



Bipolar Disorder:
**Parents'
Medication Guide**

AMERICAN ACADEMY OF
CHILD & ADOLESCENT
PSYCHIATRY

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The American Academy of Child and Adolescent Psychiatry promotes the healthy development of children, adolescents, and families through advocacy, education, and research. Child and adolescent psychiatrists are the leading physician authority on children's mental health.

The purpose of this guide is to provide a broad overview of bipolar disorder and some of the treatments available. It is not meant to provide medical advice or to encourage any particular form of treatment. Instead, we hope this guide will provide sufficient information in lay terms to allow youth and families to have meaningful discussions with their physicians about the diagnosis and treatment of bipolar disorder.

Table of Contents

Introduction.....	4
<i>What is bipolar disorder?</i>	4
<i>What are the different types of bipolar disorder?</i>	4
<i>How common is bipolar disorder?</i>	4
<i>Why does my child have bipolar disorder? What causes bipolar disorder?</i>	5
<i>How is bipolar disorder different from normal mood swings in children and adolescents? How does bipolar disorder in children and adolescents differ from bipolar disorder in adults?</i>	5
Assessment & Treatment.....	6
<i>What are the risks of not treating bipolar disorder?</i>	6
<i>What can we expect during my child's first appointment?</i>	6
<i>Importance of accurate assessment</i>	6
<i>Importance of long-term follow-up</i>	6
<i>Importance of a team-based approach</i>	7
Taking Medications for Bipolar Disorder.....	8
<i>What types of medications are available to treat bipolar disorder?</i>	8
<i>Will medications help my child?</i>	8
<i>Side effects and monitoring</i>	9
Lithium.....	9
Valproate.....	9
Atypical antipsychotics.....	9
Lamotrigine.....	9
<i>Lab tests your clinician may order</i>	9
Talk Therapy Treatments for Bipolar Disorder.....	10
<i>How can my child benefit from therapy?</i>	10
<i>What types of therapy are available?</i>	10
Cognitive-behavioral therapy.....	10
Family-focused therapy.....	10
Interpersonal and social-rhythm therapy.....	10
Other Medical Treatments for Bipolar Disorder.....	11
<i>What is electroconvulsive therapy?</i>	11
<i>Summary</i>	11
Resources.....	13



Introduction

Bipolar disorder (BD) is a mental health condition involving extreme mood changes. It can affect sleep, mood, thoughts, and choices individuals make. It can cause problems in homelife, school performance, friendships, hobbies, and family relationships.

Episodes of BD consist of mood changes that are either constant (staying the same for long periods of time) or frequently changing, which is also called cycling. BD mood shifts include extreme changes in energy levels (high or low) for periods of days to weeks. These changes are considered “extreme” if they are not normal for the person, lead to being unable to function well, and/or doing risky or unsafe things. There may also be changes in sleep, thoughts, and behaviors.

It is important to note that not all children who have moodiness, irritability, and over-excitement have BD. For those with BD, the mood episodes are severe, last for days to several weeks or longer, and cause major problems in their lives.

What are the different types of bipolar disorder?

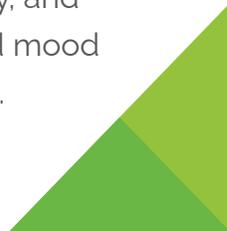
There are several types of BD, including bipolar I disorder (BDI), bipolar II disorder (BDII), other specified bipolar and related disorder, and unspecified bipolar and related disorder. The

most severe form of the illness is BDI, involving periods of elevated mood, called manic episodes, and periods of lowered mood, called depressive episodes. Manic episodes may include problems understanding what is real, psychosis (such as hearing or seeing things that aren't there), and/or needing to stay in the hospital. BDII also includes periods of elevated and lowered mood, though elevated periods of mood are shorter, less severe, and are called hypomanic episodes. Youth may be given a diagnosis of cyclothymic disorder when they have experienced multiple periods of elevated and lowered mood symptoms that do not meet criteria for hypomanic episodes or major depressive episodes, when these symptoms have been present for at least a year, and when these symptoms are not better explained by a medical condition, medication reaction, substance use, or other mental health condition. Youth may be given a diagnosis of other/ unspecified bipolar and related disorder when their elevated and lowered mood symptoms are not severe enough or do not last long enough to be considered BDI or BDII, and when their mood symptoms are not better explained by a different mental health condition.

How common is bipolar disorder?

During the adult lifetime, BD is present in 4–5% of the general population (about 1 in 20

It is important to note that not all children who have mood swings, irritability, and elevated mood have BD.



What is bipolar disorder?

