Childhood Bipolar Disorder and Disruptive Mood Dysregulation Disorder in the DSM 5

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LEARNING OBJECTIVES

1. The participant will be able to identify the differences in DSM 5 defined Bipolar disorder
2. The participant will be able to define the new diagnostic construct of DMDD (Disruptive Mood Dysregulation Disorder) in the DSM 5.
3. The participant will be able to differentiate between Childhood Bipolar Disorder and DMDD.

Bipolar and Related Disorders

Manic/Hypomanic Episode

- Criterion A: A distinct period of abnormally and persistently elevated, expansive, or irritable mood, lasting at least 1 week (or any duration if hospitalization is necessary).
- In DSM 5 : Add to Criterion A:

  "and abnormally and persistently increased goal-directed activity or energy."

BPAD
Manic/Hypomanic episode

- During the period of mood disturbance, three (or more) of the following symptoms have persisted (four if the mood is only irritable) and have been present to a significant degree:
  - inflated self-esteem or grandiosity
  - decreased need for sleep (e.g., feels rested after only 3 hours of sleep)
  - more talkative than usual or pressure to keep talking
  - flight of ideas or subjective experience that thoughts are racing
  - distractibility (i.e., attention too easily drawn to unimportant or irrelevant external stimuli)
  - increase in goal-directed activity (either socially, at work or school, or sexually) or psychomotor agitation
  - excessive involvement in pleasurable activities that have a high potential for painful consequences (e.g., engaging in unrestrained buying sprees, sexual indiscretions, or foolish business investments

Bipolar disorder
Manic/hypomanic episode

- The mood disturbance is sufficiently severe to cause marked impairment in social or occupational functioning or to necessitate hospitalization to prevent harm to self or others, or there are psychotic features.
- The episode is not attributable to the physiological effects of a substance (e.g., a drug of abuse, a medication, other treatment) or to another medical condition.

Bipolar I Disorder

- Criteria have been met for at least one manic episode
- The occurrence of the manic and major depressive episode(s) is not better explained by schizoaffective disorder, schizophrenia, schizophreniform disorder, delusional disorder, or other specified or unspecified schizophrenia spectrum and other psychotic disorder.

Bipolar II Disorder

- Criteria have been met for at least one hypomanic episode (Criteria A–F under “Hypomanic Episode” above) and at least one major depressive episode (Criteria A–C under “Major Depressive Episode” above).
- There has never been a manic episode.
- The occurrence of the hypomanic episode(s) and major depressive episode(s) is not better explained by schizoaffective disorder, schizophrenia, schizophreniform disorder, delusional disorder, or other specified or unspecified schizophrenia spectrum and other psychotic disorder.
- The symptoms of depression or the unpredictability caused by frequent alternation between periods of depression and hypomania causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

Cyclothymic Disorder

- For at least 2 years (at least 1 year in children and adolescents) there have been numerous periods with hypomanic symptoms that do not meet criteria for a hypomanic episode and numerous periods with depressive symptoms that do not meet criteria for a major depressive episode.
- During the above 2-year period (1 year in children and adolescents), the hypomanic and depressive periods have been present for at least half the time and the individual has not been without the symptoms for more than 2 months at a time.
- Criteria for a major depressive, manic, or hypomanic episode have never been met.

Specifiers

- **With anxious distress**
- **With mixed features**
- **With rapid cycling**
- **With mood-congruent psychotic features**
- **With mood-incongruent psychotic features**
- **With catatonia.**
- **With peripartum onset**
- **With seasonal pattern**

Specifiers

- **With anxious distress:** The presence of at least two of the following symptoms during the majority of days of the current or most recent episode of mania, hypomania, or depression:
  - Feeling keyed up or tense.
  - Feeling unusually restless.
  - Difficulty concentrating because of worry.
  - Fear that something awful may happen.
  - Feeling that the individual might lose control of himself or herself.

Specifiers

- **With mixed features:** The mixed features specifier can apply to the current manic, hypomanic, or depressive episode in bipolar I or bipolar II disorder:
  - **Manic or hypomanic episode, with mixed features:**
    - Full criteria are met for a manic episode or hypomanic episode, and at least three of the following symptoms are present during the majority of days of the current or most recent episode of mania or hypomania:
      - Prominent dysphoria or depressed mood as indicated by either subjective report (e.g., feels sad or empty) or observation made by others (e.g., appears tearful).
      - Diminished interest or pleasure in all, or almost all, activities (as indicated by either subjective account or observation made by others).
      - Psychomotor retardation nearly every day (observable by others; not merely subjective feelings of being slowed down).
      - Fatigue or loss of energy.
      - Feelings of worthlessness or excessive or inappropriate guilt (not merely self-reproach or guilt about being sick).
      - Recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide.

