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# Disruptive mood and emotional conflict resolution in adolescent children of parents with recurrent depression or bipolar disorder and healthy controls

**Submission date**
30/07/2015

**Recruitment status**
No longer recruiting

**Registration date**
20/08/2015

**Overall study status**
Completed

**Last Edited**
19/08/2015

**Condition category**
Mental and Behavioural Disorders

[ ] Prospectively registered
[ ] Protocol
[ ] Statistical analysis plan
[ ] Results
[ ] Individual participant data
[ ] Record updated in last year

## Plain English summary of protocol

Background and study aims
Mood disorders are psychological disorders which cause the elevation or lowering of a person's mood, the most common examples of which are depression (major depressive disorder or unipolar depression) and bipolar disorder. It has been widely shown that mood disorders in parents may have an effect on the mental health of their children, increasing the risk of developing mental disorders. Examples of such are Severe Mood Dysregulation Disorder (SMDD) and Disruptive Mood Dysregulation Disorder (DMDD), which are characterised as severe and persistent irritability.
It has also been suggested that these children would not perform as well as children of healthy parents in conflict resolution tasks.
This study aims to find whether adolescent children of parents suffering from unipolar or bipolar disorder are more likely to show signs of mental disorders (such as DMDD and SMDD) compared to adolescent children of healthy parents. Additionally, the study aims to test how adolescent children of parents suffering from unipolar or bipolar disorder perform at conflict resolution tests than adolescent children of healthy parents.

Who can participate?
Adolescent children of adults with depression or bipolar disorder and adolescent children of healthy adults (control group)

What does the study involve?
Parents complete a number of questionnaires in order to assess their mental state. The adolescent offspring of both healthy parents and parents with unipolar/bipolar disorder complete further questionnaires to find out how many are affected by SMDD and DMDD. They are then shown a series of pictures of faces showing different emotions, as well as shapes and letters in various colours. The time it takes for them to respond to these pictures and letters is then measured.

What are the possible benefits and risks of participating?
The main benefit of pariticipating for both parents and adolescents will be knowledge gained on disorders and their effects.There are no notable risks of participating.

Where is the study run from?
Abant Izzet Baysal University Medical Faculty, Department of Psychiatry (Turkey)

When is the study starting and how long is it expected to run for?
February 2015 to February 2016

Who is funding the study?
Abant Izzet Baysal University Medical Faculty (Turkey)

Who is the main contact?
1. Dr. Evran Tufan (scientific)
2. Dr. Zehra Topal (public)

# Contact information

### Type(s)
Public

### Contact name
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# Additional identifiers

### Protocol serial number
2015/ 48

# Study information

### Scientific Title
Rates of psychopathology including Disruptive Mood Dysregulation Disorder and emotional conflict resolution among adolescent children of parents with recurrent Major Depressive Disorder versus those with Bipolar Disorder and matched healthy controls

### Study objectives
1.That Severe Mood Dysregulation Disorder (SMDD)/Disruptive Mood Dysregulation Disorder (DMDD) diagnoses would be significantly more common among adolescent offspring of parents with mood disorders as a group compared to healthy controls.
2. That Severe Mood Dysregulation Disorder (SMDD)/Disruptive Mood Dysregulation Disorder (DMDD) diagnoses would be related with emotional conflict resolution as reflected in response latencies and errors in an emotional stroop paradigm.

### Ethics approval required
Old ethics approval format

### Ethics approval(s)
Abant Izzet Baysal University Clinical Research Ethics Committee, 10/06/2015, ref: 2015/48.

### Study design
Single-centre observational cross-sectional case-control study.

### Primary study design
Observational

### Study type(s)
Screening

### Health condition(s) or problem(s) studied
Disruptive Mood Dysregulation Disorder

### Interventions
Parents' psychological status is evaluated with Structured Clinical Interview for DSM-IV Axis I Disorders (SCID-I). All parents will then complete SCL-90R, State-Trait Anxiety Inventory- Trait Version, General Functioning Subtest of the Family Assessment Scale, and Childhood Trauma Questionnaire- 28.
The psychological status of adolescents are evaluated with the Kiddie-Sads-Present and Lifetime Version (K-SADS-PL). Additionally SMDD Module as well as DSM-5 criteria for DMDD will be screened. They also complete Children's Depression Inventory, State-Trait Anxiety Inventory- Trait Version, Childhood Trauma Questionnaire- 28. Neuropsychological evaluations are Stroop Color Word Test- TBAG Form and Emotional Stroop (word-face) paradigm. The visual component of the emotional stroop was formed from pictures in the NIMH Child Emotional Faces Picture Set (NIMH-ChEFS) and the verbal component from TUDADEN (Affective Norms of Turkish

Words). Also, the pubertal status will be evaluated with self-report via Turkish translation of the Carskadon Puberty Scale.

### Intervention Type
Behavioural

### Primary outcome(s)
Reaction speed of adolescents in three groups (unipolar offspring, bipolar offspring, healthy controls) in emotional stroop trials (in milliseconds)

### Key secondary outcome(s))
1. Reaction speeds of adolescents in three groups (unipolar offspring, bipolar offspring, healthy controls) in Stroop Color Word Test - TBAG Form (in milliseconds)
2. Rates of psychopathologies (including DMDD) according to structured interviews (K-SADS-PL)

### Completion date
26/02/2016

## Eligibility

### Key inclusion criteria
For parents (in unipolar/bipolar groups):
1. Aged between 30- 65 years
2. Recurrent Major Depressive Disorder or Bipolar I/ II diagnosis (ascertained via SCID- I),
3. Followed at the outpatient department of Psychiatry of Abant Izzet Baysal University Medical Faculty,
4. Are in remission (CGI-S ≤ 2, YMRS ≤ 5, HAM-D-17 ≤ 7)

For parents in control group:
1. Have brought their adolescent offspring for acute somatic symptoms to the pediatrics outpatient department of Abant Izzet Baysal University Medical Faculty within the study period
2. Are free of lifetime psychopathology (ascertained via SCID-I)

### Participant type(s)
Mixed

### Healthy volunteers allowed
No

### Age group
Mixed

### Sex
All

### Key exclusion criteria
For parents (in unipolar/bipolar groups):
1. Active disorder (CGI-S > 2, YMRS > 5, HAM-D-17 > 7)

2. Epilepsy/chronic neurological disorders/mental retardation
3. Active psychotic symptoms
4. Illiteracy

For parents in control group:
1. Life time history of psychopathology
2. Epilepsy/chronic neurological disorders/mental retardation
3. Illiteracy

For adolescent offspring:
1. Epilepsy/chronic neurological disorders/mental retardation
2. Illiteracy

### Date of first enrolment
27/07/2015

### Date of final enrolment
02/11/2015

## Locations

### Countries of recruitment
Türkiye

### Study participating centre
**Abant Izzet Baysal University Medical Faculty, Department of Psychiatry**
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## Sponsor information

### Organisation

Abant Izzet Baysal University Medical Faculty

**ROR**
https://ror.org/01x1kqx83

# Funder(s)

**Funder type**
University/education

**Funder Name**
Investigator initiated and funded

# Results and Publications

**Individual participant data (IPD) sharing plan**

**IPD sharing plan summary**
Data sharing statement to be made available at a later date