BOOK REVIEW

Your child does not have bipolar disorder: how bad science and good public relations created the diagnosis
(childhood in America)
Stuart L. Kaplan
Santa Barbara: Praeger, 2011
Ebook 9780-313-38135-5.

Many Australasian psychiatrists may wonder why a book would need to be titled “Your Child Does NOT Have Bipolar Disorder.” But those familiar with child psychiatry in the USA would recognise such a book is aimed at an American readership. For years American bookstores have been awash with titles such as “The Bipolar Child”, “Bipolar Not ADHD”, “Parenting a Bipolar Child”, “Bipolar Kids”, “The Ups and Downs of Raising a Bipolar Child”, “Is Your Child Bipolar?” and innumerable others. Additionally bedtime reading books for very young “bipolar” children abound e.g. “Brandon and The Bipolar Bear”, The Storm in My Brain” and “My Roller Coaster Bipolar Feelings Workbook”. Standing lonely on the shelves now is this contrarian perspective from an experienced professor of child psychiatry from Pennsylvania: Prof Stuart L Kaplan.

Kaplan has gone out on a limb in American psychiatry where pro-PBD articles dominate the journals. But he does echo the opinion piece by Allen Frances, DSM-IV task force head, who laid the blame for the “epidemic” of childhood bipolar in the USA upon: “thought leading researchers” who ignored strict DSM-IV criteria; the influence of the pharmaceutical industry; a pressing need for parents to manage children’s behavioural problems and “advocacy groups, the media, the internet and numerous books aimed at suffering parents.” [1]

Kaplan subtitles his book “How bad science and good public relations created the diagnosis” and in clear prose directed at the educated parent or teacher but also highly referenced for the health professional, he dissects the PBD science and finds it lacking. Kaplan expands on Frances’ critique of PBD researchers having strayed from DSM-IV criteria. A thread throughout is that existing DSM diagnoses of ADHD and Oppositional Defiant Disorder (ODD) are generally sufficient.

Kaplan describes the evolution of PBD from the mid 1990s when “two distinguished child psychiatrists, Joseph Biederman (Harvard) and Barbara Geller (Washington University in St Louis) independently began to report there was something more than ADHD and ODD …troubling school aged children and adolescents. The additional crucial diagnosis was …bipolar disorder (p.24).”

There follows a critique of several highly influential PBD research articles that makes one wish he’d been involved in the original peer reviews. Significant research was predicated upon parent informants to structured interviews where “incredibly (researchers) did not interview the child patients (p.25).” In a section on “one authoritative view” (p.35) Kaplan pays homage to Carlson, one
of the few authors of sceptical PBD articles, who has strongly critiqued the parent informant rating scale approach [2]. He goes on to review the bipolar offspring literature that fails to find pre-pubertal cases, the genetics literature still in its infancy, and the retrospective recall and epidemiological literature that reflects the assumptions of researchers but large studies like the Smoky Mountains study didn’t find pre-pubertal cases.

A chapter on “cultural influences” notes the power of the media, in particular the best-selling book “The Bipolar Child” by Papolos & Papolos being highlighted by the Oprah Winfrey Show, Time magazine and others. The pivotal role of advocacy groups is also explored and there’s mention of the vagaries of diagnostic upcoding in the US health system. Kaplan makes only passing reference to the influence of the pharmaceutical industry, though their influence of advocacy groups and research has been highlighted elsewhere [3,4]. In chapters on pharmacotherapy and a critique of PBD drug trials he emphasises the increased efficacy and safety of stimulants (often out of favour as parents and clinicians fear precipitating mania) for ADHD versus anticonvulsants, antipsychotics and lithium for misdiagnosed PBD. He appeals to parents to consider stimulants, and “family-based behavioural modification programs”.

Whilst the main focus is the epidemic of pre-pubertal diagnosis, adolescent over-diagnosis is discussed in the chapter “Did Romeo and Juliet have Bipolar II disorder?”

Perhaps treading gently with parents in mind as his main readership, Kaplan doesn’t explore the effects of maltreatment, developmental trauma and attachment disruption, nor the social stress on modern families. There is a vast literature in this area and it can be argued that many “bipolar kids” with their extreme moodiness would be better described as suffering “developmental trauma disorder” [5,6], where stimulants may still have symptomatic benefit but deeper dyadic psychotherapies and parent training approaches offer further promise. In an afterword, Sharna Olfman, who edits the “Childhood in America” series of which Kaplan’s book is the latest, does highlight these issues.

Kaplan’s contrarian perspective would be mainstream in Australasian or European child psychiatry, where pre-pubertal cases of bipolar disorder are still considered extremely rare [7]. He notes this fact in the chapter on cultural influences. However Australasian parents read US websites and purchase from Amazon.com and paediatricians and other health professionals follow the US literature, thus this scholarly yet fast paced read has a place on antipodean bookshelves too.

2. Carlson G. Mania and ADHD: comorbidity or confusion. *Journal of Affective Disorders* 1998; 51: 177-187


*Peter Parry*

*Child & Adolescent Psychiatrist*

*Adelaide, South Australia*