Specifiers

- **With rapid cycling** (can be applied to bipolar I or bipolar II disorder): Presence of at least four mood episodes in the previous 12 months that meet the criteria for manic, hypomanic, or major depressive episode.

Specifiers

- **With melancholic features:**
  - One of the following is present during the most severe period of the current episode:
    - Loss of pleasure in all, or almost all, activities.
    - Lack of reactivity to usually pleasurable stimuli (does not feel much better, even temporarily, when something good happens).
  - Three (or more) of the following:
    - A distinct quality of depressed mood characterized by profound despondency, despair, and/or moroseness or by so-called empty mood.
    - Depression that is regularly worse in the morning.
    - Early-morning awakening (i.e., at least 2 hours before usual awakening).
    - Marked psychomotor agitation or retardation.
    - Significant anorexia or weight loss.
    - Excessive or inappropriate guilt.

Specifiers

- **With atypical features:** This specifier can be applied when these features predominate during the majority of days of the current or most recent major depressive episode.
  - Mood reactivity (i.e., mood brightens in response to actual or potential positive events).
  - Two (or more) of the following features:
    - Significant weight gain or increase in appetite.
    - Hypersomnia.
    - Leaden paralysis (i.e., heavy, leaden feelings in arms or legs).
    - A long-standing pattern of interpersonal rejection sensitivity (not limited to episodes of mood disturbance) that results in significant social or occupational impairment.

Specifiers

- **With seasonal pattern:** There has been a regular temporal relationship between the onset of manic, hypomanic, or major depressive episodes and a particular time of the year (e.g., in the fall or winter) in bipolar I or bipolar II disorder.
  - Full remissions (or a change from major depression to mania or hypomania or vice versa) also occur at a characteristic time of the year (e.g., depression disappears in the spring).
  - In the last 2 years, the individual's manic, hypomanic, or major depressive episodes have demonstrated a temporal seasonal relationship, as defined above, and no non-seasonal episodes of that polarity have occurred during that 2-year period.
  - Seasonal manias, hypomanias, or depressions (as described above) substantially outnumber any nonseasonal manias, hypomanias, or depressions that may have occurred over the individual's lifetime.

Other Specified Bipolar and Related Disorder

- **Short-duration hypomanic episodes (2–3 days) and major depressive episodes:**
- **Hypomanic episodes with insufficient symptoms and major depressive episodes**
- **Hypomanic episode without prior major depressive episode:**
- **Short-duration cyclothymia (less than 24 months):**

Unspecified Bipolar and Related Disorder

- This category applies to presentations in which symptoms characteristic of a bipolar and related disorder that cause clinically significant distress or impairment in social, occupational, or other important areas of functioning predominate but do not meet the full criteria for any of the disorders in the bipolar and related disorders diagnostic class. The unspecified bipolar and related disorder category is used in situations in which the clinician chooses *not* to specify the reason that the criteria are not met for a specific bipolar and related disorder, and includes presentations in which there is insufficient information to make a more specific diagnosis (e.g., in emergency room settings).

Bipolar Disorder

- Seen as a bridge between psychotic disorders and depressive disorders
- BPAD I essentially unchanged
- BPAD II is no longer considered a milder form of BPAD I due to the severity of their depressions and severity of work and social impairment
- Cyclothymia—adults 2 years of hypomanic and depressive periods (children 1 year)
- Substance/medication-induced bipolar and related disorders
- Bipolar and related disorder due to another medical condition
- Other specified bipolar and related disorder (some children with bipolar disorder sx fall into this category)

Pediatric bipolar disorder

- Between 1994 and 2003 : 40 fold increase in office visits for pediatric bipolar disorder
- Between 1996 and 2004 – rates of children with a hospital discharge diagnosis of bipolar disorder rose from 1.3 to 7.3 per 10000.
- Discharges of adolescents with BPAD increased 400%

Pediatric bipolar disorder

Biederman et al (1995):

the predominant mood in the children meeting criteria for mania was that of severe irritability rather than euphoria. The authors also asserted that, " . . . the rate of ADHD in children with mania was 98% . . ."

Pediatric bipolar disorder

Definitions (Geller et al, 2000):

Ultra rapid cycling: Very brief frequent manic episodes lasting hours to days (5 – 364 cycles per year)

Ultradian cycling : repeated brief (minutes to hours) cycles that occur throughout the day

Pediatric bipolar disorder

Narrow phenotype: Classic presentation of bipolar disorder (grandiosity, hypersexuality, elation); episodic

Broad phenotype: irritability, not necessarily episodic - Is non episodic severe irritability coupled with symptoms of hyperarousal a developmental presentation of BPAD?

