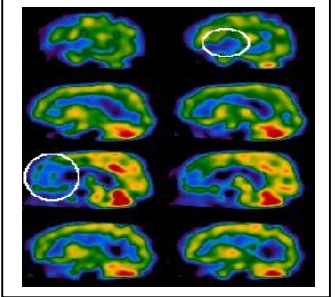


A FACT SHEET

- Support
- Teach
- Educate
- Prevent



Bipolar Disorder in Children and Adolescents



Research findings over the past 10 years have found that bipolar illness can occur in children and adolescents. It can be difficult to diagnose the disorder as it does not fit the exact criteria that the DSM-IV lists for adults. Some behaviors that are presented by children and adolescents are initially mistaken for normal behavior in this age group. Although there continues to be few certainties about the illness, the last decade has yielded more information than was previously known.

Epidemiological studies are lacking. However, bipolar disorder affects an estimated 1-2 percent of adults worldwide. The more we learn about this disorder, the more prevalent it appears to be among children.

- *It is suspected that a significant number of children diagnosed in the United States with attention-deficit disorder with hyperactivity (ADHD) have early-onset bipolar disorder instead of, or along with, ADHD.*
- *Depression in children and teens is usually chronic and relapsing. According to several studies, a significant proportion of the 3.4 million children and adolescents with depression in the United States may actually be experiencing the early onset of bipolar disorder, but have not yet experienced the manic phase of the illness.*

The symptoms that are associated with this illness can also be similar to the symptoms associated with Attention Deficit Hyperactivity Disorder; however, there has been some clarification in regard to the similarities. Dr. John F. Alston has created a comprehensive list describing differences in “Characteristics of Attention Deficit Disorder vs. Juvenile Onset Bipolar Disorder”.

There continues to be few longitudinal studies conducted in regard to medication to treat this illness. Children and adolescents are being treated with the same medications given to adults with this disorder. Appropriate treatment depends on the accuracy of the diagnosis. Children who have been misdiagnosed may be put on antidepressants for depression which may exacerbate manic symptoms when a mood stabilizer is not also a part of the medication regimen. In addition, a child misdiagnosed with ADHD may be prescribed stimulants that worsen manic symptoms. Information in regard to family history is paramount for appropriate diagnoses and treatment.

*Children and adolescents experience recurrent episodes of depression, mania, and mixed symptom states which can manifest into the following symptoms and behavioral traits: **Very common:** Separation anxiety, rages and temper tantrums lasting up to several hours, marked irritability, oppositional behavior, rapid cycling (frequent mood swings, occurring within an hour, a day, or several days) or mood lability, distractibility, hyperactivity, impulsivity, restlessness/fidgetiness, silliness, giddiness, goofiness, racing thoughts, aggressive behavior, grandiosity, carbohydrate cravings, risk-taking behaviors, depressed mood, lethargy, low self-esteem difficulty getting up in the morning, social anxiety, oversensitivity to emotional and environmental triggers. **Common:** bedwetting (especially in boys), night terrors, rapid or pressured speech, excessive daydreaming, obsessional behavior, compulsive behavior, motor or vocal tics, learning disabilities, poor short-term memory, lack of organization, fascination with gore or morbid topics, hypersexuality, manipulative behavior, extremely bossy behavior with friends/bullying, lying, suicidal thoughts, destruction of property, paranoia, hallucinations and delusions. **Less common:** migraine headaches, bingeing, self-mutilating behaviors and cruelty to animals.*

Pediatric Bipolar Disorder also carries a high risk for suicidal behavior. At highest risk are those who are older, with a lifetime history of mixed episodes, psychotic features, substance abuse, non-suicidal self injurious behavior, family history of suicide attempt, panic disorder, a history of hospitalization, and physical/sexual abuse.

A FACT SHEET



THERE IS HOPE

Although there are still many questions in regard to diagnosis and treatment of child and adolescent bipolar disorder there are support groups, websites, books and research that have been made available to parents, professionals and others who support children and adolescents with or suspected of having this disorder.

INTERNET RESOURCES

<http://www.bpkids.org> *The Child and Adolescent Bipolar Foundation (CABF) An interactive website that offers on-line support groups (including Tomie Burke's BPParents), chat rooms, message boards, learning center database of professional members and local support groups, resource page with information on Social Security, drug data base, and international resources*

<http://www.nimh.nih.gov> *National Institute of Mental Health a national organization that is a resource for information about mental illness including pediatric bipolar disorder*

<http://www.nami.org> *National Alliance on Mental Illness a national organization that is a resource for information about mental illness including pediatric bipolar disorder*

<http://www.bipolarchild.com> *The Bipolar Child (website of Demetri Papolos M.D., and Janice Papolos) In-depth information about the disorder, noteworthy e-mail newsletter, model Individual Education Plan, bookstore, The Bipolar Child Questionnaire, and authors 'contact page and lecture schedule*

<http://www.BPSO.org> *(click on Children and Adolescent icon) Internet support group for people in relationships with someone who has a bipolar disorder (children, parents, siblings, spouses, etc.).*

<http://www.bipolarnetwork.org>

<http://www.moodswing.org>

<http://www.pendulum.org>

<http://www.JohnAlstonMD.com> *for a comprehensive list describing the similarities and differences of ADHD and Child and Adolescent Bipolar Disorder*

Websites on Bipolar Disorder and Depression information on psychiatric medications:

Dr. Ivan Goldberg

<http://www.psycom.net/depression.central.html>

Dr. Bob's Psychopharmacology Tips

<http://uhs.bsd.uchicago.edu/dr-bob/tips/unfrmade/tips.html>

A FACT SHEET

ORGANIZATIONS

Child and Adolescent Bipolar Foundation (CABF)
1187 Wilmette Avenue, #PMB 331, Wilmette, IL 60091
(847) 256-8525

NDMDA (National Depressive and Manic-Depressive Association)
730 N. Franklin Street, Suite 501, Chicago, IL 60010
(800) 82-NDMDA

NAMI (The National Alliance for the Mentally Ill)
200 N. Glebe Road, Suite 1015 Arlington, VA 22203-3754
(800) 950-NAMI

The Stanley Foundation Bipolar Network
5430 Grosvenor Lane, Suite 200, Bethesda, MD 20814
(800) 518-7326

HOSPITALS

<http://www.childrenshospitals.net>

In Pennsylvania:

Penn State Milton S. Hershey Children's Hospital
(800) 243-1455

Children's Hospital of Philadelphia
Philadelphia, PA (215) 590-7573

Child and Adolescent Bipolar Services
Pittsburgh, PA (877) 851-CABS