

Bipolar Disorder in Children and Youth: Guide for Families



**Compiled by Michael Cheng, MD, FRCP(C)
from various sources**

Where to Get this Handout

This handout is available from <http://www.drcheng.ca> in the Mental Health Information section. Any comments and suggestions are welcome and will help ensure this handout is helpful.

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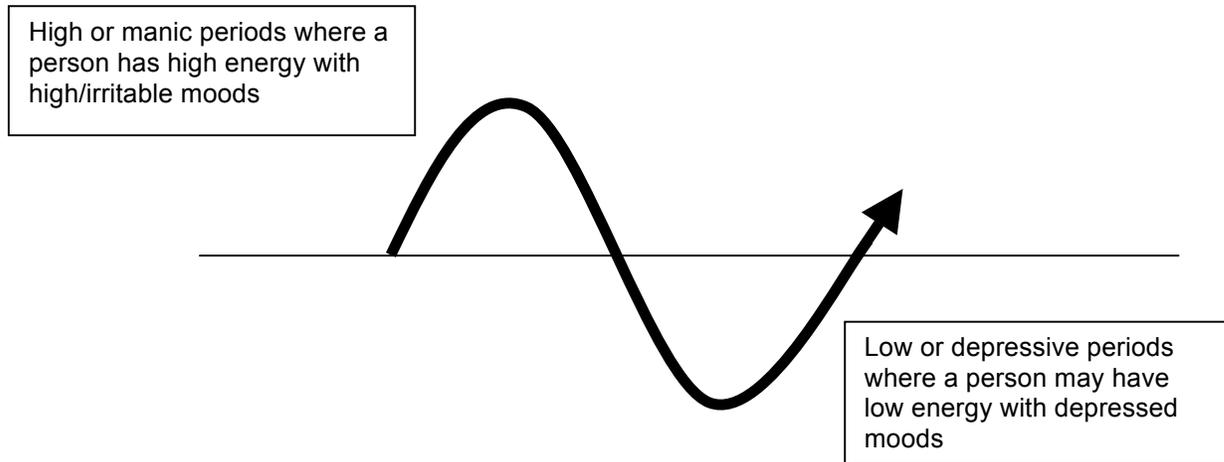
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What is Bipolar Disorder?

Everyone gets excited from time to time, with times when we have more energy, and want to do more, and then have other times when we have less energy.

People with bipolar disorder have such extreme swings that it causes them problems in their lives. Classically, individuals have high energy periods, which alternate with low periods. Hence the term, "bipolar", which refers to the two ("bi-") different polarities of mood ("-polar").



High energy periods, or manic episodes / mania consists of periods with symptoms such as:

- Persistent period of high energy, lasting days to weeks, during which time a person has a decreased need for sleep (e.g. only need a few hours of sleep, or even none at all, yet still having lots of energy the next day)
- Extremes of mood, which may be excessively "high," overly good, euphoric mood or extreme irritability / crying spells ("dysphoric mood")
- Racing thoughts, i.e. thoughts jumping from one thing to another
- Pressured speech, i.e. talking very fast
- Distractibility, can't concentrate well
- Increased self-esteem, which can be the point where one has grandiose, unrealistic ideas about oneself
- Poor judgement and decision-making, including making poor choices on the spur of the moment, e.g. spending sprees, unwise use of drugs, increased sexual drive and promiscuity
- Lack of insight that anything is wrong, such that the person may deny that there is a problem

While some individuals with bipolar can experience full-blown manic episodes, others can also experience a mild to moderate level of mania, known as "hypomania". Hypomania can also feel good to the person experiencing it, but it is important to recognize it because hypomanic swings may lead into full-blown mania, or full blown depression.

What goes up must come down, which is why periods of high energy (manic episodes) are typically followed by low energy periods.

