

# Irritability, Aggression Rule in Early Bipolar

BY PATRICE WENDLING

Chicago Bureau

NEW YORK — Significant differences are apparent in the rates of mania and types of externalizing comorbidity between children, adolescents, and adults with bipolar disorder, Dr. Gabrielle A. Carlson reported at a psychopharmacology update sponsored by the American Academy of Child and Adolescent Psychiatry.

The onset of bipolar disorder (BD) also seems to vary depending on gender, said Dr. Carlson, professor of psychiatry and pediatrics and director of child and adolescent psychiatry at the State University of New York at Stony Brook.

Among adults, the mood changes characteristic of mania include grandiosity, marked euphoria, and irritability, with associated racing thoughts, mood lability, and increased psychomotor activity. But symptoms differ among younger patients with the disorder. "It's irritability and aggression that's grabbing us by the lapels with bipolar disorder in children and adolescents," Dr. Carlson

said. "It's not that they're coming in euphoric ... saying they're on cloud nine or president of the United States."

A growing body of evidence also suggests that differences exist in bipolar disorder based on age at onset, Dr. Carlson said. A recent study by Dr. Gabriele Masi and colleagues involved 136 consecutive patients, including 80 with BD onset before 12 years of age and 56 with adolescent-onset BD (*J. Child Adolesc. Psychopharmacol.* 2006;16:679-85). Compared with the adolescent-onset BD, patients with childhood-onset were significantly more likely to be male (67.5% vs. 48%) and to have a comorbidity with ADHD (39% vs. 9%) and oppositional defiant disorder (ODD) (36% vs. 11%).

An episodic rather than a chronic course also was significantly more likely to occur in adolescents with the disorder than among children with it (77% vs. 42.5%).

Similar trends were identified in a study now in press by Dr. Carlson and her colleagues that compared 89 patients with BD onset at ages 15-29 years and 34 patients with BD onset after age 30. The patients with earlier-onset BD were

twice as likely to be male than were the adult-onset patients (55% vs. 26.5%); and had significantly higher rates of ADHD or ODD or conduct disorder (26% vs. 9%).

Prospective data are limited, but juvenile-onset BD appears to be more chronic and treatment refractory than does adult-onset BD.

Unpublished secondary analyses of an earlier study by Dr. Carlson and colleagues (*Am. J. Psychiatry* 2002;159:307-9) identify significant differences by age of onset in functional outcome after a bipolar episode. Among 89 patients with BD onset at 15-29 years, 15% had a Global Assessment of Functioning score of less than 50 after an episode, compared with 12% of those with BD onset after age 30 years.

"The combination of externalizing symptoms [ADHD and ODD] and serious mood lability is noxious, impairing, and often enduring," Dr. Carlson said. "Intervention is clearly justified; prevention is clearly justified. But we cannot conclude that classic manic depression is the outcome and lifetime medication is justified." ■

## Co-Occurring Mental Illness: Early Intervention Matters

BY DAMIAN McNAMARA

Miami Bureau

MIAMI — Co-occurrence of mental health and substance use disorders is a substantial problem among American adolescents, Jorielle R. Brown, Ph.D., said at the annual conference of the American Society of Addiction Medicine.

Many teenagers go untreated for mental health disorders, even though about half of all lifetime mental illness begins by age 14, and some turn to illicit drugs to self-medicate, she said.

Mood disorders top the list of co-occurring disorders (CODs). For example, a major depressive episode is reported by 14% of adolescents with substance use disorders, especially in the older age range. In certain populations, the prevalence is even higher. For example, mood and anxiety disorders are the leading co-occurring mental health conditions in incarcerated youths with a substance use disorder, affecting nearly 33% of these teenagers.

Among 12- to 17-year-olds who report having used illicit drugs in the past year, 32% also have mental health problems, according to 2005 data from the Substance Abuse and Mental Health Services Administration (SAMHSA). Those adolescents who reported a major depressive episode in the past year also were more likely to report illicit drug use in the past year, as well as daily cigarette use and heavy alcohol use in the past month.

Physicians can intervene early and make a difference, Dr. Brown said. For example, there is a need to identify the "diagnostic orphans." These are the teenagers who meet only one or two criteria for alcohol dependence and none for abuse, but who will later develop a more serious problem. Screening can identify these patients, she said.

"Engagement is critical with adolescents," Dr. Brown said. "You want them to stay in contact with you so treatment can later take place."

When working with teenagers, address specific, real-life problems early in treatment; plan for cognitive and functional impairments; and use support systems to maintain and extend treatment effectiveness. "With our youth, we often have to be very creative in finding their support system if their family is not there," said Dr. Brown, a public health advisor at SAMHSA's Co-Occurring Center for Excellence.

