Early-Onset Bipolar Spectrum Disorder

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Bipolar disorder (also known as manic-depressive illness) that affects children is now starting to be referred to as early-onset bipolar spectrum disorder or EBSD by many who are leading the research on it. (Lofthouse, Fristad, Splaingard, & Kelleher, 2007; National Institutes of Health [NIH]. 2012). A condition that was for decades thought to be nonexistent in children (Anthony & Scott, 1960), it is now considered to be an area of great interest and concern in the psychiatric community (Lofthouse, et al., 2007). EBSD is a group of mood disorders in childhood and adolescence characterized by symptoms of mania and depression (Lofthouse, et al., 2007).

EBSD is characterized by “mood episodes” in which the patient experiences intense emotional symptoms of either a manic, depressive, or mixed variety. These episodes will last a week or two and the child well exhibit symptoms for most of the day, not just briefly (NIH, 2012). When a child is experiencing a manic episode he or she will exhibit a state of elation, excitation, racing thoughts, irritability, and grandiosity (in which the child feels he or she has some great talent or has made an important discovery). During a manic episode, sleep is also disturbed, the child may become aggressive, and there is often a drop in school performance. During an episode of depression, a child with EBSD feels excessively sad and loses interest in his or her usual activities. He or she may think and move slowly and sleep more than usual and experience overwhelming feelings of hopelessness and guilt. (“Bipolar Disorder in Children”, 2009) Children with EBSD run a very real risk of suicide (NIH, 2012).

Diagnosis of EBSD is particularly difficult for two reasons. First, the disorder has only been taken seriously since the 1990’s and professionals trained before that time are likely to have little or no knowledge and training with this disorder and its diagnosis. The second problem arises from the fact that many of the symptoms overlap with other childhood disorders and there is a high rate of comorbidity those disorders (Reddy & Atamanoff, 2006). Attention-deficit/hyperactivity disorder (ADHD), oppositional defiant disorder **(**ODD), conduct disorder (CD), separation anxiety disorder, and a several other mood and behavioral disorders are frequently found in tandem with EBSD. In fact, ADHD is estimated to occur in approximately 60% of bipolar children who suffer from EBSD (Henin, Mick, Biederman, Fried, Wozniak, Faraone, . . . Doyle, 2007). The fact that ADHD and EBSD share many of the same symptoms often causes a misdiagnosis or, in the case of those 60%, only a partial diagnosis. All of this is further complicated by the fact that EBSD is a very controversial subject and a great number of people in the psychiatric community still do not think it can affect pre-pubescent children.

The cause of EBSD and Bipolar disorder in general is thought to be largely genetic in origin. Abnormal brain structure, abnormal brain function, and chemical abnormalities of the brain are all thought to be responsible for this disorder. These abnormalities seem to cause neuropsychological deficits in other areas including working memory, executive functions, and verbal learning (Henin et al.; 2007).

Despite difficulty in diagnosing EBSD, treatment can often be effective. Primary treatment usually consists of medication and psychotherapy. Mood –stabilizing drugs such as lithium coupled with anti-psychotic medications are the most common form of medicinal treatment for EBSD. Anticonvulsants such as carbamazepine and valproate are also sometimes used (“Bipolar Disorder in Children”, 2009). I’d like to note that ADHD is primarily treated with amphetamines which are not only ineffective against EBSD but will aggravate and escalate manic episodes.

While EBSD has a fairly low occurrence, its effects are profound and can easily lead to suicide. The controversy surrounding this disorder indicates to me that much more study needs to be done in this area. As Linda A. Reddy and Tanya Atamanoff state in their article on the topic, “The field of childhood bipolar disorder is in its infancy stage and much work remains to be done” (116-117). Regardless of what a particular psychiatry professional thinks, there are children suffering who need to be understood better so that they may be treated. In fact this research paper has planted the seed in my mind that becoming a child psychologist or even a child psychiatrist is something I’d like to work toward. I see it as a very good use of my time and talents. I will continue to take psychology courses along with my intended major with the possibility of changing it.

Our text seems to stand with those who are opposed to diagnosing children with EBSD. And possibly there is sense in erring on the side of caution. Undoubtedly though, some children are having positive results from treatment for EBSD as indicated in several studies that I read. I am somewhat surprised that there isn’t some sort of DNA test for this disorder since it is popularly thought to be genetic in nature and characterized by abnormality in the brain. It seems with enough effort a specific gene or marker could be found that at bare minimum would indicate a predisposition for bipolar disorder. Such research could in many ways alleviate the controversy surrounding this affliction. A child showing a genetic predisposition would be much more readily accepted for EBSD treatment. I was unable to find any real specifics on the brain abnormalities that were repeatedly mentioned as occurring with this disorder, but it would also seem to me that medical imaging, with fMRI (functional magnetic resonance imaging) for instance, might also indicate the presence of bipolar disorder in patients.

In conclusion, Early-onset Bipolar Spectrum Disorder is a relatively new concept in psychiatry. There currently seems to be an increasing number of studies being conducted to understand this condition. Whether bipolar disorder will be viewed as an accurate diagnosis for children or not remains to be seen.

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