

# CU Professor To Study Effectiveness Of Treating Children At Risk For Bipolar Disorder

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A University of Colorado at Boulder researcher is leading a new study to determine if early treatment of children with a high risk of developing bipolar disorder can help head off the disease's effects before they severely disrupt people's lives.

This summer CU-Boulder psychology Professor David Miklowitz received a \$600,000 grant to fund a new study of family psychoeducational treatment from the National Institute of Mental Health. Dr. Kiki Chang of Stanford University is a co-principal investigator on the project.

"We've known for a long time that bipolar disorder strongly impairs the functioning of people who suffer from it and causes considerable distress for their families," Miklowitz said. "Typically, a person undergoes treatment only after he or she is already diagnosed with bipolar disorder. This study is different in that it will help us determine whether we can minimize future impairments by intervening prior to the first illness episode."

Bipolar disorder torments its victims with wild mood swings between periods of abnormally high energy, called mania, and debilitating bouts of extreme depression. Left untreated the disease can damage families, split up marriages, cause job loss or numerous problems in school and even lead to suicide.

Miklowitz, who has been studying the disease for more than 25 years, pioneered a treatment method for adults called family-focused therapy. The treatment, given in conjunction with medication, includes the patients and their family members and focuses on family coping, communication and problem solving.

In the new study, Miklowitz and colleagues will develop a version of family-focused treatment specifically for children ages 9-17 who are at high risk of developing bipolar disorder. Children are considered high risk for developing the disease if they have some bipolar symptoms -- but not enough for a formal diagnosis -- and have an immediate family member with the disease.

Current research suggests that onset during childhood is more common than previously thought, and is often a sign of a more severe form of the disorder.

While fully controlling the ups and downs of bipolar disorder is not possible, doctors can delay patients' relapses into debilitating periods of depression and manic behavior.

"One of the key questions we're asking is, if you intervene early with family-focused treatment, do you actually delay the onset of the full disorder, or perhaps reduce its severity once it has manifested," Miklowitz said.

He was a co-principal investigator of the Systematic Treatment Enhancement Program, the largest federally funded study of bipolar disorder. The \$27 million, seven-year study found that patients who receive psychotherapy, including family-focused therapy, in addition to medication, get better faster from bipolar disorder's debilitating depressive phases and stay better longer. Miklowitz's results were published in the April edition of the Archives of General Psychiatry.

Bipolar disorder is inherited and caused by a biochemical imbalance in the brain. It affects an estimated 5.7 million Americans, many of whom develop the disorder in their teens or as young adults.

A podcast featuring Miklowitz discussing his bipolar disorder research can be heard on the Web at [www.colorado.edu/news/podcasts/](http://www.colorado.edu/news/podcasts/).

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**URL:** <http://www.colorado.edu/news/releases/2007/333.html>