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New Developments

This section of Focus on Childhood and Adolescent Mental Health includes articles on a structured diagnostic interview for children and adolescents, the symptom profile of early onset psychosis, bone mineral density (BMD) in boys treated with risperidone and selective serotonin reuptake inhibitors (SSRIs), and prevention strategies to reduce substance use disorders in youth with bipolar disorder.

Standardized diagnostic interviews can be very helpful in the assessment of children and adolescents in clinical and research settings. The Mini-International Neuropsychiatric Interview for Children and Adolescents (MINI-KID) was developed by Sheehan and colleagues to assess the presence of current *DSM-IV* and *ICD-10* psychiatric disorders in children and adolescents aged 6 to 17 years. The interview is administered to the child/adolescent together with the parent and takes approximately 30 minutes to complete. The investigators assessed the concurrent validity of the MINI-KID by comparing it to the Schedule for Affective Disorders and Schizophrenia for School-Age Children-Present and Lifetime Version. Substantial to excellent concordance was found for syndromal diagnoses of any anxiety disorder, any mood disorder, any substance use disorder, any attention-deficit/hyperactivity disorder or behavioral disorder, and any eating disorder, although results were only fair for any psychotic disorder. Interrater and test-retest reliabilities were substantial to almost perfect ($\kappa = 0.64$ to 1.00) for all individual MINI-KID disorders except dysthymia.

Rapado-Castro and colleagues examined the dimensional structure and temporal stability of symptoms in early onset psychosis by conducting a principal component factor analysis of the Positive and Negative Syndrome Scale. A sample ($n = 99$) of children and adolescents with first-episode psychosis participated in evaluations at baseline, at 4 weeks, and at 6 months. Five dimensions of symptoms were identified (positive, negative, depression, cognitive, hostility) that were stable over time, although the relative predominance of these symptoms changed over time. The authors found the negative dimension to be the most stable over time and suggest that negative symptoms should be important diagnostic criteria for early onset psychosis in children and adolescents.

Concern has been raised about antipsychotic-induced hyperprolactinemia and its potential effect on BMD. Calarge and colleagues examined the effect of risperidone-induced hyperprolactinemia on trabecular BMD in children and adolescents. The study population was 83 boys who were treated with risperidone for a mean of 2.9 years. Forty-one subjects (49%) developed hyperprolactinemia. It was found that serum prolactin was negatively associated with trabecular volumetric BMD at the ultradistal radius. Since some of these boys were also receiving SSRIs, the investigators examined the impact of SSRIs on BMD. SSRI use was associated with low trabecular BMD at the radius and the lumbar spine. No patients with hyperprolactinemia developed bone fractures. On the basis of these findings, the investigators recommend that the longitudinal course of BMD be evaluated over time to determine its temporal stability and to assess whether a higher fracture rate ensues.

Substance use disorders are a common comorbidity with bipolar disorder. In a review of the literature, Goldstein and Bukstein found that the risk of substance use disorders is greater in youth-onset bipolar disorder compared with adult-onset bipolar disorder. Substance use disorders in youth with bipolar disorder are associated with a wide range of problems including poor academic performance, pregnancy, suicidality, and legal difficulties. Since bipolar disorder precedes the onset of substance use disorders in most youth, the authors note that there is opportunity for prevention. They recommend early identification, which includes screening for substance use among youth with bipolar disorder as early as age 10 years. Family focused interventions and motivational interviewing interventions are among some of the prevention strategies discussed by these authors.

Karen Dineen Wagner, MD, PhD
kwagner@psychiatrist.com

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