Spedali Civili Brescia

Azienda Ospedaliera

PROGETTO CHIMERA

Riconoscimento e trattamento precoce dei Disturbi dello spettro Bipolare negli adolescenti/giovani

G: Fàzzari, F. Lucchi, A. Placentino

Centro Psicosociale
Brescia Sud - UOP 23
Via Romiglia 1, Brescia

Unità Operativa di Psichiatria n.23 (UOP23)

BACKGROUND

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Via Romiglia 1, Brescia

Paediatr Child Health Vol 6 No 7 September 2001

Child and adolescent bipolar disorder

Laurence Y Katz MD FRCPC[1,2], William P Fleisher MD FRCPC[1,2]
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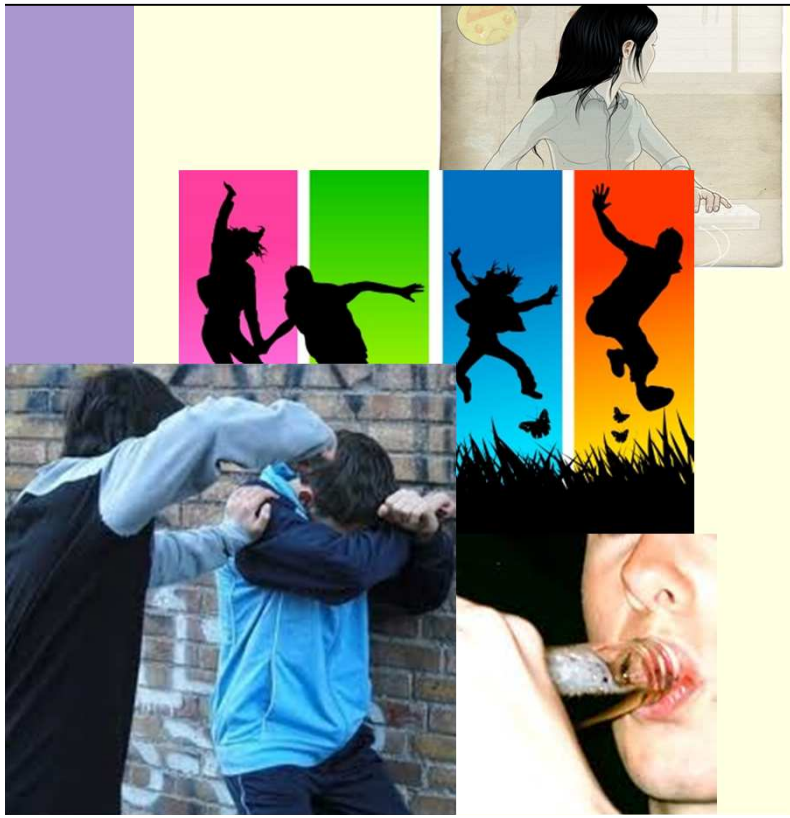
Mental Health Program, Health Sciences Centre, Winnipeg, Manitoba

LY Katz, WP Fleisher. Child and adolescent bipolar disorder. Paediatr Child Health 2001;6(7):439-443.

The present paper provides an overview of child and adolescent bipolar disorder for paediatricians. Epidemiology, premorbid characteristics, clinical characteristics, differential diagnosis, comorbidity, course, prognosis and multimodal treatment are reviewed. The rate of child and adolescent bipolar disorder appears to be increasing. It manifests with symptoms consistent with the developmental level of the patient, which can make diagnosis difficult. Compounding the diagnostic difficulty is the frequent presence of comorbid conditions. Early recognition and treatment are critical given the severe morbidity associated with this condition. Thus, it is essential that paediatricians and other primary care physicians are familiar with this disorder to recognize its presence and activate appropriate multimodal treatment.

Key Words: *Adolescent; Bipolar disorder; Child; Diagnosis; Multimodal treatment*



lence estimates rise significantly (10). Thus, when reading the literature, it is important to notice that *DSM-III-Revised* (3) removed the duration criteria, and, consequently, prevalence estimates using these criteria are substantially higher than those using either *DSM-III* (2) or *DSM-IV* (4). The studies that have been conducted, taken together with information gathered from other sources, suggest that the rate of paediatric bipolar disorder is on the rise (6).

