Identifying higher bipolar risk in offspring

Toronto, ON (April 6, 2010) – Anxiety and disruptive behaviour disorders, common psychiatric problems among youth, may be the first signs of bipolar disorder (BD), a far less common illness, among children whose parents suffer from BD.

"While there is evidence to show that a parent with BD has an increased risk of passing it on to their offspring, most children of parents with BD do not in fact develop it," says psychiatrist Dr. Benjamin Goldstein, Director of the Youth Bipolar Disorder Program at Sunnybrook Health Sciences Centre and the lead author of a new study on the topic. "This left us asking 'What are the risk factors associated with BD among offspring of parents with BD versus those who will not go on to develop it?' In order to best individualize our approach to treatment, we need to increase our understanding of which kids are at the highest risk".

The study, published in the April 2010 issue of the *Journal of the American Academy of Child and Adolescent Psychiatry*, also found the following results: children of younger parents with BD and those who have both parents with BD are also at increased risk of developing the disorder. These findings could have implications for the diagnosis and treatment of children who have a parent with BD. Identifying these risk factors for BD would help create targeted and individualized prevention and treatment efforts.

Parents with BD and their children ages 6 to 18 years old were recruited. Offspring with BD were compared to those without BD in terms of their demographic, clinical, and obstetrical characteristics, as well in terms of characteristics of their parents' bipolar illness.

The study sample consisted of 388 offspring among which 41 (10.6 per cent) had BD. There were no significant differences between offspring with and without BP with respect to age, gender or race. There were also no significant differences in terms of obstetrical complications or parental BD illness characteristics.

One of the study's limitations was the young age of participants, which indicates the majority have yet to hit the period of greatest risk for onset of BD, and some offspring categorized as not having BD may in fact go on to develop it in the years ahead.

Youth bipolar disorder can include severe manic and depressive symptoms, functional impairment, hospitalization, psychosis, and suicide attempts. Effective pharmacological and behavioural treatments are available. Similar to other illnesses, prompt diagnosis and treatment is of fundamental importance.

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Media Contact: Nadia Norcia Radovini 416.480.4040