



## Pediatric Bipolar Disorder Quick Fact Sheet for Parents/Guardians & School Personnel

*This fact sheet is intended to be used to enhance understanding of about mental health issues that may be encountered in children and adolescents. It should never be used to formulate a diagnosis. Mental health diagnoses should be made only by a trained mental health professional after a thorough evaluation.*

### What is Pediatric Bipolar Disorder?

Bipolar Disorder, previously called manic depression, is a biological brain disorder that causes intense vacillation in mood, energy, thinking, and behavior. Children and adolescents with Bipolar Disorder—whose symptoms manifest very differently than in adults—can experience severe and rapid mood changes many times each day. Although environmental and/or social conditions may exacerbate symptoms, children with this disorder do not have control over their mood swings.

### Types of Bipolar Disorder

Researchers have identified varying subtypes of bipolar disorder. These subtypes differ in frequency, intensity, number and duration of mood episodes. In most subtypes, a person's mood shifts in well-defined phases that can last for hours, days, or years. These phases are often less defined in children. Below are common sub-types.

**Bipolar I:** Fluctuates between periods of *intense* mania and *major* depression

**Bipolar II:** Fluctuates between periods of *mild* mania and *major* depression

**Bipolar Mixed Type:** *Simultaneous* symptoms of mania and depression

**Bipolar Rapid Cycling:** *Quickly switching* periods of mania and depression, sometimes as often as many times in a single hour

**Cyclothymic Disorder:** Periods of *mild* mania and *mild* depression

### Prevalent Signs & Symptoms of Bipolar Disorder

#### Symptoms of mania may include:

- Mood lability (switching between euphoria and irritability), rages and explosive temper tantrums that last a long time, oppositional or aggressive behavior
- Incessant and indiscriminate enthusiasm for interpersonal interactions
- Inflated self-esteem ranging from slightly elevated self-confidence to delusional grandiosity (i.e. thinking one has super powers)
- Decreased need for sleep that may allow the person to go days without sleeping and not feeling tired
- Manic speech that is typically pressured, loud, fast, and difficult to interrupt; a person may speak for hours non-stop without regard for the people around them
- Flight of ideas or a sense that thoughts are racing; a person's thinking and speaking may switch rapidly and without logic between topics
- Increased distractibility, hyperactivity, and impulsivity; restlessness and fidgetiness
- Excessive increase in goal-directed activity
- Excessive involvement in high risk pleasurable activities, impaired judgment

#### Symptoms of depression may include:

- Depressed or irritable mood; oversensitivity to emotional or environmental triggers
- Psychomotor restlessness or retardation, fatigue and/or loss of energy
- Increase and/or decrease in appetite or sleep patterns
- Indecisiveness and diminished concentration
- Feelings of worthlessness or guilt
- Diminished interest in usual activities, social withdrawal
- Recurrent thoughts of death or suicide, risky behavior

## Developmental Variations

### Early Childhood (@3-6 years old)

Bipolar Disorder is rarely diagnosed in this age group. Early symptoms of emerging Bipolar Disorder may resemble symptoms of other childhood disorders such as ADHD. Though very young children are less likely to have clearly defined “episodes” of this illness, some early symptoms in this age group may include tantrum like rages that last for a long time, destructiveness, impulsive and/or hyperactive behavior, and mood swings that are triggered by limit setting.

### Middle Childhood (@7-12 years old)

During this developmental stage, Bipolar Disorder continues to resemble other disruptive behavior and mood disorders making accurate diagnosis challenging even for well seasoned clinicians. Along with the mood dysregulation and behavioral problems seen in early childhood, interpersonal relationships with peers may begin to be negatively affected. It is not uncommon for children of this age group to begin finding vocabulary for the symptoms they experience and may complain of such things as “racing thoughts.”

### Adolescence (@13-18 years old)

Bipolar Disorder becomes easier to diagnose in adolescence as its presentation becomes more consistent and similar to adult Bipolar Disorder. Puberty is a time of heightened symptoms and risk for adolescents with Bipolar Disorder. Adolescents with this disorder may increasingly engage in high risk behaviors such as substance abuse, self-injury (i.e. cutting), and reckless sexuality.

## Educational Implications

Pediatric Bipolar Disorder is a chronic illness that may cause major disruption in schooling for both young children and adolescents. At school, students with Bipolar Disorder may experience symptoms of mania and/or depression, sometimes in a very short time period. During a manic episode, a student may be excessively happy and cause disruption, exhibiting such behaviors as inappropriate humor or laughing hysterically for no reason. They may also be grossly irritable, short-tempered, and frustrated or may talk incessantly, interfering with learning for themselves and those around them. They may be disorganized in their thinking and have difficulty paying attention and sitting still. Hours or days later, in a depressive episode, this same student may experience a loss of energy, feel worthless and guilty, and have persistent thoughts of death or suicide. Early identification of Bipolar Disorder can help with getting appropriate treatment and may lead to prevention of many of the potential negative school and/or life impacts of this mental illness.

## Cultural Considerations

Existing research suggests that Bipolar Disorder affects all races and genders equally. Pediatric Bipolar Disorder has gained great attention in the research world, however, most of the research studies are occurring in the United States and may not take into account norms from other cultures. As always, culture needs to be a central consideration when diagnosing and treating students with any mental

## Additional Resources

Students FIRST Project  
Chittenden County, Vermont  
[www.studentsfirstproject.org](http://www.studentsfirstproject.org)

School Psychiatry Program  
Massachusetts General Hospital  
[www.schoolpsychiatry.org](http://www.schoolpsychiatry.org)

Child and Adolescent Bipolar Foundation  
[www.bpkids.org](http://www.bpkids.org)

Depression and Bipolar Support Alliance  
[www.dbsalliance.org](http://www.dbsalliance.org)

Juvenile Bipolar Support Alliance  
[www.bpchildresearch.org](http://www.bpchildresearch.org)

National Alliance on Mental Illness  
[www.nami.org](http://www.nami.org)

Vermont Federation of Families for  
Children’s Mental Health  
[www.vffcmh.org](http://www.vffcmh.org)

American Academy of Child and  
Adolescent Psychiatry  
[www.aacap.org](http://www.aacap.org)

The Life of a Bipolar Child: What Every  
Parent and Professional Needs to Know.  
2000. T. Carlson

Understanding and Educating Children and  
Adolescents with Bipolar Disorder: A Guide  
for Educators. 2003. M. Andersen, J. Boyd-  
Kubisak, R. Field, S. Vogelstein

First Call for Children and Families–  
Chittenden County’s Child and Family Crisis  
Services  
(802) 488-7777

Visit [www.ptophelp.org](http://www.ptophelp.org) to locate local  
mental health providers who address  
anxiety in children and adolescents

Dial 2-1-1 to reach Vermont 2-1-1, a  
statewide health and human services  
information and referral program where  
you can get person to person assistance to  
find Bipolar Disorder resources in your  
community