

Bipolar Disorder in Children and Youth: Information for Families

Summary: Bipolar Disorder is a condition marked by severe highs and lows in moods to the point that it causes problems. High periods or 'manic episodes' are marked by abnormally high or irritable moods, along with increased energy and decreased need for sleep. Low periods are marked by low energy and depressed moods.

What Is Bipolar Disorder?

All of us have changes and swings in our mood which are normal. There are times when our mood is up, and we have more energy and excitement about things. There are other times when our moods are down, and we have less energy.

However, people with bipolar disorder have periods of extreme mood change that cause serious problems in their lives.

In the classic form of bipolar, people have episodes of depression and of mania, when their mood, energy, thinking and behaviour gets stuck for a period of time at a very low or a very high level. Hence the term, "bipolar", which refers to the two ("bi-") different poles of mood ("-polar").

High energy periods, or manic episodes / mania consists of periods with symptoms such as:

Persistent period of high energy, lasting days to weeks, during which time a person has a decreased need for sleep (e.g. only needs a few hours of sleep, or even none at all, yet still has lots of energy the next day).

Extremes of mood, which may be excessively "high" (overly good, euphoric mood) and at times extreme irritability.[this would be mixed not manic]

Racing thoughts, i.e. thought flow increased speed

Pressured speech, i.e. talking very fast

Distractibility, can't concentrate well

Increased self-esteem, which can be the point where one has grandiose, unrealistic ideas about oneself

Increased activity

Poor judgment, decision-making and impulsive behaviours such as making large purchases, gambling or other risky behaviours such as doing drugs or increased sex drive.

Lack of insight that anything is wrong, such that the person may deny that there is a problem. But in a classic manic episode, it is obvious to friends and family that something is wrong as this



(behaviour) represents a change for this person. * not sure if we want behaviour persay, but maybe need to be more specific than "this". *

While some individuals with bipolar disorder experience full-blown manic episodes, others also experience a mild to moderate level of mania, known as "hypomania". Hypomania is milder than mania, but it is a major change in functioning for the individual and it may lead into full-blown mania, or major depression.

What goes up must come down, which is why periods of high energy (manic episodes) are typically followed by low energy periods.

Low energy episodes or depressive episodes may occur to the extreme such that the person may have:

Extremely low energy for days or weeks, with increased need for sleep

Extremely low, depressed mood that is stuck and not reactive to what is happening around the person

Feelings of guilt, worthlessness, or helplessness

Loss of interest or pleasure in activities

Due to low mood, the person may have thoughts that life isn't worth living, even to the point of thinking about making attempts to end one's life.

Mood episodes may also get so extreme that the person loses touch with reality, and may have symptoms of psychosis such as:

Hallucinations, which includes hearing or seeing things which aren't actually there. For example, hearing voices or seeing people.

Delusions, which are false beliefs with no basis in reality. For example, in a manic phase, one might believe that they can fly, or that they are a famous celebrity. On the other hand in a depressive phase, one might feel extreme irrational guilt.

Types of Bipolar Disorder

According to the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV), a manual used by mental health professionals to diagnose mental health conditions, the main types of bipolar disorder recognized **in adults** are:

Bipolar I, classically consisting of manic and depressive episodes. In fact, many individuals present first with major depressive episodes when younger and do not go onto develop manic episodes until older.

Bipolar II, consisting of hypomanic episodes and major depressive episodes.

Cyclothymia, consisting of hypomanic episodes with depressive episodes (but not severe enough to be major depressive episodes per se).

Bipolar Not Otherwise Specified (NOS), which is used to describe individuals with mood swings

that cause problems, but which do not fit into any of the other above categories. It is the diagnosis of Bipolar NOS that is currently a controversial area in child/youth mental health.

In addition, other terms used include:

Rapid-cycling: when a person has at least 4 episodes per year. This type is seen about 5-15% of patients.

Mixed state: when a person has both manic and depressive symptoms occurring at the same time

Controversy over Bipolar Disorder in Children and Youth

Diagnosing bipolar disorder in children and youth is a complicated and controversial area (Duffy, 2007).

They can be loosely divided into two camps, a "broad camp" and a "narrow camp".

The "broad camp": The broad camp uses a "broad" set of criteria, and believes that when bipolar disorder occurs in youth, it looks different than in adults, and that children/youth with severe mood swings and/or explosive rages may be experiencing child versions of adult bipolar disorder. So a child experiencing frequent daily mood swings ("happy one moment, angry/explosive the next") may actually be suffering from an early form of bipolar disorder. Separation anxiety that is prolonged is also often a symptom that is linked to early onset bipolar in children (Papolos et al., 2002).

The "narrow camp": This group uses more "narrow" criteria, and believes that in order to diagnose bipolar disorder, a child/youth needs to have the same symptoms and course of illness as adult patients, i.e. recurring mood episodes (manic and depressed) with remissions in between.

