



Anne Duffy studies the children of people with bipolar disorder to identify what factors make children with a family history more susceptible to the disorder.

Dr. Anne Duffy Child & Adolescent Psychiatry

Heading off bipolar disorder at the pass: Anne Duffy seeks early indicators for early intervention

Child and adolescent psychiatrist Dr. Anne Duffy knows the stakes are high when it comes to youth at high risk for a serious psychiatric illness like bipolar disorder. Untreated bipolar can seriously impair a person's ability to pursue a rewarding career and maintain strong personal relationships. Worse, people with poorly managed bipolar disorder are 25 times more likely to commit suicide than the general population.

Yet there is hope. "The earlier bipolar disorder is recognized and appropriately treated, the greater the chance the patient will respond to medication and flourish in their life," says Anne. She and her team in the *Flourish: Mood Disorders Clinical Research Program* are looking for ways to identify young people who have an especially high risk for developing bipolar disorder—*before* they reach full-blown illness.

It can be difficult to correctly diagnose bipolar disorder in its early stages, because it often begins with depressive episodes. Unfortunately, if these patients are mistakenly treated with antidepressant drugs, they may become agitated, manic, or more depressed.

To correctly diagnose bipolar disorder in depressed teenagers, clinicians must take a detailed family history. "Children of affected parents are 10 times more likely than the general population to develop the disorder," says Anne, "so family history provides critical information."

Because family history is such a compelling risk factor, Anne is using family ties in her research quest to find early markers of bipolar disorder. By working with Capital Health adult psychiatrist Dr. Martin Alda, she is able to identify children of bipolar patients and enroll them in the Flourish program at the IWK.

These high-risk young people see Anne and her team at least once a year for a comprehensive psychiatric evaluation that examines such things as their moods and feelings, reactivity to life events, relationships, and exposure to their parents' illness. The youngsters may also consent to provide blood samples to be searched for biochemical changes that may unfold as the disease develops. The researchers complete the same assessments with a comparison group of children who do not have a family history of bipolar disorder.

"By comparing these two groups over time, we will be able to identify early markers and risk factors related to the onset of the disorder," says Anne. "Early markers will enable us to pinpoint young people at ULTRA-HIGH risk for bipolar disorder. Once we have reliable ways to identify these youngsters, we can intervene early with effective treatments to head off the development of the disease and prevent the profound episodes of depression and extreme behaviours that it brings."

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