Low energy or depressive episodes may consist of symptoms such as:

- Persisting low energy over days or weeks

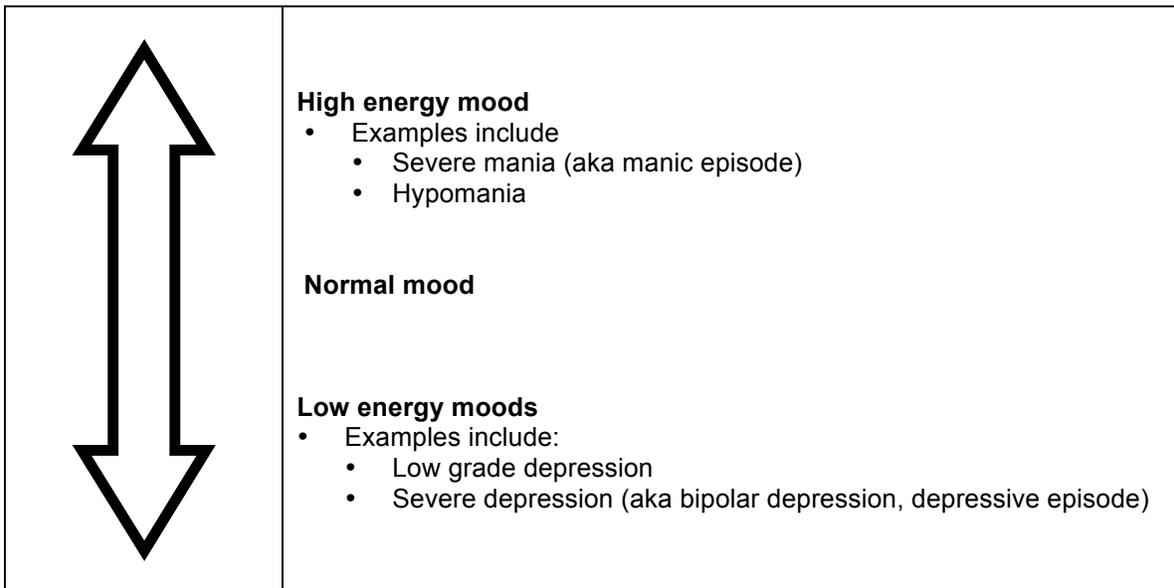
- Extremely low, depressed mood
- Feelings of guilt, worthlessness, or helplessness
- Loss of interest or pleasure in activities once enjoyed, including sex
- Decreased energy, a feeling of fatigue or of being "slowed down"
- Difficulty concentrating, remembering, making decisions
- Thoughts that life isn't worth living, even to the point of thinking about death, suicide or even making attempts to hurt oneself

In some cases, manic or depressive episodes may be so severe that the person loses touch with reality and has psychotic symptoms. Examples of psychotic symptoms include:

- hallucinations (hearing, seeing, or otherwise sensing the presence of things not actually there)
- delusions (false, strongly held beliefs not influenced by logical reasoning or explained by a person's usual cultural concepts)

Psychotic symptoms in bipolar disorder tend to reflect the extreme mood state at the time. For example, delusions of grandiosity, such as believing one is the President or has special powers or wealth, may occur during mania; delusions of guilt or worthlessness, such as believing that one is ruined and penniless or has committed some terrible crime, may appear during depression. People with bipolar disorder who have these symptoms are sometimes incorrectly diagnosed as having schizophrenia, another severe mental illness.

Illustration showing the range of moods in bipolar disorder. Moods are best thought of as a spectrum, with a wide range of moods lying between high and low.



Diagnosis of Bipolar Disorder

Physicians (typically psychiatrists) can diagnose bipolar disorder by asking the person, or family members about the patient's symptoms. When the symptoms are similar enough to meet the official diagnostic criteria for bipolar disorder (as described in the Diagnostic and Statistical Manual for Mental Disorders, fourth edition (DSM-IV)), then a diagnosis can be made.

At this time, there is not yet any blood test, brain scan or other diagnostic test that can make an official diagnosis of bipolar.

When Does Bipolar Occur?

Bipolar usually starts in late adolescence or adulthood.

Can bipolar occur in children and youth?

This is a controversial area. Some believe that bipolar disorder can occur in youth, but that it presents differently, with mood swings and rages, but without necessarily having all the same symptoms as in adults (i.e. having hundreds of mood swings a day, but without necessarily having the increased energy with decreased need for sleep).

Further research is needed in this area...

What Types of Bipolar Are There?

