

Pediatric Bipolar Disorder Differential Diagnosis Chart (Douglas Waltman, PhD)

<u><i>Symptom</i></u>	<u><i>Normal</i></u>	<u><i>Bipolar</i></u>	<u><i>ADHD</i></u>	<u><i>ODD/CD</i></u>	<u><i>Anxiety Disorder</i></u>
Elated Mood	Happiness appropriate to context	Excessive, prolonged, and/or inappropriate elation. Reported in roughly 1/3 of cases.	Typical for normal child. Observed in about 5-22% of cases.	Typical for normal child.	Not present,
Grandiosity	Ambitions may be unrealistic but not fantastic, absence of exceptionality sense.	Fantastic ambitions, exceptionality sense, feels exempted from rules. Observed in 80% of cases, It's absence does not rule out the disorder though. Reported in roughly 7-83% of cases.	Typical for normal child. Observed in about 7% of cases.	Typical ambitions with no sense of exceptionality, does not feel exempted from rules – just disregards rules or rationalizes rule breaking.	Not present, or self-debasement.
Decreased need for sleep	None, stable sleep pattern, or sleep disturbed due to ruminations or other environmental factors	Needs only 3 to 4 hours, is active when should be sleeping, no evidence of fatigue the next day. Very specific symptom to pediatric bipolar disorder. Present in roughly 65-72% of cases.	Typical for normal child. Observed in about 5% of cases.	Stays up late but then sleeps in school the next day. Insomnia due to stimulant abuse.	Insomnia due to ruminations, next day fatigue.
Self-gratification, antisocial behavior	Discrete masturbation, occasional alcohol/drug use, age appropriate interest in sex, reasonable risk-taking.	Unrestrained pleasure-seeking activity. Hypersexuality (in absence of abuse), in particular. Observed in about 15% of cases. Compulsive over-eating, substance abuse, foolhardy behavior. Reckless behavior observed in about 15% of cases. Theft w/o confrontation. Oppositional defiance is mood dependent.	Typical for normal child. Recklessness observed in about 13% of cases. Hypersexuality observed in about 8% of cases.	Promiscuity but not hypersexuality, substance abuse, foolhardy behavior. More severe antisocial behaviors. Oppositional defiance.	Hypersexuality in response to sexual abuse. Generally harm-avoidant.

Racing Thoughts/Flights of Ideas	Not present,	Present in about 88% of cases.	Not present. Observed in about 0-10% of cases.	Not present	
Loquaciousness	May be talkative but able to be interrupted	Pressured, uninterruptible, often highly detailed. Observed in about 81% of cases.	Pressured speech but able to be interrupted.	May be talkative but able to be interrupted.	
Anger regulation, Aggression, irritability	Occasional angry outbursts with provocation, defensive aggression	Severe irritability, persistent irritability, uncontrolled rages with minor provocation (“affective storms”), no predatory aggression, reactive aggression. Symptom often confounded by other problems. However, absence of this symptom probably rules out the diagnosis. Aggression & irritability observed in roughly 86-97% of cases.	Increased irritability observed in about 72% of cases.	Typical for normal child plus predatory aggression	Irritability, but without the “affective storms.” More episodic and situationally determined.
Distractibility	Not present	Periods of distractibility accompanying mood changes. Not a particularly discriminating symptom though. Reported in roughly 20-92% of cases.	Pervasive distractibility. Observed in 95% of cases.	Often present because of ADHD comorbidity	Present.
Impulsivity/Judgment	Normal risk-tasking, knows and respects limits.	Disinhibition, recklessness, Has forethought but disregards possible negative consequences. Reported in about 86% of cases.	Impaired forethought causes child to act without thinking.	Often like the ADHD child because of comorbidity. Lacks empathy for victims.	Present in externalizing children, not present in internalizing children.
Hyperactivity, Increased Energy	Episodic, situation dependent.	Periods of over-activity often attached to goal-directed behavior. Observed in 52-90% of cases, but its overlap with other	Pervasive restlessness in school and at home. Increased goal-directed behavior observed in about 22% of cases. General	Often like the ADHD child because of comorbidity.	Present in externalizing children. Not present in internalizing children.

		symptoms and comorbidity make this symptom not very specific. Observed in about 50-97% of cases.	hyperactivity observed in 92% of cases.		
Depression, anxiety	Mild situational dysphoria	Often not evident, or major depressive episodes, high comorbidity with anxiety disorders. Depressive episodes reported in about 47% of cases.	Mild situational dysphoria	High comorbidity with depression.	High comorbidity with depression.
Hallucinations, Delusions	Not evident, normal unusual sensory experiences	Present in 6-33% of cases, ill-defined auditory experiences	Same as normal children	Same as normal children	
Mood Instability	Generally stable, mild fluctuations in response to situation.	Labile affect			

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