Bipolar disorder (BD) is a mental illness in which a person may show periods of:

1. extremely low or depressed mood lasting at least two weeks
2. extremely good/elevated (manic) mood for at least seven days
3. moderately good/elevated (hypomanic) mood for at least four days
4. mood that is both depressed and manic (mixed) at the same time for at least seven days.

people). Among teens aged 13–18 years old, BD is present in roughly 3% of this group (about 1 in 33 teens).

Why does my child have bipolar disorder? What causes bipolar disorder?

We do not yet fully understand the causes of BD, and there is no single known cause of BD. BD describes a group of mood disorders with causes that include both stressful life events and genes that can be passed down in families.

Genes passed down from parents are an important part of how children can develop BD. Having a parent with BD leads to a 4 to 6 times higher risk of developing the illness. Approximately 10% of people (or 1 in 10 people) who have a parent with BDI will develop BD themselves.

However, other causes also play a role in the development of the disorder. For example, stressful life events can sometimes trigger an episode of BD in people who carry the genes that increase risk for BD.

How is bipolar disorder different from normal mood swings in children and teens? How does bipolar disorder in children and teens differ from bipolar disorder in adults?

Children with BD may have mood swings more often than adults with BD, and their mood changes may look different, making their diagnosis and treatment more difficult.

For many parents, it can be hard to tell the difference between BD mood cycles and normal mood swings in their child. It may help to think about the following:

- Do your child's mood shifts come with extreme and not-normal-for-them changes in thinking, energy, or activity levels?
- How long do the mood shifts last?
- Do other people notice when your child's mood shifts?
- Do your child's mood shifts cause problems with their school, social, and family life?

During depressive episodes of BD in children and adolescents, the mood may be irritable rather than sad. When depressed, children and teens can also feel their sadness as physical complaints, such as headaches, stomachaches, or feeling tired. Signs of depression in children and teens can also include low grades, no longer wanting to be around their friends, and being extremely sensitive to rejection or failure. They may also stop enjoying favorite activities and hobbies. However, it is important to make clear that there is a significant difference between major depressive disorder (MDD) and BD. MDD is characterized by single or recurring episodes of depression, has distinctly different medication treatment options ([Depression: Parents' Medication Guide](#)), and patients with MDD do not experience manic or hypomanic mood episodes.

Children with BD may have mood changes more often than adults, and their mood changes may look different.



Assessment & Treatment

What are the risks of not treating bipolar disorder?

Suicide is the most dangerous risk of leaving BD untreated.

- Up to 20% of people with BD die by suicide. This is 10 to 30 times higher than suicide rates in the general population.
- Up to 50% of youth with BD attempt suicide by 18 years of age.
- In any given year, up to 45% of all teens with untreated BD experience suicidal thoughts.
- More than 75% of people with BD report thinking seriously about suicide during their lifetime.

Untreated BD can cause problems with a child's normal emotional and social growth. As a result, children who are not treated for their BD are much more likely to have problems in school, at home, and with friends. Teens with the disorder are at high risk for unplanned pregnancies, gambling, car accidents, drug/alcohol use, problems with authority and the law, and difficulties finding a job.

What can we expect during my child's first appointment?

At your child's first meeting with the mental health clinician, you and your child will be asked questions about how your child has been feeling lately and in the past. Common questions from mental health clinicians will include asking about periods of time when your child has not slept for multiple days in a row, felt "too happy," or started to believe that they had special talents or powers, and acted without thinking, irritable, or not like themselves. Questionnaires may also be given to you and your child to fill out.

There are many reasons a child's sleep and behavior may change, and the clinician will ask you and your child questions to figure out what else could be causing these changes. They may also ask about symptoms of other conditions that can share some similarities with BD, such as disruptive mood dysregulation disorder (DMDD), attention-deficit/hyperactivity disorder (ADHD), oppositional defiance disorder (ODD), depression, autism spectrum disorder (ASD), posttraumatic stress disorder (PTSD), anxiety, and substance use. The clinician may also ask about medications and medical conditions that can affect sleep, behavior, and mood. Your child's clinician (physician, advanced practice nurse, or physician assistant) will likely ask for blood tests to ensure that there are no problems with the thyroid gland, liver, kidneys, or blood cells and a urine test to check for any substances that could affect behavior.

Importance of accurate assessment

Getting a correct diagnosis of any mental health disorder, including BD, is very important. This will require a mental health clinician to review your child's complete history of any medical or mental health issues, and whether any family members have had mental health issues. Your child may also be checked for developmental disorders, stress in the relationship between you and your child, and other stressors as part of the process of figuring out if your child has BD.