Pediatric bipolar disorder

- Lewinsohn et al. (2000): DSM IV defined Bipolar disorder in late adolescence predicted continuity of the disorder at age 24.
- Subsyndromal Bipolar disorder (Bipolar, NOS) predicted psychopathology during adulthood (borderline PD, antisocial) but NOT Bipolar illness.

Hazell, et al (2003)

- 6 year follow up study
- Manic symptoms in boys with ADHD did not persist or evolve in to bipolar disorder

Geller et al (2008)

- For Geller et al., the diagnosis of pediatric BPD – referred to as “prepubertal and early adolescent bipolar disorder” (PEA-BD) – requires the presence or history of euphoria, grandiosity and/or hypersexuality in addition to severe mood instability
- Among study group individuals who reached adulthood within the 8 year interval from the start of the study, 44% were found to have continued BP episodes in the form of manic or mixed bipolar episodes.

LAMS

- Findings from the NIMH-funded Longitudinal Assessment of Manic Symptoms (LAMS) study suggest that most young children with rapid mood swings and extremely high energy levels do not actually have bipolar disorder. However, these symptoms do cause significant problems at home, school, or with peers. The LAMS researchers re-assessed the children periodically to determine which children with rapid mood swings and high energy develop bipolar disorder later in life.

Diagnostic Criteria

A. Severe recurrent temper outbursts manifested verbally (e.g., verbal rages) and/or behaviorally (e.g., physical aggression toward people or property) that are grossly out of proportion in intensity or duration to the situation or provocation.

B. The temper outbursts are inconsistent with developmental level.

C. The temper outbursts occur, on average, three or more times per week.

D. The mood between temper outbursts is persistently irritable or angry most of the day, nearly every day, and is observable by others (e.g., parents, teachers, peers).

Diagnostic Criteria

E. Criteria A–D have been present for 12 or more months. Throughout that time, the individual has not had a period lasting 3 or more consecutive months without all of the symptoms in Criteria A–D.

F. Criteria A and D are present in at least two of three settings (i.e., at home, at school, with peers) and are severe in at least one of these.

G. The diagnosis should not be made for the first time before age 6 years or after age 18 years.

H. By history or observation, the age at onset of Criteria A–E is before 10 years.

I. There has never been a distinct period lasting more than 1 day during which the full symptom criteria, except duration, for a manic or hypomanic episode have been met

Diagnostic Criteria

J. The behaviors do not occur exclusively during an episode of major depressive disorder and are not better explained by another mental disorder (e.g., autism spectrum disorder, posttraumatic stress disorder, separation anxiety disorder, persistent depressive disorder [dysthymia]).

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Diagnostic Criteria

- **Note:** This diagnosis cannot coexist with oppositional defiant disorder, intermittent explosive disorder, or bipolar disorder, though it can coexist with others, including major depressive disorder, attention-deficit/hyperactivity disorder, conduct disorder, and substance use disorders. Individuals whose symptoms meet criteria for both disruptive mood dysregulation disorder and oppositional defiant disorder should only be given the diagnosis of disruptive mood dysregulation disorder. If an individual has ever experienced a manic or hypomanic episode, the diagnosis of disruptive mood dysregulation disorder should not be assigned.

Diagnostic Criteria

K. The symptoms are not attributable to the physiological effects of a substance or to another medical or neurological condition

DMDD-Disruptive Mood Dysregulation Disorder-continued

- DMDD is intended to capture children with frequent temper tantrums and irritability
- Less research is available on DMDD than on most other DSM V diagnoses, but it was placed in DSM V due to concerns about overdiagnosis of bipolar disorder in youth with prepubertal onset of these symptoms
- Natural history of DMDD suggests children at risk for MDD and anxiety disorders as adults rather than bipolar disorder
- Treatment: SSRIs might be indicated, given developmental outcome
- Concerns: validity and specificity still unclear, will it result in over diagnosis of normal children?

Multiple Choice

1. A manic episode lasts :

- a. 24 hours
- b. 7 days
- c. any duration if hospitalization is required
- d. B and C

Multiple Choice

Disruptive Mood Dysregulation Disorder:

a. Is diagnosed in children prior to age six.
b. Is always diagnosed in conjuction with ODD.
c. Criteria have been present 12 months or more

Multiple Choice

Characteristics that distinguish DMDD from Childhood Onset Bipolar Disorder include:

a. In Bipolar disorder the mood states are episodic

b. In DMDD the mood states can be persistently irritable