Bipolar Diagnosis for the Young Shows Significant Increase in 10 Years

According to the *Diagnostic and Statistical Manual of Mental Disorders, Text Revision (DSM-IV-TR)* (American Psychiatric Association, 2000), bipolar disorders are characterized by severe fluctuations in mood, namely episodes of mania or hypomania alternating with periods of depression (Schapiro 2005). Until recently, bipolar disorder was thought to emerge during adulthood but in the 1990’s psychiatrists began focusing on the symptoms of bipolar disorder in children. The controversy within the psychiatric community focused on the benefits of increasing diagnoses and being able to provide treatment for children earlier versus bipolar disorder being over diagnosed and being used as a “catch all” to describe any aggressive or explosive child. The end result of these diagnoses is the dispensing of “powerful psychiatric drugs that have few proven benefits in children and potentially serious side effects like rapid weight gain” (Benedict 2007).

Though both sides of the argument have their reasons supporting or questioning the diagnoses of children, neither side appears to be more convincing. This suggests that more research is needed to understand this controversy. The experts that support the increasing incidence of bipolar diagnosis suggest that the diagnosis is the best alternative to all the various labels presently used to describe children’s moods. The research also stated that two-thirds were boys and half of them also had attention deficit disorder. This resulted in almost all these diagnoses/treatments involving medication.

The experts on the other side of this argument state that “we simply do not know enough to accurately diagnose bipolar disorder or whether those diagnosed at age 5 or 6 or 7 will grow up to be adults with the illness” (Benedict 2007). Research has shown that most children who qualify for the diagnosis do not proceed to develop the classic features of adult bipolar disorder such as mania, but rather they are more likely to be depressed.
Experts state that doctors are generalizing from the adult literature and applying the same principles to children, which in itself appears to be a problem in the diagnoses of children.

This issue should bring attention to the need for further research on the mental health labeling of children and adolescents. Though some diagnoses may be accurate, the need for unbiased studies is needed to ensure children and adolescents are not victims of corporate or societal pressures and labeling when it comes to the future of their mental health.

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References:


