ProjectTEACH
FAMILIES THRIVE WITH GOOD MENTAL HEALTH

Bipolar Disorder- Fact or Fiction: What do I really need to know as a Pediatrician

Rachel A. Zuckerbrot, MD, FAAP

- Professor of Clinical Psychiatry
- Site/Medical Director of Project TEACH at New York State Psychiatric Center/ Columbia University Irving Medical Center

Fact or Fiction

We are trying to scare you with this topic

True

False

Fact or Fiction

We want you to manage bipolar disorder

True

False

Bipolar Disorder in Pediatric Primary Care

- We do not expect or even want pediatricians diagnosing and treating bipolar disorder in their practices.
- But it is important to know what common presenting problems and behaviors in the pediatric office are NOT bipolar disorder in order to help educate your patients, make proper diagnoses, and provide appropriate treatment for other mental health conditions.
- It is also important to recognize the rare instances when behaviors are suggestive of “mania” and therefore need to be dealt with urgently and worked up by other healthcare clinicians.

Fact or Fiction

Bipolar Disorder is common in teens

True

False

Lifetime Prevalence

Adults

- Bipolar I Disorder: 1.0%
- Bipolar II Disorder: 1.1%

Adolescents

- Bipolar Disorder: 1-1.4%

Children

- ??

Fact or Fiction

Major Depressive Disorder is common in teens

True

False

Lifetime Prevalence

By the age of 20:

20% report a lifetime episode of Depression

Point Prevalence is 5-8%

Fact or Fiction

A depressed teen who has a parent with bipolar disorder is more likely to have bipolar depression than unipolar depression?

True

False

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Risk for Bipolar

Bipolar Disorder in one parent increases the odds of bipolar disorder in the child by 5 times.

Yet this only confers a 5% risk compared to the 1% in the general population!

The risk of Unipolar depression is still greater.

Fact or Fiction

If somebody says they have a parent with bipolar disorder, you should immediately record that in the chart as part of the family history?

True

False

Accuracy of a Bipolar Diagnosis

- Many people say they have bipolar disorder when they do not
- Ask some questions about medications, hospitalizations, symptoms… Did that aunt with bipolar ever take medications? Did your father ever need to get medical attention?
- Perhaps qualify the diagnosis when you record it in the chart if it is not confirmed

Fact or Fiction

Teens who complain of emotional highs and lows usually have bipolar disorder

True

False

Mood Lability

- What does one mean by mood swings and highs and low?
  - Euthymia (normal mood) to sad mood
  - Normal mood to depressed mood
  - Hypomanic mood to depressed mood
  - Manic mood to depressed mood
- What time frame are we talking about?
  - Within the same hour
  - Within the same day
  - Days of one vs days of another
  - Weeks to months of one vs weeks to months of another

**Adolescents with Major Depressive Disorder can have very labile mood

**Children and Adolescents with ADHD often have dysregulated moods

Fact or Fiction

Teens who complain of irritability usually have bipolar disorder

True

False

Irritability

Irritability is non-specific

- A study in 2002 found irritability in 72% of children with ADHD
- MDD in adolescents can present with irritable mood as per the DSM
- Children with anxiety are often irritable
- Teens with ODD can be touchy, easily annoyed, or irritable
- Substance Use can present with irritability (withdrawal)

Irritability Exists in Multiple Conditions

Manifested by:

- Poor emotion regulation
- Difficulty with social/environmental cues
- Difficulty with change and transitions

May occur in children with the following:

- MDD – Irritable Mood
- ADHD – Low frustration tolerance
- ODD – Touchy easily annoyed
- Anxiety – Irritability
- DMDD – Negative mood
- Mania-- Irritability
- Autism
- Executive function deficits
- Learning disabilities

Fact or Fiction

Children who have a relative with bipolar disorder and who have mood lability themselves should not be prescribed stimulants for their ADHD

True

False

Stimulants and Bipolar/Mood Lability

- No evidence that stimulants cause harm or increase severity of BPD symptoms
- There is evidence that stimulants may improve symptoms

Fact or Fiction

In order to make a diagnosis of Bipolar I Disorder, a patient has to have had a manic episode?

True

False

Fact or Fiction

In order to make a diagnosis of Bipolar I Disorder, a patient has to have had a depressive episode?

