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Online Exclusive:

e286 Inflammatory Markers and Brain-Derived Neurotrophic Factor as Potential Bridges Linking Bipolar Disorder and Cardiovascular Risk Among Adolescents

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## Anxiety, Inflammatory Markers, and Antipsychotics

This month's Focus on Childhood and Adolescent Mental Health section provides clinically important information about the longitudinal course of anxiety disorders, the link between bipolar disorder and cardiovascular risk, and antipsychotic prescribing trends for mood disorders in youth.

There is minimal information about the long-term consequences of a single trauma in young children. Meiser-Stedman and colleagues evaluated 71 families 3 years following a motor vehicle collision. The children ranged in age from 2 to 10 years (mean = 6.5 years) at the time of the motor vehicle collision. Child posttraumatic stress disorder (PTSD) was assessed with structured interviews using *DSM-IV* PTSD criteria and PTSD-AA (an alternative algorithm for PTSD in young children). Parental posttraumatic symptoms were assessed shortly after the motor vehicle collision.

The prevalence of PTSD (based on report by parent or child for older children or just parent for younger children) ranged from 7.0% using *DSM-IV* PTSD criteria to 16.9% using PTSD-AA criteria at 3-year follow-up. However, with the use of parent report only, the rates of PTSD were significantly lower, ranging from 1.4% to 2.8% respectively. The risk of developing PTSD did not vary depending upon whether the child was preschool or elementary school age at the time of the motor vehicle accident. Parental acute posttraumatic stress symptoms after the motor vehicle accident predicted children's posttraumatic stress symptoms 3 years following the motor vehicle accident. On the basis of these findings, the investigators recommend that support be provided for parents immediately after the trauma to deal with their own as well as the child's posttraumatic stress symptoms. Additionally, parents may not be aware of persistent PTSD in their children, and they should be educated about the potential for these symptoms to persist.

Specific phobias are common in youth, and there are few data about the course and clinical implications of specific phobias. Albor and colleagues examined the persistence of specific phobia from adolescence to adulthood in a Mexican cohort consisting of 1,071 adolescents who participated in the Mexican Adolescent Mental Health Survey and in the follow-up survey 8 years later. Two hundred twenty-seven of the adolescents fulfilled *DSM-IV* criteria for a specific phobia in the 12 months prior to the first assessment.

For those adolescents with a specific phobia at baseline, 17.5% continued to have a specific phobia in early adulthood. There were no gender differences for the persistence of specific phobias. Factors associated with an increased risk of persistence of specific phobia were age at onset in adolescence (rather than childhood), a family member with a specific phobia, parental neglect, baseline comorbid disorders, and economic adversity. Those adolescents with a specific phobia and no comorbid disorders had an increased risk of developing another anxiety disorder and substance use disorder in early adulthood. Fortunately, the majority of adolescents with specific phobia achieved remission by early adulthood. However, the investigators suggest that intervention may be needed for those adolescents with risk factors for persistence of specific phobia. This is particularly important, since onset of a specific phobia in adolescence may increase the risk for developing other anxiety disorders and substance use disorder in adulthood.

The American Heart Association has identified bipolar disorder in youth as a moderate risk condition for accelerated atherosclerosis and early cardiovascular disease. Hatch and colleagues examined whether inflammatory markers and brain-derived neurotrophic factor (BDNF) underlie the link between bipolar disorder and cardiovascular disorder in adolescents, since these factors are associated with both bipolar disorder and cardiovascular disease. Forty adolescents with bipolar

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spectrum disorders and 20 healthy controls participated in the study. Vascular imaging via ultrasound was obtained to determine carotid intima media thickness and flow-mediated dilation. Serum was assayed for BDNF, interleukin (IL)-6, and tumor necrosis factor- $\alpha$ . Weight, height, and blood pressure measurements were obtained.

Adolescents with bipolar spectrum disorders had significantly greater body mass index, waist circumference, pulse pressure, and IL-6 levels. There was no significant difference in flow-mediated dilation and carotid intima media thickness in adolescents with bipolar spectrum disorder compared to healthy controls. In those adolescents that had symptomatic bipolar disorder, lower BDNF was associated with a greater mean increase in carotid intima media thickness. Since increased inflammation was found among adolescents with bipolar spectrum disorder and there were no differences in vascular ultrasound measures between adolescents with bipolar disorder and healthy controls, the investigators suggest that this finding indicates a potential opportunity for preventing accelerated atherosclerosis in youth with bipolar disorder.

Antipsychotics are increasingly used to treat children and adolescents with psychiatric disorders. Cervesi and colleagues conducted a meta-analysis to examine antipsychotic use in youth with mood disorders. Forty-one studies met inclusion criteria and included 518,919 patients up to 19 years old. Among youth treated with antipsychotics, the prevalence of mood disorders was 24.2%. In longitudinal studies, antipsychotics use for mood disorders increased from 17.3% in 2000 to 24.5% in 2006. This increased use of antipsychotics was for bipolar spectrum diagnosis rather than depression spectrum diagnosis. For youth diagnosed with a mood disorder, the mean prevalence of antipsychotic use was 24.0%. The investigators recommend further evaluation of the rationale for these observed antipsychotic prescribing trends.

We hope you enjoy this month's Focus on Childhood and Adolescent Mental Health offerings.

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