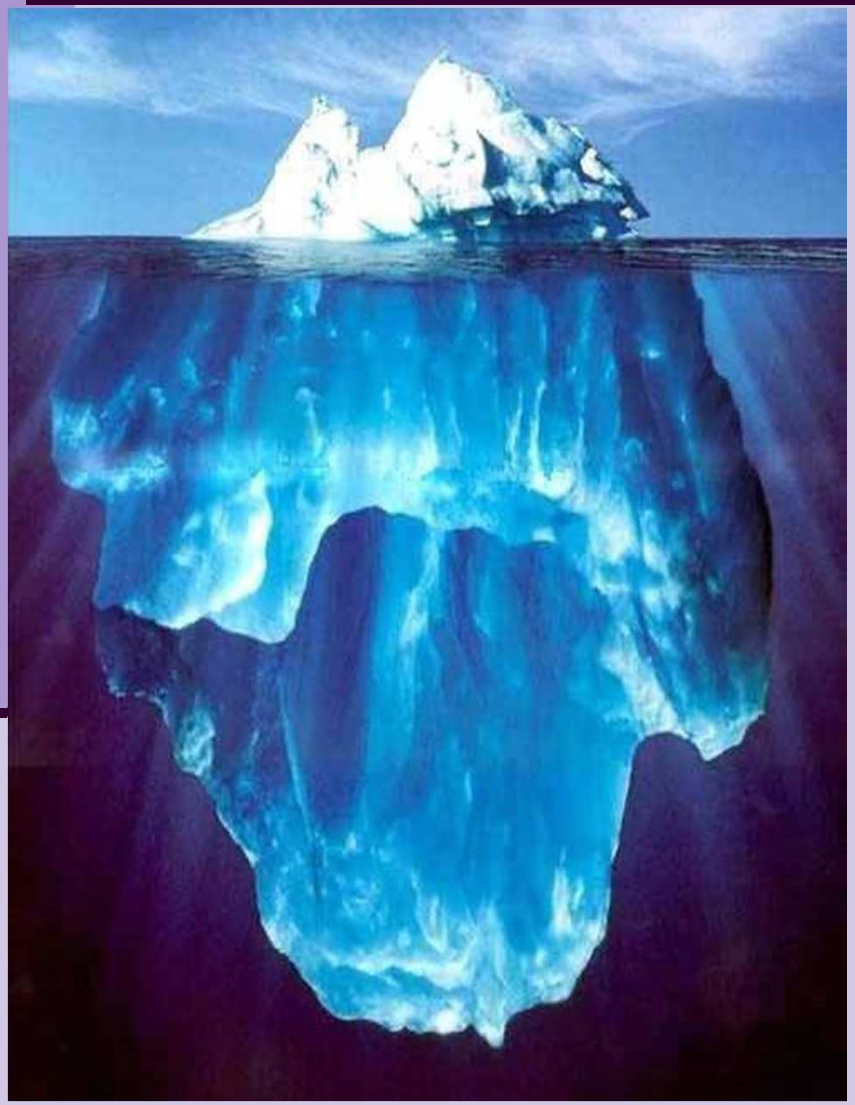
The types of studies that have been reported essentially consist of retrospective reporting or local, community-based surveys. Lish et al (11) conducted a retrospective survey of adult patients with bipolar disorder and asked them to report at what age their symptoms began. Fifty-nine per cent of these adults reported that they had the onset of their symptoms in childhood or adolescence. In a local, community-based school survey of adolescents aged 14 to 18 years, Lewinsohn et al (12) found a combined lifetime prevalence rate of approximately 0.8% for bipolar types I and II, with 85% of these adolescents having had bipolar type II. For the patients with bipolar disorder, initial episodes of illness were generally reported to be depression (11), with a relatively high rate of patients (approximately 30%) 'switching' to mania during the episode (13,14). In comparison, the lifetime prevalence of adult bipolar disorder (including both types I and II) is approximately 1.4% of the general population.

PREMORBID CHARACTERISTICS

There appear to be neurodevelopmental antecedents to paediatric bipolar disorder. Sigurdsson et al (15) found that patients with bipolar disorder (compared with those with depression alone) are more likely to have experienced delayed language, social or motor development. As well, patients with paediatric bipolar disorder often have initial manifestations of ADHD and/or conduct disorder (16-18). However,

La letteratura scientifica mette in evidenza un early onset del disturbo bipolare

The Bipolar Spectrum: Tip of the Iceberg



Bipolar I, or II

Labelled bipolar but actually subsyndromal or prodromal

High risk with "cyclotaxia"
elevated mood with irritability and rapid mood fluctuations

High functioning restless, eager people (Jamison; Kessler, 2005)

Youngstrom, 2005

Treatment of the early stages of bipolar disorder

ARTICLE

Thomas Elias Elanjithara, Sophia Frangou & Philip McGuire

SUMMARY

For many patients with bipolar disorder there is a long delay between the onset of illness and receiving a diagnosis and the initiation of treatment. This may have an adverse effect on the clinical outcome. Early intervention in bipolar disorder has received less attention than in schizophrenia, and there are relatively few specialist services in this area. This article reviews the literature on the early detection of bipolar disorder and on the effectiveness of pharmacological, psychological and psychosocial interventions in the early phase of the disorder.

DECLARATION OF INTEREST

None.

Current management strategies for bipolar disorder focus on the treatment of acute episodes, relapse prevention and maintenance therapies (National Institute for Health and Clinical Excellence 2006). To date, early intervention in bipolar disorder has received relatively little attention, in contrast to the increasing numbers of articles published in recent years on early intervention in schizophrenia.

Bipolar disorder affects about 1% of the population worldwide. A recent international study reported that the median age at onset is 24 years for men and 27 years for women, with a range of 10 to 42 years (Baldessarini 2009). In the majority of patients, bipolar disorder runs a chronic course, associated with significant morbidity in psychological, social and physical health (Kupfer 2005). The estimated cost of bipolar disorder in the UK is £4.59 billion (estimated 2007 value; Fajutrao 2009), including both direct costs such as those of hospitalisation for acute episodes, and indirect costs such as those of unemployment and suicide.