Getting a proper diagnosis is important. Because bipolar disorder is generally treated with medications, giving someone a diagnosis will generally lead to medication treatment. Misdiagnosing someone with bipolar disorder when they don't have it can lead to unnecessary medication use along with medication side effects. At the same time, not diagnosing someone who truly has it means that that person will miss out on potentially life-changing treatment.

How Common is Bipolar Disorder?

The exact prevalence (how often it occurs in children) of bipolar disorder in children and youth remains controversial (Moreno et al., 2007). Prevalence in studies of adolescence suggests approximately 1% rate of occurrence (Costello et al., Lewinsohn et al). In a large UK study there were no cases of bipolar disorder in children (Meltzer, 2000).

Bipolar I or II occurs in up to 4% of adults in the USA (Kessler, 2005).

When Does Bipolar Disorder Start?

An estimated 30% of patients date their illness onset to adolescence (Goodwin & Jamieson, Leboyer et al.), and the Bipolar usually starts in late teens or adulthood. In fact, about 50-66% of adults with bipolar report that their symptoms started before age 19 (Chang, 2007).

If you suspect that your child has bipolar disorder, take your child to be seen by a family doctor or paediatrician to make sure there aren't any medical problems (such as hormone imbalances) that might be causing or contributing to your child's symptoms.

The doctor may recommend more specialized mental health services and help with referrals to mental health professionals such as a psychologist, psychiatrist or social worker.

Diagnosis of Bipolar Disorder

Psychologists and psychiatrists are the main professionals qualified to make a diagnosis of bipolar disorder. During the assessment, the doctor asks the patient (and family members) about symptoms, the developmental and school history and the family history in order to make a determination about diagnosis and recommendations.

At this time, there is not yet any blood test, brain scan or other diagnostic test that can help with the diagnosis of bipolar disorder.

Bipolar disorder is usually treated with a combination of several components, which includes:

- Education about the condition and coping strategies

- Medications

- Counselling / psychotherapy (talk therapy)

- Ensuring that the child/youth has a strong support network at home, and/or school and/or work.

- Building a social network

Other Conditions May Contribute to, or Look Like Bipolar

"Not all that rages is bipolar." Bipolar disorder is characterized by recurrent episodes of mania and depression. However, there are other conditions that can also contribute to changes in mood. It is important to see whether or not any of those other conditions may be present, in order that they may be treated.

The following is a list of conditions that can contribute to mood swings, anger or rage attacks. These can occur along with bipolar disorder, or they may occur on their own:

- Medical conditions, such as problems with thyroid, or seizure disorders

- Tourette's syndrome or tic disorders

- Attention-deficit hyperactivity disorder (ADHD), which is a condition where people have troubles with being inattentive and being hyperactive. These individuals can also have 'short fuses' and be prone to anger and mood swings. In ADHD however, their style of mood swings is more constant

and chronic, whereas in bipolar, mood swings are more episodic.

Sensory processing disorders, and self-regulation disorders, which are problems with the body's ability to regulate its sensory input. Individuals may thus become easily overwhelmed by sensory input such as light, sound and touch. Mood swings and rages can thus occur when the person becomes overwhelmed, e.g. from too much noise in a classroom, from being touched by others, or by the touch of clothing. In one study, 70% of parents of children diagnosed with bipolar reported marked sensitivity to sensory stimuli in infancy and early childhood (Papolos et al., 2002).

Autistic spectrum disorders (aka Pervasive Developmental Disorders) such as Asperger's Disorder and Pervasive Developmental Disorder Not Otherwise Specified. Children and youth with autism spectrum disorders can have difficulties regulating their moods, and end up with mood swings and explosive rages.

Learning disorders, which can lead to frustration/anger because the child becomes overwhelmed by academic expectations.

Fetal alcohol spectrum disorders (FASD), which are a group of conditions caused when one's mother has consumed alcohol during pregnancy, which interferes with a child's ability to regulate and control moods.

In cases where mood swings are directly due to one of the above conditions, treating that underlying condition (or trigger) will help to improve the mood swings.

Physical Treatments for Bipolar

Bipolar disorder is caused by a change in brain function, likely at a chemical level. This is not your child's fault, nor is it due to choice or bad behavior, just like the way in which other brain conditions such as epilepsy, multiple sclerosis are also similarly not the person's fault.

Medications

Because bipolar disorder has such a strong biological basis, medications are generally necessary in the treatment of (true) bipolar disorder.

Common medications used in the treatment of bipolar disorder include:

Lithium

Divalproex (trade name Epival)

Lamotrigine (trade name Lamictal)

Olanzapine (trade name Zyprexa)

Seroquel (trade name Quetiapine)

Risperidone (trade name Risperdal)

Talk to a medical doctor (such as a family physician, pediatrician or psychiatrist) for more information

about medication treatment.

Taking Care of the Body and Brain

Regular exercise is important, and studies have shown its effectiveness in treating mild to moderate depression. For more information on how to become more physically active, contact the website of the Public Health Agency of Canada at <http://www.phac-aspc.gc.ca/pau-uap/paguide/>. For youth that have trouble with team sports, individual sports (such as weightlifting, martial arts) may be more helpful.

