

Bipolar Disorder Vs. ADHD in Children

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07/28/03

Phenomenology Studies

- ◆ 268 participants
- ◆ Prepubertal and early adolescent Bipolar disorder (PEA-BP) (N=93)
- ◆ Attention deficit hyperactivity disorder (ADHD) (N=81)
- ◆ Community Controls (CC) (N=94)

Populations

- ◆ PEA-BP:
 - 7-16yo
 - Males and females
 - Children's Global Assessment Scale score <60
 - Mania > 2wks, hypomania >2 months
 - Elated mood and/or grandiosity as one of the mania/hypomania criteria
 - With or without comorbid ADHD

Populations

- ◆ ADHD
 - 7-16yo
 - Males and females
 - Children's Global Assessment Scale score <60
 - Onset before age 7
 - Duration > 6 months
 - Exclusion of MDD or any bipolar diagnosis

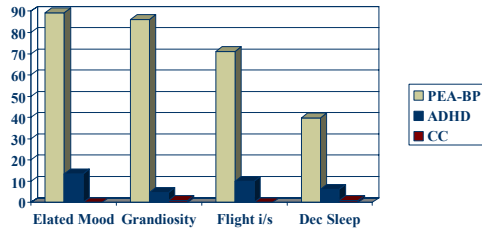
Assessment

- ◆ Done by research nurses:
 - Blind to group status
 - Established interrater reliability
 - Diagnoses were established in consensus conferences
 - Psychopathology was assessed using DSM-IV Criteria and WASH-U-KSADS
 - Psychosocial Schedule for School Age Children-Revised (PSS-R) used to assess relationships b/w subjects and parents, teachers, siblings, and peers

Discrimination Between PEA-BP and ADHD Symptoms

- ◆ 5 symptoms with best discrimination:
 - Elated Mood
 - Grandiosity
 - Flight of ideas/racing thoughts
 - Decreased need for sleep
 - Hypersexuality

Mania Specific Symptoms



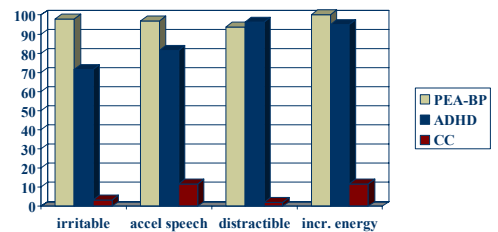
Hypersexuality

- ◆ Excellent discrimination between PEA-BP and ADHD:
 - 43% in PEA BP
 - 6.2% in ADHD
 - Only 1.1% of the PEA BP sample had sexual abuse or overstimulation in the environment
 - Supports hypersexuality as mania manifestation rather than correlate of sexual abuse

Non-specific Symptoms

- ◆ Overlap between PEA-BP and ADHD
 - Irritable Mood
 - Accelerated Speech
 - Distractibility
 - Increased Energy
- ◆ 87.1% of PEA-BP sample had comorbid ADHD

Non-specific Symptoms



PEA-BP Vs. Adult Bipolar

- ◆ Phenotypic similarity across the age span (elated mood, grandiosity, flight of ideas, etc.)
- ◆ Unlike adult bipolar, PEA-BP have high rates of comorbid ADHD
- ◆ Ultradian rapid cycling (>365 episodes/yr) rate of 77.4% is markedly higher than the <20% rate for bipolar adults

Differentiating Normal From Pathologic Symptoms

- ◆ Inappropriateness to context
- ◆ Association with impairment in functioning

Elated Mood

- ♦ Normal Child
 - Super happy on days family went to Disneyland & on Christmas. Behavior was not impairing function.
- ♦ Child Mania
 - 7 yo boy repeatedly taken to principal and suspended for clowning and giggling in class when no one else was.

Grandiose Behavior

- ♦ Normal Child
 - 7 yo boy played at being a fire fighter during after school hours. Age appropriate and not impairing.
- ♦ Child Mania
 - 8 yo girl opened a paper flower store in her classroom and was annoyed and refused to do work when asked by teacher.

Decreased Need for Sleep

- ♦ Normal Child
 - Sleeps about 8-10 hrs/night and tired the next day if they sleep fewer hours than usual.
- ♦ Child Mania
 - 8 yo chronically up until 2 am rearranging furniture and playing, without evidence of fatigue when awake at 6am next day for school.

Hypersexuality

- ♦ Normal Child
 - 7 yo played doctor with a same aged friend.
- ♦ Child Mania
 - 7 yo girl touched the teacher's breasts and propositioned boys in class. Use explicit sexual language in public places.

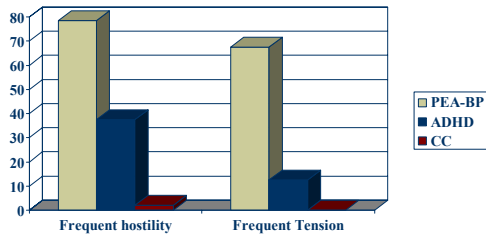
Racing Thoughts

- ♦ Normal Child
 - Rare
- ♦ Child Mania
 - "Like an energizer bunny in my head"
 - "I don't know what to think first"
 - "I need a stoplight up there"

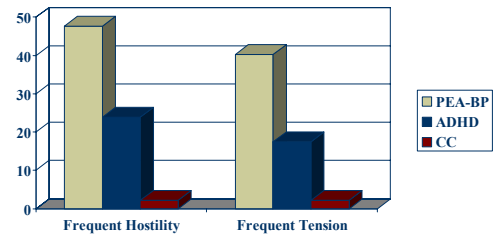
Psychosocial Functioning Changes

- ♦ Compared with ADHD and CC subjects, PEA BP cases had significant impairment in:
 - Maternal-child warmth
 - Maternal-child tension
 - Paternal-child tension
 - Peer relationships
- ♦ Subjects in both PEA BP and ADHD had significantly higher rates of living with only one biological parent

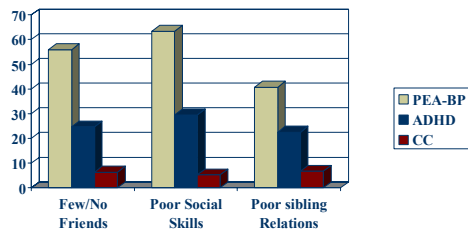
Maternal-Child Relations



Father-Child Relations



Peer & Sibling Relations



Of Note

- ◆ Comparisons were made using logistic regression that covaried for:
 - Gender
 - Age
 - Pubertal status
 - Living in an intact biological family
- ◆ Population was from a high Socioeconomic Status community in St. Louis and may not generalize to lower SES populations

References

- ◆ Gellar B, Bolhofner K, Craney JL, Williams M, DelBello MP, Gundersen K: Psychosocial functioning in prepubertal and early adolescent bipolar disorder phenotype. *J Am Acad Child Adolesc Psychiatry* 39: 1543-1548, 2000a.
- ◆ Gellar B, Zimmerman B, Williams M, DelBello MP, Bolhofner K, Craney JL, Frazier J, Beringer L, Nickelsburg M: DSM-IV mania symptoms in a prepubertal and early adolescent bipolar disorder phenotype compared to attention-deficit hyperactive and normal controls. *J of Child and Adolescent Psychopharmacology* 12 (1): 11-25, 2002.
- ◆ Gellar B, Zimmerman B, Williams M, DelBello MP, Frazier J, Beringer L: Phenomenology of prepubertal and early adolescent bipolar disorder: examples of elated mood, grandiose behaviors, decreased need for sleep, racing thoughts, and hypersexuality. *J of Child and Adolescent Psychopharmacology* 312 (1): 3-9, 2002.