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SEVERELY MOOD-DISORDERED YOUTH RESPOND LESS WELL TO TREATMENT IN A COMMUNITY CLINIC THAN YOUTH WITH BIPOLAR DISORDER

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Introduction: Bipolar disorder diagnoses in youth have significantly increased in the past decade. To help establish proper diagnostic practices, four different phenotypes have been proposed, ranging from meeting full DSM-IV criteria to “severely mood disordered” conditions (Leibenluft et al, 2003). So far, not much is known about these phenotypes and their response to treatment in the community.

Objective: To identify youth diagnosed with bipolar disorder versus mood disorder NOS and evaluate their response to treatment in a community clinic.

Methods: A retrospective chart review identified 19 children with bipolar disorder and 22 with mood disorder NOS and “followed back” these patients for eight months. Pre- and post-treatment Global Assessment of Functioning (GAF) and Clinical Global Improvement (CGI) scales were collected.

Results: There were no differences between the two groups in terms of gender, number of diagnoses, family history of bipolar disorder, initial GAF, level of care needed, or number of medications needed. Youth with bipolar disorder were older, had more risk factors for suicidality, more past medication trials, and more hospitalizations. Severely mood disordered patients had more ADHD. After eight months, bipolar disorder youth improved significantly more than severely mood disordered patients: Change in GAF (+10.4 vs +5.3), endpoint GAF (56.9 vs 50.3), and CGI (2.6 vs 3.1).

Conclusion: Even though bipolar disorder youth look more like adults with bipolar disorder (older age, more suicidality, more hospitalizations), severely mood disordered youth respond much less to treatment in a community clinic.

References: Leibenluft et al., Am J Psychiatry, 160: 430-437, 2003.