The need for intervention in the early stages of bipolar disorder

Arguably the most significant challenge is the timely recognition and treatment of the disorder. A large body of evidence across many different countries and service delivery systems has consistently reported delays of several years in making a diagnosis. In a study investigating history of illness prior to diagnosis in 240 patients

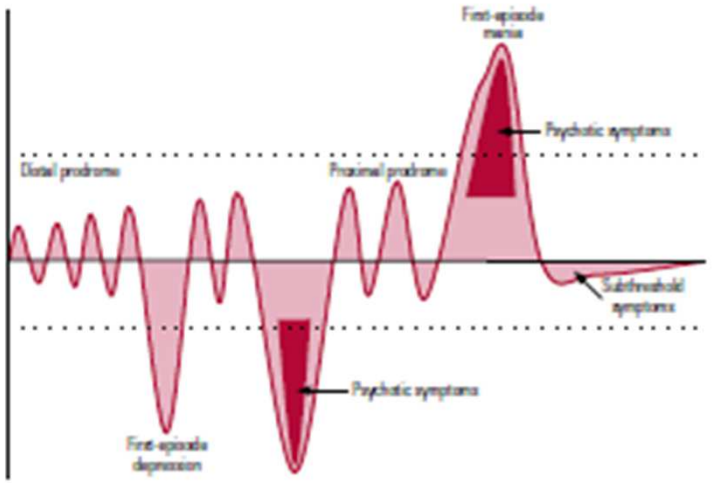


FIG 1 Simplified representation of the early stages of bipolar disorder. This figure does not include all clinical subgroups and presentations of the disorder. The shaded areas represent mood changes in relation to the euthymic state (black horizontal line) over a period of years spanning from teenage to early adulthood. The dotted lines indicate the current thresholds for diagnosis of manic and depressive episodes.

BOX 1 Bipolar I and bipolar II disorder

Bipolar I disorder

Characterised by at least one manic episode or mixed episode (clear manic and depressive features present in the same episode). There may also be a history of depressive episodes, although these are not necessary for establishing a diagnosis.

Bipolar II disorder

Characterised by one or more major depressive episodes, together with at least one hypomanic episode in the clinical course.

(American Psychiatric Association 1994)

National Institute of Mental Health
Transforming the understanding and treatment of mental illness through research

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Bipolar Disorder in Children and Teens (Easy to Read)

- Does your child go through intense mood changes?
- What is bipolar disorder?
- Who develops bipolar disorder?
- How is bipolar disorder different in children and teens than it is in adults?
- What causes bipolar disorder?
- What are the symptoms of bipolar disorder?
- Do children and teens with bipolar disorder have other problems?
- How is bipolar disorder diagnosed?
- How is bipolar disorder treated?
- What can children and teens expect from treatment?
- How can I help my child or teen?
- How does bipolar disorder affect parents and family?
- Where do I go for help?
- I know a child or teen who is in crisis.

An easy-to-read booklet on Bipolar Disorder in children and teens that explains what it is, when it starts and how to get help.

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Does your child go through intense mood changes?

Does your child have extreme behavior changes too? Does your child get too excited or silly sometimes? Do you notice he or she is very sad at other times? Do these changes affect how your child acts at school or at home?

Some children and teens with these symptoms may have **bipolar disorder**, a serious mental illness. Read this brochure to find out more.

What is bipolar disorder?

Bipolar disorder is a serious brain illness. It is also called manic-depressive illness. Children

I ragazzi attraversano intensi variazioni d'umore?
Cos'è il disturbo bipolare?
Che cosa causa il disturbo bipolare?

Bipolar Disorder
in Children and Teens

Does your child go through intense mood changes? Does your child have extreme behavior changes too? Does your child get too excited or silly sometimes? Do you notice he or she is very sad at other times? Do these changes affect how your child acts at school or at home?

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What is bipolar disorder?

Models are used for illustrative purposes only.

Bipolar disorder is a serious brain illness. It is also called manic-depressive illness. Children with bipolar disorder go through unusual mood changes. Sometimes they feel very happy or "up," and are much more active than usual. This is called **mania**. And sometimes children with bipolar disorder feel very sad and "down," and are much less active than usual. This is called **depression**.

Bipolar disorder is not the same as the normal ups and downs every kid goes through. Bipolar symptoms are more powerful than that. The illness can make it hard for a child to do well in school or get along with friends and family members. The illness can also be dangerous. Some young people with bipolar disorder try to hurt themselves or attempt suicide.

Children and teens with bipolar disorder should get treatment. With help, they can manage their symptoms and lead successful lives.

Who develops bipolar disorder?

Anyone can develop bipolar disorder, including children and teens. However, most people with bipolar disorder develop it in their late teen or early adult years. The illness usually lasts a lifetime.

How is bipolar disorder different in children and teens than it is in adults?

When children develop the illness, it is called **early-onset bipolar disorder**. This type can be more severe than bipolar disorder in older teens and adults. Also, young people with bipolar disorder may have symptoms more often and switch moods more frequently than adults with the illness.

What causes bipolar disorder?

