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BIPOLAR DISORDERS Factsheet

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What is childhood bipolar disorder?

Roughly 2% of youth under the age of 18 experience bipolar disorder. For 55 to 60% of adults with bipolar disorder, the pathology begins in childhood and adolescence with displays of subthreshold forms or prodromal signs of the disorder. Early age at onset is associated with more severe symptoms and poor prognosis.

What is the evidence for childhood bipolar disorder?

Moderate quality evidence shows the most common mania symptoms reported in youths with bipolar disorder are (in decreasing order); increased energy, irritability, mood lability, distractibility, goal-directed activity, euphoric/elated mood, pressured speech, hyperactivity, racing thoughts, poor judgment, grandiosity, inappropriate laughter, decreased need for sleep, and flight of ideas.

Compared to children or youth with unipolar depression, the clinical features associated more often in children or youth with bipolar depression include more psychiatric comorbidities and behavioural problems (oppositional disorder, conduct disorder, anxiety disorders, irritability, suicidal/self-harm, social impairment, and substance use), earlier onset of mood symptoms, more severe depression, and having a family history of psychiatric illness.

Compared to adults with bipolar disorder, moderate to high quality evidence suggests irritability, aggression, and low insight are more common in youths with bipolar disorder. Odd appearance, grandiosity, flight of ideas, decreased sleep, and increased sexual interest are more common in adults with bipolar disorder.

Moderate to high quality evidence suggests having a family history of any mood disorder, subthreshold symptoms of mania, emotional dysregulation, and behaviour problems are associated with greater likelihood of switching to mania in children with major depression.

Moderate to low quality evidence suggests a medium-sized increased risk of suicide ideation in children and adolescents with bipolar disorder.

Moderate quality evidence suggests around 14% of youth treated with antipsychotics (for any diagnosis) had bipolar disorder. Among youth with bipolar disorder, 44% were on antipsychotics, and there were significant increases in antipsychotic use from 2001 to 2006.

For children with subthreshold bipolar symptoms compared to children without a mental illness, moderate quality evidence found greater severity of functional impairment, mania and depression symptoms, disruptive behaviour, suicidal ideation and attempts, and more mood and substance use disorders. Conversely, compared to children with a diagnosis of bipolar disorder, children with subthreshold symptoms showed less severe functional impairment, mania and psychosis symptoms, suicidal ideation and attempts, and less service use.

For more information see the technical table



NeuRA

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NeuRA (Neuroscience Research Australia) is one of the largest independent medical and clinical research institutes in Australia and an international leader in neurological research.

Diseases of the brain and nervous system pose the greatest health, economic and social burden of any disease group because they are chronic, debilitating and have no known cures.

Medical research is the cornerstone of efforts to advance the health and wellbeing of families and the community. Our dedicated scientists are focussed on transforming their research into significant and practical benefits for all patients.

While we hope you find this information useful, it is always important to discuss any questions about bipolar disorder or its treatment with your doctor or other health care provider.

HOW YOUR SUPPORT HELPS

We are able to make significant advances due to the generosity of countless people. Your donation allows us to continue to work towards transforming lives. For information on how you can support our research, phone **1300 888 019** or make a secure donation at neura.edu.au/donate.