

A seemingly ordinary 6-year-old boy, Thomas is anything but ordinary. Suffering from delusions, outbreaks of violent temper, graphic hallucinations, and suicidal tendencies is just the beginning of his “normal” behavior for day to day life. Because of these multiple symptoms and issues, doctors diagnosed Thomas with multiple social and behavioral disorders. However, the last thing that they would ever think of, pediatric bipolar disorder, would end up being the culprit. Pediatric bipolar disorder has proved itself a high maintenance disease with symptoms unlike any other, difficulties in diagnosis, and inconsistency among the pediatric version versus the adult form of the disorder. The art of diagnosing and treating pediatric bipolar disorder has yet to be fully mastered.

The technical definition of pediatric bipolar disorder describes one who endures severe outbursts of manic depression and mania, though in adolescent cases. The combination of both manic depression and mania are the basic components of pediatric bipolar disorder, though there are multiple forms of the disorder. Unfortunately, diagnoses made in pediatric fields are based on records of adult pediatric bipolar disorder, showing flaws in the method of diagnosis and treatment. Because of the existing differences among adult and pediatric bipolar disorder,

Table 1

	PEDIATRIC BIPOLAR DISORDER	ADULT BIPOLAR DISORDER
Onset	Prepubertal, early adolescent	Late adolescence or early 20s
Nature of symptoms	Longer symptomatic stage	Episodic in nature—long asymptomatic stage between episodes not uncommon
Mixed episodes (concurrent depression/ manic symptoms)	Very common	Relatively less common
Psychotic symptoms	Less common	More common
Family history of bipolar disorder	Common	Common though less common than in pediatric bipolar disorder
ADHD comorbidity	60–90%	Relatively less common
Bipolar subtype stability	Unstable—change from Bipolar NOS to Bipolar Type I or II common	Relatively more stable

Differences in symptoms among adults and adolescents suffering from bipolar disorder

said differences must be regarded. Adult pediatric bipolar disorder involves several separate and distinct episodes. However, the pediatric version of the disorder is said to involve much more rapid sequences of mood swings (Table 1). Because of such pronounced differences, the diagnosis is incredibly difficult to achieve accurately. In addition to the differences between the two, another confusion lies upon diagnosing the disorder. Many adolescents who grow up with pediatric bipolar disorder essentially ‘outgrow’ it and do not still have the disorder as adults. And reversed, most adults living with bipolar disorder did not suffer from the pediatric form of the disease.

Though it was commonly believed that adolescents could not show signs of manic depression and other signs of bipolar disorder, it has been recently discovered otherwise. In fact, now that it has been otherwise proven, it is also proving to be much more common than researchers ever imagined, with more and more cases of pediatric

bipolar disorder appearing every day. However, despite developments made in recognizing the disorder, it is still very difficult to diagnose. Many various symptoms obstruct the diagnosis of pediatric bipolar disorder. Interferences including (but not limited to) AD/HD, depression, and of course- the ever constant intrusion of raging hormones all easily can distract from the true disease. Though these symptoms may be free standing, they can also be introduced due to the disorder, as well as hallucinations, delusions, and lowered inhibitions. Since pediatric bipolar disorder is such a high maintenance disorder when it comes to diagnosis, another important factor to consider is family history. Hereditary mood disorders and alcohol addictions are both major factors that could easily contribute to the disorder. The disorder has been suspected as early as 18 months, and though many 'symptoms' may easily seem to be common childhood behavior, where parents commonly report their children as seeming "off." However, it is often difficult for doctors and parents alike to differentiate between bipolar symptoms and mere childish behavior. It must be constantly regarded that alone, children have much different filters than an average grown up. Some things that they may not think twice of- an imaginary friend or miscomprehending social situations- can easily be perceived as warning signs for pediatric bipolar disorder. Because of the children's ranging behavior, the diagnosing of the disorder must be a very personal and customized process.

Since the recent discovery of the mere existence of pediatric bipolar disorder, diagnosis of the disease has been used more than ever. The eagerness physicians often have to diagnose the disorder easily can lead to downfalls in the subject, especially since the exact symptoms have not been scientifically proven yet. The excitement of a new discovery can easily be the blame for this new overused diagnosis. In fact, among other countries, pediatric bipolar disorder is most diagnosed in the United States. Though some often argue over the legitimacy of the disease, more supportive evidence of its existence is being discovered by scientists and researchers every day. In fact, pediatric bipolar disorder is quickly and more commonly than ever being identified in adolescents and it is estimated that 5 to 7% of children experience symptoms that could easily be drawn to pediatric bipolar disorder. However, the more that doctors and physicians recognize the symptoms of the disorder, the more able they are to accurately diagnose the disease. At the current rate of diagnosis, it is estimated that about three quarters (or seventy-five percent) of teenagers and young children are currently suffering from pediatric bipolar disorder, whether or not they have been diagnosed or are currently on medication for treatment.

