Childhood onset bipolar disorder - a rare presentation
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Abstract: Here we present a case of an eleven-year-old girl with three episodes of excessive speech, disturbed sleep and poor personal hygiene in one year. Organic causes were ruled out and she was diagnosed with childhood onset bipolar disorder. She responded to treatment with olanzapine and sodium valproate. We present this case for its rare and atypical presentation that posed a diagnostic and therapeutic challenge.

Keyword: Bipolar disorder, childhood onset, BPAD

Introduction: In contrast to vast amount of literature on childhood depression, little is known about childhood onset bipolar disorder. Bipolar disorder is one of the commonly diagnosed psychiatric disorders in adults. But it has not been studied much in prepubertal children, despite its potentially serious effects on growth and development [1,8]. It is often missed in children due to its atypical presentation and lack of diagnostic clarity. Here we report one such rare and atypical presentation of childhood onset bipolar disorder in an eleven-year-old girl.

Case report: An eleven-year-old girl, studying sixth standard presented with complaints of excessive speech, repetitive utterance of same phrases, disturbed sleep and deteriorated personal care for one week. She was apparently normal one week ago, following which she became restless, developed excessive speech and repeated the same sentences again and again to her parents. Over the week, she became aloof, neglected her personal needs, refused to eat and insisted that her mother be with her always. Her parents also noticed her to be sleepless at night. Hence they took her to a nearby faith healer, but as her condition worsened she was brought to us. She had two similar episodes without any obvious precipitating stressor during the past one year. She had jaundice at five years of age for which she was given native treatment. She had nocturnal enuresis till nine years of age. Her maternal uncle had committed suicide by hanging following a marital discord at his age of twenty-six years. She was delivered by natural labor at her home. Antenatal, natal and postnatal periods were uneventful. Her developmental milestones were normal. She was good in academics. She was a child with good adaptability, joyful mood, high persistence and a temperamentally easy child. There was no recent psychosocial stressor. On mental state examination, she was alert, ambulant, with ill sustained gaze contact and repeatedly said "I will sign and go home. Leave me". Her psychomotor activity was increased. Verbigeration was present. Her mood was anxious. There was no thought or perceptual disturbance. She didn't cooperate for assessment of her cognitive functions. Physical examination was normal. On psychological assessment she scored significantly on young mania rating scale and child mania survey. Her neurological and ophthalmological examinations were normal. Her electroencephalogram and Magnetic Resonance Imaging of brain were normal. We diagnosed her with childhood onset bipolar disorder and started her on treatment with tablet olanzapine 2.5 mg twice daily, tablet sodium valproate 200 mg thrice daily and tablet trihexiphenidyl 1 mg twice daily. She was reviewed after 2 weeks. Her speech and motor activity had decreased. Her sleep and appetite had improved. On psychological assessment her scores were reduced on young mania rating scale and child mania survey.

Discussion: Early age of onset in bipolar disorder predicts higher familial loading [3]. In a study, 80% of children with bipolar disorder presented with atypical features, as compared to 20% to 30% in adults [4]. Childhood mania is seldom characterized by euphoric mood. Rather, the most common mood disturbance in manic children may be better characterized as irritability, with "affective storms," or prolonged and aggressive temper outbursts [5]. Various factors account for the difficulties in identifying and diagnosing bipolar disorders among children and adolescents [6-8]. Here we have discussed about a child with atypical...
presentation of bipolar disorder, who responded to treatment with olanzapine and sodium valproate.

**Conclusion:**
While the existence of childhood-onset bipolar disorder is no longer in dispute, several issues related to its diagnosis and long-term management remain elusive. To sort out these issues definitively, further research is warranted.

**References:**