

Comorbidity of attention-deficit/hyperactivity disorder and bipolar disorder in North Indian clinic children and adolescents

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Highlights

► Subjects were diagnosed by clinical consensus using history, mental state examination, 'AND' rule and prospective follow up. ► 81% subjects were male and 71% had onset of mood episode before 13 years of age. ► ADHD+BPD subjects were more likely to be mentally retarded with longer duration of mood episodes as compared to BPD subjects. ► 3 subjects with DSM-IV-TR diagnosis of ADHD without BPD were additionally diagnosed with broad phenotype of BPD. ► Study setting, study sample, BPD conceptualization and assessment methods influence ADHD+BPD comorbidity rates.

Abstract

Objective

This study examined comorbidity between attention-deficit/hyperactivity disorder (ADHD) and bipolar disorder (BPD) in children attending child and adolescent psychiatry (CAP) services in a Medical University in North India.

Methods

Children attending CAP services, old or new, were assessed using unstructured clinical interview, kiddie-Schedule for Affective Disorders and Schizophrenia for School-age Children-Present and Lifetime Version (K-SADS-PL), Mental State Examination (MSE) for ADHD, Child Mania Rating Scale (CMRS) Parent Version and Children's Global Assessment Scale (C-GAS). Information was collected from both children and parents. All children were clinically evaluated, and prospectively followed up. The diagnosis was made by consensus. Subjects with DSM-IV-TR diagnosis of ADHD, BPD, and ADHD+BPD were compared with each other. Research criteria for broad phenotype BPD were applied in ADHD subjects without DSM-IV-TR diagnosis of BPD.

Results

45 subjects had ADHD; 21, BPD and; 7 had lifetime DSM-IV-TR diagnosis of ADHD+BPD. 13.5% of ADHD subjects had comorbid BPD and 25% of BPD subjects had comorbid ADHD. ADHD-CT was the most common subtype of ADHD. Nearly two third of BPD subjects had their first mood episode before 13 years of age. ADHD+BPD subjects were more likely to be mentally retarded

and have longer duration of mood episode compared to BPD subjects. Three subjects with DSM-IV-TR diagnosis of ADHD without BPD were additionally diagnosed with broad phenotype of BPD.

Conclusions

Variable comorbidity rates of ADHD+BPD in different studies are most likely due to differences in study setting, study sample, conceptualization of BPD and assessment methods.