

Risk for Substance Use Disorders in Youths With Child- and Adolescent-Onset Bipolar Disorder

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ABSTRACT

Objective: Previous work in adults has suggested that early-onset bipolar disorder (BPD) is associated with an elevated risk for substance use disorders (SUD). To this end, the authors assessed the risk for SUD in child- versus adolescent-onset BPD with attention to comorbid psychopathology. **Method:** All youths (aged 13–18 years) with available structured psychiatric interviews were studied systematically. From clinic subjects ($N = 333$), 86 subjects with *DSM-III-R* BPD were identified. To evaluate the risk for SUD and BPD while attending to developmental issues, the authors stratified the BPD sample into those with child-onset BPD (≤ 12 years of age, $n = 50$) and those with adolescent-onset BPD (13–18 years of age, $n = 36$). **Results:** In mid-adolescence, youths with adolescent-onset BPD were at significantly increased risk for SUD relative to those with child-onset BPD (39% versus 8%; $p = .001$). Compared with those with child-onset BPD, those with adolescent-onset BPD had 8.8 times the risk for SUD (95% confidence interval = 2.2–34.7; $\chi^2_7 = 9.7$, $p = .002$). The presence of conduct disorder or other comorbid psychopathology within BPD did not account for the risk for SUD. **Conclusions:** Adolescent-onset BPD is associated with a much higher risk for SUD than child-onset BPD, which was not accounted for by conduct disorder or other comorbid psychopathology. Youths with adolescent-onset BPD should be monitored and educated about SUD risk. The identification and treatment of manic symptomatology may offer therapeutic opportunities to decrease the risk for SUD in these high-risk youths. *J. Am. Acad. Child Adolesc. Psychiatry*, 1999, 38(6):680–685. **Key Words:** adolescent, mania, bipolar disorder, substance abuse.

Bipolar disorder (BPD) is an increasingly recognized serious psychopathological condition affecting children and adolescents (Weller et al., 1986; Wozniak et al., 1995). Whereas prepubescent youths often have prominent mood lability, irritability, and aggressiveness, adolescents may begin to manifest more typical symptoms of adult bipolarity including depression, mania, psychosis, risk-taking behaviors, and poor judgment (Carlson, 1983; Geller et al., 1995). BPD in youths is highly comorbid, with both internalizing and externalizing psychopathology (Geller and Luby, 1997; Wozniak et al., 1995).

In addition to psychiatric comorbidity, an emerging literature also suggests an excessive and bidirectional

overlap between BPD and substance use disorders (SUD, including drug and alcohol abuse or dependence) in youths (Biederman et al., 1997b; Dunner and Feinman, 1995; West et al., 1996; Wilens et al., 1997b). Studies indicate that juvenile-onset BPD may be a risk factor for SUD. For example, a prospective study of children and adolescents with and without attention-deficit/hyperactivity disorder (ADHD) found that early-onset BPD was a risk factor for SUD independently of ADHD (Biederman et al., 1997b). Similarly, controlled studies in adults show that BPD is often an antecedent and is strongly associated with SUD (Dunner and Feinman, 1995; Wilens et al., 1997b). BPD has also been shown to be overrepresented in youths with SUD. West and colleagues (1996) reported that 40% of inpatient adolescents with BPD suffered from SUD. Likewise, we previously reported that psychiatrically referred adolescent outpatients with SUD were more likely than those without SUD to have comorbid BPD (Wilens et al., 1997a).

Although these studies suggest an association between BPD and SUD, several uncertainties remain. Our group

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