

# Pediatric Bipolar Disorder: A Difficult Diagnosis



Tamison Doey, MD, FRCPC

Presented at The University of Western Ontario Grand Rounds, June 2008.

Previously thought to be extremely rare, childhood onset bipolar disorder has been increasingly the subject of clinical interest.<sup>1</sup> Some children's symptom patterns conform to the classic adult form, with periods of elevated, expansive or irritable mood, lasting at least a week, accompanied by three or four other symptoms such as increased goal-directed activities, pressured speech, decreased need for sleep, distractibility and an increase in pleasurable but risky activities. This must be a noticeable change from their usual mood. However, in children a much more common pattern consists of angry irritability, impulsivity and frequent shifts of mood that are brief periods and frequent. This is felt by some experts to represent the childhood variant of the disease.

*Previously thought to be extremely rare, childhood onset bipolar disorder has been increasingly the subject of clinical interest.*

## Clinical features

- Extreme temper tantrums (“affective storms”)
- Mood lability: periods of sadness and tearfulness alternating with periods of elevated mood and giddiness
- Grandiosity

## Meet Tess...

Tess is a 14-year-old girl presently in Grade 9.

Her parents complain that she has “mood swings” consisting of sudden outbursts of anger if she does not get her own way. She has threatened to kill herself after a fight with a friend.

She can also be “hyper” and “giddy,” especially when she is with her friends.

In the past, Tess has been diagnosed with attention deficit hyperactivity disorder and improved with stimulants, which she has discontinued.

Tess admits to using alcohol and marijuana with friends.

Several relatives on her mother's side of the family have depression and mood swings.

**Could Tess have bipolar disorder?**

- Decreased need for sleep
- Psychotic symptoms
- Suicidality
- Hypersexuality
- Strong family history of mood disorders, particularly bipolar disorder

## Differential diagnosis

Aggression and mood swings in children can be caused by a number of conditions.

Many patients, like Tess, have a history of attention deficit hyperactivity disorder (ADHD) and improve when the treatment of ADHD is optimized. Look for:

- previously diagnosed ADHD,
- results of testing and evaluations,

- a history of improvement with stimulants or atomoxetine in the past,
- non-adherence to medications at present and
- a family history of ADHD.

Substance abuse, alone or in combination with ADHD or depression, may result in mood swings. A careful non-judgemental inquiry into the use of cigarettes, alcohol, marijuana and other recreational drugs is important in teens.

Oppositional defiant disorder (ODD), the presence of a consistently hostile, negativistic and defiant attitude towards authority figures, may be associated with excessive anger. However, unlike those with a mood disorder, youth with ODD are predictably defiant and lack suicidality, hypersexuality or periods of depression.

Finally, a major depressive disorder is far more common in adolescence. It often presents with an irritable rather than a depressed mood, which is reactive, that is, better with peers, but more withdrawn and angry when they are at home or in school settings.

## Treatment options

- Safety is the most important goal of treatment. Youth who are suicidal, impulsive, hypersexual or violent may need to be admitted for observation and protection
- Stop any medications or substances that may be contributing to mood swings (*i.e.*, antidepressants, stimulants, atomoxetine, recreational substances and prescription medications like steroids)
- Rule out any medical conditions that might mimic a mood disorder (hyperthyroidism, encephalitis, or metabolic illness such as Wilson's disease)



**Dr. Doey** is an Adjunct Professor, The University of Western Ontario; Programme Coordinator, Child and Adolescent Psychiatry; Academic Director, Postgraduate Psychiatry, the Windsor Campus; and Chief of Psychiatry, Hôtel-Dieu Grace Hospital, Windsor, Ontario.

## Take-home message

1. The definition and prevalence of childhood bipolar disease are controversial
2. Mood swings in young patients have multiple causes that should be explored
3. Pharmacological treatment should always be accompanied by psychoeducation, family support and therapy

- Obtain a psychiatric consultation as soon as possible
- Most medications indicated in adults for bipolar illness are not approved officially in children. If you prescribe them, be sure to inform your patient and the family of their risks, benefits and the off-label nature of their use
- Careful documentation of the history over time is the best diagnostic “test”



### Reference

1. Wozniak J, Biederman J, Kiely K, et al: Mania-Like Symptoms Suggestive of Childhood-Onset Bipolar Disorder in Clinically Referred Children. *J Am Acad Child Adolesc Psychiatry* 1995; 34(7):867-76.

### Resource

1. Geller B, Zimerman B, Williams M, et al: Phenomenology of Prepubertal and Early Adolescent Bipolar Disorder: Examples of Elated Mood, Grandiose Behaviors, Decreased Need for Sleep, Racing Thoughts and Hypersexuality. *J Child Adolesc Psychopharmacol* 2002; 12(1):3-9.

HELPS PREVENT BONE LOSS AND OSTEOPOROSIS  
With 400 IU Vitamin D

**Caltrate PLUS**™

Product Monograph available upon request  
Wyeth Consumer Healthcare Inc. Mississauga, ON, Canada L4Z 3M6

PAAB