Bipolar Disorder in Children & Adolescents: Script of Podcast for Families

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All of us go through changes in our mood or behavior, at some point or another. Puberty, for instance, is a time when teenagers are very emotional and moodier than usual. But what if extreme shifts in mood occur in excess or outside of normal stages in life, such as puberty? It’s possible that the cause may be Bipolar Disorder. Bipolar Disorder affects a person’s mind and body, as well as how they think and feel about themselves and others. A person may have this disorder for a long time and it can affect their everyday life (CopeCareDeal, 2008). Bipolar Disorder can occur in young children and teenagers, not just adults.

You may be asking yourself, how many people actually have Bipolar Disorder? On average, anywhere from 4 to 16 people out of every 1,000 have Bipolar Disorder (American Psychiatric Association, 2000). At this time there is not a good estimate out there of how common Bipolar Disorder is in children. It is thought that as puberty progresses, the number of young people that develop the disorder increases (Lewis, 2002). Having a family history of mood disorders increases the chance that a child will get Bipolar Disorder (CopeCareDeal, 2008). The highest chance for developing Bipolar Disorder is if the child has an identical twin with the disorder or if both of their parents have it. A child who has a sibling or fraternal twin with the disorder or one parent with the disorder has a lower, but still significant, chance of getting it (Child & Adolescent Bipolar Foundation, 2002).

As a parent, teacher, sibling, or friend of a young person with Bipolar Disorder, you may notice changes in their behavior and mood. Sometimes they may look sad and seem to lose interest in things, and other times they may get easily irritated and talk a lot. These are all symptoms of Bipolar Disorder in kids and teens.

There are different types of Bipolar Disorder. Which type a person has depends on how strong or weak the symptoms are and how often mood changes occur. Cyclothymia, for example, is a type of Bipolar Disorder that triggers less severe mood

There are two different sides to the disorder – depression and mania. When a professional like a doctor tries to diagnose this disorder in a person, one of the first things they look for is that a manic or mixed episode has happened. A young person who is going through an episode of mania may get easily irritated, talk a lot, get distracted, or sleep less (American Psychiatric Association, 2000). One thing to note, though, is that a doctor uses the same set of symptoms when diagnosing both children and adults with Bipolar Disorder (American Psychiatric Association, 2000; Child & Adolescent Bipolar Foundation, 2002). So, it could be hard to decide if a child has Bipolar Disorder because children don’t always fit the adult symptoms perfectly. A young person in a state of mania would probably look more irritable than an adult would (National Institute of Mental Health, 2008).

Now let’s take a look at the other side of Bipolar Disorder – depression. When going through a depressive episode, a young person may get easily agitated, seem sad, lose interest in things, or go through changes in their eating habits. Just like with the manic symptoms, children and teens may experience depressive symptoms slightly differently. For instance, they might have more physical problems and be more irritable rather than sad (National Institute of Mental Health, 2008).

The symptoms of mania and depression can be confusing. One reason for this is because teens and children with Bipolar Disorder often have another disorder at the same time. Some common examples of these disorders are ADHD, Conduct Disorder, anxiety disorders, and substance abuse disorders (National Institute of Mental Health, 2008; The Annenberg Foundation Trust at Sunnylands Adolescent Mental Health Initiative, 2007). The symptoms of these disorders can overlap with those of Bipolar Disorder, causing confusion for the child and their family.

Having Bipolar Disorder does not mean that you cannot live a normal life because treatment is possible. Kids and teens with the disorder may need some extra help along with treatment. If you are the friend or family member of a child with
Bipolar Disorder, the task at hand is to make sure they go to school, and are able to concentrate and stay focused as best as possible while they’re there (Child & Adolescent Bipolar Foundation, 2002). Accomplishing this is usually the hardest thing to do with a child who has the disorder.

As far as treatments go, the most common form is medication (National Institute of Mental Health, 2008). Lithium is a medication that has been well researched in young people and has been shown to be effective. Electroconvulsive therapy is another treatment option, but is not nearly as common and is usually only used when other treatments have not worked (Lewis, 2002). Other helpful forms of treatment include psychotherapy, support groups, and a healthy lifestyle in general (CopeCareDeal, 2008). No matter what the treatment plan is for a child, it is important that their friends and family help them to stick with it (Johnson & Leahy, 2004). A normal and happy life is definitely possible for children and teenagers with Bipolar Disorder, especially with the love and help of their families, friends, and teachers.

The material presented in this podcast came from several sources. These sources were:

- The Diagnostic and Statistical Manual of Mental Disorders, fourth edition, text revision by the American Psychiatric Association, 2000
- Treating and Preventing Adolescent Mental Health Disorders by The Annenberg Foundation Trust at Sunnylands Adolescent Mental Health Initiative, 2007
- Psychological Treatment of Bipolar Disorder by Johnson and Leahy, 2004
- The “About Pediatric Bipolar Disorder” website by the Child & Adolescent Bipolar Foundation, 2002
- The “Bipolar Disorder” website by the CopeCareDeal organization, 2008
- The “Child and Adolescent Bipolar Disorder” website by the National Institute of Mental Health, 2008
References


