

P-216 - CONTINUITY AND DISCONTINUITY OF PSYCHOPATHOLOGICAL CHARACTERISTICS OF BIPOLAR DISORDER PATIENT WITH ADULT VERSUS PEDIATRIC ONSET

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By contrast to adult bipolar disorder(A-BD), there has been considerably controversy about the existence and diagnosis of pediatric bipolar disorder(P-BD).We assessed outcome and psychopathological characteristics of A-BD vs. P-BD. We examined medical records of inpatients with DSM-IV-diagnoses of bipolar disorder. Patients were divided in two groups pediatric versus adult(>18 yrs) onset of bipolar disorder and compared for demographic and clinical data. All admitted patients were evaluated by a rating scale assessing their temperament(TEMPS-A) and DSM-IV diagnosis(MINI). Among seventy-eight patients(pediatric-BD N=24 vs. Adult-BD N=54; aged 34.79±11.46 vs. 43.59±12.75), 69% patients had an adult onset of the bipolar disorder. Pediatric-BD patients had a significant longer time of untreated full-blown psychiatric symptoms before first psychiatric contact(DUB) compared to A-BD (Mean pediatric DUB 11.04±12.35 vs. adult DUB 2.23±4.28,p< .0001). At onset P-BD patients had diagnosis of mood disorder in 50% cases compared to A-BD with 77.7% cases(Mood disorder diagnosis N=12 vs. N=42, p=.033). Regarding P-BD, most frequently polarity of onset was mixed (N=12, 52%) versus adult-BD with depressive (N=28, 58.3%, p=.036). Patients with P-onset showed greater psychosis lifetime compared to A-BD(1.1 vs. 0.6,p=.05). Pediatric-BD had temperament characteristics ranked hyperthimic>cyclothimic>depressive> irritable=anxious, versus adult onset hyperthimic > depressive = irritable > anxious >cyclothimic (p=.03). In our sample patients with early onset tend to maintain over time specific psychopathological characteristics compared to adult onset; this characteristics are often misdiagnosed with a variety of psychiatric diagnosis before the diagnosis of bipolar disorder and specific treatment. No differences were found for outcome measures probably related to small sample.