ADHD and Pediatric bipolar disorder

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Differential Diagnosis

Nonspecific symptoms

- Irritability, impulsivity
- Accelerated speech
- Distractibility
- Hyperactivity (increased energy)

Irritability in pediatric bipolar disorder

- a lower threshold to anger
- a faster increase in anger
- a higher “peak” level of anger
- a longer duration of anger

- High sensitivity and low specificity

- Only 10% of youth with BP had irritability or elation alone

SYMPTOMS WHICH DISTINGUISH MANIA FROM ADHD:

- Elation
- grandiosity
- flight of ideas/racing thoughts
- decreased need for sleep
- hyper sexuality (in the in absence of sexual abuse or overstimulation)
- psychotic symptoms

Cardinal Symptoms

- Elated mood
- Grandiosity

Behavior	Bipolar Disorders	ADHD
Self esteem	inflated	deflated
mood	Euphoric in mania	Dysphoric or euthymic
attention	distractible	distractible
hyperactivity	Goal-directed	unproductive
sleep	(episodic)Decreased need in mania	Chronic poor sleep
speech	rapid ,pressured	rapid
impulsivity	Externally driven	internally driven
hypersexuality	In the absence of sexual abuse	rare

Bipolar versus ADHD

- *Suspect the presence of bipolar disorder in a child with ADHD if:*

- The ADHD symptoms appeared later in life (e.g., at age 10 yrs old or older).

- The symptoms of ADHD appeared abruptly in an otherwise healthy child.

Bipolar versus ADHD

- The ADHD symptoms were responding to stimulants and now are not.

- The ADHD symptoms come and go and tend to occur with mood changes.

Bipolar versus ADHD

- A child with ADHD begins to have periods of exaggerated elation, grandiosity, depression, no need for sleep, inappropriate sexual behaviors.

- A child with ADHD has recurrent severe mood swings, temper outbursts, or rages.

Bipolar versus ADHD

- A child with ADHD has hallucinations and/or delusions.

- A child with ADHD has a strong family history of bipolar disorder in his or her family, particularly if the child is not responding to appropriate ADHD treatments

Implications for Research and Practice

- There may be only symptoms of ADHD with no non-overlapping symptoms, but the symptoms are very severe ????

The key point is severity

Comorbidity of ADHD and Pediatric Bipolar disorders

How Often Are ADHD and Bipolar Disorder Comorbid with Each Other?

- A meta-analysis of seven BPD studies finding an average rate of 62% also meeting criteria for ADHD
- Only 11% to 22% of children with ADHD also have JBPD
- Two things are clear:

(a) BPD-ADHD comorbidity is too common to be a chance co-occurrence of independent phenomena

(b) the tremendous variability of rates deserves explanation

(Kowatch, Youngstrom, Danielyan, & Findling, 2005)

Artifactual comorbidity

- (1) Using categorical labels where dimensions might be more appropriate
- (2) Overlap in Diagnostic Criteria
- (3) Over-Splitting: Artificial Subdivision of Syndromes
- (4) Developmental Sequencing
- (5) Referral or Surveillance Biases

Potential "True Comorbidity" Between BPD and ADHD

(1) Overlapping Risk Factors

(2) Comorbidity as Distinct Subtype

Comorbidity as Distinct Subtype

- a characteristic of a pediatric-onset variant of bipolar disorder
- more chronic course and impairment
- The treatment response findings challenge the model that these symptoms are all part of a unitary pediatric subtype

The rates of BPD in subtypes of ADHD

- combined-type (26.5%)
- hyperactive-impulsive (14.3%)
- inattentive (8.7%)

Implications for Research and Practice

- Consider the BPD the initial and primary target of treatment even if the ADHD came first chronologically for two reasons:

(a) the greater severity and more sinister prognosis of BPD

(b) the risk that medications for ADHD may exacerbate bipolar symptoms if the patient is not first “covered” by a mood stabilizer

It is important to stress that there is no question that these children exist, are severely impaired, and are difficult to treat