

Family therapy helps relieve depression symptoms in bipolar teens

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Family-focused therapy, when combined with medication, appears effective in stabilizing symptoms of depression among teens with bipolar disorder, according to a report in the September issue of *Archives of General Psychiatry*.

Between one-half and two-thirds of patients with bipolar disorder develop the condition before age 18, according to background information in the article. "Early onset of illness is associated with an unremitting course of illness, frequent switches of polarity, mixed episodes, psychosis, a high risk of suicide and poor functioning or quality of life," the authors write. "The past decade has witnessed a remarkable increase in diagnoses of bipolar disorder in children and adolescents and, correspondingly, drug trials for patients with early-onset disorder. There has been comparatively little controlled examination of psychotherapy for pediatric patients."

David J. Miklowitz, Ph.D., of the University of Colorado, Boulder, and colleagues conducted an outpatient randomized controlled trial among 58 adolescents (average age 14.5) with bipolar disorder who had experienced a mood episode in the prior three months. Between 2002 and 2005, 30 teens were randomly assigned to receive pharmacotherapy plus family-focused treatment for adolescents. Over nine months, they participated in 21 50-minute sessions. Therapy included the patient, parents and siblings and consisted of education about their disease, communication training and problem-solving skills training.

The other 28 teens were assigned to pharmacotherapy plus enhanced care, which involved three 50-minute family sessions that focused on preventing relapse. Independent evaluators, who did not know patient group assignments, assessed the teens every three to six months for two years.

A total of 60 percent of the family-focused therapy group and 64.3 percent of the enhanced care group completed the two-year follow-up; of those, 53 (91.4 percent) experienced a full recovery from their original mood episode. There were no differences between the two groups in rates of recovery or in the amount of time that elapsed before a subsequent mood episode.

However, patients in the family-focused therapy group recovered from depressive symptoms more quickly, spent fewer weeks in depressive episodes over the two-year period and had an overall more favorable trajectory of depressive symptoms than those in the enhanced care group.

"To enhance full symptomatic and functional recovery among adolescents, family-focused treatment for adolescents may need to be supplemented with collaborative care interventions found effective in mania stabilization," the authors conclude. The program's emphasis on "reducing conflict in family relationships, enhancing social supports and teaching interpersonal skills may underlie its stronger effects on bipolar depression."

Source: JAMA and Archives Journals

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