Mood Disorders and Trauma – What are the Associations? Future Directions

Yael Dvir
University of Massachusetts Medical School

Let us know how access to this document benefits you.

Follow this and additional works at: https://escholarship.umassmed.edu/psych_pp

Repository Citation

This material is brought to you by eScholarship@UMMS. It has been accepted for inclusion in Psychiatry Publications and Presentations by an authorized administrator of eScholarship@UMMS. For more information, please contact Lisa.Palmer@umassmed.edu.
Background

• Mood dysregulation in traumatized children often is misdiagnosed as Bipolar Disorder (BD) and conversely the diagnosis of BD is often overlooked.

• This presents a diagnostic quagmire that is critical to understand in more depth and to date has received little attention in the literature.

• We aim to characterize the relationship between childhood trauma and mood dysregulation and between childhood trauma and pediatric BD by describing clinical correlates of children with trauma and comorbid mood disorders in a community mental health setting.

Hypothesis

1) Traumatized children with MD NOS frequently do not meet criteria for either Post Traumatic Stress Disorder (PTSD) or BD.

2) Traumatized children who meet full criteria BD are more likely than children with MD NOS to have:
   a) A family history of BD
   b) Mood symptoms predating trauma
   c) Specific neurovegetative symptom clusters

3) Traumatized children with MD NOS who progress to BD over the course of the year will have certain predictors of progression.

Rating Scales

1. Structured Clinical Interview for DSM Disorders, Childhood Disorders Form (KID-SCID)
   • The KID-SCID is a mood module that is used in order to establish the diagnosis of BD.

2. Brief Psychiatric Rating Scale for Children (BPRS-C)
   • The BPRS-C is a 21-item, clinician-based rating scale that is designed for use in evaluating psychiatric problems of children and adolescents.

3. Young Mania Rating Scale (YMRS)
   • The YMRS is a rating scale used to evaluate manic symptoms at baseline and over time in individuals with mania.

4. Children’s Depression Rating Scale-Revised (CDRS-R)
   • The CDRS-R is used in clinical settings to determine depression and monitor treatment response.

5. Childhood Trauma Questionnaire (CTQ)
   • The CTQ is a screening for a history of child abuse and neglect that can be administered to adolescents and adults to identify traumatic childhood conditions.

6. PTSD CheckList –Civilian Version (PCL-C)
   • The PCL is a standardized self-report rating scale for PTSD comprising 17 items that correspond to the key symptoms of PTSD.

7. Attention Deficit Hyperactivity Disorder IV (ADHD-IV) Rating Scale
   • The ADHD-IV is a diagnostic instrument used to assess both children and adolescents for ADHD.

8. Substance Abuse (SA) screen: CRAFFT

Experimental Design

40 youth between the ages of 8-18 years, who present to child psychiatry at Community Healthlink clinics with symptoms of mood dysregulation and history of trauma will be assessed.

Children will be divided into two groups:
• Mood Disorder NOS (MD NOS) (n=20)
• unmodified DSM-IV-TR BD (n=20)

At the end of 6 months, youth with MD NOS will be re-evaluated to determine if progressed to the diagnosis of BD.

Future Directions

• Better understanding the association between trauma and development of mood disorders will increase our knowledge of the diverse effects of such events on youths’ emotional and behavioral development.

• Identifying clinical correlates that help predict later development of BD in mood dysregulated, traumatized youth, will promote future research aimed at identifying biological markers and preventive treatment interventions.