Condensed Practice Parameter for the Assessment and Treatment Of Children and Adolescents with Bipolar Disorder

I. Key Points
   a. The literature review process was performed using the National Library of Medicine Database
   b. Definitions for diagnoses are derived from the Diagnostic and Statistical Manual of Mental Disorders- IV (DSM-IV)
   c. The parameter focuses on Bipolar I Disorder as that is the type that is most often studied in juveniles

II. Clinical Presentation
   a. Mania in adolescents is frequently associated with psychotic symptoms, labile mood, and/or mixed manic and depressive features
   b. Early course of bipolar disorder in adolescents appears to be more chronic than adult onset

III. Diagnostic Controversy
   a. Debate whether symptoms in juveniles are best characterized as Bipolar Disorder
   b. Bipolar Disorder typically presents in youths as chronic difficulties regulating their moods, emotions, and behavior
   c. Validity of diagnosing Bipolar Disorder in preschool age children has not been established

IV. Recommendations
   a. Psychiatric assessments for children and adolescents should include screening questions for Bipolar Disorder
   b. DSM criteria should be followed when making a diagnosis of mania or hypomania in children and adolescents
   c. Youths with suspected Bipolar Disorder must also be evaluated for other associated problems, including suicidality, comorbid disorders, psychosocial stressors, and medical problems
   d. The diagnostic validity of Bipolar Disorder in young children has not been established, thus caution must be taken before applying this diagnosis in preschool aged children
   e. For mania in well-defined Bipolar I Disorder, pharmacotherapy is the primary treatment
   f. Most youths with Bipolar I Disorder will require ongoing medication therapy to prevent relapse; some will require lifelong treatment
   g. Psychopharmacological interventions require baseline and follow-up symptom, side effect, and laboratory monitoring
   h. For severely impaired adolescents with manic or depressive episodes in Bipolar I Disorder, Electroconvulsive Therapy (ECT) may be used if medications are not helpful or cannot be tolerated
Psychotherapeutic interventions are an important component of a comprehensive treatment plan for early-onset Bipolar Disorder

i. Psycho-educational therapy
ii. Relapse prevention
iii. Individual psychotherapy
iv. Social and family functioning
v. Academic and occupational functioning
vi. Community consultation
References