

# **A STUDY OF CHILDHOOD ATTENTION DEFICIT HYPERACTIVITY DISORDER SYMPTOMS IN ADULT BIPOLAR AFFECTIVE DISORDER PATIENTS AND THEIR OUTCOME**

## **ABSTRACT**

### **INTRODUCTION**

BPAD is responsible for the loss of more DALYs (Disability – Adjusted Life years) than all forms of cancer or major neurologic disorders due to its onset early in life and chronicity throughout the life. Various studies performed to assess the association of adult Attention Deficit Hyperactivity Disorder with BPAD. In a study done by Tamam et al<sup>6</sup>, they found at the rate of 27% BPAD had been in associated with adulthood Attention Deficit Hyperactivity Disorder in 16%. Sitholey et al<sup>7</sup> in India conducted a study in 2009 and found that 8% had BPAD in a sample of Adult Attention Deficit Hyperactivity Disorder subjects. There are only very few studies on childhood Attention Deficit Hyperactivity Disorder symptoms and bipolar disorder. Sach et al did a study and found that bipolar patients with Attention Deficit Hyperactivity Disorder history had onset of disease earlier than those without Attention Deficit Hyperactivity Disorder.

**AIM:** To assess the childhood attention deficit hyperactivity disorder symptoms in the adult bipolar patients and their outcome.

**OBJECTIVES:** 1.To study the relationship between clinical characteristics of bipolar affective disorder with childhood externalizing factors. 2. To study the correlation between bipolar affective disorders severity & attention deficit hyperactivity disorder symptoms 3.To assess the symptoms severity of the bipolar affective disorder patients & quality of life in with (or) without ADHD symptoms.

**DESIGN:** Case control study

**SETTING:** This study conducted at the Institute of Mental Health, Chennai.

**STUDY POPULATION:** A total of 150 sample size with 120 BPAD patients under remission and age, sex, socio economic status matched 30 healthy controls was collected.

**SCALES USED:** MINI-Plus structured clinical interview, Semi- structured questionnaire for sociodemographic profile, VADPRS parent informant scale, Semi –structured questionnaire for aggression, psychotic episodes, suicidal attempts and WHO – BREF quality of life

**RESULTS:** The mean age of presentation was 31.59years with standard deviation of 7.570years. The mean age of onset of illness was 22.88years with standard deviation of 6.102years. The mean number of episodes was 4.08 with standard deviation 2.544. The average numbers of manic and depressive episodes were 3.50 and 0.49. 16 out of 120 sample of BPAD patients had ADHD in their childhood. This accounts for 13.3%. The physical, psychological, social and environmental health was 56.83, 53.53, 37.47 and 47.98 respectively.

**CONCLUSION:** The prevalence of diagnosable ADHD during the childhood period of patients with bipolar affective disorder was found to be 13.3% in our study. The prevalence of ADHD features but not fulfilling the criteria was found to be 35.83%. This prevalence of ADHD was significantly higher among cases than controls. When compared BPAD subjects with and without ADHD has statistically significant increased frequency of episodes and more number of manic episodes. Quality of life was found to be lower among BPAD subjects. On comparing quality of life with and without ADHD by WHO-QOL BREF scale, we found that there was statistically significant reduction in environmental domain rather than physical, psychological and social domains.

**KEYWORDS:** Bipolar affective disorder, Childhood Attention deficit hyperactivity disorder, Aggression, Suicidal attempt, Quality of life.