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Why listen to me?

- Jerry Rodgers, M.D.
- Board Certified in Family Practice
- Special Interest in ADHD, Depression, Bipolar
- Not a Child Psychiatrist
- Not a Counselor

The Facts—in Adults

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- 25 – 50% of Bipolar patients attempt suicide
- Bipolar patients are 2 X as likely to attempt suicide as Major Depression patients
- Coexisting Substance Abuse doubles the chance of suicide

More Facts—in Adults

- attempts in BIPOLARS

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- DEATH results from 1 out of 5 suicide attempts in BIPOLARS
- In the general population, DEATH occurs in only 1 in 10 or 1 in 20 of suicide attempts.

The Facts—in Kids and Teens

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- About 1% of all kids have Bipolar Disorder--in the US, that's about 750,000
- The vast majority of them —at least 80% --are not diagnosed or misdiagnosed.

The Facts—in Kids and Teens

- In the US, 3 million kids and teens have Bipolar Spectrum —Bipolar or Bipolar symptoms (but don't meet full

More Facts—in Kids and Teens

- 18% of UNTREATED Kids/Teens with Bipolar Disorder DIE from Suicide.
- Up to 25% of all Bipolar Kids will Attempt Suicide

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- 18% of UNTREATED Kids/Teens with Bipolar Disorder DIE from Suicide.
- Up to 25% of all Bipolar Kids with Attempt Suicide
- Rapid Cycling, “The Spinning Star”, and Substance Abuse INCREASE the Risk.

More Facts—in Kids and Teens

- Treatment of BIPOLAR reduces the risk---

How to Diagnose Bipolar

- DSM-IV is the Bible

But REMEMBER
THE CRITERIA ARE SET UP FOR
ADULTS

MAJOR DEPRESSIVE EPISODE (5 or more of these sx during the same 2 wk period and represent a change. NOTE: Either # 1 or # 2 MUST be present)

1. Depressed or Irritable Mood
2. Marked decreased interest or pleasure in most activities

3. Significant wt. loss or wt. gain (5% of Body Wt in 1 month)
4. Insomnia or Hypersomnia
5. Psychomotor agitation or retardation
6. Fatigue or energy loss
7. Feeling worthless or having inappropriate guilt
8. Decreased concentration
9. Recurrent thoughts of death, suicidal ideation or attempt

NOTE: The sx must cause significant distress or impairment
The sx are NOT due to a substance or a disease, such as hypothyroid.
If in bereavement, the sx must persist for > 2 months.

MANIC EPISODE

- A. A distinct period of abnormally and persistently elevated or irritable mood for at least 1 wk.
- B. During the above period of elevated or irritable mood, **MUST HAVE 3 OR MORE OF THE FOLLOWING PERSISTENT SX:**
1. Grandiosity or Inflated Self Esteem
 2. Decreased NEED for sleep
 3. More talkative or pressure to keep talking
 4. Racing thoughts or flight of ideas
 5. Distractibility
 6. Increase in GOAL-DIRECTED activity (socially, at work/school, or sexually)
 7. Excessive involvement in high risk activities (buying sprees, sexual indiscretions, or foolish business investments.)

NOTE: The mood disturbance must be severe, and cause impairment.
The mood disturbance must NOT be due to a substance.

HYPOMANIC EPISODE

- A. A distinct period of persistently elevated or irritable mood for at least 4 days, clearly different from usual mood.

- B. During the above period of elevated or irritable mood, must have 3 of the following persistent sx:
 - 1. Grandiosity or inflated self esteem
 - 2. Decreased NEED for sleep
 - 3. More talkative or pressure to keep talking
 - 4. Racing thoughts or flight of ideas
 - 5. Distractibility
 - 6. Increase in GOAL-DIRECTED ACTIVITIES
 - 7. Excessive involvement in Pleasurable activities that are risky or have painful consequences.

NOTE: THE SX ARE **NOT** SEVERE ENOUGH TO CAUSE MARKED IMPAIRMENT, NECESSITATE HOSPITALIZATION, AND NO PSYCHOTIC FEATURES.

The sx are NOT due to a substance.

BIPOLAR I :

1. Depressive Episode/s
2. + /- Hypomaniac Episodes
3. AT LEAST 1 MANIC EPISODE

BIPOLAR II :

1. Depressive Episode/s
2. Hypomaniac episode/s
3. NEVER HAD A MANIC EPISODE

NOTE: These criteria do NOT work in kids.

So... what about

In Kids ?