Healthy diet with regular meals. Ensure that your child has regular meals and snacks. Not only is this important for good nutrition, but also helps set the body's internal clock (discussed in more detail later).

Omega-3 fatty acids. Early evidence suggests that Omega-3 fatty acids (found primarily in fish) may be helpful for bipolar disorder, though further studies are required (Stoll, 1999).

Light therapy, which may be helpful in cases where a person has more mood problems due to lack of sunlight in fall or winter. Light therapy involves sitting in front of a specially designed light therapy lamp (which is designed to mimic the effects of real sunlight), and requires consultation with a physician (Lam et al., 1999).

Keep regular, daily routines, which will help set your child's internal clock (Frank, 2007). As much as possible, set the same times every day (weekends and weekdays) for:

- a) Your child's bedtime and wakeup time.
- b) What time your child sees the first person in his/her day
- c) Mealtimes, like breakfast, lunch, dinner

If your child is having trouble sleeping in the evenings, then try encouraging a dim or dark environment, which approximates the natural environment that humans evolved under. The 'light pollution' in our modern society, as well as the high amount of artificial lighting in our homes probably in the evenings may very well interfere with our body's internal, biological clock. One study in fact, showed that "dark therapy" (exposing patients to darkness from 6 PM to 8 AM for a few days) helped improve manic symptoms in hospitalized patients with bipolar disorder (Barbini, 2005). These patients were being treated with medication, but required less medication, and left hospital earlier. Though further research is required, this makes intuitive sense and is consistent with other recommendations about routines and good sleep hygiene (Barbini, 2005).

Closely monitor your child's sleep. This may be difficult to do, but if your affected child feels that s/he has so much energy that s/he doesn't need to sleep, this may be a warning sign of an impending manic episode. In such cases, it is essential to contact a physician. Medications can be given to help improve sleep, and thus prevent a full-blown manic episode. Try to keep the same times on weekends as well as weekdays. In other words, people with bipolar disorder should not be staying up late on weekends, because this can be very disruptive for their internal clock. From the body's point of view, having different wake/bedtimes on weekends and weekdays is like having 'mini' jet lag every weekend.

Avoid stimulants because they may trigger manic episodes in bipolar. This includes: street drugs such as amphetamines, 'uppers' or 'speed'. Even milder stimulants such as coffee or prescription medications for ADHD (such as methylphenidate) need to be monitored closely by a physician.

Be cautious if your child is prescribed antidepressants. For people with bipolar, the use of antidepressant medication carries a risk of causing manic episodes, so close monitoring is required by a physician. For someone with a true diagnosis of bipolar, if antidepressants are used, they are usually used in conjunction with a mood stabilizer such as lithium.

Ways to Support Your Child

Other things that you can do to support your loved one with bipolar are:

Tell your child that you are concerned about him or her, and be available and support your loved one with bipolar disorder. Ask your child how s/he would like to be supported.

You might say: "I'm concerned about you and want to be there for you. How can I support you? How do you want me to be help?"

Typical ways that teens want parents to support them are simply 1) listening to the child, without giving advice, 2) listening and giving advice, 3) simply spending time together, or doing fun activities.

Advice. Note that advice is better accepted when the other person gives you permission to receive it. Simply lecturing or telling the other person what to do may not work as well, particularly with independence-seeking teens, because this may lead him/her to withdraw. You might say: "I'm worried about you. Would you be open if I gave you my advice?"

Help the person get connected with professional help. Talk to your child about seeing a doctor, and take your child to see a doctor!

- You might say something like:
- E.g. "Its been awhile since you've seen the doctor for a checkup, so I think it would be a good idea for you to go"
- E.g. "I'm worried about you. Would you be willing to see someone, like the doctor, who may be able to help you feel better?"

For More Information

Websites

Bipolar Disorder, National Institutes of Mental Health, retrieved Feb 22, 2008 from <http://www.nimh.nih.gov/health/publications/bipolar-disorder/complete-publication.shtml>.

Books

For parents

- Survival Strategies for Parenting the Child and Teen With Bipolar Disorder, by George T. Lynn , 2000

- The Bipolar Child: The Definitive and Reassuring Guide to Childhood's Most Misunderstood Disorder, by Demetri Papolos, 2002.
- Bipolar Disorders: A Guide For Helping Children And Adolescents, by Mitzi Waltz, Published By O'Reilly & Associates, 2000.

For children and youth

- Turbo Max: A Story for Siblings of Children with Bipolar Disorder
- Brandon and the Bipolar Bear: A Story for Children with Bipolar Disorder
- My Bipolar Roller Coaster Feelings Book

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About this Document

Written by the eMentalHealth.ca Team and Partners.

Special acknowledgements (in alphabetical order) to:

Keli Anderson, Executive Director of the FORCE Society for Kids Mental Health,
www.bckidsmentalhealth.org

Dr. Anne Duffy, Psychiatrist, Canada Research Chair in Child Mood Disorders, Associate Professor, McGill University

Disclaimer

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