

VISTA HILL CLINICAL UPDATES:

ADHD & Bipolar Disorder

Although the typical child with Attention Deficit Hyperactivity Disorder does not present with co-morbid or co-occurring disorders, there is considerable data to indicate that the ADHD child is at higher risk for experiencing other difficulties in their later development and there are many ADHD youth who do present with multiple diagnostic conditions. Problems with self-esteem, learning, relationships, behavior and substance abuse are all quite prominent in youth with ADHD particularly when the ADHD is not effectively treated. Fortunately with effective treatment, long-term outcomes are improved—for example, adolescents with untreated ADHD have been found to be at higher risk for substance abuse; those treated earlier and consistently in childhood do better. Similarly, intervention and treatment to address co-occurring disorders such as depression, anxiety or other problems that may present in a young child with ADHD is an obvious need. This is particularly true as regards Bipolar Disorder, an illness that in recent years has increasingly been associated as a potential co-morbid illness in association with ADHD.

Retrospective developmental histories of adults with Bipolar Disorder do not frequently indicate problems suggestive either of early Bipolar Disorder or of ADHD, though either may be present in a given individual's history. This is not particularly surprising though as client recollection has limited reliability and psychiatric practice in prior decades did not actively consider the diagnosis of bipolar in minors, a fact which has changed dramatically in recent years where, the diagnosis of bipolar has both increased and has become perhaps too readily made.

Nonetheless, there are numerous indicators that kids with ADHD may in fact be at higher risk for developing Bipolar Disorder later in life and thus it is important to review the considerations that come to bear in evaluating our patients in the present. This is a hot research topic and the definitive answer is still out, but there are indications that at least a small percentage (perhaps between 5 and 10 %) of young children with ADHD present with particularly severe impairments of affect regulation and aggression and thus may be at higher risk for developing Bipolar Disorder in adolescence. The picture is complicated as the diagnostic criteria for mania (one of the cardinal features of Bipolar Disorder) overlaps with many of the symptoms of ADHD, specifically, distractability, motor hyperactivity, and overtalkativeness. There are however distinguishing characteristics between the two disorders.

A key to distinguishing between symptoms that would indicate a manic episode from ADHD symptoms is the periodic nature of mania which will come and go significantly in intensity over time (weeks or months) as opposed to ADHD symptoms which are more continuous in nature, manifest on a day to day basis with intensity of symptoms perhaps varying from setting to setting—more evident in the classroom than on the playing field, more problematic on school days than on the weekend. Additional cues may of course be found in reviewing the family history, where a strong history of affective disorder, particularly mania, may be suggestive of higher risk in the child. Developmental history may also be helpful with a focus on affective irregularity, early difficulties in temperament, and other indicators of dysregulation in motor and perceptual difficulties.

The bottom line in assessing a young child for potentially co-occurring Bipolar illness in ADHD is first to be open to the possibility and then to seek, evaluate and interpret the available information with this potentiality in mind. As always we need to balance the risks of both over and under diagnosis and to be guided by the clinical presentation. Finally, in this process, we need to give careful attention to exploring for the presence of other co-occurring disorders that may be confounding the diagnostic picture as many these disorders (depression, anxiety, trauma states, etc) are far more prevalent than Bipolar Disorders in the population.
