



Effective Health Care

Diagnosis and Treatment of Bipolar Disorder

Nomination Summary Document

Results of Topic Selection Process & Next Steps

- *Diagnosis and Treatment of Bipolar Disorder* was found to be addressed by an evidence-based guideline from the National Institute of Health and Care Excellence (NICE) titled *The management of bipolar disorder in adults, children and adolescents, in primary and secondary care*. Given that the existing guideline is based on a systematic review of the evidence that covers this nomination, no further activity will be undertaken on this topic.
 - 2014 report: National Collaborating Centre for Mental Health. Bipolar disorder: The assessment and management of bipolar disorder in adults, children and young people in primary and secondary care. London (UK): National Institute for Health and Care Excellence (NICE); 2014 Sep. 58 p. (Clinical Guideline; No. 185).
 - 2015 revision: National Institute for Health and Care Excellence (NICE). Depression in children and young people: Identification and management in primary, community and secondary care. March 2015.

Topic Description

Nominator(s): Individual

Nomination Summary: The nominator is interested in an assessment of methods to diagnose bipolar disorder in children and adolescents (<18 years of age) and in how diagnostic approaches and biomarkers compare across subpopulations (e.g., youth of different ages, youth with comorbidities), as well as in the benefits and harms associated with these methods. The nominator is also interested in the comparative effectiveness of interventions to treat bipolar disorder and in the moderators to treatment effectiveness. Also of interest is in treatment effects on youth with comorbidities such as ADHD, anxiety disorder and conduct disorder. The nominator would also like an investigation into the effects of anti-manic treatments on the management of depressive symptoms in youth with bipolar disorder.

Staff-Generated PICO

Population(s): Children and adolescents diagnosed with bipolar disorder

Intervention(s) and Comparator(s): Diagnostic: measurement scales/tools and interviews; status of biomarkers for bipolar disorder in children and adolescents.

Treatment: pharmacologic, psychosocial/behavioral including dialectical behavioral therapy, cognitive behavioral therapy, and psychotherapy; and complementary approaches. Effectiveness in sub-populations, such as youth with comorbidities (e.g., ADHD, anxiety, depression, conduct disorder), youth within different age groups, and youth with certain characteristics (e.g., severity/type of bipolar disorder, family history of

anxiety disorder, parenting behavior/familial context)

Outcome(s): Diagnostic: ability to discriminate bipolar disorder from irritability, disruptive mood dysregulation disorder, and normal mood variation in adolescences; more accurate, timely diagnosis; decreased family and child distress associated with diagnosis/labeling. Treatment: Improvements in patient symptoms and family functioning; improved ability to diagnose bipolar disorder in children and adolescents; increased understanding of potential modifiers of treatment; Decreased treatment/medication side effects.

**Key Questions
from Nominator:**

1. What are the performance characteristics (e.g., sensitivity, specificity) of approaches and/or clinical features/symptoms to diagnose bipolar disorder in children?
2. How do diagnostic methods compare in different subpopulations of children (e.g., by age, comorbidities, and other characteristics)?
3. What biomarkers are valid for bipolar disorder and how do they differ by population characteristics?
4. What are the potential harms of diagnosis for the child and family?
5. What is the effectiveness of interventions to treat bipolar disorder (manic and depressive phases) in children (<18 years of age)?
6. What characteristics of the child (severity/type of bipolar disorder, age, family history, etc.) modify treatment effectiveness?
7. What are the effects of treatment on common medical and mental health comorbidities (ADHD, anxiety, conduct disorder, etc.)?
8. What are the effects of antimanic treatment on management of depressive symptoms in children with bipolar disorder?
9. What are the harms of treatments for bipolar disorder in children?

Considerations

- Diagnosis of bipolar disorder in childhood is complicated as symptoms may mimic typical childhood behavior (e.g., periods of impulsive behavior) and vary based on developmental stage. Consensus on the symptoms constituting a pediatric bipolar diagnosis is lacking as is an understanding of potential biomarkers or risk factors for the disorder. While pharmacotherapy is the mainstay of treatment, uncertainty remains regarding optimal treatment for the disorder in the presence of comorbidities including ADHD, conduct disorder, depression and anxiety.
- This topic was found to be addressed by an updated evidence-based NICE guideline titled *The assessment and management of bipolar disorder in adults, children and young people in primary and secondary care* that appears to comprehensively address this topic, covering diagnosis and treatment of children and young adults. The guideline evaluates the role of specific psychological, psychosocial and pharmacological interventions and the role of psychological and psychosocial interventions in combination with pharmacological interventions in the treatment of bipolar disorder.