

## ***I. Brief Overview***

### ***C. Identifying problems and responding appropriately***

*Excerpt from: Mood Disorders in Children and Adolescents*

by Anne Brown, In **NARSAD Research Newsletter**, Winter 1996.

Many researchers believe that mood disorders in children and adolescents represent one of the most under diagnosed group of illnesses in psychiatry. This is due to several factors:

- (1) children are not always able to express how they feel,
- (2) the symptoms of mood disorders take on different forms in children than in adults,
- (3) mood disorders are often accompanied by other psychiatric disorders which can mask depressive symptoms, and
- (4) many physicians tend to think of depression and bipolar disorder as illnesses of adulthood.

Not surprisingly, it was only in the 1980's that mood disorders in children were included in the category of diagnosed psychiatric illnesses.

#### ***How Prevalent are Mood Disorders in Children and Adolescents?***

7-14% of children will experience an episode of major depression before the age of 15.

20-30% of adult bipolar patients report having their first episode before the age of 20.

Out of 100,000 adolescents, two to three thousand will have mood disorders out of which 8-10 will commit suicide.

### **Depression**

There is emerging evidence that major depression can develop in prepubertal children and that it is a significant clinical occurrence among adolescents. Recent epidemiologic studies have shown that a large proportion of adults experience the onset of major depression during adolescence and early adulthood...

The essential features of mood disorders are the same in children as in adults, although children exhibit the symptoms differently. Unlike adults, children may not have the vocabulary to accurately describe how they feel and, therefore may express their problems through behavior. The following behaviors may be associated with mood disorders in children:...

- *In Elementary School-Aged Children and Adolescence:*

Disruptive behavior, possible academic difficulties, and peer problems. Increased irritability and aggression, suicidal threats, and worsening school performance. Parents often say that nothing pleases the children, that they hate themselves and everything around them.

## **Bipolar Disorder**

There has been a great deal of diagnostic uncertainty surrounding bipolar disorder in children. This may be caused by a major difference in the way mania is expressed in bipolar children versus adults. A look back at the histories of adults with bipolar symptoms often shows that mood swings began around puberty, however there is a frequent 5-to-10 year lag between the onset of symptoms and display of the disorder serious enough to be recognized and require treatment, resulting in the under diagnosis of bipolar disorder.

Unlike adult bipolar patients, manic children are seldom characterized by euphoric mood. Rather, the most common mood disturbance in manic children may be better described as irritable, with "affective storms" or prolonged and aggressive temper outbursts...

Other aspects that make diagnosing bipolar disorder in children difficult is the frequency with which bipolar disorder is mistaken for attention-deficit hyperactivity disorder (ADHD), conduct disorder (which includes symptoms of socially unacceptable, violent or criminal behavior), or schizophrenia.

### ***Bipolar Disorder vs. Other Childhood Disorders***

ADHD and bipolar disorder have many overlapping features which include: distractibility, inattention, impulsivity, and hyperactivity. However, bipolar disorder has several differentiating features, which include: psychosis, depression, aggression, excitability, rapid mood swings, inappropriate affect and disregard for feelings of others.

Conduct disorder overlaps with bipolar disorder on symptoms such as: impulsivity, shoplifting, substance abuse, difficulties with the law and aggressiveness . However, in bipolar disorder, some distinguishing factors include: antisocial behavior with elevated or irritable mood and lack of peer group influence...

### **Treatments**

It is important for children suffering from mood disorders to receive prompt treatment because early onset places children at a greater risk for multiple episodes of depression throughout their life span. Children who experience their first episode of depression before the age of 15 have a worse prognosis when compared with patients who had a later onset of the disorder.

At the present time, there is no definitive treatment for the spectrum of mood disorders in children, although some researchers believe that children respond well to treatment because they readily adapt and their symptoms are not yet entrenched. Treatment consists of a combination of interventions. Medications can be useful for cases of major depression or childhood onset mania, and psychotherapy can help children express their feelings and develop ways of coping with the illness. Some other helpful interventions that may be used are educational and family therapy.

Children suspected of mood disorders should be evaluated by a child psychiatrist, or if one is not available an adult psychiatrist who has experience in treating children. It is important that the clinician has had special training in speaking with children, utilizing play therapy, and can treat children in context of a family unit...