

Bipolar Disorder in Childhood and Early Adolescence

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Much More Light than Heat: Bipolar Disorder in Childhood and Early Adolescence

The topic of bipolar disorder in children and adolescents is controversial. Over the past few years, professional discourse has shared some of the contentiousness. Barbara Geller and Melissa DelBello have assembled an exceptional edited volume. The contributions come from many of the leading researchers, and the scope is ambitious. The result is a careful assimilation of research organized into three broad themes: (1) Diagnosis, natural history, and longitudinal course, (2) neurobiology and genetics, and (3) treatment and support for families. Given the heightened interest and saltatory advances in the area of Early Onset Bipolar Spectrum Disorder (EOBSD), it is not reasonable to expect a book written now to be complete in coverage. However, the chapters were clearly developed with the goal of providing a comprehensive description of current knowledge, even though some areas are presently more exploratory than others. A chapter on genetics, for example, must reflect that there is still active discussion about the operational definitions of bipolar phenotypes. The edited volume organizes a substantial amount of information that is often too technical to engage most mental health consumers and practitioners, but is ideal as an introduction for researchers or advanced graduate students or fellows who are developing expertise in the topic. The emphasis is also clearly on research, although some of the chapters also provide clinical recommendations and material that practitioners would find engaging.

Diagnosis, Natural History, and Longitudinal Course

The book begins with a review of the findings pertaining to bipolar disorder from the NIMH sponsored Oregon Adolescent Depression Project, an epidemiological longitudinal investigation of the incidence and prevalence of mood disorder. The OADP provides some of the best data currently available about the rate of occurrence of bipolar disorder in adolescence and young adulthood in community samples. Bipolar I and bipolar II disorders, adhering strictly to the current definitions contained in the Fourth Edition of the Diagnostic and Statistical Manual (DSM-IV) (American Psychiatric Association, 2001) appear to be rare. However, a form of bipolar disorder “Not Otherwise Specified” (NOS) appears to be about five times as prevalent. BP-NOS still is associated with rates of impairment at school, at home, and with peers that are comparable to unipolar depression or other bipolar disorder. BP-NOS also is associated with elevated rates of suicidal ideation and risk, underscoring its significance as a clinical phenomenon.

The chapter by Geller and colleagues distills their program of inquiry, which has spanned more than a decade and literally scores of peer-reviewed publications. Of interest to a broad readership will be the evidence that bipolar disorder is distinguishable from attention-deficit/hyperactivity disorder (ADHD) on a variety of symptoms and characteristics, and in spite of the fact that most children with bipolar disorder will also meet criteria for ADHD. The juxtaposition of the first two chapters is also timely, in that the two research groups used different operational definitions of bipolar disorder. Comparing the two illustrates some of the prototypes of “broad” versus “narrow” phenotypes of bipolar disorder. Lewinsohn and

colleagues used a DSM definition for bipolar I, and defined bipolar NOS by having one too few symptoms present at threshold to meet strict criteria for a manic episode. This is one of several definitions of bipolar NOS that are now being codified and explored. Other definitions of “bipolar NOS” include having an adequate number of symptoms, but of insufficient duration to meet strict DSM criteria; or having chronically irritable mood without clear evidence of mood cycling (Leibenluft, Charney, Towbin, Bhangoo, & Pine, 2003). The chapters also provide nuanced differences in the definition of the “narrow” phenotype: Geller’s operational definition is in some ways more stringent than the DSM-IV definition used by Lewinsohn et al. because it requires the presence of elation and/or grandiosity.

The other chapters in this section discuss the problem of comorbidity. The “textbook” case presenting with bipolar disorder and not meeting criteria for other diagnoses appears to be exceedingly rare in children, as is also proving to be the case in adult epidemiological studies (Kessler, 1999). Papolos discusses what is known about the rates of comorbidity and the implications for the definition of the bipolar phenotype along a spectrum. DeJong and Frazier concentrate on describing the association between bipolar disorder and pervasive developmental disorder. Although there is a paucity of published data on the topic, there is a great deal of concern about the differential diagnosis and rate of co-occurrence, and DeJong and Frazier flesh out some of the issues that other chapters address in a more general manner. Finally, Chang and Steiner review the small but rapidly growing literature about the offspring of bipolar parents. Their balanced treatment conveys both the heightened risk of manifesting bipolar disorder as well as the complexity of the issue. There has been wide variation in the published rates of bipolar disorder in offspring, and offspring appear to be at heightened risk of developing a wide range of psychiatric conditions.

Neurobiology and Genetics

The section on neurobiology and genetics is necessarily the most speculative, given the state of the field. The chapters here often rely on findings pertaining to bipolar disorder in adults in order to set a context for the recent work in juvenile bipolar disorder. These chapters are successful in reviewing the child studies available, putting them into a larger context, and pointing to work in progress and future directions. To the contributors’ credit, the chapters are conceptually driven and often stimulate serious consideration of new hypotheses. For example, Soto and Murphy discuss the potential role of immune system dysregulation in the genesis of at least some cases of bipolar disorder. Although immune dysfunction is unlikely to be causal in all cases, some experts are beginning to consider immune dysfunction as an important etiological factor (Torrey & Miller, 2001). Similarly, Bhangoo, Deveney, and Leibenluft offer a concise review of the two-dimensional (valence/pleasantness and activation/arousal) model of affect and provide examples of how this could be applied successfully to the investigation of bipolar disorder in children.