Several factors may contribute to bipolar disorder, including:

- **Genes**, because the illness runs in families. Children with a parent or sibling with bipolar disorder are more likely to get the illness than other children.
- **Abnormal brain structure** and **brain function**.
- **Anxiety disorders**. Children with anxiety disorders are more likely to develop bipolar disorder.

The causes of bipolar disorder aren't always clear. Scientists are studying it to find out more about possible causes and risk factors. This research may help doctors predict whether a person will get bipolar disorder. One day, it may also help doctors prevent the illness in some people.

What are the symptoms of bipolar disorder?

Bipolar mood changes are called "mood episodes." Your child may have manic episodes, depressive episodes, or "mixed" episodes. A mixed episode has both manic and depressive symptoms. Children and teens with bipolar disorder may have more mixed episodes than adults with the illness.

Mood episodes last a week or two—sometimes longer. During an episode, the symptoms last every day for most of the day.

Mood episodes are intense. The feelings are strong and happen along with extreme changes in behavior and energy levels.

Children and teens having a manic episode may:

- Feel very happy or act silly in a way that's unusual
- Have a very short temper
- Talk really fast about a lot of different things
- Have trouble sleeping but not feel tired
- Have trouble staying focused
- Talk and think about sex more often
- Do risky things.

Children and teens having a depressive episode may:

- Feel very sad
- Complain about pain a lot, like stomachaches and headaches
- Sleep too little or too much

Come si tratta il disturbo bipolare?
Cosa si possono aspettare i ragazzi dal trattamento?

- Feel guilty and worthless
- Eat too little or too much
- Have little energy and no interest in fun activities
- Think about death or suicide.

Do children and teens with bipolar disorder have other problems?

Bipolar disorder in young people can co-exist with several problems.

- **Substance abuse.** Both adults and kids with bipolar disorder are at risk of drinking or taking drugs.
- **Attention deficit/hyperactivity disorder, or ADHD.** Children with bipolar disorder and ADHD may have trouble staying focused.
- **Anxiety disorders, like separation anxiety.** Children with both types of disorders may need to go to the hospital more often than other people with bipolar disorder.
- **Other mental illnesses, like depression.** Some mental illnesses cause symptoms that look like bipolar disorder. Tell a doctor about any manic or depressive symptoms your child has had.

Sometimes behavior problems go along with mood episodes. Young people may take a lot of risks, like drive too fast or spend too much money. Some young people with bipolar disorder think about suicide. **Watch out for any sign of suicidal thinking. Take these signs seriously and call your child's doctor.**

How is bipolar disorder diagnosed?

An experienced doctor will carefully examine your child. There are no blood tests or brain scans that can diagnose bipolar disorder. Instead, the doctor will ask questions about your child's mood and sleeping patterns. The doctor will also ask about your child's energy and behavior. Sometimes doctors need to know about medical problems in your family, such as depression or alcoholism. The doctor may use tests to see if an illness other than bipolar disorder is causing your child's symptoms.

How is bipolar disorder treated?

Right now, there is no cure for bipolar disorder. Doctors often treat children who have the illness in a similar way they treat adults. Treatment can help control symptoms. Treatment works best when it is ongoing, instead of on and off.

1. **Medication.** Different types of medication can help. Children respond to medications in different ways, so the type of medication depends on the child. Some children may need more than one type of medication because their symptoms are so complex. Sometimes they need to try different types of medicine to see which are best for them.

   Children should take the fewest number and smallest amounts of medications as possible to help their symptoms. A good way to remember this is "start low, go slow." Also, medications can cause side effects. **Always tell your child's doctor about any problems with side effects.** Do not stop giving your child medication without a doctor's help. Stopping medication suddenly can be dangerous, and it can make bipolar symptoms worse.

2. **Therapy.** Different kinds of psychotherapy, or "talk" therapy, can help children with bipolar disorder. Therapy can help children change their behavior and manage their routines. It can also help young people get along better with family and friends. Sometimes therapy includes family members.

What can children and teens expect from treatment?

With treatment, children and teens with bipolar disorder can get better over time. It helps when doctors, parents, and young people work together.

Sometimes a child's bipolar disorder changes. When this happens, treatment needs to change too. For example, your child may need to try a different medication. The doctor may also recommend other treatment changes. Symptoms may come back after a while, and more adjustments may be needed. Treatment can take time, but sticking with it helps many children and teens have fewer bipolar symptoms.

You can help treatment be more effective. Try keeping a chart of your child's moods, behaviors, and sleep patterns. This is called a "daily life chart" or "mood chart." It can help you and your child understand and track the illness. A chart can also help the doctor see whether treatment is working.

Come posso aiutare i ragazzi? A chi mi posso rivolgere per ottenere un aiuto?

How can I help my child or teen?

Help your child or teen get the right diagnosis and treatment. If you think he or she may have bipolar disorder, make an appointment with your family doctor to talk about the symptoms you notice.

If your child has bipolar disorder, here are some basic things you can do:

- Be patient
- Encourage your child to talk, and listen to him or her carefully
- Be understanding about mood episodes
- Help your child have fun
- Help your child understand that treatment can help him or her get better.

How does bipolar disorder affect parents and family?