Importance of long-term follow-up

It is very important to continue to keep track of how your child with BD is doing over time. Because of the nature of BD, it will take many visits to your child's mental health clinician to

Untreated BD can cause problems with a child's normal emotional and social growth.



get a full picture of the symptoms in order to make the best plan to treat the BD. Symptoms of BD can change over time as your child is developing and with periods of high or low mood.

Importance of a team-based approach

It is important to have a team of healthcare professionals to help treat your child's BD. While there are many treatments, the best plan involves multiple healthcare professionals working together with you and your child. Involving doctors, therapists, teachers, and school counselors can help

to address the medical, academic, and therapy needs of your child with BD. Your child's school may provide an individualized education program (IEP) or 504 plan to support your child.

BD is a lifelong condition, and children and teens with BD benefit from support of their parents and caregivers. You can help your child to: 1) understand their BD symptoms and the treatments that help keep a steady and balanced mood; 2) practice the coping skills that help them deal with stressors; and 3) make good decisions for a healthy lifestyle such as regular sleep, exercise, and healthy diet.

Taking Medications for Bipolar Disorder

What types of medications are available to treat bipolar disorder?

There are several psychiatric medications that have been shown to help treat the symptoms of BD and reduce how often your child experiences elevated or depressed mood in the future. The most common medications include lithium, mood stabilizing atypical antipsychotics, and anticonvulsants. These medications usually work best when they are used together with talk therapy.

Will medications help my child?

There are many medications that work well for adults with BD. Many, but not all of them, also work for BD in children and adolescents.

Currently, the medications that work best for children and teens with manic or mixed mood states include lithium, olanzapine, risperidone, quetiapine, aripiprazole, ziprasidone,

and asenapine. Valproate (valproic acid, divalproex) and carbamazepine appear to be somewhat helpful.

The most effective medications for depressed mood in children and teens with BD include lurasidone, lamotrigine, and the combination olanzapine/fluoxetine.

Lamotrigine and lithium appear to be helpful as added medications for both manic and depressed mood states.

If your child does not get better with one of these medications, it is important to not give up hope since a different medication may work instead. While research shows which medications work at a group level, each person has a unique response to medications. Even if your child has tried all of the possibly effective medications and still has significant BD symptoms, clinical research continues to find



helpful new medications and new uses of medications that are already available.

A complete and thorough approach to treating your child's BD that combines both medication and talk therapy can help your child feel better and reduce family conflict, lower your child's risk of getting into trouble with the law, and improve school performance.

Side effects and monitoring

Medications commonly used to treat BD can cause serious side effects; however, it is important to note that serious side effects are rare, and many children taking the following medications often tolerate them well. Your child's clinician will regularly screen for these side effects by checking lab tests, their vital signs, and your child's growth over time (see the Table below). Based upon your child's age, your clinician may discuss the risk of these medications on pregnancy, may obtain pregnancy tests as part of medication monitoring, and may discuss birth control options. Parents and caregivers need to help monitor, supervise, and secure these medications

to ensure that they are consistently taken and to avoid your child from accidentally or intentionally taking too much medicine.

LITHIUM

Youth taking lithium may notice side effects such as shaking (tremor) in their hands, upset stomach, need to urinate (pee) more often, blurry vision, slurred speech, acne, and weight gain. Youth taking lithium also require regular checking of the level of this medication in their blood as well as making sure that there are no problems with their kidneys and thyroid gland.

ATYPICAL ANTIPSYCHOTICS

Youth taking atypical antipsychotics may notice side effects such as increased appetite and weight gain, tiredness, upset stomach, constipation, and a severe sense of restlessness or trouble sitting still. Youth taking atypical antipsychotics also need to regularly check their blood sugar, cholesterol, liver function, and blood cell counts. The clinician will also check for certain types of body movements that are unexpected and uncontrollable, a side effect of atypical antipsychotics called tardive dyskinesia.

VALPROATE

Youth taking valproate may notice side effects such as increased appetite and weight gain, feeling more tired, upset stomach, tremor, and hair loss. Youth taking valproate also require regular checking of the level of this medication in their blood as well as tests to regularly check their complete blood cell counts and their liver. Changes in blood cell numbers may be a side effect.

LAMOTRIGINE

Youth taking lamotrigine may notice side effects such as feeling very tired and developing headaches, blurry vision, upset stomach, or problems focusing. It has a low risk of weight gain and problems with blood sugar or cholesterol; however, there is a very rare but serious risk of developing a dangerous rash caused by an allergic reaction (called Stevens-Johnson syndrome) that can be life threatening if the medication is not stopped quickly. Youth taking lamotrigine also need to regularly check their blood cell counts and their kidneys and liver. Lower white blood cell levels may be a side effect.

