

Children and Adolescents With Bipolar Disorders*

Psychiatric assessment of children and adolescents should include screening for bipolar disorder.

Bipolar Disorder NOS describe youths with manic symptoms lasting hours to < 4 days or those with chronic manic-like symptoms representing their baseline level of functioning.

Youths with suspected bipolar disorder must also be carefully evaluated for other associated problems including suicidality, comorbid disorders (e.g., substance abuse), psychosocial stressors, and medical problems.

The diagnostic validity of bipolar disorder in young children has yet to be established. Use caution when diagnosing preschool-aged children.

INITIAL TREATMENT

For mania in well-defined bipolar I disorder, pharmacotherapy is the primary treatment.

Treatment should begin with an agent that is approved by the FDA for bipolar disorder in adults, however it is important to bear in mind that the evidence of the efficacy of these agents in children and adolescents is sparse at best:

- Lithium is approved down to age 12 years for acute mania and maintenance therapy.
- Aripiprazole, valproate, olanzapine, risperidone, quetiapine, and ziprasidone are approved for acute mania in adults. Chlorpromazine is also approved for acute mania in adults, but it is generally not used as a first-line agent.
- Both lamotrigine and olanzapine are approved for maintenance therapy in adults.
- The combination of olanzapine and fluoxetine is approved for bipolar depression in adults

PSYCHOTHERAPEUTIC INTERVENTIONS

Psychotherapeutic interventions are an important component of a comprehensive treatment plan for early-onset bipolar disorder

Treatment of bipolar disorder NOS generally involves the combination of psychopharmacology with behavioral/psychosocial interventions

Failure to respond

For severely impaired adolescents with manic or depressive episodes in bipolar I disorder, Electroconvulsive Therapy (ECT) may be used If medications either are not helpful or cannot be tolerated.

MAINTENANCE TREATMENT

Most youths with bipolar I disorder will require ongoing medication to prevent relapse; some will need lifelong treatment

Psychopharmacological interventions require baseline and follow-up assessment and monitoring of symptom, side effects (e.g., persons' bodyweight), and laboratory monitoring.

*Adapted from *Practice Parameter for the Assessment and Treatment of Children and Adolescents With Bipolar Disorder*. J. Am. Acad. Child Adolesc. Psychiatry, 46:1, January 2007