Doctors Urged to Join Anti-Bullying Efforts

BY MELINDA TANZOLA
Contributing Writer

Part of the problem with addressing bullying is that it is accepted as a normative behavior, Dr. Joseph L. Wright said at the annual meeting of the American Academy of Pediatrics.

"In the United States, we are quite behind the eight ball in terms of recognizing this problem," he said.

The issue of bullying is gaining recognition with the recent increase in school-based violent events involving multiple victims. A Secret Service report on 37 such incidents confirms conventional wisdom on these incidents: "Most attackers felt bullied or persecuted and had engaged in behavior that worried others before the attack," said Dr. Wright, executive director of Child Health Advocacy Institute at the Children's National Medical Center in Washington.

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DR. WRIGHT

A 2003 study showed that children who were bullied often and those who frequently bullied others were more likely to carry a weapon or bring a weapon to school (Arch. Pediatr. Adolesc. Med. 2003;157:348-53). The effects of bullying increased with the frequency of bullying.

In this study of 15,686 children surveyed, those who reported being bullied weekly at school were about 50% more likely than other children to carry a weapon or to bring a weapon to school. Children being bullied weekly away from school were about four times more likely to carry a weapon or bring one to school. The highest incidence of weapon carrying was seen among youths who bullied others away from school on a weekly basis. These children were six times more likely than others to carry a weapon and five times more likely to bring a weapon to school.

Bullying behaviors differ between the sexes: Studies show that boys are more likely to carry out direct or physical bullying (pushing, slapping, punching, spitting, or tripping), and girls are more likely to carry out indirect bullying (threats, teasing, rumors, stealing or extortion, or shunning). But Dr. Wright pointed out the disturbing trend that girls are now engaging in more physical bullying.

Being bullied carries long-term risks. According to a study of 4,811 children in the Netherlands, bullied children are more likely to have depression and suicidal ideation, and this association is stronger for indirect rather than direct bullying (Pediatrics 2003;111:1312-17).

Among girls, frequent direct bullying increased the risk of depression and suicidal ideation by 3.3-fold and 2.6-fold, respectively, while frequent indirect bullying raised the risks by 8.9-fold and 3.6-fold, respectively.

Overall, 43% of all frequently directly bullied girls reported depression, compared with 6% of girls who were almost never directly bullied.

The effects of direct bullying on boys were not significant after controlling for confounding factors, although frequent indirect bullying in boys increased the risk of depression by 11-fold and the risk of suicidal ideation by 5.6-fold.

Dr. Wright urged physicians to engage with families of young children to help prevent the later development of bullying behavior. ■

Bipolar Adolescents Battle With Higher Risk for Substance Abuse

BY BARBARA J. RUTLEDGE
Contributing Writer

MENDOZA, ARGENTINA — All comorbid conditions increase the likelihood of substance abuse in adolescents with bipolar disorder, Dr. Harold I. Eist said at the Sixth World Congress on Depressive Disorders.

Many of the traits that characterize adolescence—such as impulsivity, rebelliousness, and curiosity—are intensified in bipolar teens. This is the case particularly in adolescents with comorbid attention-deficit hyperactivity disorder, said Dr. Eist, a psychiatrist in private practice in Bethesda, Md., and a past president of the American Psychiatric Association.

Furthermore, comorbidities such as conduct disorder or severe anxiety further exacerbate the condition, and some adolescents find it extremely difficult to resist the temptation of experimenting with substances.

Nearly 60% of the cases of bipolar disorder begin before the patient is 20 years old. Depending on the age of onset, adolescent bipolar disorder may look like childhood bipolar or adult bipolar disorder. Later-developing mania in adolescents is more likely to be euphoric, biphasic, and episodic, similar to adult mania.

Bipolar disorder in younger adolescents tends to be nonepisodic, chronic, and rapidly cycling, often ultradian and mixed. Early-onset bipolar disorder is characterized by severe irritability and affective storms, which are often violent. Euthymia is rare in early-onset bipolar disorder but common in the late-onset type.

