Journal for Re Attach Therapy and Developmental Diversities
eISSN: 2589-7799
2023; 6(8s): 738-739

Bipolar Affective Disorder In 10year Old Boy: A Case Report On Mania

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Abstract:

Bipolar disorder in children often goes unrecognized due to various factors such as lack of awareness, diagnostic confusion, and unique clinical presentations. This case report details the clinical course of Mr. X, a 10-year-old male diagnosed with bipolar mania. The symptoms, treatment with olanzapine and valproate, prognosis upon discharge, and follow-up are discussed.Differential diagnoses of attention-deficit/hyperactivity disorder, conduct disorder and dissociative disorder were considered but eliminated.

Keywords: mania, bipolar, mood, disorder

Introduction:

Mania, characterized by a period of elevated mood and altered behavior, significantly impacts the daily functioning of affected individuals. This report highlights the defining characteristics of mania and focuses on the case of Mr. X, a 10-year-old male, whose symptoms were successfully managed with olanzapine and valproate.

CASE STUDY

Mr. X is a 10 year old boy who lives with his parents. His hospital course began with a presentation of concerning symptoms, including decreased sleep, irritability, increased speech, aggression towards his father, stubborn behavior, and increased libido. The abrupt onset of these symptoms followed a period of stomach aches and a fever episode, prompting his parents to seek medical attention. Despite multiple hospital visits, a definitive diagnosis remained elusive, leading to worsening symptoms and increased aggression, both verbal and physical, along with disrupted sleep patterns.

Initially, Mr. X's symptoms were attributed to physical ailments, and a range of diagnostic tests, including blood tests and imaging, were conducted to rule out organic causes. The results indicated no significant abnormalities, prompting a shift in focus towards a psychiatric evaluation. The patient's altered behavior, restlessness, and a flight of ideas during the mental status examination were indicative of a more complex psychiatric condition..

Over the next few days, the family sought care in various hospitals where Mr. X received different antidepressants and antibiotics, yet his symptoms persisted and worsened. His behavior escalated to the use of inappropriate language, heightened aggression, and a significant reduction in sleep duration, particularly during the night. The increased aggression was notably directed more towards his father.

Mr. X was admitted to the present hospital(after being referred from pvt hospital) with persistent symptoms, including abnormal body movements, decreased sleep, irritability, increased speech, use of abusive words, increased aggression (both verbal and physical), stubborn behavior, and increased libido. The informant reported that the patient exhibited stuttering for 5-7 days.

During the hospital stay, Mr. X's examination revealed behavior inconsistent with his age. Despite initial moments of organization, he became increasingly restless, unable to sit still, and engaged in aggressive behavior, including punching the table. His speech was characterized by irrelevance and incoherence, with a notable flight of ideas. Various investigations, including blood tests, MRI brain, and EEG, showed no significant findings that could explain the observed symptoms. So there was no organic cause for the illness.

Following a detailed evaluation, a provisional diagnosis of Bipolar Affective Disorder—Mania was made. The treatment plan included the initiation of Tab olanzapine 5mg in the morning, Tab olanzapine 10mg at night, Tab Valproate 250mg BD, Tab Clonazepam 0.5mg BD, and Sypcerafit 2 tsp BD. Subsequent adjustments were made to the medication, including a decrease in the dose of Tab Clonazepam to 0.25mg BD.

Over the course of 8–9 days on this treatment regimen, Mr. X showed improvement in most symptoms, including improved sleep, decreased aggression, and reduced abnormal body movements. However, stubbornness and stuttering persisted, albeit to a lesser extent than on the admission day. Follow-up appointments indicated sustained improvement, emphasizing the effectiveness of the pharmacological interventions in managing the complexities of pediatric bipolar affective disorder.

Discussion:

This case underscores the complexity of diagnosing pediatric psychiatric conditions, involving multiple hospital visits and varied differential diagnoses. The patient's family history adds a genetic predisposition to psychiatric illness.Studies have shown that bipolar disorder usually begins with an index episode of depression: positive family history (Pavuluri, Birmaher, & Naylor, 2005), clinical severity, psychotic symptoms, and psychomotor retardation are well documented predictors of bipolarity.[1] The effectiveness of olanzapine and valproate in managing symptoms highlights the importance of a multidisciplinary approach in pediatric psychiatry.Although continuity between this “juvenile mania” and adult bipolar disorder has not been established (Duffy, 2007), the prevalence of bipolar disorder diagnoses in children and adolescents is increasing dramatically[2]. One similar case where patient “Ansa” in her fragility to psychosocial stressors had an episode of mania and quick improvement with environmental stability and medication.[3]

Conclusion:

In conclusion, this case report sheds light on the intricate diagnostic challenges in pediatric bipolar affective disorder. The successful management of symptoms with pharmacological interventions emphasizes the need for ongoing follow-up and adjustments in the treatment plan. The case contributes valuable insights into the interplay of genetic and environmental factors, guiding evidence-based practices in pediatric mental health.

Consent: informed consent has been taken from parents for the publication of this paper following an explanation of the procedure. Patient anonymity has been protected.

Conflicts of interest: the author has no financial issues to disclose.

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