Lab tests the physician, nurse practitioner, or physician assistant may order

Medication	Tests Before Starting Treatment	Monitoring During Treatment	
Lithium	<ul style="list-style-type: none"> • Kidney Function • Thyroid Gland Function • Complete Blood Count • If your child has a heart condition or symptoms, a baseline electrocardiogram (ECG) 	Lithium Blood Level	Every 5 to 7 days until reaching the right blood level; then, every 3 months
		Kidney Function & Thyroid Gland Function	Every 6 months
Atypical Antipsychotics			
Atypical Antipsychotics	<ul style="list-style-type: none"> • Complete Blood Count • Blood Sugar • Cholesterol • Liver Function 	Complete Blood Count	Every 6 months
		Blood Sugar	Every 6 months
		Cholesterol	Every 6 months
		Liver Function	Every 6 months
Anticonvulsants			
Valproate	<ul style="list-style-type: none"> • Liver Function • Complete Blood Count 	Valproate Blood Level	Every 1 to 2 weeks until reaching the right blood level; then, every 3 to 6 months
		Liver Function & Complete Blood Count	3 Months after starting; then, every 6 months
Lamotrigine	<ul style="list-style-type: none"> • Liver Function • Complete Blood Count 	Liver Function & Complete Blood Count	1 Month after starting; then, every 6 months



Talk Therapy Treatments for Bipolar Disorder

Providing your child with talk therapy in addition to medication can help them to better understand the symptoms of their illness, recognize signs that their mood may be shifting, and manage their treatment needs.



How can my child benefit from therapy?

Pharmacotherapy is the mainstay of bipolar treatment and talk therapy is an important supplement to medication to help the child and family manage symptoms of bipolar disorder. Providing your child with talk therapy in addition to medication can help them to better understand the symptoms of their illness, recognize signs that their mood may be shifting, and manage their treatment needs. It can help teens prepare to manage their own health as young adults and teach them about noticing when they may be at risk for the BD to start worsening moods again.

What types of therapy are available?

There are several different therapy treatments that can be provided by a licensed therapist (psychologist, social worker, licensed mental health counselor) or psychiatrist to help children and teens with mental health challenges, including BD. These include talk therapies such as supportive therapy, cognitive-behavioral therapy (CBT), family therapy, and group therapy with similar aged children or teens. There are also educational and behavioral tools that can help your child manage stress at school and at home. For children and adolescents with BD, three types of therapy have proven to be helpful: cognitive-behavioral therapy, interpersonal and social-rhythm therapy, and family-focused therapy.

COGNITIVE-BEHAVIORAL THERAPY

Cognitive-behavioral therapy helps your child or teen notice negative thoughts and behaviors and gives them tools to make healthy changes to each. They are also taught to manage stress that can increase the chances for mood shifts.

FAMILY-FOCUSED THERAPY

Family-focused therapy helps families notice intense feelings and gives ways to improve family problem solving. This type of therapy has been studied the most in teens with BD. Early studies have shown that teens taking recommended medications and are in family-focused therapy have less BD symptoms and fewer behavioral problems.

INTERPERSONAL AND SOCIAL-RHYTHM THERAPY

Interpersonal and social-rhythm therapy (or interpersonal therapy) helps your child or teen improve their mood and keep it stable by better understanding the routines (rhythms) in their lives. This therapy teaches them how daily routines and habits can help improve BD. It also teaches how stress and conflict can make it much harder for someone with BD to stay healthy and avoid depression. A therapist will help a child and their family recognize stressful triggers, practice coping skills, and put in place routines to ensure that medication schedules are followed correctly.

Other Medical Treatment for Bipolar Disorder

What is electroconvulsive therapy?

