

Bipolar Disorder in Children and Adolescents



What is Bipolar Disorder?

Bipolar disorder, historically called manic-depressive illness, is a cyclical mood disorder characterized by distinct episodes of mania and depression. A manic episode presents as an extreme change in a person's normal functioning, with animated, irritable or angry moods, markedly decreased sleep, increased energy, rapid speech and thinking, and reckless, dangerous or bizarre behaviors. By definition, a manic episode must last for at least 7 days. Individuals with severe mania often experience psychotic symptoms, including grandiose or paranoid beliefs. Most individuals with the illness will experience repeated episodes of mania and depression in their lifetime. Persons with bipolar disorder are at serious risk to commit suicide, and also can have other difficulties, including substance abuse. Antipsychotic and/or mood stabilizing medications (such as lithium) are the most effective treatments, and can be life-saving. Lifelong medication treatment is often needed to control mood episodes and to prevent relapse.

Bipolar disorder usually first presents during adolescence or young adulthood, and overall occurs in 1 – 2% of people, including individuals that suffer less severe forms of the illness. Bipolar II disorder is characterized by brief manic episodes, called hypomania (manic symptoms that last at least a few days, but less than a week), that alternate with episodes of significant depression. Cyclothymia is defined as chronic reoccurring periods of brief depression and hypomania.

Important Considerations

Historically, bipolar disorder was thought to be rare in children. However, over the past two decades, the diagnosis has been widely used to describe youth suffering with chronic irritability, moodiness and explosive anger. This practice has been controversial. Characterizing moody angry children as “bipolar” represented a fundamental change in how the illness was defined. Current research does not support that childhood bipolar disorder eventually becomes classic manic-depressive illness. Given concerns that bipolar disorder in children was being over-diagnosed, a new disorder “Disruptive Mood Dysregulation Disorder” was adopted by DSM 5 to characterize youth with chronic irritability, reactive moods and anger outbursts.

The widespread diagnosis of childhood bipolar disorder led to a marked increase in the use of psychiatric medications in youth, including toddlers. Children diagnosed as bipolar are prescribed the same medications used to treat the adult disorder, and often receive combinations of multiple drugs. Although these medications can reduce aggressive behaviors, they have significant side effects and do not cure the underlying

problems. Behavioral and mood problems in children characterized as “bipolar” are best treated with evidence-based psychosocial and behavioral therapies that focus on improving coping and problem-solving skills and parenting strategies. Medications may be prescribed to help control severe aggression and acting out behaviors, but should be used judiciously as one element of an integrated comprehensive treatment plan. The goal of medication treatment is to reduce symptoms and stabilize unsafe behaviors, rather than lifelong therapy to treat the underlying illness.

Summary: Bipolar is a serious mental health condition that typically first appears in adolescence and can respond well to protocol-driven medication regimens. Diagnosis of bipolar in younger children is controversial and the presentation does not typically resemble classic bipolar nor eventually lead to classic bipolar later on. There are risks associated with use of certain medications that should be carefully monitored. Children diagnosed as bipolar often have severe difficulties with controlling their moods and anger, some of which may be related to histories of trauma and require trauma-specific treatments or parent management training.

Tips for Responding.

1. Actively monitor all children diagnosed with bipolar disorder to make sure they are being regularly monitored by a medical provider to check on the effectiveness of the medication regimen for symptom control and side effects. There is no set standard for how often children should be monitored because of the cyclical nature of the illness. If the child is stable, once per month is sufficient.
2. Consider a second opinion by a qualified child psychiatrist for preadolescent children diagnosed with bipolar disorder.
3. For children prescribed anti-psychotic medication, confirm that the dosage is within the accepted range. This can be done by asking a qualified psychiatric consultant.
4. Caregivers should be knowledgeable about bipolar symptoms and course, and actively involved in the treatment.

Helpful link:

http://www.aacap.org/AACAP/Families_and_Youth/Facts_for_Families/Facts_for_Families_Pages/Bipolar_Disorder_In_Children_And_Teens_38.aspx