

# The Diagnostic Dilemma: Bipolar Disorder vs. ADHD

## Reference:

Dr. Charles Popper, "*Diagnosing Bipolar vs. ADHD, a Pharmacologic Point of View.*" The Link 13 1996.

1. Destructiveness may be seen in both disorders but differs in origin. Children who are ADHD often break things carelessly while playing ("non-angry destructiveness"), whereas the major destructiveness of children who are bipolar is not a result of carelessness but tends to occur in anger. Children who are bipolar may exhibit severe temper tantrums during which they release manic quantities of physical and emotional energy, sometimes with violence and physical property destruction. They may even exhibit openly sadistic impulses.
2. The duration and intensity of physical outbursts and temper tantrums differs in the two disorders. Children who are ADHD usually calm down in twenty to thirty minutes, whereas children who are bipolar may continue to feel and act angry for up to four hours.
3. The degree of "regression" during angry episodes is typically more severe for children who are bipolar. It is rare to see an angry child who is ADHD display disorganized thinking, language, and body position, all of which may be seen in angry bipolar children during a tantrum. Children who are bipolar may also lose memory of the tantrum.
4. The "trigger" for temper tantrums is also different. Children who have ADHD are typically triggered by sensory and emotional overstimulation, whereas children who have bipolar disorder typically react to limit-setting, such as a parental "no."
5. The moods of children who have ADHD or bipolar disorder may change quickly, but children with ADHD do not generally show dysphoria (depression) as a predominant symptom. Irritability is particularly prominent in children who are bipolar, especially in the morning on arousal. Children with ADHD tend to arouse quickly and attain alertness within minutes, but children with mood disorders may show overly slow arousal (including several hours of irritability or dysphoria, fuzzy thinking or "cobwebs," and somatic complaints such as stomachaches and headaches) upon awakening in the morning.
6. Disturbances during sleep in children with bipolar disorder include severe nightmares or night terrors often with themes of explicit gore and bodily mutilation.
7. Children who are bipolar often show giftedness in certain cognitive functions, especially verbal and artistic skills (perhaps with verbal precocity and punning by age two to three years).
8. The misbehavior in children with ADHD is often accidental and usually caused by oblivious inattention, whereas children with bipolar disorders intentionally provoke or misbehave. Some bipolar children are described as "the bully on the playground."
9. The child with ADHD may engage in behavior that can lead to harmful consequences without being aware of the danger, whereas the child with bipolar disorder is risk seeking.
10. Bipolar children tend to have a strong early sexual interest and behavior.
11. Children with ADHD usually do not exhibit psychotic symptoms or reveal a loss of contact with reality, whereas children with bipolar disorder may exhibit gross distortions in the perception of reality or in the interpretation of emotional events.
12. Lithium treatment generally improves bipolar disorder but has little or no effect on ADHD.