

May 22nd, 4:30 PM - 6:00 PM

## Mood Disorders and Trauma: What are the Associations?

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Yael Dvir, Michael Hill, Steven M. Hodge, and Jean A. Frazier, "Mood Disorders and Trauma: What are the Associations?" (May 22, 2012). *UMass Center for Clinical and Translational Science Research Retreat*. Paper 16.  
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**Presenter Information**

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## MOOD DISORDERS AND TRAUMA - WHAT ARE THE ASSOCIATIONS?

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### ABSTRACT

**Objectives:** Mood dysregulation in traumatized children may be misdiagnosed as bipolar disorder (BD) and conversely, the diagnosis of BD overlooked. Our aim is to characterize the relationship between trauma and mood dysregulation and pediatric BD.

**Methods:** We are assessing youths ages 8-18 who present with mood symptoms and past trauma divided into two groups: 1. Trauma+Unmodified DSM-IV-TR BD (T+BD) and 2. Trauma+Mood Disorder NOS (T+MD). Differences in clinical variables between groups are analyzed using t-tests for continuous and chi-square tests for categorical variables ( $\alpha=0.05$ ).

**Results:** Age at onset of trauma for youth with T+BD (n=10) compared with T+MD (n=10) was similar ( $2.6\pm 1.8$  versus  $3.3\pm 1.9$  years;  $p=0.4$ ) as were types of trauma and number of incidents, and age at onset of mood symptoms (T+BD  $7\pm 2.5$  versus T+MD  $7.8\pm 1.8$   $p=0.4$ ). The T+BD group had higher scores on the sexual abuse subscale of the Childhood Trauma Questionnaire ( $p=0.04$ ) and BPRS mania subscale ( $p=0.02$ ), and higher total number of major depressive episodes ( $p=0.04$ ) and manic episodes ( $p=0.03$ ) per the KSCID. Youth with T+BD reported a trend toward higher rates of ideation to self-harm compared to youth with T+MD ( $p=0.08$ ). Both groups had similar PTSD and ADHD symptoms, and similar number of psychotropic medications (BD  $3.6\pm 2.9$  MD  $2.7\pm 2.1$   $p=0.4$ ). Finally, family history findings suggest a trend towards higher rates of any Axis I disorder in the T+BD families ( $p=0.07$ ), and significantly higher rates of anxiety disorders ( $p=0.05$ ), BD ( $p=0.04$ ), and schizophrenia ( $p=0.02$ ).

**Conclusions:** Results suggest differences in clinical presentation and higher rates of BD and schizophrenia in the T+BD families. Taken together, these preliminary results suggest potential biological and genetic vulnerabilities which may predispose children to develop specific mood disorders under certain circumstances; the ability to identify these children early on could change their prognostic trajectory.