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Commentary

Examination of Potential Differences among Adolescents with Childhood *vs.* Adolescent-Onset Bipolar Disorder

David Bryan*

Department of Psychiatry, Simon Fraser University, Burnaby, Canada

ABOUT THE STUDY

The earlier onset of Bipolar Disorder (BD) is linked to a more severe illness, according to a number of studies of individuals with BD, including clinical and epidemiological samples. Early beginning in childhood and adolescence has been linked to worse overall functioning, greater symptom severity and duration, frequent mood episodes, and concomitant conditions. In the overall population of individuals with BD, 32% say that their condition started in childhood or adolescence, including 8% with childhood beginning and 24% with adolescent onset. 50%-65% of clinical samples have disorders that started in childhood or adolescence. Childhood onset is less frequent than adolescent onset in clinical samples, which is similar to the general population.

Childhood development of BD is linked to irritability, fast cycling, concomitant Attention-Deficit Hyperactivity Disorder (ADHD), Conduct Disorder (CD), and Substance use Disorder (SUD), as well as a familial history of mood and substance-related problems. While adolescent-onset BD has been linked to a higher prevalence of psychosis than childhood-onset BD. Although thoroughly studied in adult populations, there have been fewer investigations on the clinical characteristics of childhood-onset BD in adolescents than on adolescent-onset BD. It is noteworthy that adolescents with recent sickness beginnings may be less susceptible to recall bias than adults with illness onset that frequently occurred decades earlier. According to certain research, onset of BD in children is more common than onset in adolescents.

Children, adolescents with childhood onset, and adolescents with adolescent onset were the three groups that were the subject of many research that looked at age of onset. According to these studies, children with BD exhibit different manic symptoms from other groups and have greater incidences of ADHD. Children and teenagers with BD who developed it as children are more likely to have a family history of depression, anxiety, ADHD, CD, and suicidal behaviour. There are no differences between the groups, according to other studies.

There are still a few gaps in the literature on this topic despite the studies that have already been done. First, the majority of research has concentrated on the BD-I subtype, with study of clinical traits limited to mania symptoms. Second, rather of conducting direct interviews, several studies have relied on chart reviews. Third, while there have been substantial research on this subject in adults, the majority of studies on this subject in teenagers have had small sample sizes, which restricts the evaluation of clinical correlations on a par with that of adult studies. One exception to these restrictions is the large Course and Outcome of Bipolar Youth (COBY) study, which discovered that: children and adolescents with either childhood-onset or adolescent-onset BD experienced more mood lability and comorbid ADHD than adolescents with adolescent-onset BD; and adolescents with adolescent-onset BD were associated with higher rates of comorbid CD, panic disorder, and anxiety.

Comorbid Oppositional Defiant Disorder (ODD) and ADHD were shown to be related with childhood onset, which is in line with the younger age at which these diseases are present in the general population and is supported by both adult and adolescent BD literature. Police contact was more frequent among those with childhood onset. Even while this hasn't been precisely looked at in terms of childhood vs. adolescent onset, an earlier age of BD onset has been linked to police contact in both adult populations and has been detailed in a previous study based on the current sample. Childhood-onset smoking was also inversely correlated with lifetime smoking, which is consistent with the epidemiology of smoking among teenagers in BD and the general population.

Correspondence to: David Bryan, Department of Psychiatry, Simon Fraser University, Burnaby, Canada, E-mail: brayndavid@sfu.edu.ca

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