According to the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV), there are different types of bipolar disorder, including the following:

- Bipolar I, consists of manic episodes and almost always also have major depressive episodes at some point.
- Bipolar II, consists of hypomanic (but not full blown manic) episodes and major depressive episodes.
- Cyclothymia refers to less intense mood swings, with hypomanic periods alternating with depressive (but not severe enough to meet criteria for formal major depressive) episodes.
- Bipolar NOS (not otherwise specified), which is when a person has symptoms of bipolar, but which do not clearly fit into any of the other categories.

In addition, other terms used include:

- Rapid-cycling, which is when a person has at least 4 episodes per year. This type is seen about 5-15% of patients.
- Mixed state refers to both high/low moods occurring at the same time, or to extremely fast shifts in mood.

Other Conditions May Contribute to Mood Swings

“Not all that rages is bipolar.” Bipolar disorder is characterized by problems with mood swings, however there are other conditions can also contribute to mood swings, and it is important to see whether or not any of those other conditions may be present, in order that they may be treated.

Some conditions that can contribute to youth having mood swings (such as anger or rage attacks), or that are seen along with mood swings include the following:

- Medical conditions, such as problems with thyroid
- Seizure disorders
- Tourette’s syndrome or tic disorders
- Attention deficit hyperactivity disorder (ADHD)

- Sensory processing disorders, and self-regulation disorders, which are problems with the body's ability to regulate its sensory input, which can lead to problems with mood swings
- Intermittent Explosive Disorder
- Autism spectrum disorders
- Learning disorders

In cases where a mood swing is directly due to an underlying condition, it is treating the underlying condition or trigger that will help improve the mood swings. These conditions can be seen alongside bipolar as well, and in those cases, treating or managing the underlying condition will still be helpful.

The Good News

The good news is that effective treatments exist for bipolar. In those with true bipolar, the earlier the treatment, the better.

How is Bipolar Treated?

Bipolar disorder is usually a combination of several components, which include education about the condition and coping strategies, medications, counseling/psychotherapy (talk therapy), and building support from family, friends and support from school or work.

Medications for Bipolar

Bipolar disorder is caused by a chemical imbalance in the brain. This chemical imbalance is not the person's fault, nor is it due to choice or bad behavior, just like the way in which other brain conditions such as epilepsy, multiple sclerosis are also similarly not the person's fault.

Because bipolar disorder is a truly biological, and medical condition, medications are generally always necessary in the treatment of true bipolar disorder.

Common medications used in the treatment of bipolar include:

- Lithium
- Divalproex (Epival)
- Olanzapine (Zyprexa)
- Seroquel (Quetiapine)
- Risperidone (Risperdal)

Counselling/psychotherapy for Bipolar

There are different types of therapy, counseling or talk therapy, and they usually involve talking about problems and stresses in one's life, and figuring out ways to deal with them.

Coping Strategies for Bipolar

There are many things that a person with bipolar can do, (or that a loved ones can do to help a person with bipolar).

