**New York** — Sparse evidence from double-blind, placebo-controlled trials backs the effectiveness of treatments for acute mania in children and adolescents with bipolar I disorder, but results from ongoing trials should be available soon, Dr. Gabrielle A. Carlson said at a psychiatry conference sponsored by the American Academy of Child and Adolescent Psychiatry.

Double-blind, placebo-controlled trials have been conducted with olanzapine (Zyprexa), topiramate (Topamax), and oxcarbazepine (Trileptal) for the treatment of acute mania in children and adolescents, but other drug trials are yet to be completed, said Dr. Carlson, director of child and adolescent psychiatry at the State University of New York at Stony Brook.

Trials of that nature are underway for divalproex (Depakote) and the atypical antipsychotics risperidone (Risperdal), quetiapine (Serzone), ziprasidone (Geodon), and aripiprazole (Abilify). No trials have been planned for lithium or clonazepam (Clorazap).

Based on the primary end point of the amount of change in the Young Mania Rating Scale (YMRS) from baseline, only olanzapine has shown statistically significant efficacy, in comparison with placebo. Topiramate and oxcarbazepine have not reached statistical significance on this end point in a double-blind, placebo-controlled trial, she said.

In the olanzapine trial of patients aged 13-17 years, 49% of the 107 adolescents who received active treatment vs. 35% for the placebo group appeared to show some efficacy of the anticonvulsant and from 29.9 to 22 for the 29 patients who received the anticonvulsant and from 29.9 to 23.2 for the 27 patients who received placebo.

In the topiramate trial, mean YMRS scores improved from 31.7 to 22 for the 29 patients who received the anticonvulsant and from 29.9 to 23.2 for the 27 patients who received placebo.

In the oxcarbazepine trial of 116 children and adolescents aged 12-18 years was the first to demonstrate that oxcarbazepine is one of the few anticonvulsants with an established place in the pharmacotherapeutic armamentarium for reducing symptoms of mania in hospitalized adolescents. The oxcarbazepine trial of 116 children and adolescents aged 12-18 years was the first to demonstrate that oxcarbazepine is one of the few anticonvulsants with an established place in the pharmacotherapeutic armamentarium for reducing symptoms of mania in hospitalized adolescents. The investigators analyzed interview data from 1,659 girls in grades 7-12 at 80 high schools and 52 middle schools in the United States.

The data were part of the National Longitudinal Study of Adolescent Health, and the girls participated in three waves of at-home interviews, the second wave was 1 year after the first, and the third was 5 years after the second (Arch. Pediatr. Adolesc. Med. 2006;160:270-7).

Overall, 28% of girls who reported high levels of depression at baseline also reported some type of intimate partner violence within the past year at the third wave follow-up interview, compared with 17.5% of girls with lower levels of depressive symptoms. High levels of depression were defined as scores of 23 or higher on the Center for Epidemiologic Studies Depression Scale, and the incidence of violence was assessed using self-administered questionnaires.

Each increase of a single standard deviation in baseline depressive symptomatology was associated with a 3% increase in the odds of exposure to either mild, moderate, or severe degrees of partner violence.

Depressive symptoms have been associated with a range of risky behaviors in adolescence, and depressed teens may be more likely than their nondepressed peers to associate with risky peer groups, and to select intimate partners from these groups, the researchers noted. However, the question of whether depressive symptoms independently predict intimate partner violence or simply predict risk for partner violence remains uncertain.

---Heidi Splete

**Clinical Capsules**

**Escitalopram: Age Appears Relevant**

Escitalopram failed to significantly improve the symptoms of depression in children aged 6-11 years, but it did appear to improve symptoms in children aged 12-17 years, wrote Dr. Karen Dineen Wagner of the University of Texas, Galveston, and her colleagues.

The 28-day pilot study of 50 adolescents aged 13-17 years did not differ significantly in the percentage of patients who improved or were improved vs. topiramate. In a head-to-head, double-blind, randomized trial of 50 similar efficacy in treating acute mania in hospitalized adolescents. YMRS scores at baseline improved from an average of about 35 in each group to 17 in divalproex patients and to 13 in quetiapine patients.

There wasn’t a significant difference, because both of them work,” Dr. Carlson said.

**Based on the amount of change in the Young Mania Rating Scale from baseline, only olanzapine has shown statistically significant efficacy.**

**Polypharmacy studies in which a drug is added to augment the effects of another medication appear to be beneficial in patients who are able to tolerate the combination, Dr. Carlson said.

In one randomized, double-blind study of 30 patients, a combination of divalproex and quetiapine resulted in a significantly higher response rate (87%) than did divalproex plus placebo (51%), she noted.

Patients who took the combination also had significantly greater improvement on mean YMRS scores from baseline to 42 days (from 34 to 10 vs. from 31 to 7) (J. Am. Acad. Child Adolesc. Psychiatry 2004;44:1216-25).

The combination of divalproex and lithium also appears effective when tolerated.

An open-label study of this combination showed that 42 of 90 children and adolescents with mostly bipolar I disorder met stringent criteria for remission after an average of 13 weeks of treatment.

The 90 patients had an average YMRS score of 22 at baseline; this score improved to a mean of less than 1 in the patients who remained on the combination (J. Am. Acad. Child Adolesc. Psychiatry 2003;42:895-901).

**No double-blind, placebo-controlled trials of lithium in children and adolescents for acute mania have been conducted, even though the drug has been used openly in adults and kids since the 1950s.**

Most of the open-label, discontinuation, and/or add-on trials of lithium, divalproex, and carbamazepine have shown positive results for the treatment of acute mania in children and adolescents.

Similar results have been reported with risperidone, olanzapine, and quetiapine.