Bipolar Disorder in Children

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Director, Pediatric Bipolar Disorder Research Program
Director, Child and Adolescent Psychiatry Outpatient Service
Harvard Medical School and Massachusetts General Hospital
Pediatric Bipolar disorder is a highly morbid, biologically based, treatable condition that affects a significant minority of young children and adolescents.
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Brain development involves the growth and pruning of 100 billion neurons.

Adult disorders start in children:
- 50% of mental disorders begin by age 15
- 75% mental disorders have started by age 25
- Schizophrenia onsets mid-late adolescence
- **Bipolar Disorder onsets under age 12 in 25% of adult cases**
1995 research paradigm shift: bipolar disorder can occur in children

Mania-Like Symptoms Suggestive of Childhood-Onset Bipolar Disorder in Clinically Referred Children

JANET WOZNIAK, M.D., JOSEPH STEPHEN V. FARAAONE, Ph.D.

ABSTRACT

Objective: To examine the prevalence, characteristics, and correlates of mania among referred children aged 12 or younger. Many case reports challenge the widely accepted belief that childhood-onset mania is rare. Sources of diagnostic confusion include the variable developmental expression of mania and its symptomatic overlap with attention-deficit hyperactivity disorder (ADHD). Method: The authors compared 43 children aged 12 years or younger who satisfied criteria for mania, 164 ADHD children without mania, and 94 non-ADHD control children. Results: The clinical picture was fully compatible with the DSM-IV-R diagnosis of mania in 16% (n = 43) of referred children. All but one of the children meeting criteria for mania also met criteria for ADHD. Compared with ADHD children without mania, manic children had significantly higher rates of major depression, psychosis, multiple anxiety disorders, conduct disorder, and oppositional defiant disorder as well as evidence of significantly more impaired psychosocial functioning. In addition, 21% (n = 9) of manic children had had at least one previous psychiatric hospitalization. Conclusions: Mania may be relatively common among psychically referred children. The clinical picture of childhood-onset mania is very severe and frequently comorbid with ADHD and other psychiatric disorders. Because of the high comorbidity with ADHD, more work is needed to clarify whether these children have ADHD, bipolar disorder, or both. J. Am. Acad. Child Adolesc. Psychiatry. 1995. 34, 7867-876. Key Words: bipolar disorder, attention-deficit hyperactivity disorder, comorbidity, children.

Wozniak, 1995
Mania-Like Symptoms Suggestive of Childhood Bipolar Disorder in Clinically Referred Children

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1995 research paradigm shift: *bipolar disorder can occur in children*

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What we learned about children with mania:

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**ADHD**
- Almost all of them had ADHD
- (especially when the onset of mania was prior to age 12)

Wozniak, 1995; Biederman, 2004
ADHD+BPD: orphan diagnosis
Despite a substantial overlap, bipolar disorder is a different, more impairing, condition than ADHD

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Most young children with bipolar disorder also have co-occurring ADHD
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Wozniak, 1995; Biederman, 2004
Bipolar disorder requires severe mood symptoms

A. A *distinct period* of abnormally and persistently elevated, expansive or irritable mood and persistently increased goal-directed activity or energy

B. At least 3/7 (4/7 if mood is irritable)
   1) D Distractibility
   2) I Increased activity/psychomotor agitation
   3) G Grandiosity or inflated self-esteem
   4) F Flight of ideas or racing thoughts
   5) A Activities with painful consequences
   6) S Sleep decreased
   7) T Talkative or pressured speech

ADHD symptoms
Whether children can display signs of ‘serious’ psychiatric disorder is a confounding question.

There are no problems diagnosing ADHD, autism, depression, OCD, anxiety disorders.
Whether children can display signs of ‘serious’ psychiatric disorder is a confounding question.

Nicole, 16, had been having problems for a while now—ever since she was 14 and began closeting herself in her bedroom, incapable of socializing or doing her schoolwork, and contemplating suicide.
The symptoms of mania in children <12 years are the same across studies.

Age at presentation: 8 years
Age of onset: 4.5 years
Duration of illness: >3 years
Irritability was frequently the chief complaint

- Age at presentation: 8 years
- Age of onset: 4.5 years
- Duration of illness: >3 years

Wozniak, 1995; Biederman, 2004
WHAT’S NORMAL?

The difficulty of diagnosing bipolar disorder in children.

