FOCUS ON CHILDHOOD AND ADOLESCENT MENTAL HEALTH

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Can Research Inform the Clinical Care of Mental Health Disorders in Children and Adolescents?

n this issue of "Focus on Childhood and Adolescent Mental Health," we present 2 studies that have practical implications for the clinical care of children and adolescents with mental health disorders.

Chanen and colleagues evaluate the clinical characteristics and functional impairment associated with adolescent borderline personality disorder. Historically, clinicians have been reluctant to diagnose youth with borderline personality disorder and instead have opted to use DSM-IV Axis I diagnoses, which may be more likely to respond to interventions. However, the authors argue that an initial step in developing more effective treatment options for adolescents with borderline personality disorder is to advance our understanding of the phenomenology and dysfunction associated with this diagnosis. As a result, they compared the psychiatric symptoms and psychosocial functioning among adolescents with borderline personality disorder, adolescents with a personality disorder other than borderline personality disorder, and adolescents without any personality disorder. The findings of this study indicate that adolescents with borderline personality disorder not only had the highest rates of co-occurring Axis I psychopathology but also had the most severe functional impairment across a wide range of domains, including peer and family relationships. Additionally, adolescents with borderline personality disorder had the greatest risk for developing medical problems, nicotine dependence, and substance use disorders, further supporting the importance of developing studies to examine effective interventions for borderline personality disorder in adolescents.

Although the findings from recent studies have rapidly advanced our understanding of effective treatment options for early-onset bipolar disorder, the generalizability of the results of these studies to patients seen in clinical settings has not been examined. Studies of adults with bipolar disorder have concluded that participants in randomized controlled treatment studies may not be representative of the majority of bipolar patients in clinical settings. In the study by Tillman and Geller, a group of children and adolescents with bipolar disorder were enrolled in a large multisite treatment study supported by the National Institute of Mental Health. The demographic and clinical characteristics of these subjects were compared with those of subjects who were assessed as part of a naturalistic outcome study by the same authors in order to determine the generalizability of the findings from the treatment study to samples of bipolar youth seen in clinical practice. This study is a novel and important addition to the literature and enhances our understanding of how to apply the findings of published treatment studies of bipolar youth to the clinical care of these children and adolescents.

The 2 studies featured in this issue of "Focus on Childhood and Adolescent Mental Health" have significant implications for the clinical care of children and adolescents with mental health disorders. First, considering personality disorders in the differential diagnosis of children and adolescents is essential so that we may begin to gather additional data on the lifelong consequences of and effective treatments for these disorders. Second, a better understanding of the similarities and differences between the children and adolescents who participate in randomized controlled studies and those who are treated in clinical settings is needed so that, as clinicians, we may begin to interpret the clinical utility of the findings from these studies. If you have any suggestions or comments regarding "Focus on Childhood and Adolescent Mental Health," please feel free to contact me at delbelmp@email.uc.edu.

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