CONDITION

Bipolar disorder in child and teens

Learn how bipolar disorder can affect children and teens, including signs of mood episodes, diagnosis, treatment, safety concerns, and follow-up care.

WHAT IT IS
Mental health condition causing distinct mood episodes

BODY SYSTEM
Mental health

MAIN SYMPTOMS
Elevated or irritable mood, increased energy, little need for sleep, persistent sadness

WHAT CAUSES IT
Unknown; genetic, brain, developmental and environmental factors

HOW IT IS DIAGNOSED
Detailed clinical assessment, sometimes observation over time

MAIN TREATMENT
Medication, psychotherapy, family and school support

CAN IT BE CURED?
No, often a long-term condition

IS IT AN EMERGENCY?
Sometimes, suicidal danger or severe psychosis

LONG-TERM OUTLOOK
Variable, with treatment reducing future episodes

Overview

Bipolar disorder is a mental health condition that causes distinct episodes of major changes in mood, energy, activity, sleep, and thinking. These episodes are more intense and persistent than the usual emotional ups and downs of childhood or adolescence.

During a manic episode, a young person may have an unusually elevated, excited, or very irritable mood along with increased energy. Mania can seriously affect judgment, safety, school, and relationships. Hypomania involves similar but less severe symptoms. A depressive episode causes persistent sadness or loss of interest, often with changes in sleep, energy, concentration, or thoughts about death.

Bipolar disorder can begin during childhood, although it is more often recognized during adolescence or early adulthood. Diagnosis in young people can be challenging because

irritability, impulsivity, sleep problems, and mood changes also occur with other conditions. Normal developmental changes and stressful events can cause some of the same behaviors.

Chronic irritability or rapid mood shifts alone do not necessarily mean that a child has bipolar disorder. Clinicians look for clear episodes that are a noticeable change from the young person's usual behavior.

Early evaluation matters because bipolar disorder may disrupt education, relationships, physical health, and safety. Effective treatment can reduce symptoms and help a young person function more consistently at home, at school, and with friends.

Symptoms

Symptoms vary between young people and between episodes. Some have periods without major symptoms. Others continue to have milder mood or sleep difficulties between episodes.

A manic episode may include:

Hypomania has many of the same features, but it is less severe and does not cause the marked impairment seen with mania. It may still affect relationships, schoolwork, or decision-making. Hypomania can be difficult to recognize because increased confidence or productivity may initially appear positive.

A depressive episode may involve:

Some episodes include both manic and depressive features. For example, a teen may have racing thoughts and high energy while also feeling hopeless or suicidal. These mixed features can be especially distressing and require prompt professional assessment.

- An unusually elevated, excited, or intensely irritable mood
- Much more energy or activity than usual
- Needing very little sleep without feeling tired
- Talking rapidly or being difficult to interrupt
- Thoughts that seem to race from one topic to another
- Inflated confidence or beliefs about having unusual abilities
- Poor judgment, unsafe behavior, or excessive risk-taking
- Increased sexual behavior that is not typical for the young person's age or usual behavior
- Severe agitation, aggression, or inability to function
- Psychosis, such as hearing voices or having fixed beliefs that are not based in reality

- Persistent sadness, emptiness, or irritability
- Loss of interest or pleasure in usual activities
- Low energy or slowed behavior
- Sleeping much more or less than usual
- Changes in appetite or weight
- Trouble concentrating, remembering, or making decisions
- Feelings of worthlessness, guilt, or hopelessness
- Physical complaints without a clear cause
- Thoughts about death, suicide, or self-harm

Causes and risk factors

Bipolar disorder does not have one known cause. It likely develops through a combination of genetic, brain, developmental, and environmental factors.

Family history is an important risk factor. A child with a parent or sibling who has bipolar disorder has a higher chance of developing it than someone without that family history. However, most children with an affected relative do not automatically develop bipolar disorder. No single genetic test can predict who will have it.

Stressful experiences do not by themselves prove or cause bipolar disorder. In someone who is vulnerable, however, major stress, disrupted sleep, substance use, or changes in routine may contribute to the start or return of a mood episode.

Certain medicines, recreational drugs, and medical conditions can produce symptoms that resemble mania or depression. Examples include thyroid disease, some neurological conditions, corticosteroid medicines, stimulants like methylphenidate or lisdexamfetamine , and substances such as cannabis or cocaine. A young person should not stop a prescribed medicine without speaking with the prescriber.

Bipolar disorder can occur alongside attention-deficit/hyperactivity disorder, anxiety, substance use disorders, or behavioral problems. Having one of these conditions does not mean that a young person also has bipolar disorder.

Diagnosis

There is no blood test, brain scan, or questionnaire that can confirm bipolar disorder. Diagnosis

is based on a detailed assessment of symptoms, their timing, and how they affect daily life.

A clinician will usually speak with the young person and a parent or caregiver. With appropriate privacy protections, information from teachers or other adults may also help. The assessment may review:

A physical examination or laboratory testing may be used to look for medical causes or to prepare for medication treatment. These tests support the evaluation but do not diagnose bipolar disorder.

