

Bipolar Disorder: Symptoms and Treatment

Bipolar disorder is a brain disorder that effects over 5.7 million Americans (National Institute of Mental Health). Bipolar disorder causes intense mood swings, ranging from emotional highs to emotional lows. The mood swings tend to be episodic that vary in frequency and length depending on the person. The mood swings often affect sleep, activity, behavior and the ability to do day-to-day tasks.

The emotional highs are referred to as mania or hypomania. During a manic episode, people feel energized, wired and like their mind is racing. Their activity level is high and they think they can do a lot of things at once. They can be agitated and have trouble sleeping. A person experiencing a manic episode is more likely to engage in risky behavior like unsafe sex. Mania may also trigger psychosis, like hallucinations, and require medical treatment or hospitalization. A person experiencing hypomania has very similar symptoms as mania, but the symptoms are often less severe and does not require hospitalization. Children and teens experiencing a manic episode have very similar symptoms, but may also act unusually silly, talk fast and have a short temper.

The emotional lows are referred to as major depressive episodes. A person experiencing a major depressive episode feels depressed, sad, empty or hopeless. They have little energy and are often uninterested in activities they typically enjoy. Insomnia or sleeping too much and eating too much or too little is common. During a depressive episode, it can be difficult to concentrate and engage in day-to-day activities. Suicidal ideation or suicide attempts can also occur. Children may also complain of headaches and stomachaches.

There are four different types of bipolar disorder.

Bipolar I: manic episodes that last for 7 days or longer or the manic episodes require hospital care. The depressive episodes last for at least two weeks.

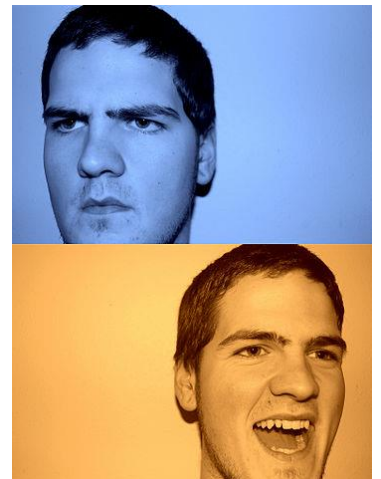
Bipolar II: A person with Bipolar II experiences depressive episodes and hypomanic episodes, but does not have manic episodes.

Cyclothymic Disorder: A person with Cyclothymic Disorder has numerous depressive and hypomanic symptoms over a 2 year period for adults or 1 year period for a child. However, they do not meet the diagnostic criteria for hypomanic or depressive episodes.

Unspecified Bipolar Disorder: A person has some symptoms of bipolar disorder, but they do not meet the diagnostic criteria for Bipolar I, II or Cyclothymic Disorder.

Diagnosis

Bipolar disorder can be difficult to diagnose. A person with bipolar disorder is more likely to seek help during a depressive episode, which can cause them to be misdiagnosed with major depression. It can also be challenging to diagnose children and teens as they experience extreme mood swings during adolescence. A doctor or mental health practitioner can help rule out other conditions and help determine if your child's behavior is normal adolescent behavior or symptomatic of bipolar disorder. At



this time there are no blood tests or brain scans that help diagnosis bipolar disorder. Doctors will instead rely on behavior tracking and self-reporting to determine patterns.

Bipolar disorder can start in childhood or as late as ages 40-50. The average onset is age 25. Children of parents with bipolar disorder are at a greater risk of having bipolar disorder than the general population. According to the National Institute of Mental Health, if both parents have bipolar disorder, the risk increases 50-75%.

Treatment

Bipolar disorder is often treated with medication. Medications affect people differently, so medications need to be monitored closely. Due to the complexity of the disorder, it often takes multiple medications to manage the symptoms. It may take quite a bit of trial and error before the right combination of medications is determined. For children, doctors often begin with low doses.

Therapy is also beneficial to help people with bipolar disorder understand and manage their symptoms. Therapy can also help people build relationships with their family and friends that can be harmed as a result of bipolar disorder.

What Can Parents Do?

- **Pay attention to signs and symptoms.** If you believe your child may have bipolar disorder contact your doctor.
- **Listen to your child and encourage them to talk about their feelings.**
- **Be patient and understanding of their symptoms.**
- **Watch for any signs of suicidal ideation.** Consult your doctor immediately if you notice signs of suicidal ideation.
- **Notify the doctor if you notice harmful side effects from the medications.**
- **Help your child understand their treatment plan so they can learn to manage their symptoms.** One way you can do this is to create a chart to track behaviors and moods.

Resources:

<https://www.nimh.nih.gov/health/publications/bipolar-disorder-in-children-and-teens/index.shtml>

<https://www.mayoclinic.org/diseases-conditions/bipolar-disorder/symptoms-causes/syc-20355955>

<https://www.nimh.nih.gov/health/topics/bipolar-disorder/index.shtml>



Adderall

In today's fast paced, high pressured world, youth are looking for ways to thrive, manage and cope with all the demands and pressures they feel from today's society.

Between school club meetings, athletics, work and keeping up on social media, who has time to study? Students across the country have found a risky solution.

There is a concerning upward trend of youth seeking a boost in their academic and/or athletic performance through the use of Adderall. While the abuse of many drugs has gone down among youth, the abuse of prescription stimulants, such as Adderall, continues to rise.

Adderall, an oral medication, is a combination of amphetamine and dextroamphetamine that is used most often to treat symptoms of attention-deficit hyperactivity disorder (ADHD). This particular drug is classified as a central nervous system [stimulant](#), which means it speeds up and enhances certain bodily processes.

Adderall is a schedule II controlled drug. Substances in this schedule have a high potential for abuse which may lead to severe psychological or physical dependence.