Treatment and Support

The final section of the book begins with a well-distilled overview of pharmacological interventions. Ryan’s review follows the practice guidelines published by the American Academy of Child and Adolescent Psychiatry (McClellan & Werry, 1997), and incorporates the evidence (mostly from open label clinical trials) available at the time of writing. This is an area

where there have already been significant developments since the book went to press, including a new “best practices” consensus statement (Carlson et al., 2003). However, this chapter remains an excellent introduction to the drug therapies that at the moment are the first line of treatment for bipolar disorder.

The next chapters, discussing psychosocial interventions and family support, are co-authored by Fristad and colleagues. Two of the chapters are essentially a description of the strategies used in individual and family sessions within the context of Multi-Family Psychoeducational Groups, a manualized treatment for which efficacy studies are underway. These are clearly written, provide concrete and practical examples, and blur the boundary between an academic chapter and a treatment manual. These chapters will undoubtedly be seen as the most practical and engaging by clinicians interested in treating children with bipolar disorder.

The book ends with a chapter describing the Child and Adolescent Bipolar Foundation (CABF), written by CABF’s executive officer, Martha Hellander, along with Sisson and Fristad. The CABF is unusual in that it developed entirely as a web-based support group. CABF has advocated effectively for resources and attention to get channeled into research on EOBSD, and it also is partnering with researchers to survey members and to disseminate findings back to the community. The description of the CABF model and activities provides a blue-print that could galvanize advocacy efforts and facilitate academic-community collaboration in other areas of mental health.

Complementary Resources

Readers interested in learning more about early onset bipolar spectrum disorder have a growing number of resources available, many of which complement the strengths of this edited volume. One of the active points of current discussion focuses on the role of irritability and aggression versus grandiosity and elated mood in the presentation of EOBSD. Some researchers, including Dr. Geller, have concentrated on elated mood and grandiosity as being “cardinal symptoms” of mania that are more specific to EOBSD than irritability, which is often likened to a fever in terms of its pervasive association with a variety of different disorders. Others emphasize that irritability and aggression are the most prominent and impairing features of EOBSD, and that irritable mood can be sufficient to justify the diagnosis of mania even without the presence of elation or grandiosity (Biederman et al., 1996; Papolos & Papolos, 1999).

Papers by Biederman, Wozniak, and Papolos more directly make the case for aggression as a hallmark feature of mania than any of the contributions included in this volume. These papers not only provide a contrasting perspective, but they also are more likely to represent the broader definition of EOBSD as it is often applied in clinical practice. Although there is growing attention to the operational definitions of Bipolar Not Otherwise Specified (BP-NOS) (Leibenluft et al., 2003), an important point is that there is only partial overlap among the sets of children identified as having “bipolar I” by different research groups or clinicians. In some ways, the debate reflects the tension between internal and external validity, with the “narrow phenotypes” maximizing precision of definition and the “broad phenotypes” maximizing generalizability, at the possible expense of “lumping” cases with more heterogeneous causes and courses. There are now more points of agreement among the camps, and these should not be overlooked (Findling et al., 2001; Weckerly, 2002), but neither should the differences be ignored.

Similarly, there have been rapid advances in the development and validation of assessment tools for use with children and adolescents with EOBSD. Until recently, assessment relied primarily on instruments either developed for use with adults or intended as broad measures of behavior problems without content specifically addressing symptoms of mania (e.g., Achenbach, 1991). Some of these measures have proved surprisingly robust even when used with children and to assess EOBSD; but a new panoply of instruments specifically adapted for use with children are beginning to become available (see Youngstrom, Findling, & Feeny, 2003 for review).

Finally, clinicians specifically interested in cognitive behavioral approaches or family therapy, two leading psychosocial interventions for adult bipolar disorder, will want to supplement this volume with additional reading. There are several recently published books that again provide complementary coverage of these topics with surprisingly little redundancy (e.g., Johnson & Leahy, 2003; Miklowitz, 2002).

Summary

Drs. Geller and DelBello have done exceptional work in consolidating current research about EOBSD. The review chapters do an outstanding job of summarizing programs of research, providing a valuable introduction to researchers and advanced graduate students or fellows. The chapters also function as a reference source for researchers more familiar with the primary literature, because the authors synthesized information to produce a new appraisal and clear statement of future directions. The result is more valuable than a “greatest hits” reprinting of key articles. Research in EOBSD is still at an early stage of development, and contributors are forthright in pointing out gaps in the literature. Reading this volume also makes clear that there has been a surprising amount of progress in the last decade. The thoughtful integration of much of the current research makes the book a meaningful benchmark against which to measure future findings. The volume also succeeds in presenting a coherent perspective on EOBSD to scholars outside of this corner of the mental health arena. The illumination of the many points of consistency and agreement, between child and adult findings as well as across research groups, is an important message for those who were put off by the heat of earlier debates.

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