

P-296 - A CLINICAL STUDY OF PHENOMENOLOGY AND COMORBIDITY OF PAEDIATRIC BIPOLAR DISORDERS (BPD) FROM INDIAN SUBCONTINENT

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Introduction: Considerable controversy exist regarding clinical presentation, diagnosis, and comorbidities specially Attention Deficit Hyperactivity Disorder (ADHD), in paediatric BPD.

Objectives: To describe phenomenology and comorbidities of paediatric BPD.

Aims: To clinically study the Phenomenology and Comorbidity of Pediatric BPD and to clinically study the comorbidity of ADHD in Pediatric BPD.

Method: 78 Subjects (6-16 years) attending child and adolescent psychiatry services of C.S.M.U. Lucknow, who fulfilled DSM-IV-TR 2000 criteria for BPD were assessed using K-SADS-PL, child mania rating scale (CMRS), child depression rating scale (CDRS) ADHD-RS and C-GAS.

Results: All the subjects were diagnosed as BPD-I. Their mean chronological age was 13.4 ± 2.1 years. The mean age at onset of BPD was 12.2 ± 2.3 years. The most common symptoms found in manic subjects were increased goal directed activities (100%), distractibility (100%), elation (98.7%), grandiosity (90.5%), physical restlessness (82.4%), poor judgment (82.4%) and decreased need for sleep (81.1%). 19 (24.5%) cases of BPD had other current comorbid disorders. The commonest comorbidities were MR (10.26%) and ADHD (10.26%), accompanied by Seizure disorders (2.56%), Oppositional Defiant Disorder (6.41%), substance abuse (3.85%), Anxiety Disorders (2.56 %), and Enuresis (1.28).

Conclusions: In children and adolescents elation/grandiosity is more common presentation than Irritability. Comorbidities are rare in paediatric BPD-I. Differentiation of comorbid disruptive behaviour disorders especially ADHD from BPD is possible with respect to age of onset, quality of the disturbed mood, and the course of each disorder.