

Bipolar Disorder (Manic-Depressive Illness)



Symptoms or Behaviors

According to the Child and Adolescent Bipolar Foundation, symptoms may include:

- An expansive or irritable mood
- Depression
- Rapidly changing moods lasting a few hours to a few days
- Explosive, lengthy, and often destructive rages
- Separation anxiety
- Defiance of authority
- Hyperactivity, agitation, and distractibility
- Strong and frequent cravings, often for carbohydrates and sweets
- Excessive involvement in multiple projects and activities
- Impaired judgment, impulsivity, racing thoughts, and pressure to keep talking
- Dare-devil behaviors
- Inappropriate or precocious sexual behavior
- Delusions and hallucinations
- Grandiose belief in own abilities that defy the laws of logic (become a rock star overnight, for example)

About the Disorder

Bipolar disorder, also known as manic-depressive illness, is a brain disorder that causes unusual shifts in a person's mood, energy, and ability to function. Different from the normal ups and downs that everyone goes through, the symptoms of bipolar disorder are severe. They can result in damaged relationships, poor job or school performance, and even suicide.

More than 2 million American adults, or about 1 percent of the population age 18 and older in any given year, have bipolar disorder. Children and adolescents can also develop bipolar disorder. It is more likely to affect the children of parents who have the illness. Like diabetes or heart disease, bipolar disorder is a long-term illness that must be carefully managed throughout a person's life.

Unlike many adults with bipolar disorder, whose episodes tend to be more clearly defined, children and young adolescents with the illness often experience very fast mood swings between depression and mania many times within a day. Children with mania are more likely to be irritable and prone to destructive tantrums than to be overly happy and elated. Mixed symptoms also are common in youths with bipolar disorder. Older adolescents who develop the illness may have more classic, adult-type episodes and symptoms.

Bipolar disorder in children and adolescents can be hard to tell apart from other problems that may occur in these age groups. For example, while irritability and aggressiveness can indicate bipolar disorder, they also can be symptoms of attention-deficit/hyperactivity disorder, conduct disorder, oppositional defiant disorder, or other types of mental disorders more common among adults such as schizophrenia. Students with bipolar disorder may be prone to drug use, which can aggravate symptoms. Furthermore, drug use alone can mock many of the symptoms of bipolar disorder, making an accurate diagnosis difficult.

For any illness, however, effective treatment depends on appropriate diagnosis. Children or adolescents with emotional and behavioral symptoms should be carefully evaluated by a mental health professional. In addition, adolescents with bipolar disorder are at a higher risk for suicide. Any child or adolescent who has suicidal feelings, talks about suicide, or attempts suicide should be taken seriously and should receive immediate help from a mental health professional.

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Educational Implications

Students may experience fluctuations in mood, energy, and motivation. These fluctuations may occur hourly, daily, in specific cycles, or seasonally. As a result, a student with bipolar disorder may have difficulty concentrating and remembering assignments, understanding assignments with complex directions, or reading and comprehending long, written passages of text. Students may experience episodes of overwhelming emotion such as sadness, embarrassment, or rage. They may also have poor social skills and have difficulty getting along with their peers.

Instructional Strategies and Classroom Accommodations

- Provide the student with recorded books as an alternative to self-reading when the student's concentration is low.
- Break assigned reading into manageable segments and monitor the student's progress, checking comprehension periodically.
- Devise a flexible curriculum that accommodates the sometimes rapid changes in the student's ability to perform consistently in school.
- When energy is low, reduce academic demands; when energy is high, increase opportunities for achievement.
- Identify a place where the student can go for privacy until he or she regains self-control.

—These suggestions are from the *Child and Adolescent Bipolar Foundation*. For more suggestions, consult the Foundation web site at www.bpkids.org. This site is a rich resource for teachers.

Resources

Child & Adolescent Bipolar Foundation (CABF)

1000 Skokie Boulevard, Suite 425, Wilmette, IL 60091

847-256-8525

www.bpkids.org

Educates families, professionals, and the public about early-onset bipolar disorders

Depression and Bipolar Support Alliance (DBSA)

730 North Franklin Street, Suite 501, Chicago, IL 60610

312-642-0049 • 800-826-3632

www.dbsalliance.org

Support groups, patient support, patient assistance programs, advocacy, publications, referrals, book catalog

NAMI (National Alliance for the Mentally Ill)

Colonial Place Three

2107 Wilson Boulevard, Suite 300, Arlington, VA 22201

800-950-6264

www.nami.org

Medical and legal information, helpline, research, publications

National Institute of Mental Health (NIMH)

Office of Communications

6001 Executive Boulevard, Room 8184, MSC 9663, Bethesda, MD 20892-9663

866-615-6464

www.nimh.nih.gov

Free educational materials for professionals and the public

SAMHSA'S National Mental Health Information Center—Center for Mental Health Services

PO Box 42557, Washington, DC 20015

800-789-2647

www.mentalhealth.samhsa.gov

Publications

The Bipolar Child: The Definitive and Reassuring Guide to Childhood's Most Misunderstood Disorder, by Demetri Papolos and Janice Papolos, Broadway, 2002. Available from www.bipolarchild.com.

The Explosive Child: A New Approach for Understanding Easily Frustrated, Chronically Inflexible Children, by Ross W. Greene, HarperCollins, 2001.

- In addition to these publications, many of the websites above also recommend publications and have information about current research.

While it is important to respect a child's need for confidentiality, if you work with children or families, you are legally required to report suspected child abuse or neglect. For more information, consult "Reporting Child Abuse and Neglect: A Resource Guide for Mandated Reporters," available from the Minnesota Department of Human Services.

This fact sheet must not be used for the purpose of making a diagnosis. It is to be used only as a reference for your own understanding and to provide information about the different kinds of behaviors and mental health issues you may encounter in your classroom.