Early identification of adolescents at risk may reduce the number of referrals from the juvenile justice system, Dr. Brown said. The fact that criminal justice is the leading source of adolescent referrals for addiction treatment is "very depressing for me," she continued. "COD is not addressed until someone does something criminal. We see [it] in schools, but we don't do anything until they steal something or hurt someone."

Another reason that physicians should screen for CODs is that "treatment works. And the earlier the treatment, the better the outcomes," Dr. Brown said. Use of medications also must be part of a comprehensive treatment plan that includes nonbiologic interventions, she added.

Although there is paucity of data on medications for COD in adolescents, fluoxetine, for example, appears promising for the treatment of depression with co-occurring alcohol use, Dr. Brown said. In addition, case reports indicate that bupropion might benefit patients with both attention-deficit/hyperactivity disorder and drug dependence. Medications to treat alcohol-related cravings, such as naltrexone, also have been effective in adolescent case reports, she said. ■

For more information, call SAMHSA's Center for Substance Abuse Treatment National Helpline at 800-662-4357 or visit [www.samhsa.gov](http://www.samhsa.gov). Search the site for the list of *Quick Guides for Clinicians*, which address substance abuse treatment for persons with co-occurring disorders.

## Don't Overlook Infrequent Adolescent Smokers for Cessation Counseling

AUSTIN, TEX. — Adolescents who smoke infrequently or occasionally are prime candidates for smoking cessation counseling, Kathleen A. Kealey said in a poster presentation at the annual meeting of the Society for Research on Nicotine and Tobacco.

She and her colleagues at Fred Hutchinson Cancer Research Center, Seattle, administered a classroom-based survey to 93% of all juniors (mean age 17 years) enrolled in 50 high schools in Washington state, and followed each survey with a phone interview to classify them as non-smokers, infrequent smokers (defined as having smoked at least one cigarette on 1-4 days of the last 30 days), occasional smokers (5-19 smoking days), or regular smokers (20 or more smoking days).

Smoking and nonsmoking students in 25 schools were then randomized to telephone motivational interviewing (at least one call); students in the other 25 schools were assigned to the control arm. Non-smokers were given reinforcement counseling, in part to avoid stigmatizing the smoking students during enrollment by

singling them out among their peers.

The investigators found that fewer infrequent (21%) and occasional (33%) smokers had tried to quit smoking in the last 12 months than had the regular smokers (49%).

However, students in the two lighter-smoking groups were more likely to say that they planned to quit smoking in the next month (30% and 21% vs. 11%) and that they had a strong desire to quit (37% and 32% vs. 26%). All differences were statistically significant.

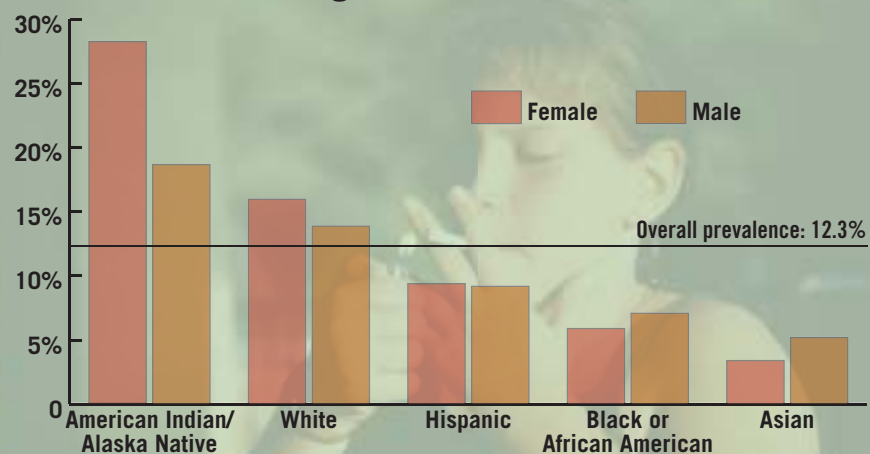
Regular smokers were less likely to complete the full intervention (62%) than were the infrequent smokers (81%) or occasional smokers (64%), so it appears that adolescent light smokers not only have traits favorable to smoking cessation, they are also amenable to cessation intervention and predisposed to completing such interventions once they begin them.

The study is part of a larger randomized controlled trial that will compare cessation rates among the entire cohort of 2,151 high school seniors.

—John R. Bell

### DATA WATCH

#### Native Americans Have Highest Smoking Rate Among 12- to 17-Year-Olds



Note: Data from 68,611 responses to the 2002-2004 National Survey on Drug Use and Health. Source: Centers for Disease Control and Prevention