Taking Care of the Body and Brain

- Regular healthy exercise is important, and studies have shown its effectiveness in treating mild to moderate depression. For more information on how to become more physically active, contact the website of the Public Health Agency of Canada at <http://www.phac-aspc.gc.ca/pau-uap/paguide/>.
- Set your body's internal clock (circadian rhythm) by exposing your body to darkness in the evening (under the same conditions that our species evolved under!), or at least avoid bright or artificial lighting in the evening
 - Barbini did a pilot study with 32 patients in a manic phase of bipolar disorder, all of whom were severe enough to require hospitalization. For these patients, it was shown that **treatment with dark therapy (i.e. putting them in darkness between 6 PM to 8 AM)** was superior to "treatment as usual", and showed benefits within THREE days of treatment. These patients did also receive medication, but required less medication, and left hospital earlier. (Barbini et al.: Dark therapy for mania: a pilot study, Bipolar Disorder, Feb 2005, 98-101.)
- Healthy diet is important
 - Regular meals (e.g. breakfast, snack, lunch, snack, dinner)
 - Omega-3 fatty acids
 - Evidence suggests that Omega-3 fatty acids (found in flaxseed oil, and fish) may be helpful for stabilizing mood swings in some individuals, with studies generally suggesting that 2-4 g daily of EPA may be helpful.
Source: <http://www.mddaboston.org/lect060999.html>
- Keep regular, daily routines, which helps stabilize the body's internal clock, by setting the same times every day for:
 - What time you wake up
 - What time you see the first person(s) in your day
 - Mealtimes, like breakfast, lunch, dinner
 - You should try to keep the same times on weekends as well as weekdays.
- **Get enough sleep!**
 - Having a regular bedtime and regular waketimes helps set the body's internal clock.
 - Keep the same sleep/wake cycle on weekends **and** weekdays. Yes, its tempting to stay up late on weekends or sleep in, but this disrupts your internal clock making it tougher on weekdays. If you are having to sleep in on weekends to catch up with sleep, the best option is to get more sleep during the week days... In other words, go to bed earlier every night, rather than sleeping in on weekends.
 - **Dark therapy** -- If you are having trouble sleeping in the evenings, then try enforcing a dim or dark environment, which approximates the natural environment that humans evolved under. The 'light pollution' in our modern society, as well as the high amount of artificial lighting in our homes in the evenings may very well disrupt the normal circadian rhythm. Barbini and colleagues in 2005 showed that "dark therapy" (exposing patients to darkness from 6 PM to 8 AM for a few days) helped improve their manic symptoms.
 - **Blocking blue light with amber lenses or using special lights** – Because enforcing complete darkness between 6 PM to 8 AM is difficult for most, more recent studies have shown that a similar effect can be achieved by either wearing Some studies have shown preliminary success with wearing 'sunglasses' that have amber (yellow) lenses (Phelps, 2008.)
 - **Sleep and body temperature** – Some researchers have found that patients with bipolar have trouble regulating their body temperatures, and have had success with 1) ventilation fans to help cool the child's body temperature, 2) giving melatonin before bedtime to lower core body temperature and promote sleep, and 3) using medications to lower body temperature. For more information <http://jbrf.org/research/BiologicalConsistency.html>

- For more information about Sleep and sleep strategies, visit the Mental Health Information section on <http://www.drcheng.ca>.
- **Avoid stimulants because they may trigger manic episodes in bipolar.** This includes: street drugs such as amphetamines, 'uppers' or 'speed'. Even milder stimulants such as coffee or prescription medications for ADHD (such as methylphenidate) need to be monitored closely by a physician.
- **If you are ever prescribed antidepressants, inform your doctor.** For people with bipolar, the use of antidepressant medication carries a risk of causing manic episodes, so close monitoring is required by a physician. For someone with a true diagnosis of bipolar, if antidepressants are used, they are usually used in conjunction with a mood stabilizer such as lithium or divalproex (Epival).
- **Avoid sleep deprivation or staying up all night! In particular, if a person with bipolar feels that they have so much energy that s/he doesn't need to sleep, this may be a warning sign of a manic episode. In such cases, it is essential to contact a physician. Medications can be given to help improve sleep, and thus prevent a full-blown manic episode.**

Taking Care of the Mind

- Self-Help and Support Groups
 - Can provide emotional and social support
- Stress management
 - Deep breathing, progressive muscle relaxation
- Avoid spending money when in a "high" period – you can try 1) giving your credit cards or money to a trusted one; 2) cancel your credit cards; 3) take only small amounts, and only enough cash to buy what you need when you go out shopping.
- Avoid making any major life decisions – put off decisions until you feel calmer.
- Keep a list of things you can do to use up excess energy – e.g. household chores like cleaning, painting, reading.
- Avoid overstimulation
 - Stay away from over-stimulating activities or situations, e.g. avoid bars and dances.
- Relaxation activities such as going for walks; quiet music; watching a nature show on TV.

Taking Care of the Spirit

- Find the things that give the person hope and meaning and then fill the person's life with those things

Use the RAINBOW

Pavluri and colleagues have come up with the RAINBOW mnemonic for helping caregivers and professionals to remembering key psychosocial strategies for bipolar disorder in youth:

- **Routine:** Establish a strict routine to allow stable circadian rhythm and sleep hygiene while cutting down distractions.
- **Affect regulation / anger control:** Establish techniques to self-monitor mood using mood charts and education about the disorder.
- **I can do it:** Help the child to string together a positive self-story.
- **No negative thoughts:** Restructure negative thinking and help parents to “live in the now.”
- **Be a good friend / balanced lifestyle:** Encourage parents to organize play dates, help children build positive ties, and focus on obtaining a balanced lifestyle in caring for themselves.
- **Oh, how can we solve it?** Engage families in collaborative problem-solving through interpersonal and situation methods.
- **Ways to ask and get support:** Encourage children to draw a support tree and write in all the people close to them on each branch.

