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## Controversial Issues in Child Psychiatry

This section of Focus on Childhood and Adolescent Mental Health provides some answers to controversial topics.

Internet use is a core activity for teenagers, and parents frequently are concerned about the extent of Internet use by their teenagers. Liu and colleagues conducted a survey of 3,560 high school students in Connecticut to determine the prevalence and health correlates of problematic Internet use. *Problematic Internet use* was defined as an irresistible urge to use the Internet, tension relieved by Internet use, and attempts to cut back on Internet use. Of these adolescents, 4% confirmed problematic Internet use. Although boys spent more hours on the Internet, girls more frequently recognized their Internet use as being a problem compared to boys. Depressive symptoms, substance use, and aggressive behavior were associated with problematic Internet use. These investigators suggest that problematic Internet use be studied for possible future inclusion in the *DSM*.

Are youth with persistent manic symptoms (with no diagnosis) likely to develop bipolar spectrum disorders? As part of the Longitudinal Assessment of Manic Symptoms study, Frazier and colleagues assessed 692 youths for the presence or absence of elevated symptoms of mania (ESM) with the Parent General Behavior Inventory-10-Item Mania Scale (PGBI-10M) at screening and at baseline (about 6 weeks later). Youth with persistent ESM were 3 times more likely to have bipolar spectrum disorders than youth with remitted ESM or without ESM. These investigators conclude that persistently elevated PGBI-10M scores  $\geq 20$  are a useful predictor of bipolar spectrum disorders in youth.

The metabolic profile of ziprasidone may be an advantage in the treatment of youth; however, concerns have been raised about the potential for torsades de pointes. Correll and colleagues examined the incidence of palpitations, syncope, heart rate-corrected QT interval (QTc) prolongation ( $> 450$ -millisecond or  $\geq 60$ -millisecond increase), and QTc dispersion ( $> 100$  milliseconds) in 29 youth treated with ziprasidone (mean of 113 mg/d) for a mean of 99 days. No patients reported palpitations or syncope. Approximately 25% of youth developed QTc prolongation or QTc dispersion. However, no patient developed significant QTc dispersion or concomitant abnormal prolongation of both QTc duration and QTc dispersion. On the basis of these findings, the researchers suggest that the cardiac risk for ziprasidone is low, and they question the need of electrocardiogram monitoring for youth with normal baseline electrocardiograms who are treated with ziprasidone.

How much extracurricular education is too much? Hong and colleagues gave the caregivers of 761 first graders in Korea a questionnaire about the time their children spent in extracurricular education and a screen for mental health problems. *Extracurricular education* was defined as educational activities outside of the school curricula including specialized test preparation programs, private tutoring, extended-day schools, and on-line programs. On average, these first graders spent 2 hours daily in extracurricular education. Significant positive correlations were found between the amount of time spent in extracurricular education and hyperactivity, aggression, conduct problems, and depression. First graders who spent more than 4 hours per day in extracurricular education had a 3-fold increase in depressive symptoms compared to those with less tutoring per day. These investigators recommend that clinicians inquire about extracurricular education as part of mental health screening.

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