IT'S WAAAY
DIFFERENT!

| BIPOLAR IS NOT | BIPOLAR IS |
|---|---|
| Caused by bad parenting or lack of discipline | Multiple causes, including genetics |
| A character fault | An illness |
| Only occurs in adults | Occurs in kids, including very young kids |
| An excuse for bad behavior | A brain disorder |
| Incredibly rare | More common than realized (> 750,000 full blown, 2 – 3 million Spectrum, 1.5 million MDD) |
| Simple, obvious cycles of high/low | Extremely complex, Rapid cycling, mixed mood states. |
| The same in all settings: home, school, etc. | Variable. May only be at home—not school. |
| The same in all kids | Variable. Looks different depending on age, severity, comorbidities |
| “Souped-up” ADHD | Some are the same, but totally different illnesses and different treatments. |
| Easy to deal with | One of the toughest parenting challenges |
| The end—totally defines your child | Only one aspect of your child |

Diagnostic Tangle

- Is it REALLY—or ONLY—Bipolar?

SOME DEFINITIONS

1. Mixed States—Mania and Depression at the same time
2. Rapid Cycling
3. "Spinning Star" Cycling
4. Expanded Definition of Mania and Depression

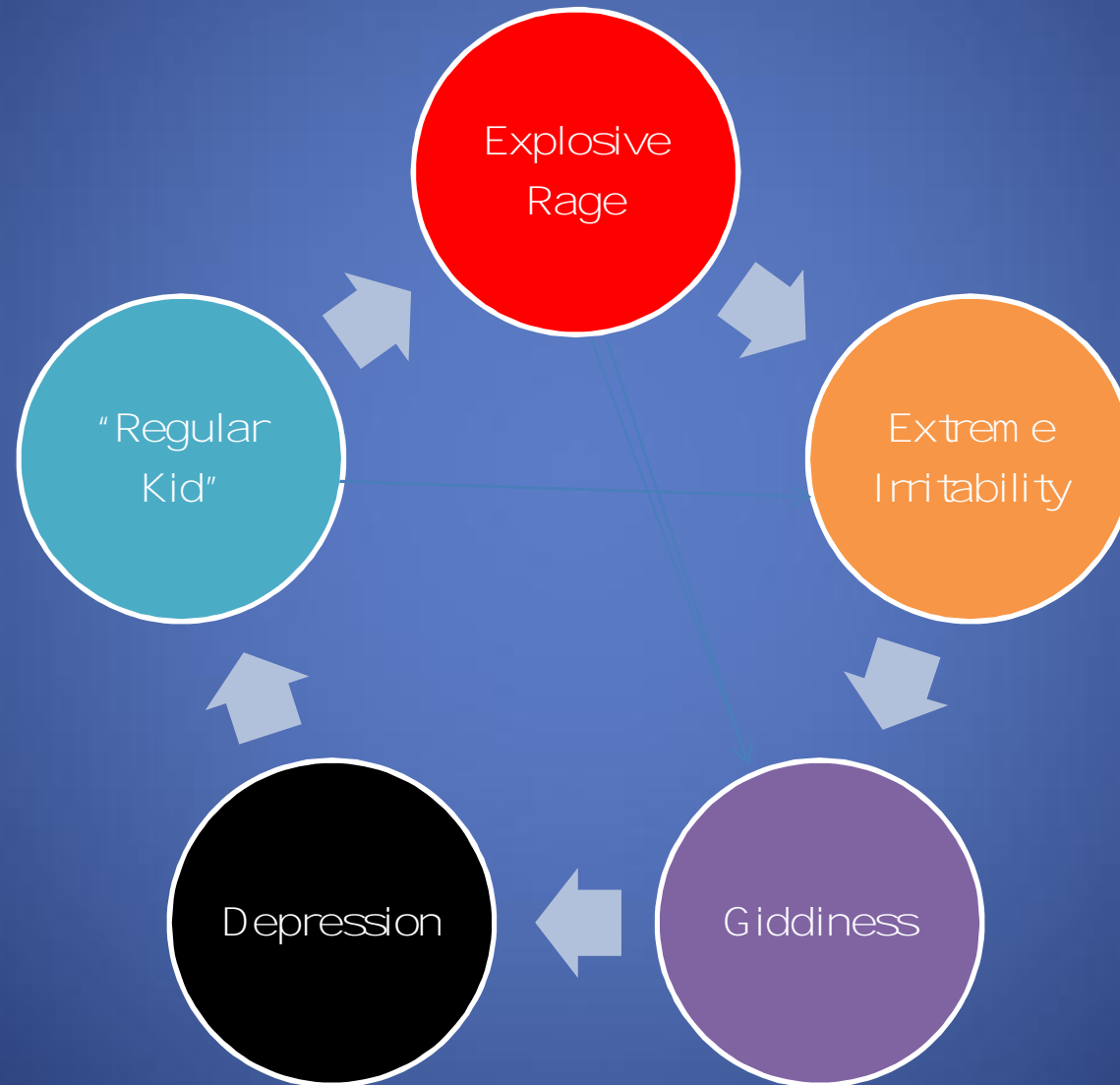
Mixed States

- This refers to experiencing Depression and Mania at the same time. To understand this, must understand the expanded definition of Mania and Depression.
- Instead of experiencing cycles of mania and depression, as adults do, kids have ALL THE SX AT THE SAME TIME! (God bless the poor parents)

Rapid Cycling

- Means switching back and forth between mania and depression—very fast
- Adults cycle every few weeks to 3 – 4 times per year.
- Kids and teens cycle MANY TIMES PER DAY—the more severe ones even several times per hour.