By Jerome Groopman

April 2, 2007

In April, 2000, Steven Hyman, a psychiatrist who at the time was the director of the National Institute of Mental Health, convened a meeting of nineteen prominent psychiatrists and psychologists in order to discuss bipolar disorder in children. The disorder has long been recognized as a serious psychiatric illness in adults, characterized by alternating episodes of mania and depression. (In previous years, manic episodes had been called “mania” or “mania-hypomania.”) For a long time, it was thought that bipolar disorders did not exist in children. Hyman wanted to change that.
Dr. Prewitt.....spends a good deal of time “undiagnosing” children who have been told they are bipolar.

In April, 2000, Steven Hyman, a psychiatrist who at the time was the director of the National Institute of Mental Health, convened a meeting of nineteen prominent psychiatrists and psychologists in order to discuss bipolar disorder in children. The disorder has long been recognized as a serious psychiatric illness in adults, characterized by periods in which a person is elated, agitated, hyperactive, and often irritable (manic episodes) and times when the person is extremely sad, depressed, tearful, and feels hopeless (depressive episodes).
Is Your Child Bipolar?

The Definitive Resource on How to Identify, Treat, and Thrive with a Bipolar Child

Mary Ann McDonnell, A.P.R.N., B.C.
Janet Wozniak, M.D.
with Judy Fort Brenneman
Like many children whose emotional problems are being diagnosed as bipolar disorder, his main symptoms are aggression and explosive rage (known in clinical parlance as “irritability”), and those traits have been visible in James from the time he was a toddler. Fifteen years ago his condition would probably not have been called bipolar disorder.
Like many children whose emotional problems are being diagnosed as bipolar disorder, his main symptoms are aggression and explosive rage (known in clinical parlance as “irritability”), and those traits have been visible in James from the time he was a toddler. Fifteen years ago his condition would probably not have been called bipolar disorder.

Age 4-5 years: Life at home was devolving into a nightmare. “James used to wake up every morning violently angry,” Mary said. “I used to wake up at 4:30 and heat his milk in his sippy cup so that when he woke up at 5:00 it would be exactly the right temperature. If it was too hot or too cold, he would take one sip from the cup, hurl it across the room and rage so loudly that it would wake Claire up, so that at three minutes after 5:00, I would be crying, Claire would be crying and my husband would be crying.”
In February, the American Psychiatric Association released draft revisions for the next iteration of its diagnostic manual (the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders [DSM-V]).

One of the draft’s most talked-about features is a new diagnostic category for children: temper dysregulation disorder with dys-
about features is a new diagnostic category for children: temper dysregulation disorder with dysphoria (TDD). The addition has been praised by some as a verdict on one of the hottest questions in child psychiatry: Is the dramatic increase in the number of children with a diagnosis of bipolar disorder appropriate? The answer appears to be no. But the creation of this new category raises another question: Will the TDD diagnosis advance what everyone agrees should be the ultimate goal of psychiatric classification — helping troubled children to flourish? Sadly, the answer to the second question is also no, unless pediatric mental disorder in adults order in adults disorders a distinct mally and persisting expansive, or irritable, mood accompanied by symptom at least 1 week. In a small but influ- child psychiatrist that most child, disorder do not h episodes of mania chronic and very aggressive outbur — helping troubled children to flourish? Sadly, the answer to the second question is also no, unless psychiatric drugs.
Your Child Does Not Have Bipolar Disorder

How Bad Science and Good Public Relations Created the Diagnosis

STUART L. KAPLAN, MD

Visit website: www.notchildbipolardisorder.com

Available on Amazon.com

Well-informed, solidly argued expose.
— Daniel Safer, M.D., Associate Professor, Deps. of Psychiatry and Pediatrics, John Hopkins University School of Medicine

Kaplan throws down the gauntlet to the ... researchers who have "invented" this condition.
— Lee Combrinck Graham, M.D., Associate Clinical Professor, Yale Child Study Center

At last there is a book that clinicians can refer to parents for an alternative view of the Bipolar Child.
— Theodore A. Petri, M.D., M.P.H., Professor of Psychiatry and Director of Child and Adolescents Psychiatry, Robert Wood Johnson Medical School – University of Medicine and Dentistry of New Jersey
A new disorder was created called *Disruptive Mood Dysregulation Disorder*. 

**Disruptive Mood Dysregulation Disorder**

A. Severe recurrent temper outbursts manifested verbally (e.g., verbal rages) and/or behaviorally (e.g., physical aggression toward people or property) that are grossly out of proportion in intensity or duration to the situation or provocation.

