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3.66 Medication Nonadherence in Youth With Bipolar Disorder Is Distinctly Affected by Comorbid ADHD

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Prior ADHD diagnosis (OR = 0.0303; 95% CI, 0.0855-0.663; Fisher $p < .01$) showed lower odds of MetS while BMI >30 (OR = 33; 95% CI, 1.199-51.463; Fisher $p < .01$) showed higher odds. Diabetes, elevated blood glucose (glucose >100 mg/dL), increased systolic/diastolic blood pressure (systolic >135 mmHg or diastolic >85 mmHg), and decreased high-density lipoprotein (HDL <40 mg/dL) only showed an inclusion effect.

Conclusions: Compared to pediatric BD patients without MetS, the prevalence of a prior ADHD diagnosis was significantly lower in pediatric BD patients with MetS. Additionally, the prevalence of obesity was higher in pediatric BD patients with MetS. These associations may suggest a decreased risk of ADHD and an increased risk of obesity in pediatric BD patients with MetS. However, MetS remains underreported in the pediatric BD population. Further investigation is needed to elucidate the medical, psychosocial, and genetic risk factors associated with MetS in pediatric BD patients.

BRD, ADOL, DEMF

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3.65 SOCIAL MEDIA USAGE AND DEPRESSION DURING THE COVID-19 PANDEMIC IN YOUTH WITH BIPOLAR SPECTRUM DISORDERS



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Objectives: The objectives are to examine social media usage and whether social media usage was associated with increased depression or anxiety and suicidality during the COVID-19 pandemic. The study evaluated youth with bipolar spectrum disorders who participated in a pragmatic clinical trial entitled Metformin for overweight and Obese children with bipolar spectrum disorders Treated with second-generation antipsychotics (MOBILITY)-Telemedicine Enhanced Access during COVID-19 to Healthcare (TEACH).

Methods: Youth enrolled in MOBILITY were invited to complete an online survey via REDCap and a telephone interview from December 15, 2020 to October 31, 2021 regarding the impact of COVID-19 on their mental health care, depression, suicidality, and social media usage. All respondents provided electronic informed consent or assent if <18 years old via REDCap before completing the survey or interview.

Results: A total of 305 patients completed the survey and 255 completed the interview. Mean age was 15.6 years with 54% male, 64% White, 18% Black, and 14% Other. Twenty-eight percent of patients reported that their social media usage increased during the pandemic, 19% reported that their usage had decreased, and 53% reported no change. Among those reporting an increase, mean time spent on social media increased from 4 to 7.5 hours per day. Among those reporting a decrease, mean usage decreased from 8.5 to 4.8 hours per day. There was no statistically significant mean change in social media use in the overall sample. Roughly a third of patients (29%) reported that their depression or anxiety had worsened since the start of COVID-19, whereas 22% reported an improvement, and 49% reported no change. The proportion reporting worsened mood was not significantly different than the proportion reporting improvement ($n = 133$, $p = .14$). Changes in social media usage were not significantly associated with changes in mood ($p = .58$), level of current depressive symptoms ($p = .61$), changes in suicidal ideation since the start of COVID-19 ($p = .81$), or probability of a suicide attempt ($p = .69$). Patient sex did not moderate any of the relationships.

Conclusions: Overall, in this sample of youth with bipolar disorder, social media use did not significantly change during the pandemic. Changes in social media usage were not significantly associated with changes in mood, level of depressive symptoms, or changes in suicidal ideation.

BRD, DDD, S

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3.66 MEDICATION NONADHERENCE IN YOUTH WITH BIPOLAR DISORDER IS DISTINCTLY AFFECTED BY COMORBID ADHD



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Objectives: The objective is to assess the prevalence of medication nonadherence and factors associated with nonadherence in youth with bipolar disorder (BD).

Methods: Participants ($n = 179$; ages 12-36 years; 52.5% females, 86.6% White) with early-onset BD recruited through the Course and Outcome of Bipolar Youth (COBY) study, were prospectively evaluated using standard instruments (eg, K-SADS and the LIFE). Adherence was assessed longitudinally, for 8 years, using a simple and widely used screening tool, the 4-item Medication Adherence Questionnaire (MAQ). Participants who reported at least 1 item in $>25\%$ of the follow-up time were considered nonadherent. For this study, only participants who were prescribed medications and who had at least 3 assessments of adherence (median: 7; range: 3-14) were included.

Results: Poor medication adherence has been reported by 149 (83%) participants during the follow-up time. The only demographic factor associated with poor adherence was younger age (OR = 0.72; $p = .0002$). Improvement of adherence over age could not be explained by the presence of a secondary informer (OR = 0.86; $p = .1$) or the difference in dropout rates. Of all clinical factors, comorbid ADHD (present in 65% of the sample) carried the greatest risk for nonadherence (OR = 1.91; $p = .0008$). Comparing adherence in the subsamples with and without comorbid ADHD showed that the effect of ADHD explains the association between younger age and nonadherence, which was highly significant in the subsample with ADHD (OR = 1.75; $p = .0001$) and nonsignificant in the subsample without ADHD (OR = 0.92; $p = .6$), and this finding was independent of the other clinical factors.

Conclusions: Medication nonadherence is a significant problem in youth with BD. In our study, the main factor associated with nonadherence was the presence of comorbid ADHD, especially during childhood, a disorder that must be addressed to improve adherence to treatment and consequently, patients' prognosis.

BRD, ADHD, LONG

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3.67 NEUROCOGNITIVE FUNCTION IN PEDIATRIC BIPOLAR DISORDER AND DMDD: A PRELIMINARY ANALYSIS



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Objectives: Pediatric bipolar disorder (PBD) is among the childhood psychiatric diseases that mostly affect normal development and psychological development. Although cognitive deficits in PBD have been identified in recent studies, little is known about the developmental trajectory of these deficits. DMDD is a new diagnostic category added to the DSM-5. We know very little about how to distinguish it from other childhood psychiatric disorders and how to treat it. In this study, we aimed to investigate the differences and similarities between DMDD and PBD in terms of neurocognitive functions.

Methods: We assessed 59 adolescents: PBD ($n = 17$; mean age 15.82 years $\pm$ 1.59), DMDD ($n = 28$; mean age 12.07 years $\pm$ 2.26), and healthy controls (HCs; $n = 14$; mean age 15.21 years $\pm$ 1.97) using the K-SADS. Parents completed