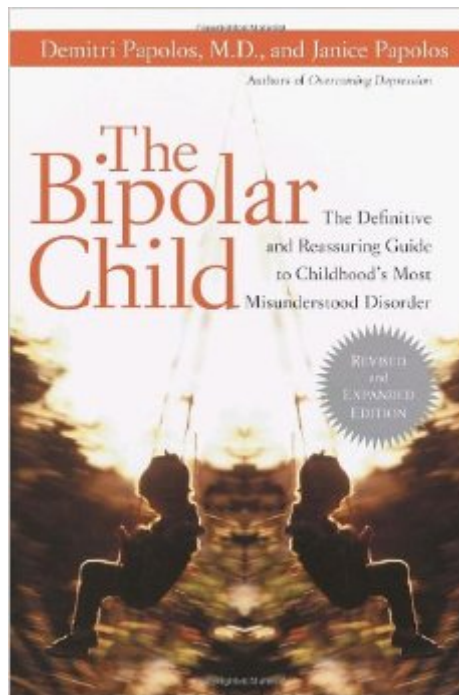


The book was found

The Bipolar Child: The Definitive And Reassuring Guide To Childhood's Most Misunderstood Disorder



Synopsis

After almost three years in print and more than 100,000 copies sold, *The Bipolar Child* has made an indelible mark on the field of psychiatry and has become the resource that families rely on. Now in the first book about early-onset bipolar disorder is completely revised and expanded. Bipolar disorder--manic depression--was once thought to be rare in children. Now researchers are discovering that not only can bipolar disorder begin very early in life, but also that it is much more common than ever imagined. Yet the illness is often misdiagnosed or overlooked. Why? Bipolar disorder manifests itself differently in children than in adults, and in children there is an overlap of symptoms with other childhood psychiatric disorders. As a result, these kids may be given any number of psychiatric labels: "ADHD," "Depressed," "Oppositional Defiant Disorder," "Obsessive-Compulsive Disorder," or "Separation Anxiety Disorder." Too often they are treated with stimulants or antidepressants--medications that can actually worsen the bipolar condition. Since the publication of the first edition, thousands of families have gotten to the root of their children's behaviors, and found the answers they were looking for in *The Bipolar Child*. Drawing upon recent advances in the fields of neuroscience and genetics, the Papoloses convey what is known and not known about the illness. They comprehensively detail the diagnosis, tell how to find good treatment and medications, and advise parents about ways to advocate effectively for their children at school. Included in these pages is the first Individual Education Plan--IEP--ever published for a bipolar child. The book also offers critical information about the stages of adolescence, hospitalization, the world of insurance, and the psychological impact the illness has on the child. New to this edition are information on promising new mood-stabilizing drugs and omega-3 fatty acids, more advice on getting appropriate school accommodations, and a full discussion about the complexities of family life when more than one family member has the illness. A critical new chapter deals with the deficits in the area of executive functions that have recently been identified as a common feature of a bipolar disorder. This chapter walks parents through a neuropsychological testing and "for the first time" recommends a specific battery of tests that should be administered to these children and adolescents. *The Bipolar Child* is rich with the voices of parents, siblings, and the children themselves, opening up the long-closed world of the families struggling with this condition. Already proven, in its original edition, to be an invaluable resource for parents whose children suffer from mood disorders, as well as the professionals who treat and educate them, this book will prove to have major public health significance.

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Customer Reviews

One might argue that the authors attempted to squeeze too much information between one set of covers. It does seem that there are actually two books here: one, a medical analysis of the etiology of Bipolar Disorder, particularly early onset in very young children; and another book guiding parents in recognizing the symptoms and navigating the medical, insurance, and governmental mazes to obtain treatment for their children. Be that as it may, the authors have written a very provocative treatment of Bipolar Disorder that brings into print what psychiatrists, mental health professionals, and many parents have been concerned about for some time. For the past decade or so, there has been growing concern about the precision of children's diagnoses vis-Ã -vis Attention Deficit Hyperactivity Disorder. While many parents and school officials wonder if the ADHD diagnosis is rendered too often, there is another school of thought emerging that as many as a third of ADHD diagnoses are in reality cases of early onset Bipolar Disorder. The authors are not alarmists; their stance, research, and professional networking is mainstream. But this work is alarming. It argues from the testimony of hundreds of parents connected to the authors from around the country by the Internet, that their children were much more violently ill than DSM-IV criteria for ADHD would admit, and that traditional ADHD treatments were not working, in fact making the situations worse. Admitting that the ADHD/bipolar differential is tricky for the diagnostician, the authors have arrived at useful clinical clues. For example, when a hyperactive child breaks something, more often than not he is angry with himself for his clumsiness.

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