What Can Friends and Family Do To Help a Loved One with Bipolar?

If you know someone who has bipolar disorder (or is having severe mood changes and may need help), here are some things you can do:

- **Tell the person that you are concerned about him or her, and be available and support your loved one with bipolar.** Ask how you might be able to support the other person. Note that advice is better accepted when the other person gives you permission to receive it. On the other hand, simply lecturing or telling the other person what to do may not work as well, particularly with independence-seeking teens, because this may lead him/her to withdraw. Ways to help include listening, giving advice, spending time with that person.
- Being emotionally supportive is more than just common sense advice; it is supported by research. For example, a study by Geller showed that children whose mothers have “high maternal warmth” were “less likely to relapse than children with mothers with low maternal warmth.” (Geller B, Tillman R, Craney JL, Bolhofner K. Four-year prospective outcome and natural history of mania in children with a prepubertal and early adolescent bipolar disorder phenotype. Arch Gen Psychiatry. 2004;61:459-467.) ***So having supportive friends and family is important!***
- **Help the person get connected with professional help**
 - Talk to the person about seeing a doctor.
 - If the doctor offers the name and phone number of a psychiatrist or someone for “talk” therapy, call the number and help the person make an appointment.
 - Take the person to the appointment.

Canadian Self-Help Groups and Parent Resources

- The Mood Disorders Association of Ontario, 40 Orchard View Blvd., Suite 222, Toronto, M4R 1B9, Phone (416) 486-8046 , Toll-free 1-888-486-8236, Fax (416) 486-8127, <http://www.mooddisorders.on.ca/mdao.htm>

Local Ottawa Resources

- Visit <http://www.ementalhealth.ca> for a list of local Ottawa mental health resources.

Further Reading

- For parents
 - Survival Strategies for Parenting the Child and Teen With Bipolar Disorder, by George T. Lynn , 2000
 - The Bipolar Child: The Definitive and Reassuring Guide to Childhood's Most Misunderstood Disorder, by Demetri Papolos, 2002.
 - Bipolar Disorders: A Guide For Helping Children And Adolescents, by Mitzi Waltz, Published By O'Reilly & Associates, 2000.
- For children and youth
 - Turbo Max: A Story for Siblings of Children with Bipolar Disorder
 - Brandon and the Bipolar Bear: A Story for Children with Bipolar Disorder
 - My Bipolar Roller Coaster Feelings Book

Web Links

- <http://www.bpkids.org> – Website for The Child and Adolescent Bipolar Foundation (CABF) -- a parent-led, not-for-profit, web-based membership organization of families raising children diagnosed with, or at risk for, early-onset bipolar disorder. Excellent site with information about Bipolar Disorder in children/teens. Click for the Learning Centre for information.
- <http://www.bpchildren.com/>
- <http://www.patientcenters.com/bipolar/> -- Also a good site for information for parents of a child with bipolar disorder, or adolescents with bipolar disorder.
- <http://www.nimh.nih.gov/publicat/bipolar.cfm> -- Information about Bipolar Disorder in Adults including diagnosis and treatment, with some info about teens.
- <http://www.aacap.org/publications/factsfam/bipolar.htm> -- Information about symptoms of Bipolar Disorder in Children and Adolescents, but not very much information about treatment.
- http://psychguides.com/Bipolar_2000_Guide.pdf -- Bipolar Disorder: A Guide for Patients and Families
- <http://www.canmat.org/psychs/index.html>, Bipolar Disorder: A Summary of Clinical Issues and Treatment Options, Canadian Network for Mood and Anxiety Treatments, 1997

References

- Pavuluri MN, Graczyk PA, Henry DB et al. (2004a), Child- and family-focused cognitive-behavioral therapy for pediatric bipolar disorder: development and preliminary results. J Am Acad Child Adolesc Psychiatry 43(5):528-537.
- Phelps J: Dark therapy for bipolar disorder using amber lenses for blue light blockade. Ophthalmology Clinics of North America, 70(2): 224-229, 2008. Retrieved Oct 22, 2010 from <http://www.opthalmology.theclinics.com/article/S0306-9877%2807%2900372-6/abstract>