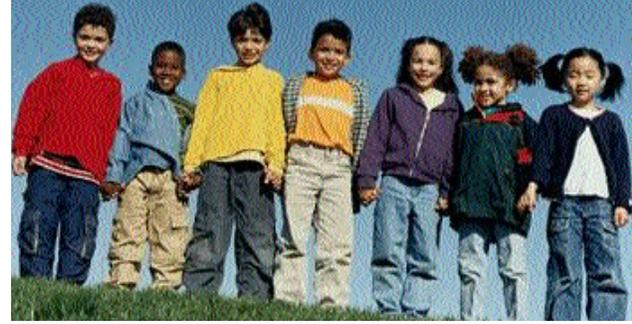


Overview

Many children and especially adolescents experience mood swings as a normal part of growing up. But when these feelings persist and begin to interfere with a child's ability to function in daily life, bipolar disorder could be the cause. Bipolar disorder, formerly known as manic-depression, is a type of mood disorder marked by extreme changes in mood, energy levels and behavior. Unlike the normal ups and downs of mood, bipolar disorder significantly impairs functioning in school, with peers, and at home with family.



Who Gets It

Although bipolar disorder was once thought to be rare in children and adolescents, research findings, clinical experience, and family accounts provide substantial evidence that the condition affects youngsters. Approximately 7 percent of children seen at psychiatric facilities fit a bipolar disorder diagnosis using research standards, and children as young as 6 have been diagnosed. Because it is still an under-recognized illness, it is believed that up to one-third of the 3.4 million children and adolescents with depression in the United States may actually be experiencing the early onset of bipolar disorder, according to the American Academy of Child and Adolescent Psychiatry.

Symptoms

Bipolar disorder begins with children alternating rapidly between extreme high moods (mania) or low moods (depression). These rapid mood shifts can produce irritability, with periods of wellness between episodes; or the young person may feel both extremes at the same time. Not all children with bipolar disorder have identical symptoms. Like children with depression, children with bipolar disorder are likely to have a family history of the illness. Possible signs and symptoms include:

Manic Symptoms

- Severe changes in mood, from unusually happy or silly to irritable, angry or aggressive.
- Unrealistic highs in self-esteem. May feel indestructible.
- Great increase in energy level. Sleeps little without being tired.
- Excessive involvement in multiple activities. May move from one thing to the next and be easily distracted.
- Increase in talking. Talks too much, too fast, changes topics too quickly, and cannot be interrupted. This may be accompanied by racing thoughts or feeling pressure to keep talking.
- Risk-taking behavior, e.g., substance abuse, dare-devil stunts, or engaging in sexual activity or unprotected sex.

Depressive Symptoms

- Frequent sadness or crying.
- Withdrawal from friends and activities.
- Decreased energy level, lack of enthusiasm or motivation.
- Feelings of worthlessness or excessive guilt.
- Extreme sensitivity to rejection or failure.
- Major changes in habits such as over-sleeping or over-eating.
- Frequent physical complaints such as headaches and stomachaches.
- Recurring thoughts of death, suicide, or self-destructive behavior.

How It Is Diagnosed

A major challenge facing physicians is properly diagnosing bipolar disorder in children. Also, symptoms of bipolar disorder may be initially mistaken for normal emotions and behaviors of children and adolescents. The diagnostic difficulty arises because many bipolar disorder symptoms can resemble or "co-occur" with those of other childhood-onset mental disorders, e.g. Attention-Deficit Hyperactivity Disorder (ADHD). These "co-occurring" disorders complicate the diagnosis and often contribute to the lack of recognition of the illness in children early on.

Due to the complications of “co-occurring” symptoms, especially in children with ADHD, physicians focus on the traits that are uncommon to ADHD but are present in bipolar disorder for diagnosis. These include:

- Elated mood – Laughing hysterically and acting infectiously happy without reason.
- Grandiose behaviors – such as, believing superhuman deeds are possible without getting seriously hurt, e.g., “flying” out of windows.
- Flight of ideas – Jumping from topic to topic in rapid succession when talking.
- Decreased need for sleep.
- Hypersexuality – such as acting inappropriately flirtatious, engaging in inappropriate touching, or using explicit sexual language.

In addition, it is common for children with mania to have multiple mood cycles during the day that range from giddy, silly highs to morose, gloomy and suicidal depressions. These depressed cycles are important to recognize because of the danger of suicide. The overall evaluation for diagnosis should include consultation with a child psychiatrist, psychological testing, and medical tests to rule out an underlying physical condition that might explain the child's symptoms.

What Causes It

Bipolar disorder tends to run in families (approximately 85 percent of those with bipolar disorder have relatives with some form of depression). Most scientists agree, however, that multiple factors including genes and the environment, probably combine to act together to produce the illness. No one gene is responsible, but more likely multiple genes combined with other factors of a person's environment result in bipolar disorder.

How Bipolar Disorder Affects the Brain

Scientists today are continually researching the brain and how bipolar disorder affects it. It is believed that bipolar disorder involves a biochemical imbalance in the brain that alters a person's moods. This imbalance is thought to be caused by irregular hormone production or a problem with certain chemicals in the brain, called neurotransmitters, which act as messengers between nerve cells.

Brain-imaging studies allow scientists to look at the brain in living people and see how it differs in people with bipolar disorder compared to healthy individuals and to others with different mental illnesses. With continued research, scientists will gain a better understanding of the underlying causes of the illness, and will eventually be able to predict which types of treatments will work most effectively.

Treatments

There are treatments for bipolar disorder in children, and early identification combined with treatment help children reach their full potential. A combination of medication, professional counseling and support from family and friends should be included in the comprehensive treatment plan. Whenever possible, the child should also be involved in making treatment decisions.

Until more scientific data is available, clinicians usually treat children with medications that have been shown to be effective in adults. The three types of drugs used are: lithium, anticonvulsants and atypical neuroleptics.

Research about the effectiveness of these and other medications in children and adolescents with bipolar disorder is ongoing. In addition, studies are investigating various forms of psychotherapy, such as cognitive-behavioral therapy, to complement medication treatment.

It is suggested that those with bipolar disorder receive guidance, education and support from a mental health professional to help deal with personal relationships, maintain a healthy self-image and ensure compliance with treatment. Support and self-help groups are also an invaluable resource for learning coping skills and avoiding social isolation. Support groups can enable friends and families to better understand the illness so that they can offer encouragement and support to their loved ones.

For more information

on the latest advances
in the diagnosis and treatment
of childrens' bipolar disorder
and other serious
brain disorders by
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