

Family intervention improves mood symptoms in children and adolescents at risk for bipolar disorder

March 6 2013

A study published in the February 2013 issue of the *Journal of the American Academy of Child and Adolescent Psychiatry* found that children and adolescents with major depression or subthreshold forms of bipolar disorder - and who had at least one first-degree relative with bipolar disorder - responded better to a 12-session family-focused treatment than to a briefer educational treatment.

A study led by David J. Miklowitz, Ph.D., of the UCLA School of Medicine, and Kiki D. Chang, M.D., of Stanford University School of Medicine, identified 40 youth (average age 12 years) who were at risk for developing bipolar disorder. The participants had diagnoses of [major depressive disorder](#), cyclothymic disorder, or bipolar disorder, not otherwise specified (NOS) (brief and recurrent episodes of mania or hypomania that did not meet full diagnostic criteria for bipolar disorder), and had at least one first-degree relative (usually a parent) with bipolar I or II disorder. The investigators randomly assigned the 40 participants to family-focused treatment, high-risk version (FFT-HR), consisting of 12 family sessions over 4 months of psychoeducation (learning strategies to manage [mood swings](#)), communication skills training, or problem-solving skills training; or 1-2 family informational sessions (educational control, or EC). Of the 40 participants, 60% were taking [psychiatric medications](#) upon entry, and continued taking recommended medications throughout the study. Half of the participants were recruited and treated at the University of Colorado, Boulder, and half at Stanford University.

Participants in the FFT-HR condition recovered from their initial depressive symptoms in an average of 9 weeks, compared to 21 weeks in the EC condition. Participants who received FFT-HR also had more weeks in full remission from [mood symptoms](#) over the study year. Improvements in mania symptoms on the Young Mania Rating Scale were greater in the FFT-HR group as well.

The study [participants](#) who lived in families that were rated high in expressed emotion, a measure of critical comments or emotional overprotectiveness in parents, took almost twice as long to recover from their mood symptoms as those in families rated low in expressed emotion. A secondary analysis indicated that youth from high expressed emotion families who were treated with FFT-HR spent more weeks in remission over the year than those treated with EC.

Dr. Miklowitz cautioned that the length of follow-up (1 year) was too short to determine whether these children would develop full bipolar disorder. "Nonetheless," he said, "catching [bipolar disorder](#) at its earliest stages, stabilizing symptoms that have already developed, and helping the family to cope effectively with the child's mood swings may have downstream effects that improve the long-term outcomes of high-risk children."

More information: The article "Early Intervention for Symptomatic Youth at Risk for Bipolar Disorder: A Randomized Trial of Family-Focused Therapy" by David J. Miklowitz, Christopher D. Schneck, Manpreet K. Singh, Dawn O. Taylor, Elizabeth L. George, Victoria E. Cosgrove, Meghan E. Howe, L. Miriam Dickinson, Judy Garber, Kiki D. Chang, ([dx.doi.org/10.1016/j.jaac.2012.10.007](https://doi.org/10.1016/j.jaac.2012.10.007)) appears in the *Journal of the American Academy of Child and Adolescent Psychiatry*, Volume 52, Issue 2 (February 2013)

Provided by Elsevier

Citation: Family intervention improves mood symptoms in children and adolescents at risk for bipolar disorder (2013, March 6) retrieved 20 June 2024 from <https://medicalxpress.com/news/2013-03-family-intervention-mood-symptoms-children.html>

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