

DEPARTMENT OF
Psychiatry

The Research Day Poster Session will take place from 8:30am – 11:30am on June 8, 2023 at the Soldiers & Sailors Hall in Oakland.

Deadline for Abstract Submission: April 15, 2023.

Notification for Poster Presentations: Individuals will be notified by email about the acceptance of their abstract for a poster presentation on April 21, 2023.

Questions: Please contact Jeanie Knox, Director of Academic Affairs (Telephone: [412] 246-6784; Email: knoxjv@upmc.edu).

Guidelines for Abstract Submission:

- Only **ONE** first author abstract per person.
- First author **MUST** be present for the entire poster session.
- You may submit abstracts for research posters presented at a professional meeting.
- Click [here](#) to download the abstract form. Submit the completed form to Jeanie Knox at knoxjv@upmc.edu **by April 15th**. Please refer to the abstract example on the following page when preparing your abstract.
- Abstracts should not include references, figures, graphs, tables or charts.
- Abstracts must address all fields in the online abstract form and should include relevant background information, well-described methods, study results, and a clear statement about the novel findings that will be presented. Abstracts that do not include data or indicate that results will be provided later will not be accepted.

Please ensure:

- the accuracy of your contact information, especially your email address, since this is how information will be communicated. **Students should provide a non-University email address that will be active after the current semester has ended to ensure all messages regarding this event are received.**
- first and last names of authors are not transposed and middle initials are correct.
- the accuracy of the affiliation information.
- there are no typographical or spelling errors.

Abstracts that do not adhere to these guidelines or that are incomplete will be returned to the author for revision.

E *Presenter:* Tina R. Goldstein, PhD
Current Position: Associate Professor
Title: Psychosocial functioning among youth with bipolar disorder
Author(s): Goldstein T¹, Birmaher B¹, Axelson A¹, Goldstein B¹, Ryan ND¹, Strober M², Leonard H³, Hunt J³ and Keller M³

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A **Introduction:** Research indicates that adults with bipolar disorder (BP) exhibit substantial impairment in psychosocial functioning during mood episodes, and that functioning remains compromised during periods of illness remission. While evidence indicates that children and adolescents with BP also experience significant functional impairment, the association between psychosocial functioning and episodes of illness has not been examined in this population.

M **Methods:** Subjects included 446 patients age 7 to 17 who met criteria for DSM-IV bipolar disorder via the K-SADS as part of the multi-site Course and Outcome of Bipolar Youth (COBY) study. Trained evaluators administered the Psychosocial Functioning Schedule of the Adolescent Longitudinal Interval Follow-Up Assessment (A-LIFE) at study intake.

P **Results:** BP youth in an affective episode at intake (n = 286, 64%) had global functioning scores in the fair to poor range, reflecting mild to moderate functional impairment. Such impairment was evident across work and interpersonal domains, whereas recreational functioning was good. Subjects endorsed mild to moderate dissatisfaction with their current level of functioning. Participants were equally impaired regardless of the polarity of the index episode. Ratings indicate that functioning was also compromised among BP youth in partial remission or recovery (n = 161, 36%), with global functioning in the fair range, slight impairment in both work and interpersonal domains, good recreational functioning, and mild dissatisfaction with functional level. BP youth in-episode were significantly more impaired than those in partial remission/recovery in every functional domain examined, and were less satisfied with their functioning.

L **Conclusion:** Pediatric BP is associated with significant impairment in psychosocial functioning both during and between episodes, with greater impairment during mood episodes than during partial remission/recovery.

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