B. The temper outbursts are inconsistent with developmental level.

C. The temper outbursts occur, on average, three or more times per week.

D. The mood between temper outbursts in persistently irritable or angry most of the day, nearly every day, and is observable by others (e.g., parents, teachers, peers).
Since 2001, the rate of bipolar-disorder diagnosis among children and teens has jumped more than 4,000 percent (times 40).

Bipolar disorder often gets treated with combinations of antipsychotic and mood-stabilizing drugs (lithium and Risperdal, for instance) that have strong side effects.

This diagnosis carries a huge stigma and attendant effect on self-image.

The new diagnosis could theoretically lead to a reduction in the number of kids getting medicated for bipolar disorder unnecessarily and an increase in kids getting more appropriate interventions.
Captures subsyndromal mixed symptoms which has significant implications for both diagnosis and treatment.

Acknowledges the existence of highly prevalent subsyndromal mixed states not captured in the DSM-IV-TR and can contribute to the detection of bipolar disorder.

Hu 2014; 16(2): PCC.13r01599.
The New Temper Tantrum Disorder
Will the new diagnostic manual for psychiatrists go too far in labeling kids dysfunctional?
By David Dobbs | Posted Friday, Dec. 7, 2012, at 1:12 PM ET

Severe Mood Dysregulation...Temper Dysregulation Disorder...Disruptive Mood Dysregulation Disorder........
Step-wise diagnosis of DMDD:
A convoluted process that does not inform management

This convoluted process – many aspects of which are clearly unrealistic – would at least be theoretically acceptable were it not for the fact that successfully making a diagnosis of DMDD does not inform management.
Pediatric Bipolar disorder is a highly morbid, biologically based, treatable condition that affects a significant minority of young children and adolescents.
In study of 10,000+ US adolescents, 2.9% were bipolar and in a meta-analysis of international studies, the rate of pediatric bipolar disorder was 1.8%

Lifetime Prevalence of Mental Disorders in U.S. Adolescents: Results from the National Comorbidity Survey Replication- Adolescent Supplement (NCS-A)

Kathleen Ries Merikangas, M.D., Jian-Ping Hu, M.S., Marcy Erslev, M.A., Sonja A. Swanson, S.C.M., Shelli Avenevoli, M.L., Libong Cui, M.Sc., Corina Benjet, M.D., Katholiki Georgakides, M.D., Joel Swendsen, M.D.

Objective: To present estimates of the lifetime prevalence of DSM-IV mental disorders with and without severe impairment, their comorbidity across broad classes of disorder, and their sociodemographic correlates. Methods: The National Comorbidity Survey-Adolescent Supplement NCS-A is a nationally representative face-to-face survey of 10,273 adolescents aged 15 to 17 years in the continental United States. DSM-IV mental disorders were assessed using a modified version of the fully structured World Health Organization Composite International Diagnostic Interview. Results: Anxiety disorders were the most common condition (31.9%), followed by behavior disorders (19.1%), mood disorders (14.3%), and substance use disorders (11.4%). Of approximately 40% of participants with one case of disorder also meeting...
Pediatric bipolar disorder is familial, a feature of a valid diagnosis

Familial risk of bipolar I disorder is greatest in first-degree relatives of pediatric BP-I probands versus ADHD and control probands.

- 239 probands
- 726 relatives

- 162 probands
- 511 relatives

- 136 probands
- 411 relatives

*p < 0.01 versus ADHD and controls
Pediatric bipolar disorder is familial, a feature of a valid diagnosis.

Familial risk of bipolar I disorder is greatest in first-degree relatives of pediatric BP-I probands versus ADHD and control probands.

Pediatric probands with subthreshold bipolar disorder have rates of familiality similar to full syndrome probands.

- **Bipolar I probands**: 239 probands, 726 relatives
- **ADHD**: 162 probands, 511 relatives
- **Control**: 136 probands, 411 relatives

*p<0.01 versus ADHD and controls*
Functional Remission
(no symptoms, good functioning) is less likely than

Symptomatic Remission
(no symptoms, functioning impaired) which is less likely than

Syndromatic Remission
(symptoms persist, functioning impaired)

Symptoms and poor functioning found at follow-up

PROBABILITY OF REMISSION

Remission of BP Disorder:
4, 5 & 6 year follow-ups

Syndromatic Remission
Symptomatic Remission
Functional remission

Wozniak 2020
Omega-3 + Inositol combined outperforms either used alone for mania (N=52)

Treatment for bipolar disorder involves medications with significant side effects, fueling reluctance to diagnose
Pediatric Bipolar disorder is a highly morbid, biologically based, treatable condition that affects a significant minority of young children and adolescents.