PERSPECTIVE

Analysis of the results of pediatric bipolar disorder attending full syndomatic, subsyndromal, and functional types

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ABSTRACT

A mood illness called bipolar disorder, formerly known as manic depression, is characterized by cycles of melancholy and excessively heightened happiness that can last anywhere from days to weeks at a time.

Mania is the name for an elevated mood that is extreme or linked to psychosis; hypomania is the name for one that is less severe. Mania is a condition in which a person exhibits abnormally euphoric, cheerful, or irritated behavior or feelings and frequently acts impulsively without carefully considering the implications. During manic episodes, the need for sleep is typically decreased.

Key Words: *Bipolar disorder*

INTRODUCTION

Although the exact causes of bipolar disorder are unknown, it is believed that both hereditary and environmental factors are involved. The condition may occur as a result of numerous genes, each of which has only minor impact. About 70%–90% of the chance of having bipolar disorder is influenced by genetic factors. Long-term stress and a history of child abuse are environmental risk factors. If there has been at least one manic episode—with or without depressed episodes—the disease is categorized as bipolar I disorder, and as bipolar II disorder if there has been at least one hypomanic episode—but no complete manic episodes—and one major depressive episode.

Due to the fact that Bipolar Disorder (BP) in children changes throughout time, some kids may seek medical attention when they don't have enough symptoms to support a full BP diagnosis. Although juvenile BP diseases that are fully functioning are well characterized, little is known about the many forms of pediatric BP. The adult psychiatrist is generally in agreement about the value of a subthreshold psychiatric diagnosis. Following 2406 adult follow-up 18 months, adult psychiatric symptoms related to substance use reported functional impairment. The significance of subthreshold symptoms shouldn't be understated, according to the study's authors. The mood spectrum paradigm, according to some experts, is crucial for detecting persons with severe psychopathology who don't receive enough care.

This study's major goal was to examine the current state of knowledge on pediatric BP subthreshold illnesses. Papers that might have satisfied the entrance requirements were downloaded and read after the reference list of returned documents was reviewed. We used meta-analysis to calculate the combined mean difference of continuous measures and the combined risk of two steps between two groups: studies with pediatric BP subthreshold against non-Bipolar control, and studies with pediatric subthreshold for Disease of BP against non-Bipolar controls. Five illness predictions were examined: functional disability, mood symptomatology, mental illness, suicide, and the use of the mental health service. Negative consequences should be taken into account.

Only a small number of bipolar disorder treatments have been effectively investigated in children and adolescents; the majority of these drugs were originally tried in adults. Some kids are more susceptible than others to the negative effects of these medications, including weight gain and changes in blood sugar and cholesterol brought on by some antipsychotics. Consult your child's doctor for a list of symptoms to watch out for; routine blood tests could be required. The FDA has issued a warning that using some antidepressants or other antidepressant medications may make young people up to 24 years old more likely to commit suicide. Ask the teacher about your child. In some situations, a kid with bipolar disorder may require specific accommodations at school. They can require more time or less homework at challenging circumstances.

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Create a deal with your child's teacher or the head of the school. In some situations, your child might need to be excused from class for a while, at the very least until the bipolar symptoms go away. Maintain the schedule. Children with bipolar disorder can considerably benefit from a daily regimen. Help them adhere to a regular schedule for getting up, eating, exercising, and sleeping. Make every effort to lessen stress at home. Think about family therapy. Bipolar disorder in a baby can be catastrophic for the entire family. Consider family therapy. For the entire family, having a child with bipolar disorder can be stressful. It might make your marriage more difficult. Your other children can be frustrated with all the attention they are getting or puzzled about what is wrong with their sibling. Attending family counselling can aid you all in identifying and resolving these problems. Threats of suicide should be treated seriously. No parent likes to think of their kids getting hurt.

Even with young children, it does, however, happen. If your child starts to act in a way that puts their life in danger or expresses a desire to die, you shouldn't ignore it. Eliminate all weapons and potentially harmful substances from the house and get support right away. Teenagers who feel you are treating them unfairly may develop resentment as they get older. Let them take part in the conversation.

Talk freely about treatment possibilities with your child's therapist or doctor. Keep your relationship with your child from becoming tense because of their medication or treatment. Like adults, teenagers with bipolar illness must abstain from alcohol and drugs because these might interfere with their prescriptions and cause mood episodes or make them worse. Teens with bipolar disorder are far more likely than their classmates to become addicted to drugs or alcohol. Maintaining consistent sleep and waking schedules is crucial, as is creating efficient coping mechanisms for handling stress and anxiety