, and activity/impulsivity than controls.

What is the long-term outcome of depressed adolescents who initially fail to respond to treatment with a selective serotonin reuptake inhibitor? Vitiello and colleagues report on the long-term outcome of 334 adolescents who initially participated in the Treatment of SSRI-Resistant Depression in Adolescents (TORDIA) study in which adolescents were randomized to 12 weeks of treatment with an alternative SSRI, venlafaxine, alternative SSRI plus cognitive-behavioral therapy (CBT), or venlafaxine plus CBT. Responders in the acute study continued the same treatment through week 24, and nonresponders were given open treatment. The long-term study assessed adolescents at 48 and 72 weeks from intake (116 and 130 adolescents, respectively). At the end of 72 weeks, 61.1% of these adolescents achieved remission. However, the relapse rate was 25.4% for those adolescents who had achieved remission at week 24. The treatment rendered during this first 12 weeks did not impact remission rate or time to remission. Depressive symptoms and suicidal ideation decreased more rapidly in the SSRI groups compared to the venlafaxine groups. These findings demonstrate that the majority of adolescents who initially fail to respond to an adequate trial of medication with an SSRI will achieve remission with alternative treatment. However, other treatment interventions are needed for those adolescents who do not respond to these treatments.

Hua and colleagues examined the impact of psychosis in children and adolescents with bipolar disorder. Children and adolescents (N = 226) with bipolar I or II disorder with psychosis (n = 75) or without psychosis (n = 151) participated in the study. The youth with psychosis had a greater number of bipolar episodes, more psychiatric hospitalizations, and higher rates of psychiatric comorbidity, particularly mood and anxiety disorders. A positive family history of psychosis was more common in youth with bipolar disorder and psychosis compared to the group without psychosis. In the group with psychosis, auditory hallucinations were the most common type of hallucination. The authors recommend that children with bipolar disorder be carefully assessed for the presence of psychosis since it has implications for overall functioning and treatment response.

A wide range of treatments have been used for children with autism spectrum disorders. Lee and colleagues conducted a review of the literature to evaluate the evidence base for the effectiveness of massage therapy as a treatment option for autism spectrum disorders. Using extensive electronic databases, these authors identified 132 articles related to massage therapy for autism spectrum disorders. The analysis included prospective controlled studies of any type of massage therapy for autism spectrum disorders; 6 studies met this inclusion criterion. The authors found suggestive evidence for the effectiveness of massage therapy as an adjunctive treatment to conventional treatments for autism spectrum disorders. However, they noted that there was a high risk of

bias in these studies that limited the interpretability of the results. The authors recommend that rigorous randomized clinical trials be conducted in order to determine whether or not massage therapy is an effective treatment option for children with autism spectrum disorders.

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