

SURVEILLANCE OF PAEDIATRIC BIPOLAR DISORDER IN THE UNITED KINGDOM AND REPUBLIC OF IRELAND - SPBD UK & ROI

Abstract The typical age of onset of Bipolar Disorder is early adulthood, however there is increasing evidence that Bipolar Disorder can occur at an earlier age. Paediatric Bipolar Disorder (PBD, onset prior to 16 years) poses challenges for diagnosis owing to developmental factors that impact on symptom presentation. The clinical picture is further complicated by co-morbid conditions such as Attention Deficit Hyperactivity Disorder (ADHD). PBD is thought to have a poorer prognostic outlook than onset later in life and this disorder can severely disrupt a child's psychosocial development including impairments in peer relationships, difficulties with family functioning and educational achievement. The condition is potentially life-long and can be associated with extensive use of mental health resources. There is a lack of studies investigating the incidence, diagnostic features and short-term outcomes of PBD in the UK which this study aims to rectify. The study design will incorporate a well-established surveillance methodology ¹. Consultant Child and Adolescent Psychiatrists (CCAP) will be asked to report all cases of a first time diagnosis of PBD every month for 13 months. The case definition of PBD is based on the DSM-IV ²criteria as modified by NICE ³. A brief questionnaire will be sent to clinicians who have reported a positive case to gather demographic and clinical data. A follow up questionnaire (one year later) is planned to determine outcome. Findings from this study will identify areas for future research and help inform service provision for children and their families who suffer from this debilitating disorder.

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Research protocol

Available on request or visit www.rcpsych.ac.uk/capss

Coverage Duration

United Kingdom and Republic of Ireland
Sept 2009 - Oct 2010 (13 months) + 1 year follow-up

Aims of the Research

Primary Aim

- Estimate the incidence of first diagnosis of PBD in children and adolescents under 16.

Secondary Aims

- Determine symptom and diagnostic profile at presentation
- Frequency of co-morbid conditions, associated genetic and psychosocial factors
- Determine the short term and intermediate management strategies
- Determine the clinical outcome (after 1 year)

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Case definition **Surveillance Case Definition**

Bipolar Disorder is a disturbance of mood characterised by **ONE** episode of euphoric or expansive mood, (this might include irritability) present for at least 7 days (less if hospitalised) that is sufficiently severe to cause impairment in social functioning.

Exclusion Criteria Cases where the disturbance in mood is due to a direct physiological consequence of

a) a general medical condition e.g. hyperthyroidism.

OR

b) a drug of abuse, a medication, another somatic treatment of depression e.g. light therapy or toxin exposure.

Reporting instructions

Please report any child, younger than 16 years of age receiving a first time diagnosis of BD and presenting in the previous month with at least **one** 7 day period (less if hospitalised) of abnormally and persistently elevated or expansive and possibly irritable mood consistent with BD.

Methods

CCAPs reporting a case will be asked to complete a questionnaire seeking demographic and relevant clinical information. A follow-up questionnaire will be sent after one year to gather information on outcome.

Ethics approval

This study has been approved by the Charing Cross REC (09\H0711\28) and has been granted NIGB Section 251 Support to process patient identifiable information without consent.

Funding

This research project has been funded by the Research and Clinical Effectiveness Dept, Northumberland, Tyne & Wear NHS Trust

References

1. Verity C, Preece M: Surveillance for rare disorders by the BPSU. The British Paediatric Surveillance Unit. Arch Dis Child 2002; 87(4):269-71
2. American Psychiatric Association: Diagnostic and statistical manual of mental disorders (4th Edition). Washington, DC, American Psychiatric Association 1994
3. National Institute of Health and Clinical Excellence (NICE): Bipolar Disorder; the management of bipolar disorder in adults, children and adolescents in primary and secondary care., in London 2006

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