

POWER by UNLV PRACTICE

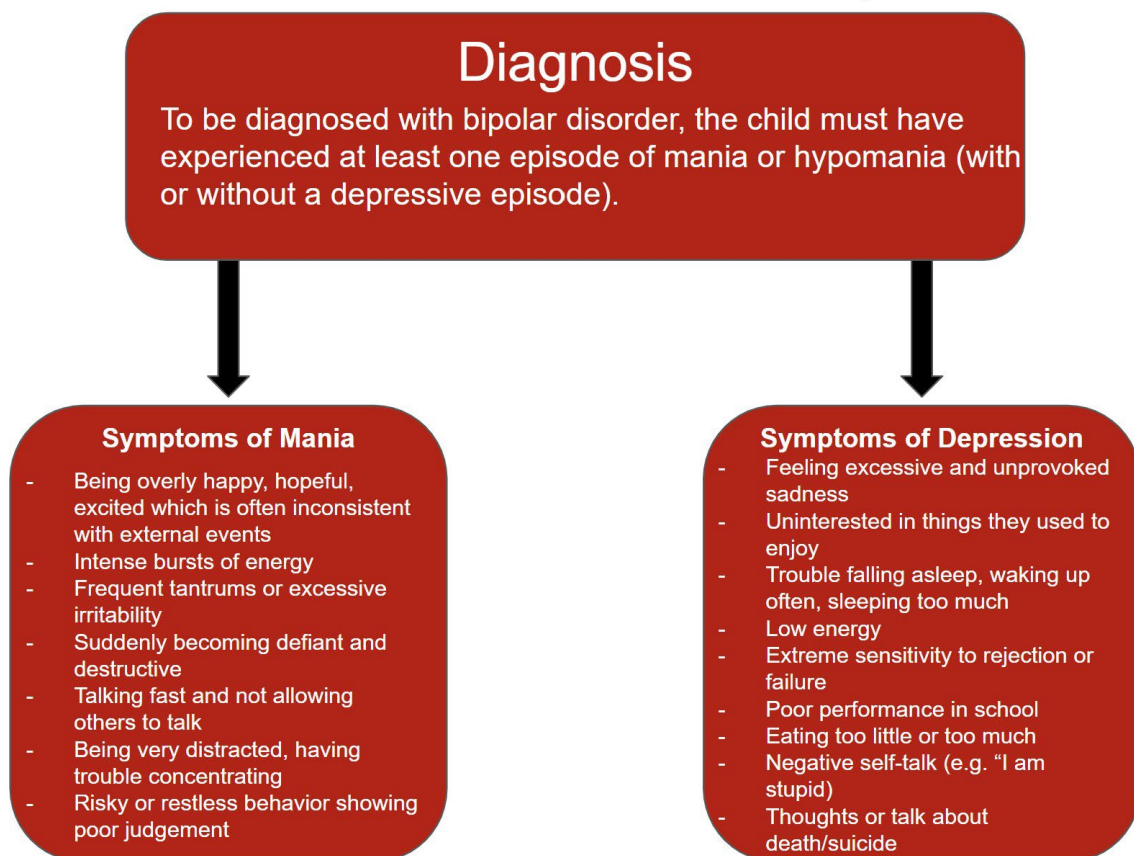
Performance Optimization for Wellness, Empowerment & Resilience (POWER)

A Program for Early Bipolar Disorder

Main: 702-895-5555 • Fax 702-895-1530
POWER@UNLV.EDU

Early Bipolar Disorder for Primary Care Physicians

Bipolar disorder is a chronic mood disorder in which an individual experiences intense shifts in mood, thinking patterns, energy, and behavior that have an observable or detrimental effect on the individual's daily functioning. The prevalence of bipolar disorder in adults is about 2.8% and in adolescents it is about 2.9%. The most frequent range of onset is between ages 15-25 years.



- **Bipolar I disorder:** Characterized by a manic episode that lasts at least 1 week, with symptoms of elevated or irritable mood or increased energy lasting most of the day. Three or more manic symptoms should be present and cause marked impairment.
- **Bipolar II disorder:** Characterized by a major depressive episode that lasts at least 2 weeks and a hypomanic episode that lasts at least 4 days—requires 1 or more hypomanic episodes and 1 or more major depressive episodes and the individual must not have experienced a manic episode.

- **Cyclothymic disorder:** Characterized by a chronic, fluctuating mood disturbance that lasts for a distinct period of time (in pediatric cases they must have had symptoms for one year and cannot have been without symptoms for more than two months). Individuals must have exhibited symptoms of hypomania and symptoms of depression that have never met the full criteria for a hypomanic, manic, or major depressive episode.

Differential Diagnosis:

1. Attention-deficit/hyperactivity disorder (ADHD)
 - a. Children and adolescents diagnosed with ADHD are generally hyperactive and impulsive, and can also experience irritability, hyperactivity, accelerated speech, and distractibility—which are also symptoms of bipolar disorder.
2. Oppositional Defiant Disorder
 - a. Youth diagnosed with ODD typically exhibit aggressive behavior, often lose their temper and act defiantly toward authority. However, unlike bipolar disorder, ODD is not categorized by cycles—it is a chronic disorder which differs from a mood disorder.
3. Anxiety Disorders
 - a. Anxiety disorders may cause changes in mood and irritability, which is why clinicians should place focus on whether or not the individual is experiencing other manic symptoms.

Treatment

Since bipolar disorder is a chronic illness, treatment must be on-going. If left untreated, bipolar disorder symptoms can continue to get worse which is why early diagnosis and treatment is important.

- **Medications:** Common medications used are mood stabilizers, antipsychotics, and antidepressants.
- **Psychotherapy:** Popular forms of psychotherapy include cognitive behavioral therapy and family-focused therapy
- **Self-management strategies and psychoeducation**

For Parents/Guardians:

- Have patience.
- Pay attention to changes in mood, especially any major changes.
- Understand triggers and develop strategies to help maintain intense emotions.
- Encourage the individual to talk about how they are feeling and be sure to listen carefully.
- Remember treatment takes time so stick with the treatment plan developed for the child.
- Remind the child that participating in treatment will help make life better.

POWER by UNLV PRACTICE offers low-cost, evidence based early intervention services for bipolar disorder, including individual therapy, psychiatry, family education, peer support, case management, and education and employment support.

Useful Links:

<https://www.unlv.edu/thepractice/services/power>

<https://www.nami.org/About-Mental-Illness/Mental-Health-Conditions/Bipolar-Disorder>

<https://www.nimh.nih.gov/health/publications/bipolar-disorder-in-children-and-teens>

<https://my.clevelandclinic.org/health/diseases/14669-bipolar-disorder-in-children>

https://www.aacap.org/AACAP/Families_and_Youth/Facts_for_Families/FFF-Guide/Bipolar-Disorder-In-Children-And-Teens-038.aspx

https://www.aacap.org/aacap/Families_and_Youth/Resource_Centers/Bipolar_Disorder_Resource_Center/Home.aspx



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