Bipolar disorder: How to differentiate it from other disorders

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- Comorbidity is the rule, not the exception
- Delay of diagnosis is an important issue
- Large percentage of individuals with unipolar depression & ADHD switch to a diagnosis of bipolar disorder
- Appropriate diagnosis = appropriate treatment

Diagnosis: Manic Symptoms at School

Symptom/Definition	Example
Euphoria: Elevated (too happy, silly, giddy) and expansive (about everything) mood, "out of the blue" or as an inappropriate reaction to external events for an extended period of time.	A child laughs hysterically for 30 minutes after a mildly funny comment by a peer and despite other students staring at him.
Irritability: Energized, angry, raging, or intensely irritable mood, "out of the blue" or as an inappropriate reaction to external events for an extended period of time.	In reaction to meeting a substitute teacher, a child flies into a violent 20-minute rage.
Inflated Self-Esteem or Grandiosity: Believing, talking or acting as if he is considerably better at something or has special powers or abilities despite clear evidence to the contrary	A child believes and tells others she is able to fly from the top of the school building.

From Lofthouse & Fristad (2006, p. 215)

Diagnosis: Manic Symptoms at School

Symptom/Definition	Example
Decreased Need for Sleep: Unable to fall or stay asleep or waking up too early because of increased energy, leading to a significant reduction in sleep yet feeling well rested.	Despite only sleeping 3 hours the night before, a child is still energized throughout the day
Increased Speech: Dramatically amplified volume, uninterruptible rate, or pressure to keep talking.	A child suddenly begins to talk extremely loudly, more rapidly, and cannot be interrupted by the teacher
Flight of Ideas or Racing Thoughts: Report or observation (via speech/writing) of speeded-up, tangential or circumstantial thoughts	A teacher cannot follow a child's rambling speech that is out of character for the child (i.e., not related to any cognitive or language impairment the child might have)

From Lofthouse & Fristad (2006, p. 215)

Diagnosis: Manic Symptoms at School

Symptom/Definition	Example
Distractibility: Increased inattentiveness beyond child's baseline attentional capacity.	A child is distracted by sounds in the hallway, which would typically not bother her.
Increase in Goal-Directed Activity or Psychomotor Agitation: Hyper-focused on making friends, engaging in multiple school projects or hobbies or in sexual encounters, or a striking increase in and duration of energy..	A child starts to rearrange the school library or clean everyone's desks, or plan to build an elaborate fort in the playground, but never finishes any of these projects.
Excessive Involvement in Pleasurable or Dangerous Activities: Sudden unrestrained participation in an action that is likely to lead to painful or very negative consequences.	A previously mild-mannered child may write dirty notes to the children in class or attempt to jump out of a moving school bus.

From Lofthouse & Fristad (2006, p. 215)

Hypomanic Episode

- Similarities with Manic Episode =
  - Same symptoms
  - Rule Outs (i.e., due to substance or general medical condition)
- Differences =
  - Length of time
  - Impairment not as severe
  - Tend to be not as recognizable; may be seen as signs of well-being
- Believed to play huge part in under & missed diagnosis.
- Red flags = decreased need for sleep & lack of daytime fatigue.

Diagnosis: Major Depressive Symptoms at School

Symptom/Definition	Example
Depressed Mood: Feels or looks sad or irritable (low energy) for an extended period of time.	A child appears down or flat or is cranky or grouchy in class and on the playground.
Markedly Diminished Interest or Pleasure in All Activities: Complains of feeling bored or finding nothing fun anymore.	A child reports feeling empty or bored and shows no interest in previously enjoyable school or peer activities.
Significant Weight Lost/Gain or Appetite Increase/Decrease: Weight change of >5% in 1 month or significant change in appetite.	A child looks much thinner and drawn or a great deal heavier, or has no appetite or an exce3sive appetite at lunch time.

From Lofthouse & Fristad (2006, p. 216)

Diagnosis: Major Depressive Symptoms at School

Symptom/Definition	Example
Insomnia or Hypersomnia: Difficulty falling asleep, staying asleep, waking up too early or sleeping longer and still feeling tired.	A child looks worn out, is often groggy or tardy, or reports sleeping through alarm despite getting 12 hours of sleep.
Psychomotor Agitation/Retardation: Looks restless or slowed down.	A child is extremely fidgety or can't say seated. His speech or movement is sluggish or he avoids physical activities.
Fatigue or Loss of Energy: Complains of feeling tired all the time	Child looks or complains of constantly feeling tired even with adequate sleep.

From Lofthouse & Fristad (2006, p. 216)

Diagnosis: Major Depressive Symptoms at School

Symptom/Definition	Example
Low Self-Esteem, Feelings of Worthlessness or Excessive Guilt: Thinking and saying more negative than positive things about self or feeling extremely bad about things one has done or not done.	A child frequently tells herself or others "I'm no good, I hate myself, no one likes me, I can't do anything." She feels bad about and dwells on accidentally bumping into someone in the corridor or having not said hello to a friend.
Diminished Ability to Think or Concentrate, or Indecisiveness: Increase inattentiveness, beyond child's baseline attentional capacity; difficulty stringing thoughts together or making choices.	A child can't seem to focus in class, complete work, or choose unstructured class activities.