"SPINNING STAR" CYCLE



"SPINNING STAR" CYCLE

- The star spins around—sometimes faster, sometimes slower.
- It might pause briefly or change direction, but there's no way to tell when it will.
- There's no way to tell which point of the star you'll see at any given instant.
- As one parent put it, "I never know who's getting off the school bus."

Expanded Definition of Mania and Depression

- Depression

- Can be like most depressed adults: lethargic, moody, weepy, self-deprecating, or suicidal
- Or they can be irritable: whiny, cranky, complaining
- With both forms of depression: restless and have trouble focusing.

Expanded Definition of Mania and Depression

- Mania

- Usual adult-like mania: Euphoric, elated, high-energy state, over-the-top-funny, wildly entertaining, or totally annoying.
- Or...Extreme irritability: nastiness, blaming, demanding, whining, vicious, having extreme rage. These rages can be physically abusive, destructive, and dangerous.

NEW DISCOVERIES THAT HAVE REVOLUTIONIZED DX AND RX IN BIPOLAR IN KIDS

1. Extreme irritability is a sx of mania in kids
2. The severity and type of the BP sx are the same, whatever the cycling pattern—normal or rapid.
3. Same comorbidities occur, whatever the cycling pattern
4. Comorbidities (one, two or more) are almost always a part of Bipolar in kids. It rarely stands alone.

DIAGNOSING BIPOLAR

Three parts to the Dx of Bipolar in Kids

1. Is the child moody?
2. If yes, is the moodiness enough to be a problem
 - a. Severity —How long? And how intense?
 - b. Frequency
 - c. Age-appropriateness
3. Seven additional sx to consider, if # 1 and # 2 above are positive

Note: If # 1 & # 2 are neg: NOT BIPOLAR

DIAGNOSING BIPOLAR

Questions to ask parents to determine if there is a significant MOOD DISORDER

1. Is your child in an abnormal mood state most of the time, most days?
2. Do you watch her spin through that five-pointed star of rage, irritability, giddiness, depression, and regular kid?
3. Does he remind you of Dr. Jekyll and Mr. Hyde?
4. Do you feel like you're walking on eggshells all the time to avoid major blowups and meltdowns?

IF ANSWERS ARE "NO", PROBABLY NOT BIPOLAR DISORDER.

IF ANSWERS ARE "YES", MAY BE BIPOLAR. NEED TO LOOK AT NEXT SLIDE—THE 7 ADDITIONAL SX.

DIAGNOSING BIPOLAR

1. Distractibility: Trouble screening out background clutter
2. Increased activity or agitation (high energy) Manic Mission Mode
3. Grandiosity
4. Flight of Ideas or Racing Thoughts
5. Activities with bad outcomes. Common only hypersexuality and spending
6. Don't NEED as much sleep
7. Talkativeness—Rapid fire, pressured speech

Need 3 of the above 7 positive to meet diagnostic criteria for Mania.

REMEMBER: MUST ANSWER TO THE MOOD QUESTION ON THE PREVIOUS PAGE

COMORBIDITIES

- ADHD— 50 – 75%
- Anxiety—up to 93%
 - 7 kinds = GAD, panic, PTSD, OCD, Social, Avoidance, Agorophobia
- Substance Abuse—71%
- Conduct Disorder— 61 – 75%
- Oppositional Defiant Disorder— 75%
- Autism and Autism Spectrum Disorders

ADHD vs BIPOLAR DISORDER

| BIPOLAR | ADHD |
|---|--|
| Rapid, pressured Speech | Excessive talking |
| Increased physical activity/poor judgment | Hyperactive, Impulsive |
| Distractible | Distractible |
| Severe, frequent mood changes | Not a mood disorder; |
| All sx begin suddenly, fluctuate | Sx present consistently |
| Tantrums set off by limit setting, conflict with authority, last for hours, severe outbursts, RAGE STORMS | Minor tantrums from strain of trying to be still, pay attention, or too much stimulation. Loud, but get over it quickly. |

TREATMENT OF BIPOLAR

- Lithium
- Depakote
- Atypicals—Abilify, Geodon, Risperdal, Zyprexa, Seroquel
- Anti-Seizure Drugs—Trileptal, Lamictal, Topamax,

TREATMENT OF BIPOLAR

- Stabilize the mood first
- Then treat persistent depression, anxiety
- Then treat ADHD

THREE MAJOR RISKS IN BIPOLAR

“Big Bad Three”

1. Substance Abuse
2. Suicide
3. Jail or Criminal Behavior

What can a parent or counselor do?