True

False

Bipolar I

- Must meet criteria for at least one manic episode
- Major Depressive Episodes are common in bipolar I disorder but are not required for the diagnosis

MANIA/Manic Episode

- Distinct period of ELEVATED IRRITABLE or EXPANSIVE mood AND persistently increased activity or energy, lasting at least 1 week
- Present most of the day, nearly every day- any length if hospitalized (does not need to be 1 week).

MANIA/Manic Episode

During the mood and energy disturbance 3 of the following are needed at the same time, 4 if mood is only irritable

1. Inflated self esteem- grandiosity (I'm smarter than my teacher, I am the best writer in my school)
2. Decreased need for sleep (needing only a few hours of sleep at night)
3. More talkative (difficult to redirect)
4. Flight of ideas or subjective racing thoughts (mind is like a video on ff or double-speed)
5. Distractibility
6. Increase in goal directed activity (decides to start a small business venture using their parents' Venmo)
7. Excessive involvement in activities with a high potential for negative consequences: buying, spending, sexual indiscretion (self-stimulates in public)

- **Symptoms <u>must</u> occur at the same time and produce marked impairment in functioning**

Fact or Fiction

In order to make a diagnosis of Bipolar II Disorder, a patient has to have had a hypomanic episode and never a manic episode?

True

False

Fact or Fiction

In order to make a diagnosis of Bipolar II Disorder, a patient has to have had a major depressive episode?

True

False

Bipolar II

- Must meet criteria for at least one hypomanic episode
- Must meet criteria for at least one Major Depressive Episode

Fact or Fiction

A hypomanic episode is basically a manic episode but for a shorter time and to a lesser degree?

True

False

HYPOMANIA/Hypomanic Episode

- Distinct period of abnormally and persistently ELEVATED, IRRITABLE or EXPANSIVE mood AND abnormally and persistently increased activity or energy, lasting at least 4 consecutive days
- Present most of the day, nearly every day-

HYPOMANIA/Hypomanic Episode

During the mood and energy disturbance 3 of the following, 4 if mood only irritable

1. Inflated self esteem- grandiosity (I'm smarter than my teacher, I am the best writer in my school)
2. Decreased need for sleep (needing only a few hours of sleep at night)
3. More talkative (difficult to redirect)
4. Flight of ideas or subjective racing thoughts (mind is like a video on ff or double-speed)
5. Distractibility
6. Increase in goal directed activity (decides to start a small business venture using their parents' Venmo)
7. Excessive involvement in activities with a high potential for negative consequences: buying, spending, sexual indiscretion (self-stimulates in public)

- **Symptoms must occur at the same time and NOT produce marked impairment in functioning but yet an unequivocal change in functioning**

Fact or Fiction

A depressed teen who is treated with an SSRI and then becomes manic or hypomanic (not just activated) should be diagnosed as having Bipolar Disorder (I or II respectively)?

True

False

Mania/Hypomania during drug treatment

Must persist after stopping medication to call it actual mania or hypomania

This is rare.

(*Must have full symptoms: not just some irritability or agitation)

Fact or Fiction

Pediatric Bipolar has just been renamed:
"Disruptive Mood Dysregulation Disorder"

True

False

Disruptive Mood Dysregulation Disorder

O : **O**utbursts – frequent, impairing, not consistent with developmental level, in more than one place (i.e. not just conflict with a parent or teacher)

I : **I**rritable or negative mood when not having outbursts

V : **V**ery chronic- Has lasted at least a year

E : (not) **E**xplained better by another [better understood] condition

e.g. mania (at least a day), MDD, PTSD, anxiety, autism spectrum,

The point: outbursts occur in many conditions that need to be ruled out first.

