

Pediatric Bipolar Disorder

Pediatric bipolar disorder (BD) is a serious psychiatric illness marked by severe mood instability. It manifests in chronic irritability and episodes of rage and tearfulness.

Diagnosis criteria: Same as bipolar disorder for adults. Must include a distinct period of abnormally elevated, expansive, or irritable mood that lasts at least a week, or for any period if hospitalization is required. **In addition, any three** of the following must be present: inflated self esteem, decreased need for sleep, pressure to talk, flights of ideas or racing thoughts, distractibility, increase in goal directed activity, and excessive time spent in pleasurable activities that may result in painful consequences. **Other symptoms** include initiating behavior with poor judgment, hypersexual behavior, and suicidal intent.

BD has a high comorbidity with ADHD and shares many symptoms. Some differences are:

Pediatric Bipolar Disorder (BD)	Attention Deficit Hyperactivity Disorder (ADHD)
Episodic	Not episodic
Mood dysregulation	Not usually moody without specific stimulus or event
Extreme irritability or rage lasting <u>more than</u> 30 minutes	May become upset but not usually very long lasting
Dysphoria, abnormal depression or disconnect	No dysphoria

Etiology: Inherited. **Prognosis:** Lifetime. Symptoms can be managed and go into remission. Stress can have negative effect. Younger age of onset, low socioeconomic status, and psychotic symptoms have been known to make management of the disorder more difficult.

Population affected: From 1 percent to 3 percent of general population.

Areas of Occupation and Client Factors Impacted: All (ADLs; IADLs; rest and sleep; education; play; leisure; social participation; body function; values/beliefs). Family and environmental aspects play an important role in the health of a child with PBD and family relations can be profoundly disrupted by the disorder.

Recommended treatment: Combination of pharmacotherapy and psychosocial therapies. Also, support for family members.

Common pharmacotherapy: Uni- or multimodal. Mood stabilizer (Lithium); atypical antipsychotics (Risperidone, Aripiprazole, Ziprasidone); antidepressants (Depakote); stimulants, usually related to comorbidity; and sometimes medication to assist with sleep.

OT Interventions: Social skills training, specifically peer social skills with a concentration on friendship skills, increased empathy, cooperative problem solving, feeling identification, relaxation and calming skills. **Support child through training caregivers** regarding setting predictable routines and keeping to a schedule; making adequate notification before transitions; providing extra time for transitions; allowing planned and needed breaks; providing signals, such as hand codes, so a child can give teachers warnings when something is not going correctly or may be upsetting them; and allowing a child to pull back from an activity when necessary.

Observe child for changes and possible side effects from medications (rapid weight gain, mood changes) and report to appropriate team members.

References

- Carbray, J., & McGuinness, T. (2009). Pediatric bipolar disorder. *Journal of Psychosocial Nursing & Mental Health Services*, 47(12), 22-26. doi:10.3928/02793695-20091103-02
- Carr, A. (2009). Bipolar disorder in young people: Description, assessment and evidence-based treatment. *Developmental Neurorehabilitation*, 12(6), 427-441.
- DuVal, S. (2005). Six-year-old Thomas diagnosed with pediatric onset bipolar disorder: A case study. *Journal of Child & Adolescent Psychiatric Nursing*, 18(1), 38-42.
- Kutscher, M. L. (2005). *Kids in the syndrome mix of ADHD, LD, Asperger's, Tourette's, bipolar, and more!: The one stop guide for parents, teachers, and other professionals*. Philadelphia, PA: Jessica Kingsley Publishers.
- Hamrin V., & Pachler M. (2007). Pediatric bipolar disorder: Evidence-based psychopharmacological treatments. *Journal of Child and Adolescent Psychiatric Nursing*, 20(1), 40-58.
- National Institute of Mental Health (2006). Largest study to date on pediatric bipolar disorder describes disease characteristics and short-term outcomes. Retrieved from <http://www.nimh.nih.gov/science-news/2006/largest-study-to-date-on-pediatric-bipolar-disorder-describes-disease-characteristics-and-short-term-outcomes.shtml>
- National Institute of Mental Health (2010). Diagnosis: Pediatric bipolar disorder? Retrieved from <http://www.nimh.nih.gov/about/director/2010/diagnosis-pediatric-bipolar-disorder.shtml>
- Sadock, B. J., & Sadock, V. A. (2007) *Kaplan & Sadock's synopsis of psychiatry behavioral sciences/clinical psychiatry* (10th ed.). Philadelphia, PA: Lippincott Williams & Wilkin.
- West, A., & Pavuluri, M. (2009). The state of the evidence on pediatric bipolar disorder. *Psychiatric Times*, 26(12), 71-75