From Lofthouse & Fristad (2006, p. 216)

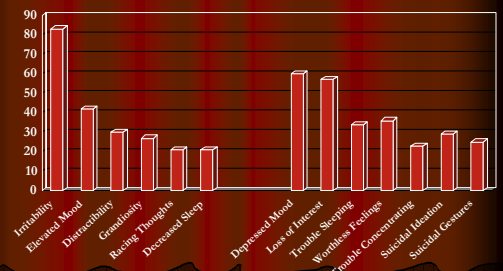
Diagnosis: Major Depressive Symptoms at School

Symptom/Definition	Example
Hopelessness: Negative thoughts or statements about the future.	A child frequently thinks or says "nothing will change or will ever be good for me."
Recurrent Thoughts of Death or Suicidality: Obsession with morbid thoughts or events, or suicidal ideation, planning, or attempts to kill self	A child talks or draws pictures about death, war casualties, natural disasters, or famine. He reports wanting to be dead, not wanting to live anymore, wishing he'd never been born; he draws pictures of someone shooting or stabbing him, writes a suicide note, gives possessions away or tires to kill self.

From Lofthouse & Fristad (2006, p. 216)

Most frequently reported symptoms

(Outpatient sample, aged 7-20)



Jerrell & Shugart (2004)

Developmental Aspects

- Bipolar Disorder in childhood and adolescence appear to be the same clinical entity.
- However, there are significant developmental variations in illness expression.

	Bipolar Disorder Onset	
	Childhood	Adolescent
Male Gender	67.5%	48.2%
Chronic Course	57.5%	23.3%
Episodic Course	42.5%	76.8%
Attention-deficit/Hyperactivity Disorder	38.7%	8.9%
Oppositional Defiant Disorder	35.9%	10.7%

Masi et al. (2006)

"Until we know more about the underlying causes of child psychiatric disorders, no diagnosis should be discounted because another disorder is present…"

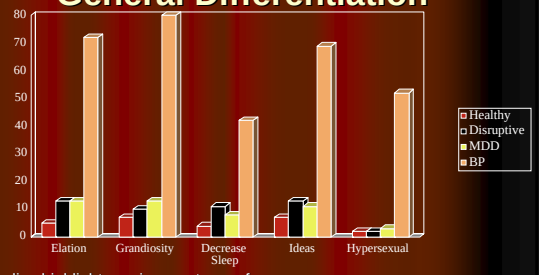
--Dr. Demitri Papolos (*The bipolar child: The definitive and reassuring guide to childhood's most misunderstood disorder (3rd ed.).* p.47.

Comorbidity (in children)*

DISORDER	Weighted Rate	(95% Confidence Interval)
Attention Deficit Hyperactivity Disorder (ADHD)	62%	(29-87)
Oppositional Defiant Disorder (ODD)	53%	(25-79)
Psychosis	42%	(24-62)
Anxiety	27%	(15-43)
Conduct Disorder	19%	(11-30)
Substance Use Disorder	12%	(5-29)

*Adapted from Kowatch et al. (2005)

General Differentiation



Studies highlight mania symptoms of:

- Elated mood
- Grandiosity
- Hypersexuality
- Flight of Ideas/Racing thoughts
- Decreased need for sleep

*Luby & Belden (2006)

Additional Differentiation Factors

- Family history
- Intense affective rages
- *Parent-Young Mania Rating Scale* (P-YMRS) is an effective tool to differentiate (cut scores of 11-efficient & 26-sufficient; Gracious, Youngstrom, Findling, & Calabrese, 2002).

ADHD + Bipolar Disorder

- 10-30% of individuals with ADHD will develop bipolar disorder
- This comorbidity is associated with poorer prognosis
- Comorbidity more frequent with ADHD combined-type (over 25%), but is also elevated among hyperactive-impulsive type (14%) and inattentive type (8%).

ADHD Criteria Comparison

Bipolar Disorder (mania)		ADHD
1. More talkative than usual, or pressure to keep talking	⇒	1. Often talks excessively
2. Distractibility	⇒	2. Is often easily distracted by extraneous stimuli
3. Increase in goal directed activity or *psychomotor agitation*	⇒	3. Is often "on the go" or often acts as if "driven by a motor"

Even subtracting these criteria, individuals typically continue to meet criteria for *both* disorders.

ADHD… Assistance

- Age of onset
- Dysphoric mood
- Family history
- Destructiveness, misbehavior, & harmful behaviors
- Manic symptoms after stimulants introduced
- Psychotic features

Conduct Disorder

- Aggression & provoking-types of behaviors are frequently seen in children with bipolar disorder.
- Many of the medications used to treat bipolar disorder have an impact on aggressive behaviors.
- Differences may include:
  - Family history
  - Nature of aggression seen
  - Control & remorse
  - Social impairments
  - Psychotic features

Unipolar Depression

- Approximately 50% of individuals diagnosed with MDD will switch to bipolar disorder.
- Depression typically index episode
- Look for:
  - Signs of hypomania (decreased need for sleep, lack of daytime fatigue)
  - Atypical triad of depressive symptoms (overeating, oversleeping, & excessive physical fatigue)
  - Unexpected response to medications

Schizophrenia

- Psychosis is not synonymous with schizophrenia.
- Genetic connections between the two disorders.
- Key differences:
  - Delusions & hallucinations
  - Family history

Concluding Comments

- *DSM-V* may help us in this area…
- At present it may be more useful to think in terms of comorbidity rather than differentiation.
- Much more research in this area is needed to make definitive statements.

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