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A Study of Childhood Onset Affective Disorder

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Abstract

Thirty-seven cases of childhood and adolescent-onset cases of manic-depressive psychosis (MDP) were studied retrospectively to elucidate the initial mode of presentation, the subsequent changes in polarity of episodes and the pattern of contact with the hospital. About 20% of all MDP cases had onset of mania between the age of 6 and 12 years. The cases that presented with depression initially, tended to change polarity more frequently than those presenting initially with mania. Manic episodes required inpatient treatment more commonly than depressive ones.

Key words -
Mania,
Depression,
Onset,
Childhood,
Adolescence

Though it has been suggested that depressive disorders were difficult to diagnose in children and young people because of the absence of a clear pattern of symptoms and signs [1], several systematic studies have established the presence of both MDP-depression (major depression) and MDP-mania (bipolar disorder) in childhood and adolescence [2], [3], [4], [5], [6]. Adolescents tend to have an increased prevalence of both major depression and bipolar disorder as compared to children [7], [8], [9]. In recent years there has been a great deal of research in the area of systematic assessment of affective disorders in children and adolescents [10]. However it has been pointed out that the diagnosis of mania in this group is difficult and needs special consideration of various developmental and clinical issues [11].

There have been few studies of depression and mania in children and adolescents in the Indian setup [12], [13], that have attempted to document the clinical presentations. The present study is an attempt to describe the initial presentation, the subsequent changes of episodes and the pattern of contact with the hospital in childhood and adolescent onset MDP cases.

Material and Methods

This study was conducted at the teaching psychiatric hospital of National Institute of Mental Health

& Neuro Sciences, Bangalore . Eight hundred and thirteen cases were registered under the Child and Adolescent Psychiatric Services (CAP) between January and December 1992. All cases presenting as manic-depressive psychosis (Category 296, ICD-9) [14] were considered. There were 48 cases in all. A retrospective analysis of all these case files was attempted. Eleven files could not be included because of the non-availability of adequate information or the presence of moderate to severe mental retardation. Thus 37 cases (5.9% of the total CAP population of 1992) provided the material for this study. Relevant information was transferred from these files to a specially prepared proforma by the first author (PC). Five files were chosen randomly from this list and the process of transferring the information was repeated by the second author (SS). It was found that the inter-rater agreement was satisfactory regarding most of the items in the proforma.

The diagnosis at the time of the detailed work-up or at the first admission during 1992 was taken as the "index" episode. The follow-ups were taken into account till the end of October 1993. The data was processed and organised in a descriptive manner.

Results

All MDP cases were diagnosed confidently according to ICD-9. The mean age of this population was 13.56 ± 1.74 years. Almost half (51.35%) were females. About 4/5ths (86.49%) were Hindus. A little less than half (43.24%) were from urban background. The mean period of education was 7.12 ± 2.41 years. The majority were from joint families (83.78%). In a quarter (24.32%) of all cases there was a history of affective disorder in the family. About 1/3rd of all cases came from Bangalore City and the adjoining district and the majority of the rest were from an average distance of 100-300 kms. An important finding was the onset of manic episode between the age of 6 and 12 years in 7 (18.9%) cases.

Table I - Illness variables - Part A (N=37)

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Table II - Illness variables - Part B (N=37)

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Tables I and II depict the illness variables. For 22 cases (59.4%), the first episode was also the index episode (manic 15, depressive 6, mixed 1). Those with mania had another manic episode subsequently in 4 out of 15 cases, questionable depressive episodes in 2 cases, and no further episodes in 9 cases. Those with depression had no further episodes in 5 out of 6 cases and only 1 case had 2 depressive episodes during follow-up. The only case with mixed episode also had 2 depressive episodes subsequently.

Of the remaining 15 cases who had previous episodes, 6 had mania as their first episode. Three of these cases continued till the last follow-up as unipolar mania (296.0), 1 had remission (and no follow-up) at the index evaluation and 2 became circular (296.2 - one, 296.3 -one). Similarly, out of 9 cases that presented with depression as their first episode, 2 continued till the last follow-up as unipolar depression (296.1) and 7 changed polarity to become circular (296.2 - four, 296.3 - two,

296.4 - one).

Table III - Finding related to contact with hospital (N=37)

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Table III describes the findings related to contact with the hospital. While counting the number of visits, the entire duration of an inpatient stay was considered as one visit. The group as a whole came for follow-ups at the rate of one visit per month. Significantly more number of manic (10/23) and mixed (2/2) episodes required inpatient care as compared to depressive episodes (4/13). The mean period of inpatient stay was 0.88 ± 0.34 months. Some of them were admitted more than once (mean number of admissions: 1.56 ± 0.81).

The index manic episodes were generally treated with either antipsychotics or antipsychotic-lithium combination. Most of the index depressive episodes were treated with antidepressants. Altogether 9 cases were started on prophylactic medication of which 6 patients completed 6 months of prophylaxis (5 on lithium, 1 on imipramine).

The majority (21/37) were asymptomatic at the last entry and of those who were not, about 3/4ths were rated symptomatic as part of their index episodes. Only a few had fresh episodes at the time of last follow-up.

Discussion

In the present study the cases of manic-depressive psychoses have been found to constitute about 6% of all child and adolescent psychiatric cases during a period of one year. Contrary to Loranger and Levine's [7] finding of absence of mania before the age of 13, we found the onset of clear-cut mania between 6 and 12 years of age in 7 (18.9% of all MDP) cases. The mean age of our patient group was 13.5 years and that of the onset was 13 years. These findings are similar to those of Kovacs et al [4], Srinath and Bavle [12] and Bland et al [9].

Family history of affective disorder was present in 24% of cases. This finding is similar to that of Strober and Carlson [2].

Though our hospital is considered a tertiary referral centre, it caters to the needs of a vast number of new cases. The finding that for majority of our patients, the index episode was also the first episode, is therefore understandable.

The analysis of presentation of episodes after the first one revealed that those cases that presented with depression initially, tended to change polarity more frequently than those that presented initially with mania. Strober and Carlson [2] too, reported a 20% bipolar outcome in a cohort of adolescents with major depression over a period of 3 to 4 years. Though our period of assessment ranged between 10 and 22 months, the average duration of total contact was only 7.85 months with a standard deviation of 9.86. Such a period of contact is of course quite short for a definitive comment regarding the change of polarity.

There were more manic and mixed episode cases hospitalised as compared to depressive ones. This may be a reflection of the fact that the manic children and adolescents are more disruptive and less manageable, therefore requiring more hospitalizations.

The treatment practices at our setup as described in this study are comparable to those reported from other centres [15], [16], [17].

The major findings of the present study are
(a) the documentation of onset of manic episode in children below 13,
(b) the frequent change of polarity in cases initially presenting with depressive episode and
(c) the differential rate of hospitalization of young manics- as compared to young depressive patients.

However, this study suffers the limitations of any retrospective work. There is clearly a need of prospective studies in our country, taking up different cohorts of major depression and bipolar disorder in children and adolescents, following them up and monitoring the course and outcome.

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