

Children's Health Policy Centre

About the Executive Summary

Here are highlights from the most recent issue of the *Children's Mental Health Research Quarterly*, available for free at <u>childhealthpolicy.ca</u>. The *Quarterly* presents the best available research evidence on a variety of children's mental health topics. The BC Ministry of Children and Family Development funds the *Quarterly*.

Quarterly Team

Scientific Writer: Christine Schwartz Scientific Editor: Charlotte Waddell Research Manager: Jen Barican Senior Research Assistant: Donna Yung Production Editor: Daphne Gray-Grant Copy Editor: Naomi Pauls

About the Children's Health Policy Centre

We are an interdisciplinary research group in the Faculty of Health Sciences at Simon Fraser University. We focus on improving social and emotional well-being for all children, and on the public policies needed to reach these goals.

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Executive Summary

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Helping youth with bipolar disorder

hen a young person has bipolar disorder, effective treatments are needed. To identify the best treatments, we reviewed randomized controlled trials published over the past two decades.

Among the five medications assessed, aripiprazole and lithium stood out. Aripiprazole significantly reduced disorder severity and manic symptoms while improving overall functioning. Lithium also reduced manic symptoms while improving overall functioning. Although both medications are approved by Health Canada for treating bipolar disorder in young people, both still

have side effects. The three other medications we reviewed — asenapine, quetiapine (used with divalproex) and risperidone — showed some benefits. However, all led to side effects and none is approved by Health Canada for treating bipolar disorder in young people.

Three new psychosocial treatments — Multifamily Psychoeducational Psychotherapy, Childand Family-Focused Cognitive-Behavioural Therapy, and Family-Focused Therapy — also showed considerable promise. While the programs were used *with* medications, each had benefits, such as reducing manic, hypomanic and depressive symptoms and improving overall functioning.

The one evaluation of a dietary supplement showed that flax oil was not helpful in treating bipolar disorder in young people. This supplement is therefore not recommended.

Implications for practice and policy

- **Provide long-term supports.** While young people with bipolar disorder may find that their symptoms wax and wane, they still need comprehensive ongoing health and social supports.
- Use medications wisely. Most young people with bipolar disorder will need medication to manage this disorder. Practitioners, in collaboration with young people and their families, need to carefully choose which medication to use. Aripiprazole and lithium should be considered first, given their effectiveness and their approval by Health Canada. Practitioners must carefully monitor responses and the potential emergence of side effects. Using lowest possible doses to achieve good clinical effects can help to minimize side effects. Beyond this, new research is needed that does not have pharmaceutical company funding or involvement.
- Offer psychosocial treatment as well as medication. The three effective psychosocial treatments provided education about bipolar disorder and taught youth and their parents skills for managing mood symptoms, solving problems and communicating better. While more research is needed, these interventions show much promise and could be implemented now.
- Support practitioners to offer effective psychosocial treatments. Because the effective psychosocial treatments have only recently been evaluated for treatment of bipolar disorder, their availability is likely limited. For this reason, policy-makers may need to provide supports for practitioners to learn these interventions. To facilitate this process, the developers of the psychosocial treatments have published books describing the interventions.
- **Discourage ineffective interventions.** Flax oil was not effective. Anyone expressing an interest in dietary supplements should be given information on more effective treatments.

Receiving a bipolar diagnosis can cause much distress for young people and for their families — understandably, given the potential severity of the symptoms as well as the long-term nature of the condition. But young people and their families should be given the message that bipolar disorder can be managed — and that many people with this disorder have gone on to thrive and to make important contributions, according to their abilities and gifts. Please see our <u>full issue</u> to learn more ways to help.