The clinician must also consider other explanations. ADHD can involve impulsivity and high activity, but those symptoms are often more consistent over time. Trauma-related conditions, anxiety, major depression, autism, disruptive mood dysregulation disorder, sleep disorders, substance effects, and normal developmental changes may also resemble parts of bipolar disorder.

Because symptoms can evolve, diagnosis sometimes requires observation over time. A child and adolescent psychiatrist or another clinician experienced in youth mood disorders may be especially helpful when symptoms are complex.

- When symptoms began and how long they lasted
- Whether symptoms occurred as a distinct episode
- Changes in sleep, energy, speech, judgment, and school performance
- Depression, self-harm, suicidal thoughts, aggression, or psychosis
- Medical conditions, medicines, and substance use
- Family history of bipolar disorder, depression, suicide, or substance problems
- Trauma, major stress, and the young person's developmental history

Treatment and management

Treatment depends on the type and severity of the episode, the young person's age, other health conditions, and previous treatment response. Care usually combines medication, psychotherapy, family support, and practical help at school.

Severe mania, psychosis, dangerous behavior, or a high risk of suicide may require treatment in a hospital or another closely supervised setting. The goal is to provide safety, restore sleep, reduce severe symptoms, and plan ongoing care.

Medicines used for bipolar disorder include mood stabilizers and second-generation antipsychotics. Different medicines may be used for manic, depressive, mixed, or maintenance

treatment. Some have regulatory approval for particular ages or types of episodes, while others may be used based on specialist judgment and available evidence.

These medicines can have important side effects. Depending on the medicine, clinicians may monitor weight, blood pressure, movement symptoms, blood sugar, cholesterol, thyroid function, kidney function, or medicine levels in the blood. Families should understand what is being monitored and why.

Antidepressants like sertraline or fluoxetine require particular care in someone with bipolar disorder because they may worsen agitation or help trigger mania in some people. They are generally not treated as a stand-alone solution for bipolar symptoms. Any sudden change in mood, sleep, behavior, or suicidal thinking after starting or changing a medicine should be reported promptly.

Young people should not stop psychiatric medicines suddenly unless a clinician directs them to do so. Abrupt changes can cause withdrawal effects or a return of symptoms.

Psychotherapy helps the young person and family recognize symptoms, manage stress, improve communication, and follow the treatment plan. Approaches may include family-focused therapy, cognitive behavioral therapy, psychoeducation, or therapy that supports regular sleep and daily routines.

A practical management plan may include:

In the United States, some students may qualify for a 504 plan or an individualized education program. Other countries have similar school support systems. The care team can help document how symptoms affect learning and attendance.

- Keeping sleep and wake times as regular as possible
- Tracking mood, sleep, medicines, and major events
- Avoiding alcohol, cannabis, nicotine, and other non-prescribed substances
- Planning how family members will respond to early warning signs
- Reducing access to firearms, large amounts of medicine, and other means of self-harm when safety is a concern
- Coordinating with the school about temporary workload changes or learning supports
- Supporting regular physical activity, meals, and medical care

Complications

Untreated or poorly controlled mood episodes can interfere with learning, friendships, family

life, and normal development. Impulsive behavior during mania may lead to accidents, unsafe sexual activity, legal problems, overspending, or substance use.

Depressive and mixed episodes can increase the risk of self-harm and suicide. Psychosis or severe agitation may also create safety concerns. These risks are reasons for timely assessment, not a prediction of what will happen to any individual young person.

Bipolar disorder is often long term, but its course varies. Consistent treatment, sleep routines, family involvement, and early response to new symptoms can reduce the impact of future episodes.

Follow up

Regular follow-up is important even when a young person feels well. Visits may be more frequent during an acute episode, after a medicine change, or when safety is uncertain. Stable patients still need periodic review of mood, sleep, school functioning, physical health, and side effects.

Families can watch for the young person's personal warning signs. These may include sleeping less, talking more, becoming unusually confident or irritable, withdrawing from activities, or falling behind at school. A written plan should state whom to contact and what steps to take.

Arrange routine follow-up if symptoms are gradually returning, side effects are bothersome, doses are being missed, or school and family functioning are worsening.

Contact the treating clinician promptly if there is a sudden major change in sleep, behavior, judgment, agitation, depression, or medication response. New hallucinations, unusual beliefs, or escalating risk-taking also need urgent assessment.

Seek emergency help if the young person:

Call local emergency services or go to the nearest emergency department. In the United States, call or text 988 for the Suicide & Crisis Lifeline. Do not leave a young person alone when there is immediate danger.

- Has attempted suicide or is in immediate danger of self-harm
- Has a suicide plan, access to lethal means, or cannot stay safe
- Is threatening serious harm to someone else
- Is severely agitated, psychotic, confused, or unable to meet basic needs
- Is behaving dangerously and cannot be safely supervised

Sources

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