

831 Developing a 10-Item Mania Scale From the Parent General Behavior Inventory for Children and Adolescents.

840 A Parent General Behavior Inventory Subscale to Measure Sleep Disturbance in Pediatric Bipolar Disorder.

844 One-Year Course and Predictors of Outcome of Adolescent Depression: A Case-Control Study in Finland.

854 Psychological Adjustment of Adolescents 18 Months After the Terrorist Attack in Beslan, Russia: A Cross-Sectional Study.

Mood Disorders: Assessment, Risk Factors, and Outcome

In this issue of Focus on Childhood and Adolescent Mental Health, we include 4 articles describing studies examining assessment of or risk factors for developing mood disorders in youth.

A series of 2 articles, by Youngstrom and colleagues and Meyers and Youngstrom, describes the utility of the General Behavior Inventory (GBI) as a screening tool for the assessment of mood disorders in children and adolescents. Specifically, in the first article, Youngstrom and colleagues describe the development of a 10-item parent-rated GBI that was able to discriminate between bipolar and unipolar depression as well as between attention-deficit/hyperactivity disorder (ADHD) and bipolar disorder. This instrument has significant potential as a screening tool for the assessment of bipolar disorder in youth.

In clinical practice, the symptom of sleep disturbance is commonly used to distinguish between bipolar disorder and ADHD. In the second article, which examined the psychometric properties of GBI subscales, Meyers and Youngstrom determined that the 7-item sleep subscale of the parent GBI is useful as a possible marker of bipolar spectrum disorders. Additionally, these findings suggest that future studies examining sleep disturbance in bipolar youth are needed.

Karlsson and colleagues explored the 1-year outcome of a cohort of outpatient adolescents with unipolar depression in Finland and a matched group of school-derived adolescents with depression. The findings from this study revealed that in both groups approximately half of the adolescents recovered. However, the outpatients had a shorter time to recurrence than the school-derived sample. Moreover, this study identified several important predictors of outcome in the outpatient sample. Specifically, multiple comorbid DSM-IV Axis I diagnoses, double depression, DSM-IV Axis II comorbidity, earlier age at illness onset, poor psychosocial functioning, and longer episode duration at the time of initial assessment predicted worse outcome in this sample, suggesting that these factors might be potential targets for treatments.

In a cross-sectional study, Moscardino and colleagues examined the effect of direct and indirect exposure to the devastating terrorist attack on a school in Beslan, Russia, and coping strategies on the subsequent development of psychological distress and emotional and behavioral problems. Specifically, the authors compared outcome 18 months after the traumatic event between 71 adolescents who were held hostage by terrorists and 100 adolescents who were not directly exposed to the attack. The authors reported that there were no differences in overall level of emotional and behavioral problems between the direct- and indirect-exposure groups; however, girls were more at risk for developing anxiety and mood disturbances than boys. Additionally, girls reported more avoidance coping than boys, particularly in the direct-exposure group. For girls in both exposure groups, avoidant coping was associated with higher levels of psychological distress, suggesting that treatment strategies targeting the development of more active coping behaviors are needed and possibly could prevent the onset of mood and anxiety symptoms that commonly result from traumatic events.

In summary, the articles in this issue of Focus on Childhood and Adolescent Mental Health lead to a better understanding of the utility of the GBI for the assessment of bipolar disorder in children and adolescents, as well as identify specific risk and protective factors associated with the development and outcome of mood disorders.

Melissa P. DelBello, M.D.
Deputy Editor
mdelbello@psychiatrist.com