Taking care of a child or teenager with bipolar disorder can be stressful for you too. You have to cope with the mood swings and other problems, such as short tempers and risky activities. This can challenge any parent. Sometimes the stress can strain your relationships with other people, and you may miss work or lose free time.

If you are taking care of a child with bipolar disorder, take care of yourself too. If you keep your stress level down you will do a better job. It might help your child get better too.

Where do I go for help?

If you're not sure where to get help, call your family doctor. You can also check the phone book for mental health professionals. Hospital doctors can help in an emergency.

I know a child or teen who is in crisis. What do I do?

If you know a child who is in crisis, get help quickly.

- Do not leave him or her alone
- Call your doctor
- Call 911 or go to the emergency room
- Call a toll-free suicide hotline: 1-800-273-TALK (8255) for the National Suicide Prevention Lifeline. The TTY number is 1-800-799-4TTY (4889).

Contact us to find out more about bipolar disorder.

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Allegato 13

Area salute mentale

La ***programmazione*** *per l'area della salute mentale nel 2012* prende le mosse dagli obiettivi di sviluppo raggiunti negli ultimi anni e dalle innovazioni introdotte in psichiatria all'interno del sistema sanitario lombardo.

I risultati ottenuti dimostrano che il sistema si è sviluppato, che sono stati effettuati degli investimenti significativi nell'ambito della Salute Mentale e che può essere utile studiare e sperimentare nuovi modelli di finanziamento / remunerazione

Tra i temi prioritari, quello dell'***integrazione*** è sempre più attuale e da incrementare, con il fondamentale ruolo svolto dagli OCSM per favorire la collaborazione tra soggetti istituzionali e non istituzionali del territorio.

La programmazione nel 2012 per l'***area NPIA*** deve evidenziare quanto emerso dalla rilevazione delle attività ordinarie, dal lavoro dei progetti regionali attuati e dal contributo del GAT sull'acuzie psichiatrica in adolescenza, nonché i nuovi progetti di NPIA e le aree prioritarie di intervento e di approfondimento previste nel 2012.

In tale ambito va inserito il problema di una maggiore integrazione di Psichiatria e NPIA per l'area dei disturbi psichici in adolescenza, sia rispetto all'intervento in urgenza e al ricovero di adolescenti con quadri acuti, sia riguardo alle modalità di prevenzione e di trattamento territoriale dei disturbi nella fascia 16-18 anni. L'interesse per questa area di passaggio all'età giovanile, di grande rilievo prognostico e preventivo, deve rappresentare un primo terreno in cui mettere a frutto le esperienze innovative svolte, allo scopo di unire conoscenze e competenze tra NPIA e Psichiatria ed elaborare nuove linee di intervento.

Occorre quindi mantenere e sviluppare la centralità dell'attività ***territoriale***, il cui trend é cresciuto in termini di accessibilità e di specificità, grazie al contributo dei programmi innovativi favorendo e monitorando lo sviluppo della collaborazione tra i Dipartimenti ed i MMG; l'attuazione distinta dei percorsi di diagnosi e di cura, l'implementazione del case manager e del PTI (piano di trattamento individuale) come pratica da generalizzare per il trattamento personalizzato del paziente con disturbi psichici gravi e complessi.

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OBIETTIVI

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Obiettivo generale

La finalità del progetto è di sperimentare, con soggetti pubblici e del privato sociale del territorio di compentenza della UOP 23, modalità operative ed interventi di prevenzione primaria e secondaria, con **l'obiettivo di favorire il riconoscimento precoce e il trattamento di giovani affetti da disturbi dell'umore afferenti allo spettro bipolare**

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- **Costruzione di una rete territoriale e tra i servizi per il riconoscimento precoce e la valutazione di adolescenti a rischio per disturbi dell'umore dello spettro bipolare.**

- **Definizione ed implementazione di un percorso diagnostico-terapeutico assistenziale per adolescenti e giovani con un coinvolgimento di tutte le figure professionali dei servizi territoriali della UOP23.**

- **Supporto alle famiglie con figli che soddisfano i criteri di inclusione del progetto o che hanno un genitore affetto da disturbo bipolare con una rilevata difficoltà nell'adesione al ruolo genitoriale e/o la presenza con figli con indicatori di rischio per disturbi dell'umore**

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Criteri di inclusione

- Soggetti di età compresa tra i 16-24

- Disturbo dell'umore afferente allo spettro bipolare

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METODOLOGIA

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Sviluppo della rete territoriale del progetto

UONPIA - UOP23

-
Presentazione/passaggio di casi
-Interventi integrati

GRUPPO ELEFANTI VOLANTI ANDROPOLIS
CONSORZIO DI COOPERATIVE SOCIALI

-UOP23

Interventi integrati presso i servizi di appartenenza (CAG, Consultorio, CPS)

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Percorsi di cura e riabilitazione individualizzati

Valutazione diagnostica

Presa in carico =>

Piano di Trattamento Individualizzato.

