



# NeuRA

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## BIPOLAR DISORDERS Factsheet

September 2021

### 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 during this time. An earlier age at the first episode of bipolar disorder is associated with a more severe clinical course.

### What is the evidence for childhood bipolar disorder?

Moderate quality evidence shows the most common mania symptoms reported in youth 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 and adolescents with no mental illness, there was a medium-sized increased risk of suicide ideation in children and adolescents with bipolar disorder. There was also greater severity of functional impairment, mania and depression symptoms, disruptive behaviour, suicidal ideation and attempts, and more mood and substance use disorders in children with subthreshold bipolar disorder symptoms compared to children with no mental illness. 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.

Compared to children or youth with unipolar depression, the clinical features found 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, there was more irritability, aggression, and low insight 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 than in youth 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 quality evidence finds the prevalence of mixed states (having hypo/manic symptoms within a depressive episode, or depressive symptoms within a manic or hypomanic episode) in children with bipolar disorder is around 55%. There were high rates of comorbidities in these children, particularly ADHD, oppositional defiant disorder, and anxiety disorders.

Moderate quality evidence finds diagnostic stability over 10 years was between 73% and 100% in children with bipolar disorder. Recovery rates from the index episode were between 81.5% and 100%, and recurrence rates were between 35% and 67%. Suicide attempts were between 18% and 20%.

For more information see the technical table

### HOW YOUR SUPPORT HELPS

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## 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.*