

## Is Your Child Suffering from Bipolar Disorder?

Diagnosis of bipolar disorder among children have never been made until only recently in the medical field. Before, the disorder was seen to emerge among unfortunate adolescents and adults, but with advancement in identification tests, the disorder can now be detected as early as childhood. Thus, early treatment can be started.

An early diagnosis of the disorder in children may give them a better chance in treatment. This will help them cope with the disease more properly, achieve character equilibrium, realize a top level of wellness, and grow up to be a self-aware and well rounded adult. With the right treatment, the disorder can be easily controlled and they may lead a normal happy life.

The prevalence of the disorder in children is suspected to be significant with those who are already diagnosed with ADHD (attention-deficit with hyperactivity disorder) in the United States. Children and adolescents who have suffered from relapsing depressions may be suffering from an early start-up of bipolar disorder except that the manic stage of the disorder has not yet occurred. The more epidemiological studies are conducted the more the medical world is becoming aware how common this disorder surface among children.

Bipolar disorder is a mental illness that is characterized by extreme mood changes that includes depression and mania (extreme euphoria). But the disorder has some variations among children compared to those of the adults. Bipolar among children generally have constant mood alterations that is a combination of depression and mania in rapid cycles. Persistent irritability is caused by the rapid mood cycles as well as a few periods of wellness in between phases.

DSM-IV criteria (Diagnostic and Statistical Manual IV) are used to diagnose bipolar disorder among adults. Although there is no age limit when using the DSM-IV, there is no real specific criteria for children which makes it quite difficult to use.

The following are the common behaviors found in children afflicted with bipolar disorder:

- ? hyperactive, easily distracted
- ? authority problems

- ? extensively destructive temper
- ? insomnia alternating with oversleeping
- ? irritable
- ? depressed, apathetic, passive
- ? fast changing moods from a few hours to several days
- ? bedwetting
- ? delusions and hallucinations
- ? beliefs of grandiosity
- ? flight of ideas, extremely talkative
- ? extreme anxiety when separated from family even for a short period of time
- ? night time fears and tirades
- ? unsuitable sexual behavior
- ? extreme hunger for sweet food and carbohydrates

The disorder can also be noted during infancy. Parents of later bipolar diagnosed children frequently cite erratic behavior such as being unusually clingy and unmanageable tantrums reminiscent of seizures.

Like bipolar syndrome in adults, children or pediatric bipolar syndrome is classified into four: Bipolar I, Bipolar II, Cyclothymia, and Bipolar Disorder Not Otherwise Specified.

In Bipolar I, patients undergo interchanging episodes of extreme depression and psychotic mania.

Bipolar II, the patient undergoes moments of hypomania interchanging with moments of depression. Hypomania is sometimes attributed to immense creativity. Hypomania is manifested by irritable or elevated mood with an addition of enhanced mental and physical energy.

Cyclothymia is the form of disorder wherein the individual afflicted undergoes stages of milder but specific mood changes.

Lastly, Bipolar Disorder Not Otherwise Specified is the form of the disorder that the physicians are not able to classify in any of the above mentioned classifications. It is also characterized by manic-depressive mood swings but there are symptoms where the illness can not be either identified as Bipolar I, II, or Cyclothymia.

The parents who are worried about their child's welfare, specifically a child who talks about suicide, should have them evaluated and/or assessed by a legitimate professional who is an expert with psychiatric disorders and its

treatments.

Concerned adults who believe one of their charges is afflicted with the disorder should take notes everyday of the child's behavior, sleeping patterns, speech, and strange events surrounding the child. These observations will importantly help the physician in their evaluations and find an appropriate treatment.

The disorder can be controlled through a combination of medication, close supervision of behavioral symptoms, psychotherapy for both the patient and the family, knowledge about the disorder, excellent nutrition, regular exercise and sleeping patterns, and lessening of stressful situations.

It is best if the parents and the medical professionals work hand in hand in the treatment of the child. The family's involvement in the treatment plan can lessen the intensity, incidence, and extent of episodes.