

Excerpts from *Your Adolescent on Bipolar Mood Disorder*

Some teenagers are troubled by both depressed and elevated or euphoric moods. The youngster's mood may shift suddenly from one extreme to the other; sometimes there is a rapid cycle between high and low moods. Teens with these severe mood changes may have a *bipolar mood disorder*.

Identifying the Signs

In bipolar disorders, manic episodes usually alternate with periods of depression and relatively normal moods. The manic element of bipolar or *manic-depressive* disorder is signaled by an elevated, expansive, angry, suspicious, or irritable mood lasting at least one week.

During a manic episode, a teenager irrationally distorts his view of himself and has inflated self-esteem. He may talk constantly and rapidly and have difficulty sticking to one idea or subject at a time. He is easily distracted, appears agitated and restless, and sleeps very little. Most alarming, he may engage in reckless and dangerous activities. Bipolar disturbance usually interferes with school functioning or peer and family relations.

During manic episodes, adolescents often experience psychotic symptoms such as hallucinations and delusions. They may report hearing voices or seeing visions. Intense paranoid thinking can result in belligerent or aggressive confrontations. Delusions of grandeur - during which the teen believes he has special powers or importance - can lead to dangerous behavior, such as driving fast and recklessly or jumping off roofs.

Manic teenagers tend to externalize their problems. They perceive themselves to be fine, blaming conditions or people in their environment for their difficulties.

Their behavior and appearance may make them extremely hard to tolerate. Their hygiene may suffer, and they can refuse to eat and sleep. Hyperactive, silly, giggly, or aggressive in their verbal communications, they may use profanities and make sexual comments freely during a manic episode.

In children and younger adolescents, manic episodes are often characterized by irritability and moodiness. By the time a child reaches puberty, distinct signs of euphoria, elation, paranoia, and grandiose delusions may become more apparent. As bipolar disorder is developing or evolving in a teen, sadness, mania, and agitation are often intermixed. With time, the teen may show more evidence of severe depression and mania. Other features of a manic episode may include hyperactivity, talkativeness, and excessive distractibility. When the disorder is milder, the mood disturbance is called *cyclothymic disorder*.

Causes and Consequences

Bipolar disorders tend to occur in families. In addition to the genetic component, parenting can also have a role in the disorder. As a result of their own intense moods and feelings, some parents with mood disorders have difficulty being consistent and effective in their parenting.

How to Respond

Treatment of bipolar disorders (manic-depressive illness) should begin with a full evaluation by a child and adolescent psychiatrist or other qualified professional. Due to the frequent occurrence of psychotic symptoms such as delusions and hallucinations in combination with social withdrawal, poor hygiene, irritability, and temper tantrums, bipolar disorder may be mistaken as schizophrenia in a teenager.

Individual Psychotherapy. Since bipolar disorder is a lifelong condition, it is crucial that the young person learn about the disorder and how to live with it. When identified, symptoms can be successfully treated and controlled. In addition, stressors that might precipitate symptoms can be avoided, reduced, or coped with. When coping skills are learned, these teenagers and their families can lead emotionally rich and productive lives.

Cognitive-Behavioral Therapy. Often effective in treating the ups and downs of bipolar disorder in teens, cognitive therapy focuses on the irrational beliefs and distorted thoughts that are part of the mania or depression. In dealing with periods of depression, the therapy may address the youngster's negative view of self, the world, and the future. Such negative thought patterns may have been formed or reinforced by the family environment. Cognitive therapy focuses on identifying and correcting negative distortions and on helping the teen change his thinking.

Group Therapy. Group therapy for adolescents helps them develop or improve social skills, which can lead to better feelings of mastery and improved self-esteem. Teenagers may find it easier to express feelings in a supportive peer-group environment. Support groups for parents can help them manage specific problem behaviors, use appropriately positive reinforcement, communicate with their teens in an age-appropriate manner, and become better listeners for their adolescent.

Family Therapy. Family therapy can address problems that may worsen or exacerbate bipolar disorder in adolescents: a lack of generational boundaries, severe marital conflict, rigid or chaotic rules, or neglectful or overly involved parent-child relationships. In addition, family sessions may help identify other family members with psychiatric disorders and assist them in getting their own treatment.

Medication. Once other possible causes such as substance abuse, a medication reaction, another medical condition, or another behavioral disorder have been ruled out, a mood-stabilizing medication may be proscribed. Lithium, carbamazepine (Tegretol), or valproic acid (Depakene/Depakote) are commonly prescribed. Before a teenager begins taking a medication, specific target symptoms should be identified in a discussion between the teen, the parents, and the physician. Possible side effects and other aspects of the medication should also be discussed. In some teens, antidepressants may be needed in addition to the mood stabilizer during the depressed phase, and antipsychotics may be used with the mood stabilizer during the manic phase.

Hospitalization. If recognized early, manic-depressive episodes can be treated on an outpatient basis or in a partial hospital program. When there is self-endangering behavior or aggressive behavior toward others, hospitalization may be necessary. Some teens with mania may require hospitalization to ensure their safety.

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