Y : **Y**oung-Starts in childhood (after age 6, before age 10) *Courtesy of G. Carlson, MD*

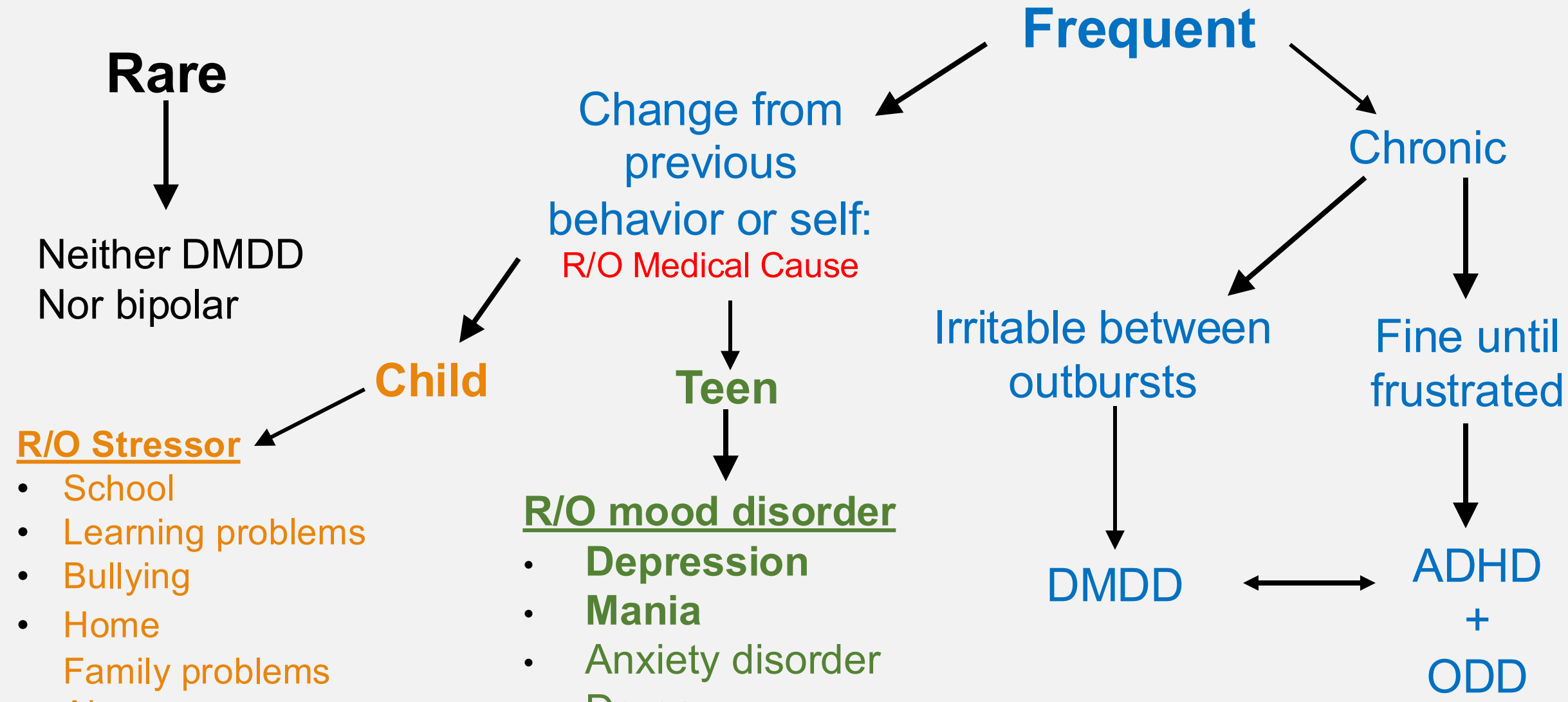
Fact or Fiction

A child or teen presenting with explosive outbursts either has bipolar or DMDD

True

False

Differential Diagnosis of Explosive Outbursts



Courtesy of G. Carlson, MD

Fact or Fiction

A patient presenting with what appears to be mania needs to be evaluated urgently

