



ISBD Education Tip Sheet:

Pediatric Bipolar Disorder

Understanding pediatric bipolar disorder

- Bipolar disorder was once considered to be rare in adolescents and younger children. However, over the last decade, it has been increasingly recognized as a disorder of both children and adults.
- Pediatric bipolar disorder is characterized by symptoms of mania (i.e. elevated mood) and depression which exceed what is expected for the child's developmental stage.

Compared to adult-onset bipolar disorder, childhood-onset of bipolar disorder may predict a more severe course of illness with a greater number of episodes, increased psychosocial impairment, increased risk for substance use, and higher rate of attempted suicides.

Clinical characteristics of pediatric bipolar disorder

- Symptoms in pre-adolescent children are often less distinct and have shorter durations than typical manic symptoms. As a consequence, they are often more difficult to ascertain and to differentiate from symptoms of other psychiatric disorders, or even normal behaviors.
- Pediatric bipolar disorder is generally characterized by abrupt mood swings, periods of hyperactivity followed by lethargy, intense temper tantrums, frustration, and defiant behavior.
- Manic symptoms, especially increased activity, agitation, irritability, distractibility, and talkativeness, are often difficult to distinguish from symptoms of oppositional defiant disorder and attention deficit / hyperactivity disorder.
- One of the most notable differences from adult-onset bipolar disorder is that pediatric bipolar disorder generally cycles much more quickly. While manic and depressive episodes may be separated by weeks, months, or years in adults, they can happen within a single day in children. Rapid and severe cycling between moods may produce a type of chronic irritability with few clear periods of euthymia between episodes.
- Compared to in younger children, symptoms of mania, hypomania, and depression in adolescents are more similar to those seen in adults.
- Younger children may not report feeling depressed. Rather, they may report feeling irritable or bored. The younger the child, the more difficult it can be to ascertain the symptoms of a depressive episode because of their difficulties with describing emotions, thoughts, and behaviors.

Importance of diagnosis

- Diagnosing pediatric bipolar disorder can be straightforward if symptoms are severe and persistent and if they affect the functioning of the child. However, many presentations are more difficult to diagnose.
- When considering the differential diagnosis for pediatric bipolar disorder, the most likely conditions to be included are attention deficit hyperactivity disorder, conduct disorder, oppositional defiant disorder, and disruptive mood dysregulation disorder.
- Pediatric bipolar disorder often has a variable course with rapid fluctuations in mood symptoms during acute episodes. This can lead to complexity and uncertainty when diagnosing children and adolescents with bipolar disorder.
- The presence of manic, hypomanic, and depressive symptoms, in combination with difficulty expressing their mood, may make children more susceptible to having behavior problems. Such problems may include conflicts with parents and teachers, low frustration tolerance, and frequent temper outbursts.

Goals of treatment

- Given the high morbidity and mortality associated with pediatric bipolar disorder, it is important to make a timely diagnosis in order to lead to opportune interventions. Each year treatment is delayed, there is a 10% reduction in likelihood of recovery each year treatment is delayed.
- Psychotherapy is nearly always indicated in addition to pharmacotherapy for pediatric bipolar disorder. Psychoeducation is also recommended to increase insight and awareness of the disorder.
- It is also beneficial for parents to receive psychoeducation about their child's illness. Psychoeducation can help parents assist their children with taking medications and can help them detect warning signs of potential relapses.

Pharmacotherapy

- Medications used to treat pediatric bipolar disorder include mood stabilizers (e.g. lithium, valproate, and carbamazepine) and antipsychotics (e.g. olanzapine, quetiapine, risperidone, aripiprazole, and ziprasidone). Sometimes, it is necessary to combine a mood stabilizer and an antipsychotic.
- Current guidelines recommend starting with monotherapy and then progressing, if necessary, to a combination treatment with two different classes of drugs.
- Symptoms of pediatric bipolar disorder can get much worse if patients are treated with antidepressants. Antidepressants accelerate the fast cycling between mania and depression, increase symptoms of irritability, and cause mood changes to be more abrupt.
- Antipsychotics are first-line drugs for pediatric bipolar disorder. The FDA has approved the use of risperidone and aripiprazole in children with bipolar disorder. In addition to bipolar disorder, antipsychotics are approved for the treatment of bipolar depression, major depressive disorder, generalized anxiety disorder, schizophrenia, autism spectrum disorders, oppositional defiant disorder, conduct disorder, attention deficit / hyperactivity disorder, and substance use disorders.
- Atypical antipsychotics have been shown to be effective in the treatment of acute mania with equal or increased efficacy compared to mood stabilizers.
- Compared to adults, children and adolescents are more susceptible to experiencing adverse effects of antipsychotics (e.g. weight gain, sleepiness, and hyperprolactinemia).

Treatment of acute mania in pediatric bipolar disorder

