

Assessing Juvenile Bipolar Disorder: Bridging the research - Practice gap

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Background: In recent years, Juvenile Bipolar Disorder (JBD) became increasingly recognized. Yet adequate recognition and screening of Juvenile Bipolar Disorder has been complicated by its developmental specificities along with important comorbidity. For example, studies report comorbidity rates with ADHD ranging from 20% to as high as 90%. While ADHD-symptoms may constitute BD precursors in some instances as well as occur simultaneously, diagnostic difficulties have also raised questions about the proportion of methodological artefact of this association. Effective identification of Juvenile Bipolar Disorder has thus been hampered by a) lack of systematic screening for Bipolar Disorder in children, b) lack of specific differential criteria for childhood-onset BD, especially for (hypo)mania symptoms, c) lack of adapted assessment devices for Juvenile Bipolar Disorder.

Aim & Method: This paper critically analyses state of the art regarding assessment options for Juvenile Bipolar Disorder. Current evidence on validity and reliability of available assessment tools is evaluated. Comparative data differentiate advantages and limitations of, respectively, specific instruments (e.g. JBD-focused semi-structured interviews), indirect standardized screening (e.g. derived CBCL-indicators, cognitive testing) and protocols based on 'good practice' recommendations.

Results & Conclusions: Although in need of further validation, fair advances were made in the last few years in terms of Juvenile Bipolar Disorder assessment in a research context, with a main focus on operationalization of developmentally sensitive and specific (hypo)mania criteria. However, there remains a significant "practice gap" given limited feasibility and implementation in a clinical context of typically extensive research protocols. Assessment efficiency of an evidence-based clinical protocol is discussed in the context of an ongoing collaborative research on Juvenile Bipolar Disorder in Belgium and France, which responds to specific requirements of a multimodal developmental psychopathology approach. Further study of relative discriminative value of clinician-, versus parent- and child-based modalities is recommended to enhance effectiveness of Juvenile Bipolar Disorder assessment in a clinical context.