

Bipolar Disorder in Children and Adolescents Fact Sheet

Bipolar disorder, also known as manic-depressive illness, is a brain disorder characterized by episodes of mania and depression. These episodes are associated with unusual shifts in mood and energy. Early onset bipolar disorder, which starts during childhood or during the teen years, may be more severe than forms that first appear in older teens and adults. Some evidence suggests that young people with the illness may have more frequent mood switches, be sick more often, and have more mixed episodes (both manic and depressive symptoms).

YESTERDAY

- Few experts believed that bipolar disorder could occur in childhood.
- Depression and bipolar disorder weren't considered brain illnesses, and distinct treatments for each illness did not exist.
- Researchers could not distinguish between severe irritability and bipolar disorder in children, which would make it possible to develop more effective treatments for each.

TODAY

- A large, nationally representative survey shows that at least half of all cases of bipolar disorder start before age 25.
- Some medications have been approved for treating bipolar disorder in children and teens, and psychotherapies, such as family focused therapy, also appear to be effective in helping children to manage their symptoms.

- Children with bipolar disorder can have co-occurring disorders, such as attention deficit hyperactivity disorder, anxiety disorders, or other mental disorders, in addition to bipolar disorder. Scientists and doctors now know that, while having co-occurring disorders can hinder treatment response, treating bipolar disorder can have positive effects on treatment outcomes and recovery from co-occurring disorders as well. Studies focusing on conditions that frequently co-occur and how they affect one another may lead to more targeted screening tools and interventions.
- Imaging studies are beginning to reveal brain activity patterns and connections associated with specific traits associated with children who have bipolar disorder, such as mood instability and difficulty interpreting social or emotional cues.
- Genetic research reveals genetic similarities among bipolar disorder, depression, and schizophrenia. Such studies point to possible common pathways that give rise to these disorders but also highlight limitations in focusing on specific diagnoses in research. This issue has spurred a new NIMH initiative—the Research Domain Criteria (RDoC) project—to make sense of research findings that don't fit neatly into current diagnostic categories.

TOMORROW

- Though there is currently no way to prevent bipolar disorder, NIMH is studying how to limit or delay the first symptoms in children with a family history of the illness.

- Research on novel treatment delivery approaches, such as telemedicine (providing services over satellite, Internet, or other remote connections) and collaborative or team-based care in medical care settings will improve the quality of mental health care, particularly for special populations, such as minorities and people in rural communities.
- Due to concerns that many children are being mistakenly diagnosed with bipolar disorder, many researchers are working to refine the diagnostic criteria. For example, one subset of children whose primary symptom is chronic, severe irritability may instead have severe mood dysregulation or temper dysregulation disorder, while another group of children with rapidly changing moods and high energy may not have bipolar disorder at all, despite showing symptoms commonly associated with it.

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