Pacchetti di interventi di base:

-Visite colloquio psichiatriche/psicologiche

-colloqui con famigliari

- Kiddie-Sads-Present and Lifetime Version (K-SADS-PL) (Kaufman et al., 1996),
- Symptom Checklist 90 (SCL90) (Derogatis, 1983),
- Parental General Behavior Inventory (P-GBI) (Youngstrom et al., 2001).
- GAF
- CGI

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Interventi di gruppo

- Psicoeducazione per pz affetti da disturbo bipolare
- Psicoeducazione per famigliari di adolescenti affetti da disturbo bipolare
- Gruppo di supporto ai familiari (sostegno alla genitorialità)

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Interventi presso il CAG e le scuole superiori

Atelier ArTeA

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Progetto Chimera (2010-2015)

Prevenzione e trattamento di giovani affetti da DB

- Prevenzione I
  - Interventi informativi
    - Scuole superiori
    - CAG
  - Laboratorio
- Prevenzione II
  - Interventi Valutazione
  - Interventi individuali
    - pz
    - fam
  - Interventi di gruppo
    - pz
    - fam
  - Interventi riabilitativi (CD)

UONPIA

Privato sociale

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RISULTATI PRELIMINARI

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Prevenzione I

Anno 2010-2012

- Incontri informativi (format “emotivo cognitivo”) in 3 scuole superiori (fattori di rischio e disturbi mentali) => n. 580 studenti
- Incontri informativi-interattivi in piccoli gruppi per famigliari di minori afferenti al CAG => 40 familiari per il 95% extracomunitari (Gli stili di vita e i fattori di rischio che favoriscono/ostacolano la crescita dei figli; Dal disagio al disturbo in età evolutiva: quali rischi, cosa osservare e cosa fare)
- Laboratorio di arteterapia=> 50 adolescenti, (1 volta a settimana)

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Prevenzione II

Anno 2010-2013

Tot. interventi: n.=429

n.=102	Anno 2010-2013	n.	%
Genere	M	56	**55**
	F	46	45
Età	>18	39	38
	18-24	63	**62**
Stato civile	Celibe/nubile	100	**98**
	Coniugato	2	2
Titolo di studio	Medie inferiori	80	**78**
	Medie superiori	22	22
Situazione abitativa	solo	2	2
	In famiglia	73	**72**
	altro	27	26
Occupazione	Disoccupato/in cerca prima occ	32	32
	studente	58	**57**
	Operario/lavori occasionali	12	11

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Prevenzione II

Anno -2014-2015

n.=85	Anno 2014-2015	n.	%
Genere	M	46	**54**
	F	39	**48**
Età	<18	20	**24**
	18-24	65	**76**

Totale interventi
2014
1597*
56**

- *Interventi riconducibili al paziente
- **Interventi non riconducibili al paziente

