Pediatric Mood Disorders

Dan Janiczak, MD

Child and Adolescent Psychiatrist

Sanford Behavioral Health- Bemidji, MN

Objectives

- Epidemiology and basics of 3 common disorders with predominant mood component
- Differential diagnosis and distinction between 3 common mood disorders
- What is known about treatment

Bipolar disorder: Epidemiology

- Limited studies:
  - Up to 30% with MDD switch to Bipolar disorder/BD
  - Early parental mood problems and ADHD (esp if before age 6) predictive of offspring BD
  - Extremely rare in young children with increase in risk around late teen years
    - 20-40% of adults with BD have onset in childhood
- Differential diagnosis:
  - Severe ADHD
  - Depression with agitation
  - Severe anxiety
  - Disruptive behavior
  - Substance use
  - Trauma
  - Schizophrenia

Bipolar disorder: Characteristics

- Childhood onset:
  - ADHD sometimes considered prodome
  - Depression often presents first vs mania as initial episode in adult
  - More commonly see brief manic-like episodes, mixed presentation
  - Appears more chronic not episodic
  - Adult or classic presentation: Mania, clear onset/offset mania, fair to good inter-episode function
- Clinical characteristics:
  - Hypersexuality without abuse hx
  - Disconnected thinking, more talkative with pressure to keep talking, aggressive hyperactivity
  - Early psychosis
  - Don’t need sleep

Bipolar Disorder: Course and Treatment

- Course of illness:
  - Insidious, accumulate disability and co-morbid conditions/treatment, suicidal behavior
  - Episodic irritability a marker for bipolar
- Treatment:
  - TEAM study -2012
    - Bipolar I DO in 6-15 yo, RCT 8 week protocol: 93 to Risperidone, 93 Lithium, 104 divalproex sodium
    - Subjects tx with Risperidone had significantly higher response rates; mean dose 2.57 mg
  - Other: FDA approval
    - Aripiprazole/Abilify 10-17 yo
    - Olanzapine/Zyprexa 13-17 yo
    - Quetiapine/Seroquel 10-17 yo

Disruptive Behavior: Epidemiology

- Disruptive Mood Dysregulation Disorder:
  - Prevalence rates vary – approx. 2%
  - Controversial: included in DSM-5 to reduce misdiagnosis of bipolar disorder
    - Highly co-morbid with other disorders
  - Sxs present for at least a year in at least 2 settings
  - CANNOT co-exist with ODD, Bipolar, or IED

Disruptive behavior: Characteristics +

- DMDD includes irritable mood and temper outbursts but not the oppositional component
- Course and Differential diagnosis:
  - Irritability may be predictor of depression, anxiety, and ODD
    - Not necessarily BD, ADHD, or substance abuse
- Treatment:
  - Limited studies

Oppositional Defiant Disorder: Epidemiology

- Prevalence avg around 3%
  - Before age 13, ODD slightly more common among boys and gender difference not apparent in teens
- Most Common co-morbidity: ADHD
- Typical age of onset 6 years

Oppositional Defiant Disorder: Characteristics

- Defined:
  - irritability as touchiness, easy annoyance, and anger
    - Predictor of depression and generalized anxiety
  - Headstrong/oppositional dimension
    - Predictor of ADHD or CD
  - Does not include aggression, destruction, theft, deceit
- Psychological factors:
  - More vigilant for hostile cues, develop aggressive response (early negative experiences)
  - Use less pertinent social information and generate fewer alternative reactions
  - Motivational inhibition – stimulated by possible reward, less sensitive to punishment

Oppositional Defiant Disorder: Course and Treatment

- Higher rates correlated with:
  - Poor parenting practices, discord
  - Domestic violence
  - Low family cohesion
  - Parental mental illness esp SUD and personality disorder
- Assess with Child Behavior Checklist, complete Vanderbilt
- Treatment:
  - Limited evidence to support medication use
  - Psychotherapy highly recommended: Parent Management training and child problem-solving skills training
    - Improve parent skills in dealing with negative acts and promoting desired behaviors