BACKGROUND: In this study we examined whether parental reports of mania-like behavioral disturbance in childhood is a predictor of adult mania.

METHODS: We analyzed data from TRAILS (TRacking Adolescents’ Individual Lives Survey), a prospective population based study of 1067 Dutch adolescents. Measurements of mania-like behavioral disturbance at age 11 were based on the Child Behaviour Checklist- Mania Scale (CBCL-MS). Clinical assessments of mental disorders using the Composite International Diagnostic Interview (CIDI) were conducted at age 18. Forty-two cases meeting criteria for mania were identified using CIDI.

RESULTS: Manic symptomatology at age 11 was strongly associated ($\chi^2=36.75, p<0.001$) with a clinical diagnosis of mania by age 18 years, even after adjusting for comorbid symptomatology assessed by the six DSM-oriented CBCL subscales (Figure 1).

A Latent Class Analysis (LCA) identified three classes with distinct CBCL-MS profiles at age 11:
• ‘high manic deviation’ (N=69),
• a ‘moderate manic deviation’ (N=419)
• and a ‘low manic deviation’ group (N=579).

24% of the cases with a mania onset between ages 12 and 18 were in the ‘high manic deviation’ group. Moreover, children in the ‘high manic deviation’ group had a very high risk of being diagnosed with mania between ages 12 and 18 years (OR: 7.4, 95%CI 3.1-17.56) (Figure 2). These findings were more prominent for females (OR: 13.71, 95%CI 4.23-44.46) than for males (OR 4.03, 95% CI 1.10-14.97). Age-11 manic symptomatology predicted Mania and not Major Depressive Disorder (MDD), General Anxiety Disorder (GAD) or Dysthymia suggesting specificity of prediction to Mania (Figure 3).

CONCLUSIONS
➢ These findings suggest that a large proportion of adults with mania show evidence of continuity of manic symptoms from childhood.
➢ A simple and reliable assessment of manic symptoms in childhood may provide means to identify children at ultra high risk to develop mania.

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