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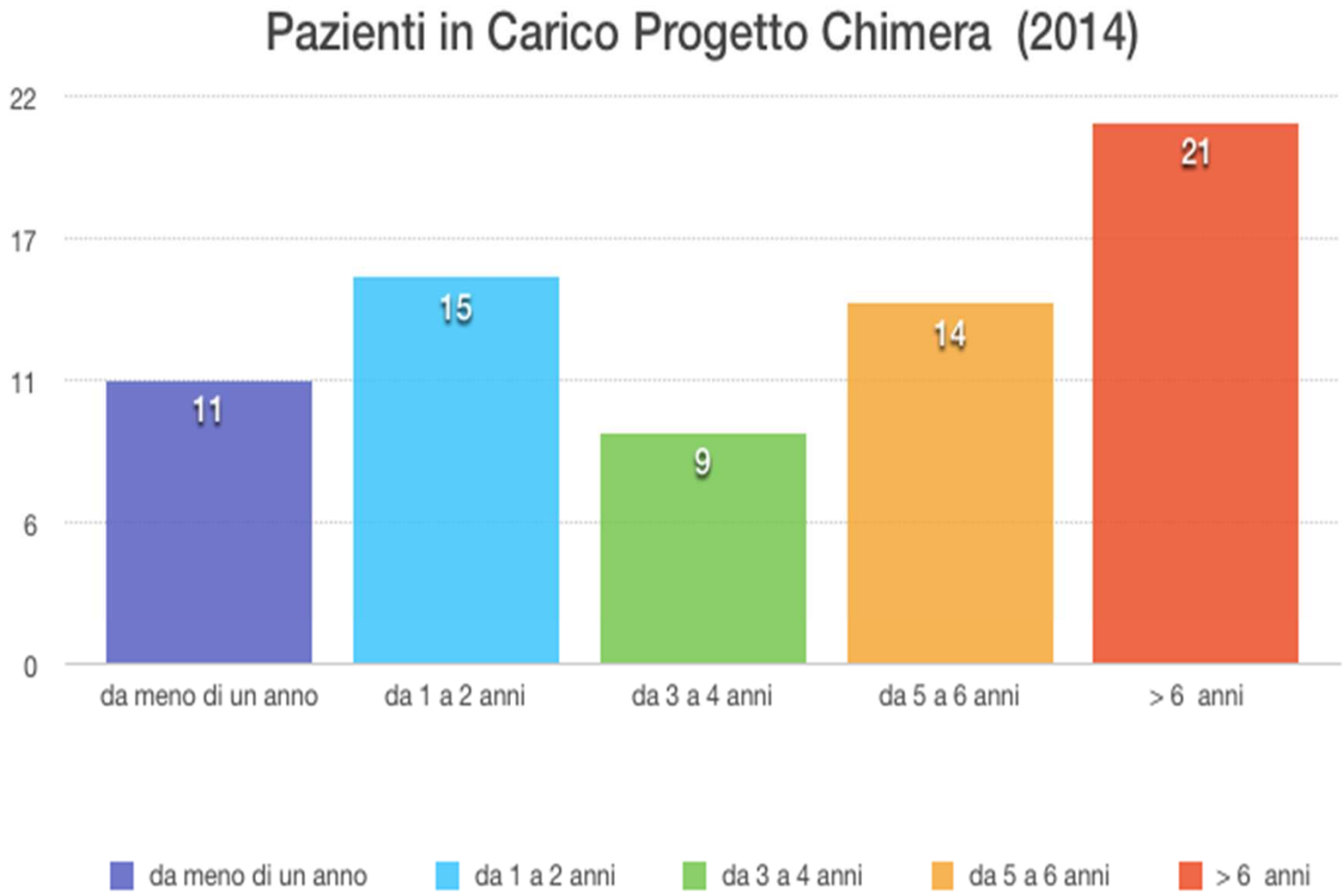
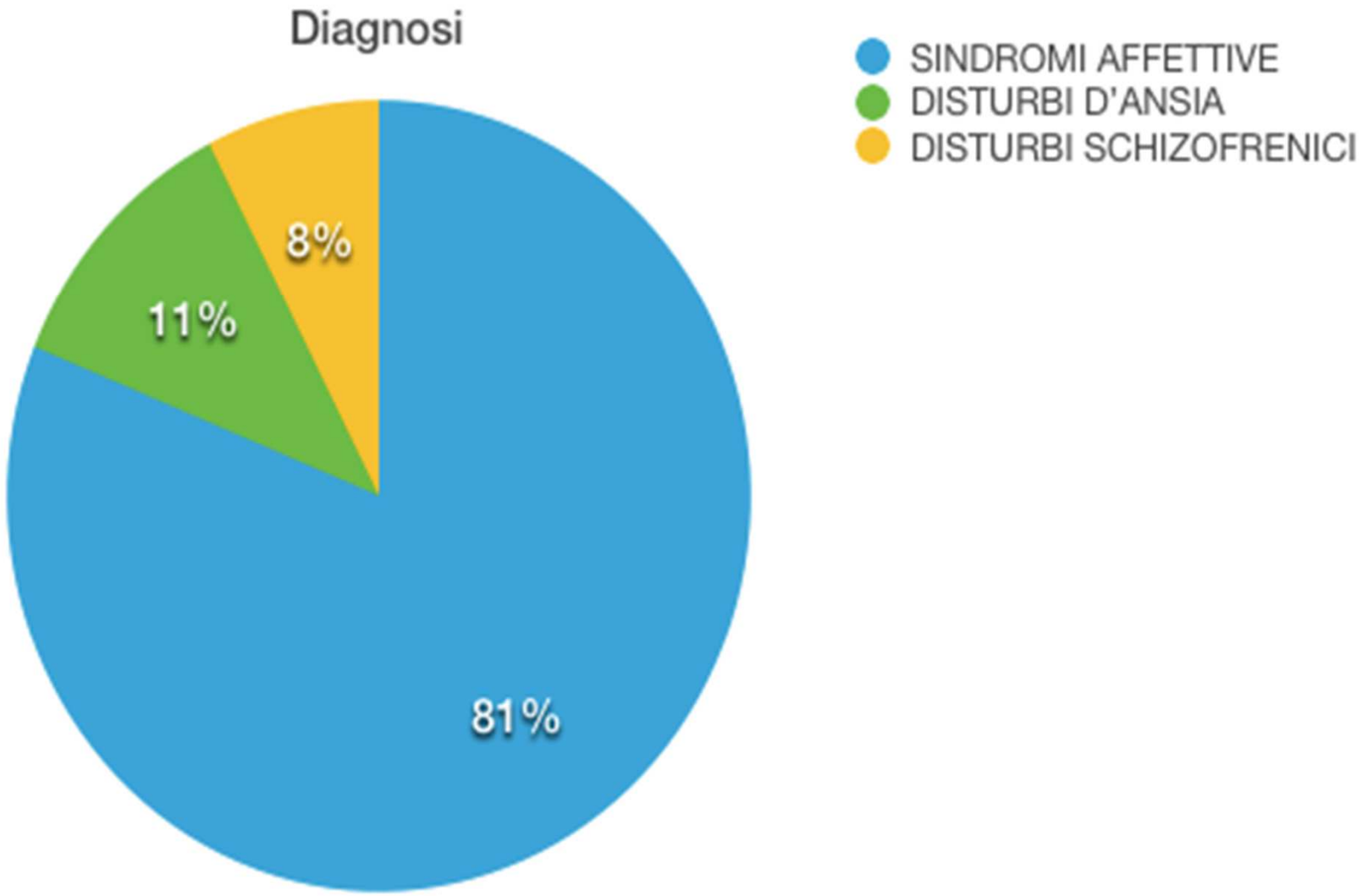
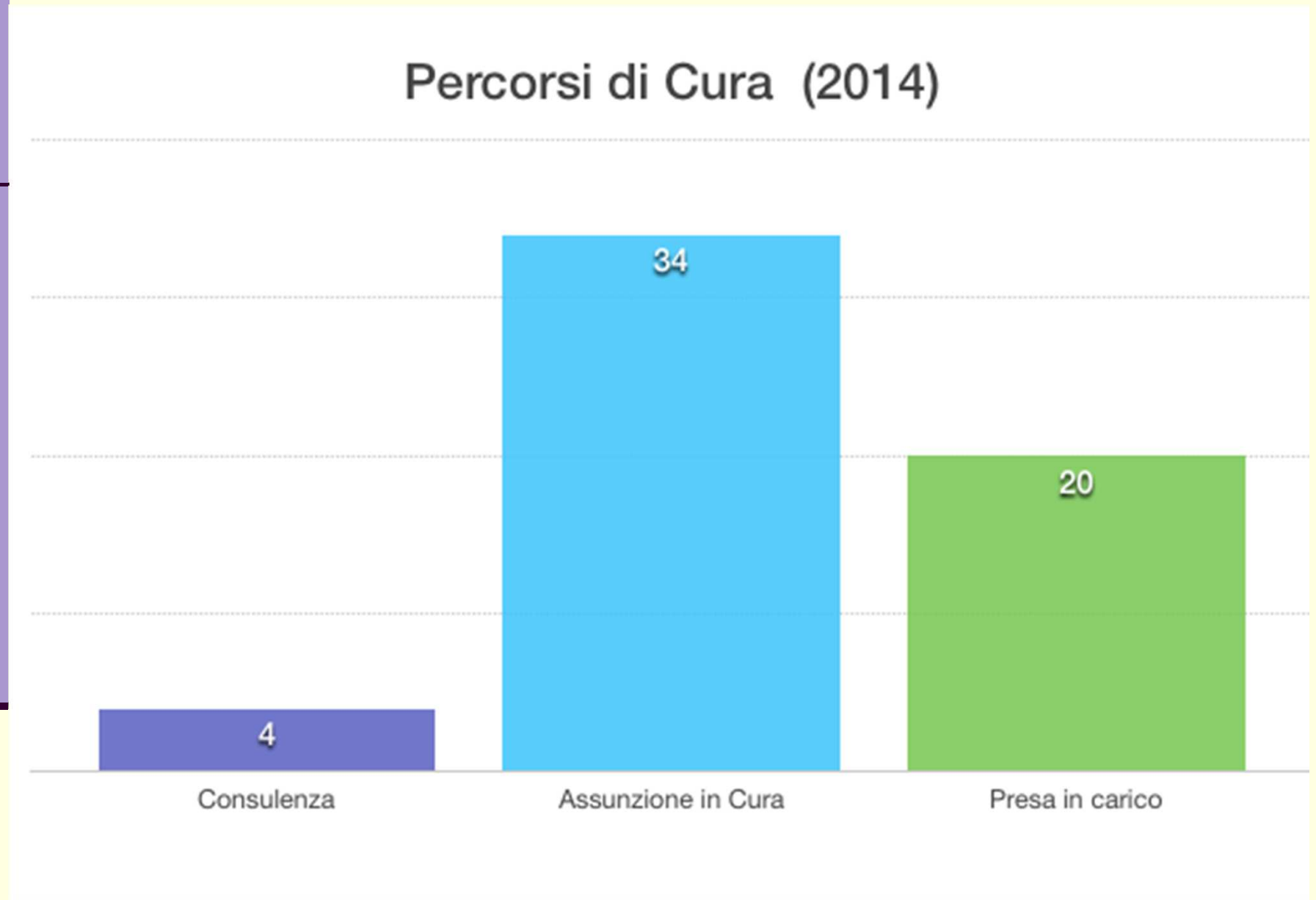

Pazienti in Carico Progetto Chimera (2014)
22
17
11
6
0
11
15
9
14
21
da meno di un anno
da 1 a 2 anni
da 3 a 4 anni
da 5 a 6 anni
> 6 anni
da meno di un anno
da 1 a 2 anni
da 3 a 4 anni
da 5 a 6 anni
> 6 anni


Diagnosi
SINDROMI AFFETTIVE
DISTURBI D'ANSIA
DISTURBI SCHIZOFRENICI
8%
11%
81%


Percorsi di Cura (2014)
34
20
4
Consulenza
Assunzione in Cura
Presa in carico

CONCLUSIONI

- Riconoscimento ed avvio al trattamento precoce di adolescenti/giovani affetti da DB
- Ampliamento degli interventi di prevenzione I e II indirizzati a soggetti adolescenti comprendenti la fascia 16-18a.
- Ampliamento dell'offerta degli interventi e il supporto delle famiglie
- Avvio un dialogo più ampio e continuo tra UONPIA e UOP23
- Proseguire la fattiva collaborazione con il Consultorio Crescere Insieme (Gruppo EVA) con cui stiamo effettivamente collaborando bene su diverse situazioni anche della Tutela Minori.

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Grazie per l’attenzione!