In adolescents with early-onset bipolar disorder, 90% have ADHD, compared with 60% of adolescents who have later-occurring bipolar disorder.

Dr. Eist noted that adolescents with bipolar disorder who have had a significant manic episode will be less effective in school than they were before, and they won't know why. "These disorders are significant and should not be treated as if they were just aberrations of mood."

The amount of time that an adolescent with bipolar disorder spends in mania or hypomania often is underestimated. Adolescents with bipolar disorder perceive hypomania and mild to moderate mania as normal, and recognize their condition only when they are in full mania. In addition, adolescents with bipolar disorder may experience euthymia as dull or boring.

'We keep treating the mania, but if we can't get the substance abuse problem under control, we lose the child.'

DR. EIST

It is important to keep in mind that adolescents are bad reporters, Dr. Eist said. "When they are depressed, they experience the depression as all consuming. They believe they have always been depressed and always will be depressed." Adolescents with bipolar disorder are reluctant to keep mood charts, and if they do keep them, they are unlikely to be accurate. An independent assessment of the patient's mood is essential.

Protective factors in treating adolescents with bipolar disorder include positive support of an intact family, patient acceptance of psychotherapy and medication, patient cooperation with long-term therapy, high IQ, and little or no contact with the criminal justice system.

Substance abuse can be a "death sentence" for an adolescent with bipolar disorder, Dr. Eist said. Intervention is essential. "We keep treating the mania, but if we can't get the substance abuse problem under control, we lose the child." ■

Foster Care Intervention May Lower Depression, Anxiety

BY MARY ELLEN SCHNEIDER
New York Bureau

PHILADELPHIA — A study assessing the impact of institutional living on Romanian children shows that foster care is effective at reversing some developmental delays, as well as decreasing rates of depression and anxiety, Charles A. Nelson III, Ph.D., said at the annual meeting of the Society for Developmental and Behavioral Pediatrics.

In the 1960s, child abandonment became a national problem in Romania after the communist party instituted policies to increase the population as a way to increase national production. Taxes were levied on families with fewer than five children, and the government outlawed contraception and abortion.

Families unable to afford to care for their children were encouraged to turn them over to the state to be raised in government-run institutions. In the early 1990s, these institutions came under close scrutiny, revealing that children raised there were at increased risk for social and behavioral abnormalities.

These developmental problems probably result from deprivation inherent in the institutional system, said Dr. Nelson, director of research in the developmental medicine center at Children's Hospital in Boston. Dr. Nelson and his colleagues wanted to look at whether removing these children from an institutional environment would improve social and behavioral problems.

In the ongoing study, called the Bucharest Early Intervention Project, the researchers randomized 136 children between 6 and 31 months of age who had been institutionalized to remain in the institution or to move to foster care.

After a baseline assessment, 68 children were assigned to remain at their institutions and 68 were removed and placed in foster care. A control group of 72 children who had never been institutionalized was matched for age and gender. Because of dropouts and changes in status, only 17 children remain in the institutional setting, 38 remain in foster care, and 46 never-institutionalized children are still in the study.

The children were assessed at baseline, 9 months, 18 months, 30 months, 42 months, and most recently at 54 months of age. The researchers plan to assess the children again when they are 7-8 years old.

At the time of the study, Romania did not have a foster care system, so the researchers had to build a foster care program from scratch. To participate, the families can only accept one child in the home and one parent has to stay home with the child. Foster families receive a stipend and have constant access to a pediatrician, but they are not allowed to put the children in day care full time. The children placed in foster care also have regular contact with project social workers, Dr. Nelson said.

He and his colleagues found that children placed in foster care were less likely to have an emotional disorder than were children who were institutionalized, but no significant differences were found between the prevalence of behavioral disorders between the two groups.

But when it came to emotional disorders such as depression and anxiety, foster care seemed to be making a difference, Dr. Nelson said. Rates of depression were 8.5% in the institutionalized children, compared with 3% among children in foster care. The prevalence of anxiety disorders in the institutional group was 44% when the children were 54 months old, compared with 20% among foster care children at the same age. ■