



Theoretical article

SYMPTOMATOLOGY AND TREATMENT OF CHILDREN WITH BIPOLAR DISORDER

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Abstract:

The topic of the article is the symptomatology and management of children with bipolar disorder. At the beginning, the characteristics of bipolar disorder are described and the intense swings in mood are emphasized; from excessive joy and energy (manic phase) to the phase of depression (Oud et al., 2016). Afterwards are referred statistics from surveys about the incidence of bipolar disorder and the occurrence of symptoms in people of all ages. According to the article, these symptoms lead to the diagnosis of bipolar disorder, whereas the etiology is related to many factors (De la Serna et al., 2016). Subsequently, the article focuses on students with bipolar disorder and describes how the symptoms are manifested in the school-in and out of the classroom-as well as in what ways the school unit can manage students with bipolar disorder. What is emphasized as a necessary factor in the management of students with bipolar disorder is the collaboration between students, families and school staff (Carlson, 2005).

Key words: bipolar disorder, symptomatology, school environment, symptom management

Introduction

Bipolar Disorder is a serious mental illness in which shared emotions become intense and often unpredictably magnified. People with bipolar disorder can quickly turn their mood from extreme joy, energy, and clarity of mind to sadness, fatigue, and confusion. These changes can overwhelm the person to such an extent situation that they are driven even to the suicide. All people with bipolar disorder experience manic episodes, that is, unusually high or irritable moods that last at least a week and affect their functioning, but not all are depressed (APA, 2024). It often takes a chronic course with recurrent manic, hypomanic, depressive and mixed episodes (Oud et al., 2016). In the past and for about a century, it was called manic depression, but now the term Bipolar Disorder (BD) has been established. In children bipolar disorder can present differently compared to adults, often with rapid mood swings, irritability, and behavioral problems. These symptoms can be challenging to distinguish from other childhood disorders such as Attention Deficit Hyperactivity Disorder or conduct disorders (Olson & Pacheco, 2005).

Bipolar Disorder is a very common mental illness from which the patient suffers throughout his life (Hilty, Brady, & Hales, 1999). Bipolar disorder affects about 1-2% of the population globally. The disorder often starts in late adolescence or early adulthood, though it can occur at any age (Grande et al., 2016). According to a 2006 survey, the rate of diagnosis of bipolar disorder in children and adolescents has been continuously increasing in the US over the last decade (Youngstorm et al., 2006). Also, according to the same survey, approximately 4% of adults and 6% of children and adolescents will experience some form of bipolar disorder at some point. As reported by De la Serna et al. (2016), bipolar disorder affects 0.6–2.4% of the general population and 1.2% of children and adolescents.

The disorder appeared before the age of 19 in 20% of cases (Haugaard, 2004). It is clear that bipolar disorder is characterized by recurrent episodes. According to research, in groups receiving medication, they demonstrate significant episodes of mania or depression with 1-4 year relapse rates ranging from 40% to 60%, and 4-5 year relapse rates from 60% to 85% (Gitlin & Miklowitz, 2017). As Hirneth, Hazell, Hanstock, & Lewin (2015) report, according to the American Psychiatric Association (2010) and Mitchell & Malhi (2004), it is generally accepted that the onset of symptoms of Bipolar Disorder peaks towards middle and late adolescence, while according to Carlson and Meyer (2006) and Kowatch et al. (2005) Bipolar Disorder can also occur in children, but its diagnosis is not certain. Research in the literature, according to Hirneth et al. (2015), in children and adolescents have shown that individuals with Bipolar Disorder tend to be boys, with at least one episode in their history, past functional disability, medication administration, and prolonged episodes of mixed mood, suicidal ideation, psychotic symptoms, and suicide attempts.

Causes – Diagnosis

Bipolar Disorder is a multifactorial disorder, and often the diagnosis comes years after the peak of symptoms. Comorbidity is also common (Hilty et al., 1999). It clearly has a genetic basis, but this is not precisely defined. The heritability of the disorder was estimated between 56 and 93%, and the genetic component was considered one of the most important risk factors for developing the disorder. The risk of Bipolar Disorder in the offspring of patients is approximately 4 to 5% when one parent is affected, increasing to 14–35.8% if both parents are diagnosed with Bipolar Disorder (De la Serna et al., 2016). But the environmental factors are the ones that will lead to the expression, or not, of responsible genes, something that cannot be determined if and at what age it happens (Youngstrom et al., 2006). Particularly in children, it appears that sexual abuse and maltreatment from the family environment can increase the likelihood of developing Bipolar Disorder (Haugaard, 2004).

Students with Bipolar Disorder

Bipolar Disorder (or manic depression) is a mental illness characterized by extreme changes in a person's mood, extreme energy, and inability to function. The symptomatology of the disorder to the students can significantly affect their school performance and social relationships (Grier et al., 2007). Here are some of the main symptoms that may be observed:

- **Symptoms of Mania:** During a manic phase, students may exhibit excessive euphoria or intense happiness; they may seem overly happy or excited for no particular reason (Killu & Crundwell, R. 2008). Another symptom is the excessive energy they show and they have trouble sitting or staying still. Furthermore, they have reduced need for sleep and they may sleep only a few hours without feeling tired. They have rapid speech and thoughts and they talk quickly and change the topic of conversation abruptly. Also, they show increased self-confidence; they may have too much faith in their abilities and take too many risks. Last but not least students with bipolar disorder express impulsive behavior and they may take rash actions without thinking about the consequences (Bernadka, 2013; Pedersen, 2019).

