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## New Findings From Longitudinal and Treatment Studies in Youth

This section of Focus on Child and Adolescent Mental Health presents 3 longitudinal follow-up studies of suicide attempts in youth with first-episode psychosis, sleep problems among adolescents following a disastrous earthquake, and course of mood symptoms (irritability vs elation) in youth with bipolar disorder, as well as a double-blind, placebo-controlled trial that evaluated the efficacy and safety of quetiapine monotherapy in children and adolescents with mania associated with bipolar I disorder.

Sanchez-Gistau and colleagues examined the prevalence of suicide attempt, risk factors associated with high risk of suicide, and early predictors of future suicide attempt in a cohort of youth with a first episode of psychosis over a 24-month period. The study included 110 youths aged 9 to 17 years in a first episode of psychosis. First-episode psychosis was defined as the presence of positive psychotic symptoms of less than 6 months' duration. Diagnostic assessments, clinical assessments, and suicidal behavior were evaluated at baseline, at 12 months, and at 24 months. Eighty-two youths were included in the 2-year follow-up. At baseline, 7.3% of youths had attempted suicide. By year 2, 12.4% of youths with first-episode psychosis had attempted suicide. Significant predictors of suicide attempts were a prior history of suicide attempt, severe depressive symptoms, and receiving antidepressant treatment. Of these, the best predictor of suicide attempt during the 2-year follow-up was high risk of suicide at baseline. The investigators suggest that antidepressants as a predictor were related to high rates of severe depression, which predict suicide attempt. On the basis of these findings, they recommend that a careful assessment of suicidal behavior be conducted at the time of the acute episode because that is the most significant predictor of subsequent suicide attempt.

Geng and colleagues sought to determine whether adolescents develop sleep disturbances following a natural disaster. The 2008 Wenchuan earthquake in China had a magnitude of 8.0  $M_s$  and 7.9  $M_w$  and resulted in over 69,000 deaths. The study included 1,573 7th and 10th graders from Dujiangyan City, located 21 km from the epicenter of this earthquake, who were followed over a 2-year period. Assessments were conducted 12 months, 18 months, 24 months, and 30 months following the earthquake. Rating scales were administered to assess sleep, depression, anxiety, social support, and negative life events at each of these assessment periods. The prevalence of sleep problems was stable over the course of the follow-up period, ranging from 28.8% to 30.2%. At 12-month follow-up, 48.9% of adolescents had shortened sleep duration (less than 7 hours), 27.7% had difficulty initiating sleep, 8.8% had difficulty maintaining sleep, 22.6% reported poor sleep quality, and 40.0% had daytime dysfunction. With the exception of difficulty initiating sleep, all of these sleep disturbances persisted over time. Risk factors for sleep problems included older age, witnessing the events, anxiety, depression, low levels of social support, and high levels of negative life events. The authors conclude that the rate of sleep disturbance is higher among those adolescents who experience a natural disaster compared to the general population of Chinese adolescents and that the sleep disturbance persists over time. They recommend early detection and intervention for sleep-related problems in adolescents who are exposed to natural disasters.

Children and adolescents with bipolar disorder may exhibit elation, irritability, or elation and irritability during a manic episode. Using subjects from the Course and Outcomes of Bipolar Youth study, Hunt and colleagues, in this online-only offering, examined whether the symptoms of irritability and elation were stable over time and whether the course of illness was different among youth with elated and/or irritable mood during a manic episode. This 4-year follow-up study included 309 children and youths aged 7 to 17 years with bipolar disorder I, II, or not otherwise specified. For these subjects, mood symptoms at baseline assessment were irritable-only (n = 30),

elated-only (n=42), or both irritable and elated (n=237). It was found that baseline mood symptoms were not stable over time, and most subjects experienced both elation and irritability during the follow-up period. However, those who were irritable-only at baseline were more likely to have depression for a greater proportion of the follow-up period than those with both irritable and elated mood symptoms at baseline (53.9% vs 39.7%). All groups had a similar risk for subsequent manic episodes. No significant differences were found among the groups in time to remission for manic or depressive episode, time to relapse for manic or depressive episode, change in bipolar type (ie, from bipolar disorder not otherwise specified to bipolar disorder I or II or bipolar disorder II to bipolar disorder I), number of suicide attempts, or global functioning. The investigators conclude that youth with prominent elation or irritable symptoms have a similar course of illness, with a noteworthy exception that youth with bipolar disorder who have irritable-only mood symptoms are at greater risk for depression.

In our other online-only offering, Pathak and colleagues evaluated the efficacy and safety of quetiapine in the treatment

of children and adolescents with bipolar I disorder with manic episodes. The study included 284 boys and girls aged 10 to 17 years who were randomly assigned to quetiapine (400 mg/d or 600 mg/d) or placebo for a 3-week double-blind controlled trial. The primary efficacy measure was mean change from baseline to endpoint in Young Mania Rating Scale (YMRS) total score. Significantly greater improvements in YMRS total score were found for quetiapine at both 400 mg/d and 600 mg/d compared to placebo. Common adverse events with quetiapine treatment included somnolence, sedation, dizziness, and headache. Larger mean increases in total cholesterol, low-density lipoprotein cholesterol, and triglycerides were observed with quetiapine than placebo. This study adds to the evidence base for the use of atypical antipsychotics in the treatment of bipolar I disorder with manic episodes in youth.

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