Pediatric Bipolar Comorbidities and Biological Markers

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This October issue, guest edited by Robert M. Post, MD, continues the discussion started in the September issue, concerning the common association of bipolar disorder (BD), attention-deficit/hyperactivity disorder (ADHD), significant anxiety, and substance use disorders, admirably reviewed by Rachel H.B. Mitchell, MD, MSc, FRCPC, and Benjamin I. Goldstein, MD, PhD, FRCPC. They point out the effect of these comorbidities in limiting treatment response as well as the dearth of guidelines for treating the substantial burden that are carried by both BD and ADHD.

Kiki D. Chang, MD, Amy Garrett, PhD, and Manpreet Singh, MD, discuss BD from a different point of view: the relationship of symptoms to brain biomarkers studied by neuroimaging that can be seen to change in response to psychopharmacotherapy with lithium as well as with family-focused therapy. This approach allows for gradual intervention strategies from personalized medicine that may allow us to focus on identifying and treating individual pathological mechanisms, leading to a slightly different array of comorbid symptoms in each case.

In another article, Mani Pavuluri, MD, PhD, and Amber May, MD, take a look at differential treatment of adolescents with BD and ADHD. Our current diagnostic system is afflicted by common, but varying dimensions of comorbidity, which indicates a need to address this in each patient.

By moving beyond Oslerian syndromes that overlap, to the characterization of differing symptom dimensions with distinctive effective interventions targeting varying mechanisms, we may be able to vastly improve the effectiveness of our treatment approaches.