

Public release date: 28-Dec-2005

Contact: Carol L. Vieira

cvieira1@lifespan.org

401-432-1328

[Lifespan](#)

Bipolar disorder more common than expected in hospitalized adolescents

One in five teens needing inpatient psychiatric care may be manic-depressive

Clinicians at Bradley Hospital, the nation's first psychiatric hospital for children and adolescents, have found that bipolar disorder is more common than expected in teens in a psychiatric inpatient setting.

"In the past, mental health professionals thought that about one percent of teens was bipolar – our research indicates that if a strict definition of the illness is applied, up to twenty percent of adolescents on psychiatric units may be manic-depressive," says lead author Jeffrey Hunt, MD, a child psychiatrist at Bradley Hospital and clinical assistant professor of psychiatry at Brown Medical School. The study appears in the December issue of the *Journal of Child and Adolescent Psychopharmacology*.

Bipolar disorder, also known as manic depression, is characterized by dramatic mood swings – from overly "high" and/or irritable to sad and hopeless, and then back again. "There are often periods of normal mood in between, but there is always accompanying serious impairment in functioning," says Hunt.

This disorder was once believed to be rare in children and adolescents, but because of controversies surrounding diagnosis in juveniles, and because few large-scale studies have been conducted, prevalence rates of bipolar disorder in clinical and community samples of children and adolescents remain difficult to determine, the authors write.

The authors say that screening patients for manic symptoms upon admittance to a psychiatric unit can ultimately lead to better treatment overall. For example, many psychiatric patients first present with symptoms of depression, but depression can also be an indicator of bipolar disorder. The danger lies in the fact that the medication for treating depression can actually have an adverse effect on someone with manic-depression.

"This research is important because diagnosis of juvenile bipolar disorder is controversial – impulsivity, irritability and hyperactivity commonly occur in adolescents in general. If these symptoms all present concurrently, the challenge is to determine whether they are symptoms of bipolar disorder, or are simply a normal part of teenage development," says Hunt.

The authors assessed a total of 391 consecutive admissions to the psychiatric inpatient unit at Bradley Hospital using a mania rating scale derived from a well-known research interview called the K-SADS (the Kiddie Schedule for Affective Disorders and Schizophrenia) as well as other history from both parents and adolescents. They found that manic symptoms such as severe irritability, impulsivity, depression, and hypersexuality are frequently found in hospitalized adolescents. Twenty percent of these patients were diagnosed with juvenile bipolar disorder when information from all sources was integrated with the scores from the K-SADS mania rating scale.

This study is the first to apply the K-SADS mania rating scale with patients "off the street" (i.e., not selected for the study). The authors screened all adolescent admissions to Bradley Hospital regardless if they had a history of mania. Prior research studies using this scale on bipolar prevalence rates only looked at previously diagnosed patients.

The authors found that, compared to patients admitted for depression alone, bipolar patients were more suicidal and aggressive, consequently needing higher levels of care. In addition, over half of the patients diagnosed with juvenile bipolar disorder were admitted during a depressive episode.

"So you might not be able to tease out the difference between a manic-depressive episode and depression unless you can accurately test for bipolar disorder," says Hunt. "We found that the K-SADS was an effective way to as accurately as possible diagnose bipolar disorder, and to help prevent treating bipolar patients presenting in a depressed phase with antidepressants," Hunt states.

According to the National Institute of Mental Health (NIMH), bipolar disorder typically develops in late adolescence or early adulthood. However, some people have their first symptoms during childhood, and some develop them late in life. It is often not recognized as an illness, and people may suffer for years before it is properly diagnosed and treated.

###

This study was funded by Bradley Hospital.

Founded in 1931, Bradley Hospital (<http://www.bradleyhospital.org/>) was the nation's first psychiatric hospital operating exclusively for children. Today, it remains a premier medical institution devoted to the research and treatment of childhood psychiatric illnesses. Bradley Hospital, located in Providence, RI, is a teaching hospital for Brown Medical School and ranks in the top third of private hospitals receiving funding from the National Institutes of Health. Its research arm, the Bradley Hasbro Children's Research Center (BHCRC), brings together leading researchers in such topics as: autism, colic, childhood sleep patterns, HIV prevention, infant development, obesity, eating disorders, depression, obsessive-compulsive disorder (OCD) and juvenile firesetting. Bradley Hospital is a member of the Lifespan health system.
