BIPOLAR DISORDER IN YOUTH: NON-SYSTEMATIC REVIEW CONCERNING PREVENTION AND EARLY INTERVENTION STRATEGIES

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OBJECTIVES

To do a **non-systematic review of the evidence for prevention and early intervention strategies in youth (0-18 years) at high risk for Bipolar Disorder (BD)** and highlight **limitations of current research.**

BACKGROUND

- **BD highly impacts** patients, families, health services and society.
- **First presentation** of the disorder occurs in the pediatric age range for more than **half of the adult patients.**
- **Relevant themes** include risk factors, sub-threshold symptoms and prodrome to BD youth.
- **Effectiveness** of prevention and early interventions for children and adolescents is **dependent on reliable early identification of “at high risk” youth.**

METHODS

- Identification of **studies on prevention and early interventions in youth at high risk of BD.**
- Literature published in english language in the last 10 years;
- **Databases:** Pubmed, Cochrane reviews and CENTRAL;
- **Keywords:** “bipolar”, “youth”, “high risk”, “prevention”, “early intervention”.
- **Complementary literature** about risk factors, staging and prodrome to BD in youth.
- **27 articles included** in the final review.

CONCLUSIONS

- **Empirical evidence** favoring of prevention and early interventions **in youth at high risk of BD is scarce.**
- **Methodological limitations:** small sample sizes, lack of replicative studies and short follow-up times.
- **Early referral: tailor prevention and early intervention decisions!**

STAGE 0 : Asymptomatic

- **Family history of affective disorder (parent, sibling):** Bipolar disorder, Unipolar Depression
- **Early life adversity (Exposure):** Parent(s) psychopathology, perceived maternal neglet, trauma, poverty

Regular exercise	<ul style="list-style-type: none">• Beneficial effects of exercise on depressive symptoms in broad high risk youth• Not specifically demonstrated in youth at risk for BD	<ul style="list-style-type: none">• Metanalysis (1)
Sleep Interventions	<ul style="list-style-type: none">• Benefit in broad high risk youth, ADHD and parental unipolar depression• Not specifically demonstrated in offspring of BD parents	<ul style="list-style-type: none">• RCTs (3)
Dietary interventions	<ul style="list-style-type: none">• Omega-3 fatty acids: favoured combination with psychoeducational therapy• Omega-3 fatty acids + inositol: favoured combined therapy	<ul style="list-style-type: none">• Pilot RCT (1)• RCT (1)
Psychological interventions	<ul style="list-style-type: none">• Interpersonal Social Rhythym Therapy: may help delay or prevent subthreshold hypo/manic symptoms (mediated by continuity in sleep)	<ul style="list-style-type: none">• RCT (1),• Open Pilot (1)

STAGE 1: Early Risk Symptoms/ Syndromes

- **Symptoms:** Sleep difficulties, Anxiety, Mood swings/ lability, Irritability, Impulsivity, aggression
- **Syndromes:** Sleep, Anxiety, Disruptive Behavior, Adjustment Disorder(s)

Psychological interventions	<ul style="list-style-type: none">• Mindfulness-based Cognitive Therapy for Children: Reduced anxiety (clinician and youth rated); Increased emotion regulation (parent rated).	<ul style="list-style-type: none">• Open, pilot (1)
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STAGE 2: Homotypic Prodrome

- **Depression:** Subsyndromal; MDD with cyclothymic temperament, with psychotic features and/or in younger age
- **(Hypo)mania:** symptoms alone, during major depression, or with subsyndromal psychotic symptoms

Psychological interventions	<ul style="list-style-type: none">• Family Focused Therapy (vs Education control): Faster recovery from initial mood symptoms, longer remission, better trajectory of Young Mania Rating Scale (YMRS) scores over 1 year	<ul style="list-style-type: none">• RCT (1),• Open Pilot (2)
Pharmacological Interventions	<ul style="list-style-type: none">• Youth with MDD (n=9, paroxetine vs paroxetine + divalproex): no benefit for depressive symptoms; 50% developed mania symptoms• Youth with Cyclothimia or BD Not Otherwise Specified (n=59, Aripiprazol vs placebo): Aripiprazol superior in reducing mania symptoms	<ul style="list-style-type: none">• Randomized, open label (1)• RCT (1)