Reviewer's report

Title: Patterns of childhood adverse events are associated with clinical characteristics of bipolar disorder

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Reviewer: jill littrell

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The manuscript “Patterns of childhood adverse events are associated with clinical characteristics of bipolar disorder” presents the results of a research project in which the research participants were patients at outpatient and inpatient clinics in Oslo, Norway. The purported aim of the study is to obtain “a more consistent picture of the association between childhood adverse events and disease characteristics of bipolar disorder”. The disease characteristics of bipolar disorder that were assessed in this study were age of onset of symptoms, number of previous hospitalizations, current level of functioning, and the experience of psychotic symptoms. Serious problems in the way in which the data were obtained preclude the drawing of inferences from the findings.

First, the measure of childhood abuse trauma was a self-report measure. This is a serious problem because the mood of the reporter at the time of assessment can influence the self-assessment of prior abuse. This problem was partially acknowledged in the discussion section. However, the reader was provided with little justification for drawing conclusions. The authors might have cited studies where a positive correlation between self-report and substantiated abuse measures was obtained.

Second, the measure of Global Assessment of Functioning was apparently completed during the Structured Clinical Interview. Was the interviewer completing the GAF measure blind to information about child abuse. Presumably the way in which age of onset was determined was also made from information obtained during the clinical interview as was the number of previous hospitalizations and the presence or absence of psychosis. Again, the absence of blind rating is a problem.

Third, the authors do not report the percentage of the total number of eligible individuals actually opted to participate in their study. It is therefore impossible to know whether a self-selection bias was operating here. Moreover, no information is provided regarding what research-participants were told about the study.

Beyond the manner in which the data were collected is the issue of the questions addressed in this study. The authors indicate that all the research participants had been diagnosed as “bipolar”. I assume the researchers mean that the research participants had met criteria for some bipolar spectrum disorder. In the literature on Bipolar, it has been acknowledged that different genes predispose to
Bipolar I and Bipolar II (Judd et al., 2003; Vieta & Suppes, 2008). Moreover, problems in differentiating those who meet criteria for Bipolar I based on mixed episodes from those with borderline personality disorders have been acknowledged in the literature (Littrell & Lyons, 2010). I wondered whether prior emotional abuse is correlated with episodes of mania based on elated mood and/or hospitalization, mania based on irritability and/or hospitalizations, hypomania, or mixed episodes. In recent years, diagnoses for bipolar have exploded. This is largely attributable to the rechristening of individuals who in prior years would have received other diagnoses. It would have been helpful if the authors had analyzed their data to provide information as to which manifestations of bipolar spectrum are associated with particular types of abuse. In the discussion section, the authors might have acknowledged the diagnostic confusion of bipolar with borderline personality. There is a large literature on the association of borderline personality and prior childhood abuse.

In the results section, the authors provide information on the hazard onset for an increase of one point on their measure of abuse. It would have been clarifying had the authors reported the average age of onset for participants at each level of the CTQ (the measure of child abuse/neglect).

In the results section, the authors report their findings of non-linear associations. I assume this means that the relationships were curvilinear. The authors might have elaborated on the shape of the distribution provided in their Figures. At what point does the linear relationship end?

It was also puzzling that global functioning was positively associated with more emotional abuse but number of hospitalizations was negatively associated with emotional abuse. This finding calls into question the validity of the measurements. While the authors suggested that families that are guilty of emotional neglect/abuse would also neglect to seek help for their bipolar family members, one could also assume that neglected family members would be quickly identified by school authorities or the police who would be quick to refer into the mental health system.

On the whole, this study does replicate the finding that those who are currently being diagnosed as meeting criteria for a bipolar spectrum disorder often report histories of childhood abuse. It should be noted that the diagnosis of pediatric bipolar has exploded within the population of children in the foster care system (see dos Reis et al., 2011). This association may reflect a broader range of individuals being given a bipolar diagnosis. The extent to which those meeting narrow definitions of Bipolar I (with elated mood and not irritability during mania) also report high levels of childhood abuse cannot be gleaned from this research.


**Level of interest:** An article of limited interest

**Quality of written English:** Acceptable

**Statistical review:** Yes, and I have assessed the statistics in my report.

**Declaration of competing interests:**

My only salary is from my university employment. I have no competing interests.