

BIPOLAR DISORDER IN YOUNG CHILDREN AND TEENS

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It seems that more and more young children and teens are being diagnosed with serious mental illnesses, such as bipolar disorder, which is also called manic-depressive illness. This disorder is difficult to recognize in younger patients because it does not fit the same symptom criteria as the diagnosis for adults. It can also resemble or co-occur with other mental disorders.

Bipolar disorder is unlike normal mood changes in that it impairs functioning in school, with peers and at home with family. Understanding the disorder is a beginning step toward preventing it from being mistaken for normal emotions and behaviors of children and youth.

Bipolar disorder is characterized by recurrent episodes of depression, mania, or mixed symptoms states. They can cause unusual and extreme changes in mood, energy, and behavior that then interfere with healthy functioning.

Manic symptoms include:

- Severe changes in mood...either extremely irritable or overly silly and elated
- Overly-inflated self esteem; grandiosity
- Increased energy
- Decreased need for sleep...ability to go with very little or no sleep for days without tiring
- Increased talking...talks too much, too fast; changes topics too quickly; cannot be interrupted
- Distractibility...attention moves constantly from one thing to the next
- Hyper sexuality...increased sexual thoughts, feelings or behaviors; use of explicit sexual language.

- Increased goal-directed activity or physical agitation
- Disregard of risk...excessive involvement in risky behaviors and activities.

Depressive symptoms include:

- Persistent sad or irritable mood
- Loss of interest in activities once enjoyed
- Significant change in appetite or body weight
- Difficulty sleeping or oversleeping
- Physical agitation or slowing
- Loss of energy
- Feelings of worthlessness or inappropriate guilt
- Difficulty concentrating
- Recurrent thoughts of death or suicide

Behaviors during manic or depressive episodes in young children and teens are different than for adults. Children and youth are more likely to be irritable and have destructive outbursts when manic. (Adults will be elated or euphoric.) During depression, youth and children are apt to display physical complaints such as headaches, muscle aches, stomachaches or tiredness; they may frequently miss school or have poor performance in school. They may talk about running away from home or make an effort to run away, complain, cry without explanation, isolate themselves socially, and be very sensitive to rejection or failure. Manic or depressive states may also include substance abuse and difficulty with relationships.

When bipolar disorder begins before or soon after puberty, it is often characterized by a continuous, rapid-cycling, irritable and mixed symptoms state. It can also co-occur with disruptive behavior disorders such as attention deficit hyperactivity disorder or conduct disorder, or have certain characteristics of these disorders as initial symptoms. In later adolescent or adult onset situations, the disorder tends to begin suddenly, often with a manic episode, and have a more episodic pattern, with stable periods in between episodes.

A young child or teen who appears depressed and has ADHD-like symptoms that are severe, with excessive temper outbursts and mood changes needs to be evaluated by a psychiatrist or psychologist, especially if there is a family history of the disorder. Some of the medications given for ADHD may worsen manic symptoms.

The free screenings and evaluations offered through the SCIP program at your child's school are a great place for families to begin. Early intervention can prevent problems from becoming worse.

(Source: www.athealth.com)