

by Peggy Scallon, MD

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Confusion has gripped the field of child and adolescent psychiatry the past 17 years as the diagnosis of pediatric bipolar disorder has skyrocketed. Children, whose behavior is often irritable, explosive, agitated, or unpredictable, are increasingly labeled “bipolar” by parents, teachers, peers, and professionals in the field. The term bipolar was previously used as a synonym for manic-depressive illness, a serious mood disorder marked by obvious episodes of depressive symptoms alternating with manic episodes. Now the bipolar label is being used in pediatrics, even in toddlers and preschoolers, despite the fact that the diagnostic criteria is only defined in adults. In children, bipolar has been used to describe temper tantrums, irritability, anger, hyperactivity, oppositionality, or ill-defined mood swings.

Parents or individuals from other referral sources bring children to be evaluated, asking whether their behaviorally dysregulated child has bipolar disorder. Often parents bring in printed materials from websites or books that contain checklists describing bipolar disorder in children. These checklists often contain questions such as “Does your child crave sweet tasting foods?” or questions that relate to other disorders, such as “Does your child exhibit excessive anxiety?” There is little agreement within the field among experts and thought leaders about whether children can be bipolar, and if so, what it is.

Due to this confusion, as well as the wish for answers about how to treat these children, large numbers are being diagnosed with pediatric bipolar disorder, and they go on to be treated with strong medications with serious side effects. Likewise, these children are being under-served with treatments and behavioral plans that might teach them the skills to regulate emotions, communicate effectively, solve problems collaboratively, and self-soothe. Additionally, these kids may not receive more effective and safer medications that could actually help them, such as stimulant medications.

There has been a perfect storm of receptivity for this diagnosis in the past 17 years due to a variety of factors including pharmaceutical companies looking to sell expensive, potent drugs, researchers using flawed science, parents hoping to “fix” these volatile behaviors in their children, media stories that feature families in distress, gurus claiming to have the quick answer

and the quick fix, and the changed face of childhood in America, with more time looking at “screens,” and less unstructured time spent with peers and families.

Dr. Stuart Kaplan, a child and adolescent psychiatrist for 40 years, and clinical professor of psychiatry at Penn State College of Medicine, courageously speaks out about the fallacy of this fad diagnosis of pediatric bipolar disorder in his book, *Your Child Does NOT Have Bipolar Disorder*. He writes about the soft science and financial interests that have fueled this diagnosis in children, along with the receptivity of parents and professionals—all of which have amplified the misguided drum beat of pediatric bipolar disorder. He boldly states that the phenotype of pre-pubertal pediatric bipolar disorder does not exist. He also speaks to the current disagreement within the field between various thought leaders and associated clinical and research groups. He discusses how the disagreement between thought leaders is increasing, and validity of this diagnosis is not withstanding further scrutiny.

This informative, yet easy-to-read book is divided into three sections. The first section critiques the validity of the diagnosis by pointing out that there are not specific criteria that describe the diagnosis of bipolar disorder in children. Rather, adult criteria are modified, but when applied to children, they no longer make sense, and experts in the field argue about them. The clinical picture that is usually described overlaps so much with attention deficit hyperactivity disorder (ADHD) and oppositional defiance disorder (ODD), it is impossible to distinguish. Dr. Kaplan points out major flaws in the research methods that have been used to “invent” this diagnosis, the way that pharmaceutical companies have exploited the researchers’ willingness to “create” a diagnosis, and the public’s eagerness to receive it.

In the second section of the book, Kaplan describes the lack of evidence to support the use of three common medications that are used to treat pediatric bipolar disorder, and the serious side effects that accompany these medications. Furthermore, Dr. Kaplan explains the process of clinical trials, and points out how the studies that were used to support the use of these medications for pediatric bipolar disorder did not use good science. Dr. Kaplan tells how this bad science led to faulty conclusions about the validity of the diagnosis of pediatric bipolar disorder. Dr. Kaplan provides detailed descriptions about the background stories that have influenced the prescribing patterns for psychotropics in children and adolescents. This information makes it easier to understand the strong agendas that have had great influence in the field.

The third section of the book describes concrete strategies for parents of children who have dysregulated behaviors. Dr. Kaplan describes the importance of careful diagnosis and the utility of using the correct medications. In the case of the children who have been given the diagnosis of pediatric bipolar disorder, often ADHD is the more appropriate diagnosis, and stimulants are the most helpful medication. Dr. Kaplan also goes on to describe in detail the diagnostic, behavioral, and therapeutic strategies that can help these dysregulated children and their families in a meaningful way.

Dr. Kaplan is so clear and credible in presenting these statements, it is nearly impossible to refute the veracity of what he is saying. While there may be some individuals who will feel upset or angry about the content of this book, Dr. Kaplan speaks courageously and truthfully on behalf of the children.

In summary, I would recommend this book to anyone who is interested in the diagnosis and treatment of mental health issues in children. It is a bold, accurate book, and my hope is that it will significantly influence the field, and as a result, decrease the widespread misdiagnosis of pediatric bipolar disorder.

Book Information:

Your Child Does NOT Have Bipolar Disorder

by Stuart Kaplan

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