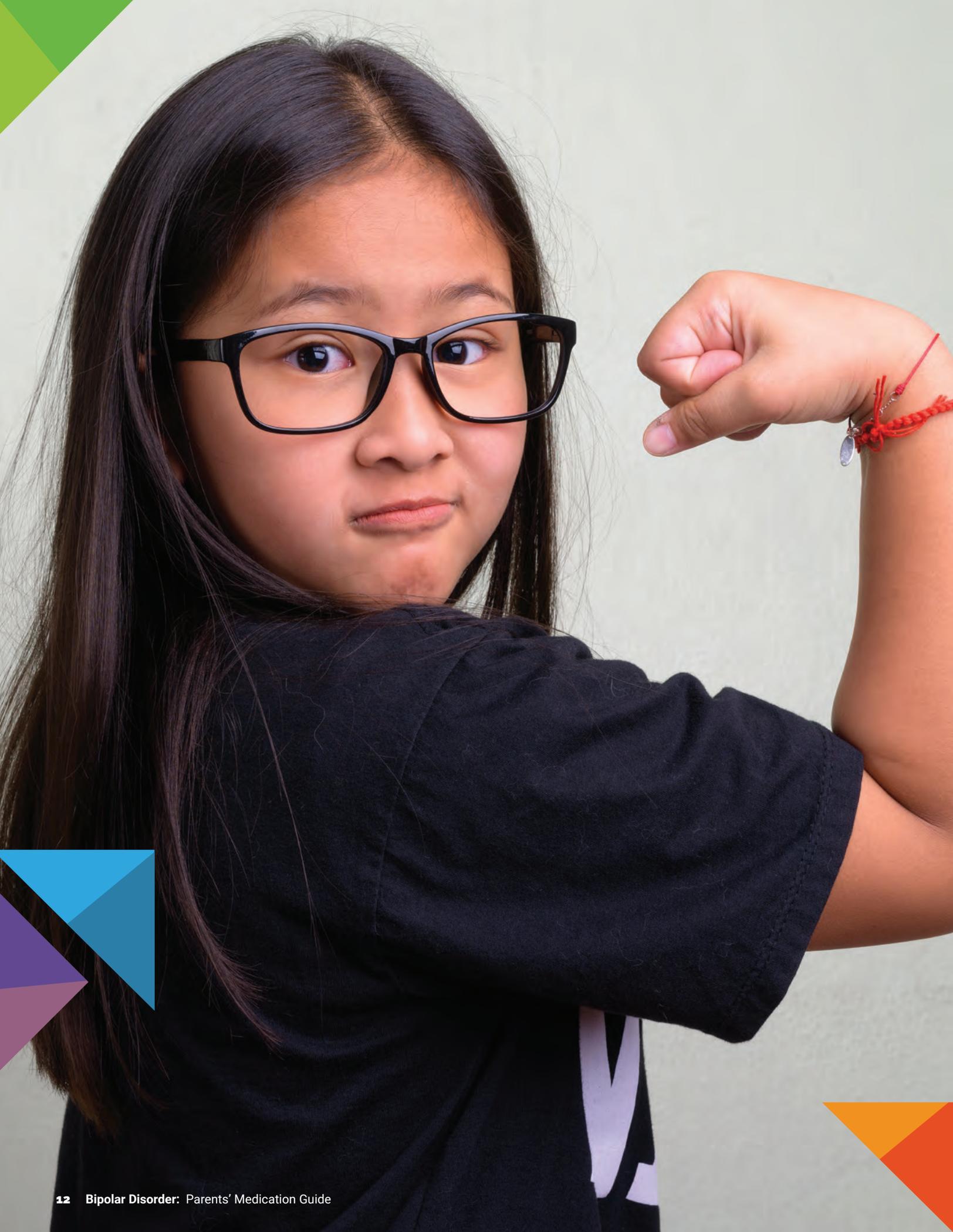
Electroconvulsive therapy (ECT) is a treatment that can be used to treat BD symptoms in cases of BD that do not respond to medication management and therapy. It is rarely considered in the first group of treatments. ECT works by giving the brain a brief electrical stimulus while the youth is asleep from anesthesia. ECT often helps the symptoms of BD to quickly get better.

Summary

All forms of therapy should include education about BD and the importance of making

healthy choices. Discussing self-care, consistent and quality sleep, exercise, a healthy diet, and ways of lowering stress can have an important impact on your child's mood and response to treatment. It is also important to reiterate how important it is for your child to go to appointments and consistently take their medications as prescribed. Therapists will also help you and your child understand what is special about the way their BD affects them, especially early signs of mood shifts that are unique to your child, so that they can remain healthy.





Resources

- American Academy of Child and Adolescent Psychiatry (AACAP) <http://www.aacap.org>
- AACAP Facts for Families: Bipolar Disorder in Children and Teens https://www.aacap.org/AACAP/Families_and_Youth/Facts_for_Families/FFF-Guide/Bipolar-Disorder-In-Children-And-Teens-038.aspx
- Depression and Bipolar Support Alliance <https://www.dbsalliance.org/>
- National Alliance on Mental Illness (NAMI) <http://www.nami.org>
- National Institute of Mental Health <https://www.nimh.nih.gov/health/topics/bipolar-disorder>



Medication Tracking Form

Use this form to track your child's medication history. Bring this form to appointments with your clinician and update changes in medications, doses, side effects and results.

Date	Medication	Dose	Side Effects	Reason for keeping/stopping

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