1. Find the child's "triggers" that set off his RAGE STORMS.
 1. Avoid them whenever possible.
 2. If child's behavior is deteriorating, take him and leave the situation.
 3. Give the child a "code word" for when he feels like he is losing control.
2. When a child begins a RAGE STORM
 1. Yelling at him INCREASES the Rage and makes it harder to calm down.
 2. The more you shout, the worse it gets.
 3. Be calm (or at least pretend you are)
 4. Lower your voice. Use soothing tones. Speak quietly or not at all.
3. As a parent, teacher, or other authority figure, YOU MAY BE THE TRIGGER.
4. AUTHORITY FIGURES and the word "NO" are common triggers for meltdowns and outbursts at any age.

AVOIDING THE WORD "NO"

- "NO" is a wonderful word: short, to the point, direct
- Unfortunately it is a big-time trigger for many bipolar kids.
- Instead of using the word "no", try reframing or redirecting
 - Your daughter wants to go out with friends on a school night, clearly against the rules.
 - Avoid using the word no.
 - Remind her she'll be getting together with the friends on Friday. Maybe tonight she could call them and make plans for what they will do Friday.
- Consider **COLLABORATIVE PROBLEM SOLVING**

COLLABORATIVE PROBLEM SOLVING

- CPS addresses challenging behaviors that are disrupting family life
- The underlying premise is that kids with RAGE STORMS erupt because they don't have the cognitive flexibility and tolerance for frustration that other kids their age have. They seem to be just "wired" differently.
- There are 3 adult responses to explosive behavior
 - Plan A: My way or the highway. No. (with Bipolar usually leads to blowups, non-compliance)
 - Plan B: You and your child figure out together what the problem is, what the concerns are, and one or more solutions that each of you will try the next time the situation or problem arises.
 - Plan C: You drop the expectation completely for now. Not "giving up" or "giving in", just decide that for now you are not going to expect what you normally expect

SOME SCHOOL ACCOMMODATIONS FOR BIPOLAR

- Reduce or eliminate homework
- Allow homework or other tasks to be flexible with severe mood swings
- Start school later, leave earlier
- Create and follow a consistent, predictable schedule with many breaks
- Allow extra time to get from class to class
- Identify and allow to use an "escape valve" spot
- Supplement part-time school attendance with homebound
- Create and follow plans for what to do during unstructured time
- Schedule the day so that student can tackle the hardest stuff when they are at their best
- Schedule high interest classes first thing in the am
- Allow untimed or extra-time on tests
- Provide one-on-one aid for the most severe cases
- Social skills group
- Relaxed deadlines on long-term projects(very poor sense of time)
- Use a keyboard instead of writing with pen and pencil
- Create a CRISIS ACTION PLAN that includes actions besides having parent come and collect them

WHAT'S THE FINAL RESULT ?

- Raising a Bipolar child or teen is an incredibly tough job
- It can also be very scary
- Greatly increased risk for substance abuse + suicide + criminal activity
- Chaotic moods can cause severe behavior problems and disrupt every single area of your life.

ON THE OTHER HAND

- Bipolar kids are some of the most remarkable kids you'll ever meet: creative, smart, resilient, and strong.

Some of the most famous people in the world were Bipolar

Sir Isaac Newton—scientist, inventor

Charles Dickens--writer

Patrick Kennedy—Congressman

Carrie Fisher—actress and author

FAMOUS PEOPLE WITH BIPOLAR

Buzz Aldrin

Lord Byron

Charles Dickens

Patty Duke

Larry Flynt

Peter Gabriel

Jimmi Hendrix

John Keats

Vivien Leigh

Sir Isaac Newton

Jimmy Piersall

Axl Rose

Britney Spears

Daryl Strawberry

Ted Turner

Vincent Van Gogh

Brian Wilson

Beethoven

Dick Cavett

Robert Downey, Jr

Ralph Waldo Emerson

Francis Scott Key

Alan Garner

Ernest Hemingway

Patrick Kennedy

Abraham Lincoln

Florence Nightingale

Edgar Allan Poe

Theodore Roosevelt

Robert Louis Stevenson

Sting

Mark Twain

Oscar Wilde

Virginia Wolfe

Napoleon Bonaparte

Winston Churchill

Richard Dreyfuss

Carrie Fisher

Connie Francis

Alexander Hamilton

Abbie Hoffman

Otto Klemperer

Spike Milligan

Ozzy Osbourne

Charlie Pride

Robert Schumann

Ben Stiller

Margaret Trudeau

Jean-Claude Van Damme

Robin Williams

REMEMBER:

A child is not his illness

He may have BIPOLAR,

But he also has unique

STRENGTHS