- **Symptoms of Depression:** During a depressive phase, students with bipolar disorder may experience intense sadness or despair and appear sad or depressed for long periods of time. In addition, they find it difficult to participate in activities either because of a lack of energy that causes fatigue or because they have lost their interest even in activities that they used to enjoy. But even when they are focused on something they are dealing with, they have difficulty in concentration and find it difficult to follow instructions. Also, students with bipolar disorder show disturbances in their

sleep - they sleep too much or too little -, they have significant changes in their appetite as well as self-destructive thoughts that in severe cases may even have suicidal tendencies (Geller & Luby, 1997; Lima, 2004).

Students with Bipolar Disorder in the class

Students with bipolar disorder may exhibit specific behaviors and challenges in the classroom, related to switching between the manic and depressive phases of the disorder (Pedersen, 2019). More specifically:

During the Manic Phase, students exhibit Hyperactivity and Distracted Attention and may have difficulty staying calm and focused in class. They are impulsive and may take unpredictable actions without thinking of the consequences, may talk constantly and interrupt the teacher or classmates, while lack of sleep may worsen their hyperactivity and restlessness (Killu & Crundwell, R. 2008; Gilbert et al. 2009).

During the Depressive Phase, students with bipolar disorder may appear tired and have difficulty participating in classroom activities and lack of interest in lessons and school activities that previously have interested them. They may also avoid interacting with their classmates and prefer to be alone while having a negative self-image and increased anxiety (Carlson, 2005).

In general, the picture of students with bipolar disorder is characterized by the symptoms of their disorder. Their school performance may be erratic, with periods of high productivity alternating with periods of low performance. Their relationships with classmates can be turbulent due to mood swings, causing either conflict or isolation (Pedersen, 2019). They usually need extra support from teachers and school staff to manage mood swings and stay focused (Olson & Pacheco, 2005; Papolos & Papolos, 2008).

Educators' understanding of these behaviors is crucial to create a supportive classroom environment that allows students with bipolar disorder to succeed academically and socially (Papolos & Papolos, 2008).

Coping with students with bipolar disorder

Dealing with students with bipolar disorder requires collaboration between parents, teachers and health professionals (Carlson, 2005), and some key strategies and tips to support these students need to be followed:

- School teachers and parents need to be educated and informed about bipolar disorder and its symptoms. And students without bipolar disorder can learn about diversity and in order to understand the diversity of their classmates. With proper training in order to cultivate awareness they will avoid stigmatizing peers and enhance the encouraging role they can play (Kruse & Oswal, 2018).
- A Special Educational Plan needs to be formulated for students with bipolar disorder with analytical program adaptation, adjustments to teaching, assessment and assignments that may be necessary. Additionally, frequent breaks and a quiet space for students to calm down can help (Killu & Crundwell, 2008).
- It is necessary to collaborate with health professionals - psychologists, psychiatrists, counselors - who will offer continuous monitoring and treatments, such as medication and psychotherapy as well as emotional support (Olson & Pacheco, 2005; Gilbert et al., 2009).
- It would greatly help students with bipolar disorder to develop daily strategies such as maintaining a consistent and predictable daily routine, teaching relaxation and stress management

techniques, and encouraging positive behaviors with rewards and incentives (Olson & Pacheco, 2005).

- Students with bipolar disorder need support and sympathy. For this reason it would help to provide a safe space for students to talk about their feelings and thus cultivate their self-esteem and self-regulation (Grier et al., 2007).

- Dealing with students with bipolar disorder requires teamwork. It is necessary to create a team that will include teachers, parents and health professionals to support the student. This support group must work closely and effectively and in frequent meetings the progress of these students should be evaluated in order to make the necessary adjustments (Kruse & Oswal, 2018).

Conclusion

In conclusion, bipolar disorder in students presents a multifaceted challenge that requires comprehensive understanding and proactive support (Pedersen, 2019). The extreme mood swings associated with bipolar disorder can significantly disrupt academic performance, social relationships, and overall quality of life (Bernadka, 2013). Early diagnosis and tailored treatment, including medication and psychotherapy, are crucial for managing the disorder. Schools play a vital role in providing necessary accommodations and fostering a supportive environment to help students navigate their academic and personal lives effectively. By promoting awareness and reducing stigma, we can create a more inclusive environment that supports the mental health and success of students with bipolar disorder. Psychotherapy, particularly cognitive-behavioral therapy (CBT) and family-focused therapy, plays a vital role in helping children and their families to manage symptoms and improve functioning (Kern et al., 2017).

Overall, a multidisciplinary approach, involving healthcare providers, educators, and family members, is essential for managing bipolar disorder in children (Carlson, 2005). Continuous research and awareness are needed to enhance understanding, diagnosis, and treatment strategies, ensuring better outcomes for affected children and their families.

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