True

False

Acute Mania

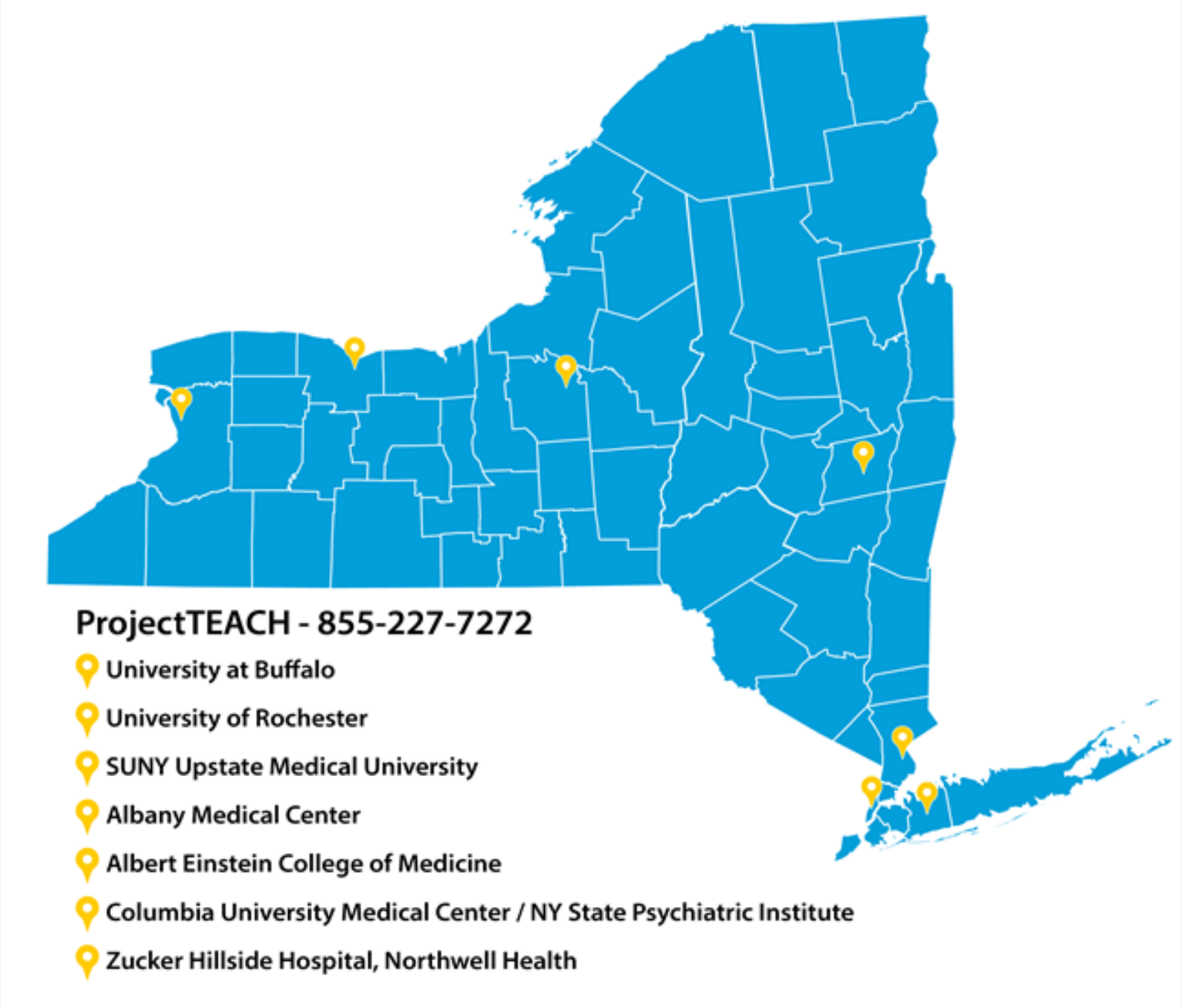
- Assess for safety
- Medical evaluation if warranted/may need ED for this
- If neglect/abuse, contact child services/crisis intervention
- Discontinue use of substances or medications that may be exacerbating mood
- Prompt referral to Mental Health Specialist for diagnostic assessment
- Hospitalization may be necessary

Take Home Points

- **Most depression seen in adolescents is Unipolar depression**
  - This is true even with a first degree relative with bipolar
- **Irritability and Mood lability *alone* do not make a diagnosis of bipolar**
  - Be sure to clearly detail what is meant by mood lability
- **An adverse reaction to an SSRI does not confirm a bipolar diagnosis**

**DO NOT BE SCARED TO TREAT ADOLESCENT DEPRESSION AS ADOLESCENT DEPRESSION

**DO NOT BE SCARED TO TREAT ADHD AS ADHD



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Fact or Fiction

I am now less afraid of bipolar disorder

True

False

THE END