

1938 Efficacy of Osmotic-Release Oral System (OROS) Methylphenidate for Mothers With Attention-Deficit/Hyperactivity Disorder (ADHD): Preliminary Report of Effects on ADHD Symptoms and Parenting.

1948 Commentary. Elevated Cardiovascular Risk in Patients With Bipolar Disorder: When Does It Start and Where Does It Lead?

1953 Preliminary Findings Regarding Overweight and Obesity in Pediatric Bipolar Disorder.

1960 Clinical Characteristics of Bipolar vs. Unipolar Depression in Preschool Children: An Empirical Investigation.

Recognizing Parents' Symptoms, Obesity, and Bipolar Depression

This section of Focus on Childhood and Adolescent Mental Health includes a range of clinically relevant issues including mothers with attention-deficit/hyperactivity disorder (ADHD), overweight and obesity in youth with bipolar disorder, and distinguishing features of bipolar and unipolar depression in preschool children.

Given the heritability of ADHD, children with ADHD are likely to have a parent with the disorder. Chronis-Tuscano and colleagues assessed whether treating mothers with ADHD improved the mothers' ADHD symptoms and parenting behaviors. Twenty-three mothers participated in a 5-week double-blind titration study of osmotic-release oral system (OROS) methylphenidate. As the dose increased, the mothers' symptoms of inattention and hyperactivity/impulsivity improved. Additionally, there were significant decreases in parenting behaviors of inconsistent discipline and corporal punishment use. Following this 5-week trial, the mothers were randomly assigned either to continue the maximally effective OROS methylphenidate dose or to receive placebo. For those mothers receiving placebo, their symptoms of inattention returned and parenting behaviors worsened. This is a noteworthy preliminary study, and it would be important to confirm the findings in a large double-blind, placebo-controlled trial of longer duration.

Goldstein and colleagues reported the first study to examine overweight and obesity among children and adolescents with bipolar spectrum disorders (bipolar I, bipolar II, bipolar not otherwise specified). The sample included 348 youths who participated in the National Institute of Mental Health-funded Course and Outcome of Bipolar Illness in Youth study. It was found that 42% of these youths met criteria for being overweight or obese. Since the estimated prevalence of overweight and obesity in national data is 34%, this prevalence of overweight and obesity in youth with bipolar disorder is about 15% greater. These investigators also identified predictors of overweight and obesity in the youths with bipolar disorder, which were younger age, nonwhite race, lifetime physical abuse, substance use disorders, history of psychiatric hospitalization, and medication treatment from ≥ 2 classes associated with weight gain. Their findings highlight the need to carefully monitor children with bipolar disorder for weight gain when treating them with psychotropic medications. The investigators acknowledge the need to clarify the relative contribution of medication-related and illness-related factors regarding overweight and obesity in youth with bipolar disorder.

Is the clinical presentation of depression different in bipolar disorder and major depressive disorder, and can this be assessed in preschoolers? Luby and Belden administered the Preschool Age Psychiatric Assessment to 305 parents (most were mothers) of preschoolers (ages 3–6 years). This sample included 21 preschoolers diagnosed with bipolar depression and 54 preschoolers diagnosed with unipolar depression, as well as disruptive disorders and healthy comparison groups. Preschoolers with bipolar depression had significantly higher depression severity scores and more irritability and were more likely to have ADHD, oppositional defiant disorder, and anxiety disorders than preschoolers with unipolar depression. Episodes of sadness were significantly longer in duration for preschoolers with bipolar depression compared to unipolar depression. The authors raise an important diagnostic issue that young children who present with manic symptoms should also be assessed for depressive symptoms given the potential severity of depression for those preschoolers in a mixed state.

Karen Dineen Wagner, M.D., Ph.D.
Deputy Editor
kwagner@psychiatrist.com

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