

Childhood Bipolar Disorder: The Great Debate.

1. What is bipolar disorder (bpd)? What is manic depression?

Categories: DSM IV classification

- a. Bipolar 1: Both mania and major depression
- b. Bipolar 2: Major depression and hypomania
- c. Major Depression and no Mania. Some blood relatives have had mania
- d. Hypomanic Episode
- e. Mixed Episode: Both the criteria for major depression (except for time) and Mania are met on every day for seven days.
- f. Mania and no depression
- g. Cyclothymia: Mild depression and hypomania

2. What is bpd in children and adolescents? Does bpd exist in children less than 12?

3. What do genetics contribute?

4. Is everything called bpd disorder today a disease?

a. Disease definition. The dictionary definition of disease is “a pathological condition of a part, organ, or system of an organism resulting from various causes, such as infection, genetic defect, or environmental stress, and characterized by an identifiable group of signs or symptoms.

b. Never call anything the bible calls sin a disease.

c. Never call anything sin unless the bible clearly does.

5. Is there pathology to justify calling the broad spectrum of bpd a disease?

a. Scans.

b. Laboratory testing.

6. Medical conditions that Mimic bpd include, HIV infection, Lyme disease, Dementia, Niemann-Pick disease, Right sided cerebral injuries, Familial leukoencephalopathy.

7. What is contributing to the increased diagnosis of bpd?

- a. Medications including amphetamines, stimulant medications, and anti-depressants.
- b. DTCA of medication.
- c. Unrestricted research grants.
- d. Well meaning physicians.
- e. The desire to modify undesirable behavior in the absence of a theology that includes sin. All behavior is chemical.
- f. Consider the case of Rebecca Riley.

8. The current medications.

- a. Lithium
- b. Antiepileptics: Valproate, Carbamazepine, Lamictal
- c. Atypical Antipsychotics: Zyprexa, Seroquel, Risperidone
- d. SSRI Antidepressants: Perhaps more trouble than they are worth?
- e. All the same medicines except lithium are used in BPD spectrum, and a blizzard of other behavior disorders.

9. How can we help?

- a. Limit the labeling of bpd to those with mania.
- b. Limit the use of mood stabilizing drugs to children with a clear diagnosis of mania.

- c. Avoid the use of amphetamine derivatives, ADHD medications, and antidepressants in children and adolescents
 - d. Change the environment instead of medicating the child to fit it.
10. Outgrowing bpd associated behavior. If bpd in children without mania is identified as impulsivity, inattention, irritability, anger, aggression, or conduct disorders, what can be done?
- a. Things different. Those with mania need treatment. When they are no longer manic they will need counseling to deal with behavior associated with mania, but not caused by it.
 - b. Things the same. All have sinned. Outgrowing behavior associated with BPD not caused or related to mania.
 - c. Explore the issue of justification.
 - d. Teach progressive sanctification.
 - e. Motive must change. Exchange the need for control, selfishness and envy for loving God and others while serving both.
 - f. Outgrow Anger and exchange it for a Romans 8:28-29 view of adversity coupled with patience, gentleness, and kindness.
 - g. Abandon the need for Self-esteem, replace it with humility and Christian service.
 - h. Deal with specific sins: rebellion, sexual immorality, dishonesty. Grow into Godly character.
 - i. Outgrow worry and fear. Replace them with faith and trust.
 - j. Grow good habits. Regular hours, sleep, diet. No night work.
 - k. Communication, Role of parent and, child.
 - l. Church attendance, Bible study, Fellowship, discipleship, accountability.

m. Develop good work habits.

n. Grow in financial responsibility and stewardship of resources.