

Family functioning Deficits in bipolar disorder and ADHD in youth.

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J Affect Disord. 2013 May 21. pii: S0165-0327(13)00300-5. doi: 10.1016/j.jad.2013.04.027. [Epub ahead of print]

Background: Rates of diagnosis and treatment for bipolar disorder (BD) in youth continue to rise. Researchers and clinicians experience difficulty differentiating between BD in youth and other conditions that are commonly comorbid or share similar clinical features with BD, especially attention-deficit/hyperactivity disorder (ADHD). Comparative studies of the phenomenology and psychosocial correlates of these conditions help to address this. Family functioning is an important topic for both BD and ADHD since both are associated with numerous family-related deficits. One previous study suggested that manic/hypomanic youths' family functioning differed from ADHD and typically developing control (TDC) groups. However, many family functioning studies with BD and ADHD youth have methodological limitations or fail to use comprehensive, validated measures.

Methods: This investigation used adolescent report on the Family Assessment Device (FAD), based on the McMaster Model of family functioning. Youth were recruited in BD (n=30), ADHD (n=36), and TDC (n=41) groups.

Results: Groups were similar on most demographic variables, but the TDC group scored somewhat higher than the others on IQ and socioeconomic status. FAD results indicated that BD and ADHD groups scored worse than TDC on the General Functioning and Roles scales of the FAD. In addition, the BD group showed impairment on the Problem Solving scale relative to TDC. **Limitations:** sample size, lack of parent report, ADHD comorbidity in BD group.

Conclusions: Family functioning deficits distinguish both clinical groups from TDC, and problem-solving dysfunction may be specific to BD. These findings may apply to treatment models for both conditions.