Because the unclearness of the disease that still occurs among researchers, doctors have almost become eager to diagnose the disease. The last published guide for the diagnosis of psychiatric disorders was released in 1994. The only applicable guideline for bipolar disorder is strictly for adults with the disease. Since the publication of the article, it has been discovered that bipolar disorder can also commonly occur in teenagers and young children. With this in mind, doctors must acknowledge that there are differences among the pediatric form and the adult form of bipolar disorder. Some developed symptoms discovered by researchers include overly irritable behavior, separation anxiety, impaired judgment, hallucinations, and many more. However, doctors must keep in mind that these symptoms can often appear separately among “average” daily behavior of teenagers and children. In order for

the child to actually be experiencing legitimate pediatric bipolar disorder, multiple symptoms must be experienced at one time. Symptoms must last among adolescents for 2 weeks or even more, and symptoms must not only cause apparent personal distress, but additional stress shown at school and at home. In addition to the confusion of regular behavior versus signs of pediatric bipolar disorder, doctors must also take other diseases into account. It is often quite easy for a few symptoms that could easily be of another disorder (for instance, ADHD) for bipolar disorder in

Table 2

SYMPTOM	PEDIATRIC BIPOLAR	ADHD
Elevated mood	Common with element of grandiosity	Much less common
Hypersexuality	Common	Not seen
Psychotic symptoms	Common	Not seen
Irritable mood	Very prominent	Less prominent
Self-injurious/suicidal behavior	Common	Rare
Family history	Bipolar disorder and depression common	ADHD/ADD
Flight of ideas/racing thoughts	Could be present	Not seen

Symptoms of bipolar disorder compared to symptoms of ADHD

children. Because it easy to mistake a few symptoms for the disease, when diagnosing pediatric bipolar disorder, doctors and physicians must recognize the difference among normal adolescent behavior compared to behavior that could easily be due to the disorder.

Due to the recent breakthrough discovery of pediatric bipolar disorder and the newfound eagerness to diagnose it, many mistakes in diagnosis have occurred. Because the disease is still relatively new on the map, doctors must be very cautious upon diagnosing. Many factors can easily intrude, and appear to be pediatric bipolar disorder, but often are not. In children, many things must be kept in mind such as hormones, morals, and overall point of view.

Teenagers are notorious for their raging hormones, though it often isn't a considered factor when pediatric bipolar disorder is being diagnosed. Hormones can easily mask themselves to look considerably similar to various symptoms of bipolar disorder. Shifts in hormones often lead to moodiness, temperamental behavior, social anxiety, and more. Coincidentally, these are all symptoms of bipolar disorder as well. Morals of children alone can often be misleading, as well. Compared to an adult a child could easily think it to be okay to, for instance, throw a temper tantrum in order to get something they want. A common symptom of bipolar disorder is irritable mood and behavior. However, this is also an extremely common factor of the morals of children. Because these symptoms and factors can easily be mixed up and confused, cases often occur in which children diagnosed with pediatric bipolar disorder who, in fact, do not have the disorder at all. This causes a considerably large sum of children that have been misdiagnosed and mistreated for pediatric bipolar disorder. Another common mystery of pediatric bipolar disorder is its tendency to, in a sense, "disappear with age." Children who experience the pediatric form of the bipolar disorder rarely or never experience it as in the adult form. The same goes for adults, mature subjects of the disease rarely report having its symptoms as adolescents.

As a whole, many often argue on the legitimacy of pediatric bipolar disorder altogether. It is commonly argued that pretty much all symptoms of the disorder are subjective. How can pediatricians and researchers tell the difference between a temper tantrum and a bipolar outburst? Without solid or official symptoms, and the common confusion among pediatric bipolar disorder and adult bipolar disorder, researchers and doctors still have a long way to go in order to perfect the diagnosis of bipolar disorder in adolescents and teenagers. Because cases are still so subjective, the disorder must be kept on close watch. Jumping to the diagnosis of pediatric bipolar disorder should certainly not be such a common practice at this time. The confidence that many researchers and doctors currently have should certainly be something to rethink, considering all of the obstacles of accurately diagnosing the disorder.

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