Some might wonder why high striving youth would choose to abuse stimulants such as Adderall. There is a growing belief among teens as well as young adults that Adderall and other prescription stimulants boost their study and classroom performance.

While Adderall does promote wakefulness, which allows youth to stay awake and study for longer periods of time, studies have found that Adderall and other prescription stimulants do not enhance learning or thinking ability when taken by people who do not actually have ADHD.

The research also has shown that students who abuse Adderall or other prescription stimulants actually have lower GPAs in high school and college than those who don't.

So, why is this trend so alarming? Besides the high potential for addiction, these youth may experience some of the following physiological and psychological effects of Adderall:

- Wakefulness (unable to sleep and rest)
- Suppressed Appetite (rapid loss of weight)
- Increased blood pressure and heart rate
- Narrowed blood vessels
- Dangerously high body temperature
- Irregular heartbeat
- Shortness of Breath
- Seizures
- Heart failure
- Stroke
- Sudden Death
- Anger and Aggression
- Obnoxious Outbursts
- Hallucinations
- Depression
- Suicidal Ideation/Attempts

If you would like more information about drug abuse and addiction, please visit our website www.scipnebraska.com



<https://www.drugabuse.gov/.../stimulant-adhd-medications-methylphenidate-ampheta>

<https://drugabuse.com/library/adderall-abuse>

<https://teens.drugabuse.gov/blog/post/5-myths-about-adhd->

[drughttps://www.teentreatmentcenter.com/blog/teen-drug-trends-adderall-abuse-on-the-rise](https://www.teentreatmentcenter.com/blog/teen-drug-trends-adderall-abuse-on-the-rise)

<https://www.drugabuse.gov/.../stimulant-adhd-medications-methylphenidate-ampheta>

Understanding Self-Harm

What is Self-Harm?

Self-harm, also referred to as self-injury, is the act of purposely hurting oneself. Self-harm is not a mental illness but a behavior in response to emotional distress. However, several illnesses can be associated with self-harm including anxiety, depression and posttraumatic stress disorder. Self-harm occurs most often during the teenage years and onset usually begins between 12 and 15 years of age. Research shows that more girls engage in self-harming behavior compared to boys. According to the 2016 Nebraska Risk and Protective Factor Survey, 12.2% of 8th graders, 14.3 % of 10th graders and 11.3% of 12th graders report inflicting self-harm in the past 12 months. Nationally, approximately 15% of teens report some form of self-injury.

The act of self-harm can come in many forms, but the most common methods include:

- Skin Cutting (70%-90%)
- Head Banging or Hitting (21%-44%)
- Burning (15%-35%)

It should be noted that most individuals who engage in non-suicidal self-injury hurt themselves in more than one way.

Why Do People Self-Harm?

Self-harm is most often an attempt to interrupt strong emotions and pressures that seem impossible to tolerate. While research indicates there is no single cause of self-harm, possible reasons why some people self-harm include:

- A way of coping with problems
- A way of expressing feelings that can't be put into words
- Distract from stressors of life
- Release emotional pain (emptiness, guilt, rage)

Those that self-harm often report that it is easier to feel the physical pain of self-injury than it is to deal with emotional pain that may be triggering the behavior. However, self-harm only provides a temporary relief. It is like slapping a Band-Aid on a gaping wound when stitches are needed. Thus, the underlying reasons that may trigger self-harm behaviors remain if they aren't addressed. Discovering what is fueling the urge of the behavior is a necessary step in recovery. Possible triggers may include:

- Difficulties at home
- Intense thoughts or memories
- Arguments or problems with friends
- Bullying
- Depression
- Anxiety
- Trauma



- Transitions and changes (i.e. divorce, loss of a loved one, changing schools)

Signs of Self-Harm

Signs of self-harm will vary depending upon the person but warning signs may include:

- Scarring from cuts and burn on parts of the body that can be hidden from clothing.
- Recurring new wounds such as scrapes, cuts or abrasions, lacerations or bruises.
- Keeping sharp objects nearby at all times.
- Injuries are always attributed to an “accident”.
- Needing to be alone for long periods of time (especially in bedroom or bathroom).
- Chronic interpersonal challenges leading to social withdrawal and isolation.
- Following the self-injury, the individual may experience severe distress, guilt and shame.

Intervention: How to Help?

If you are concerned that someone you know may be self-harming, there are a number of supportive strategies that can help guide the individual to help. At the same time, there are some non-supportive actions of which to be aware. First and foremost, avoid judgement or criticism as this can cause the individual to withdraw even more and perpetuate the cycle of self-harm. Secondly, don't assume that the behavior is a means to get attention; take every sign seriously. To offer support, the following is recommended:

- **Learn about the problem-** understanding why he/she may be self-harming can help you see the world from his/her eyes.
- **Listen-** by listening you can better understand what is happening and why.
- **Be supportive and offer encouragement-** let them know you are available whenever they want to talk or need support.
- **Encourage communication-** bring up the subject in a caring, non-confrontational way so that he/she feels safe talking about their feelings. i.e. “I've noticed injuries on your body, and I want to understand what you're going through”.
- **Encourage them to seek help-** A trained professional can assist in developing new coping techniques and strategies to stop self-harming, while helping to get to the root of the self-harm behavior.

For additional guidance, the below link to the resource guide from the Cornell Research Program on Self-Injury and Recovery, *Information for Parents: What you need to know about self-injury*, is a great place to start. S.A.F.E Alternatives is likewise an informative online resource and information line.

<http://www.selfinjury.bctr.cornell.edu/perch/resources/parenting-2.pdf>

S.A.F.E. Alternatives:

Information Line (1-800-DONT-CUT)

Website: <https://selfinjury.com/>

References: National Alliance on Mental Illness; Mental Health America; American Psychological Association; American Academy of Child & Adolescent Psychiatry