



Outcomes of Pediatric Bipolar Disorder Analysis Attending Full Syndromatic, Subsyndromal and Functional Types

Abigail Thacher*

Department of Psychiatry, Harvard Medical School, Boston, USA

INTRODUCTION

Because bipolar disorder (BP) in children changes over time, some children may present themselves in clinical care with insufficient symptoms to meet the full diagnostic process of BP. However, although fully functional pediatric BP disorders are well understood, little is known about the types of pediatric BP. The value of a subthreshold psychiatric diagnosis is widely acknowledged by the adult psychiatrist. Substance-based adult psychiatric symptoms reported functional impairment following 2406 adult follow-up 18 months. The authors of the study concluded that the significance of subthreshold symptoms should not be underestimated. Some authors have argued that the mood spectrum model is important in identifying people with severe psychopathology who do not receive adequate care.

DESCRIPTION

The main objective of this study was to look at what was known about pediatric BP subthreshold disorders. The reference list of returned documents was checked, and papers that may have met the entry requirements were downloaded and read. Five illness predictions were investigated: functional disability; mood symptomatology; mental illness; suicide; and the use of the mental health service. We used meta-analysis to calculate the combined mean difference of continuous measures and the combined risk of two steps between two groups: studies with pediatric BP subthreshold against non-Bipolar control, and studies with pediatric subthreshold for Disease of BP against non-Bipolar controls. Adverse effects should be considered. Many medications for bipolar disorder were first tested in adults, and only a few have been successfully studied in children and adolescents. Some children are especially vulnerable to side effects of these drugs, such as weight gain and changes in blood sugar and cholesterol caused by certain antipsychot-

ics. Ask your child's doctor what symptoms you should look for, and regular blood tests may be necessary. The FDA has warned that certain antidepressants or other antidepressant drugs may increase the risk of suicide among children, adolescents, and young adults up to the age of 24. Talk to your child's teacher. A child with bipolar disorder may need special accommodations at school in some cases. During difficult times, they may need extra time or little homework. Therefore, make an agreement with your child's teacher or school principal. In some cases, your child may need to be excused from school for a period of time, at least until his or her bipolar symptoms subside. Keep the schedule. A daily routine can greatly benefit children with bipolar disorder. Help them get up, eat, exercise, and sleep about the same time each day. Do everything you can to reduce stress at home. Consider family therapy. Having a baby with bipolar disorder can be devastating for the whole family. Think about family therapy. Having a child with bipolar disorder can be stressful for the entire family. It can put additional strain on your marriage. Your other children may be confused about what is wrong with their sibling, or they may be resentful of all the attention they are receiving. Attending family therapy can help you all recognise and address these issues.

CONCLUSION

Suicidal threats should be taken seriously. No parent wants to consider their children injuring themselves. However, it does happen, even with young children. Don't ignore it if your child begins to express a desire to die or engages in life-threatening behaviour. Remove any weapons or potentially dangerous drugs from the home. And seek immediate assistance. Teenagers may become resentful as they grow older if they believe you are imposing treatment on them. Allow them to participate in the discussion. Discuss treatment options openly with your child's doctor or therapist. Avoid developing an adversarial relationship with your child because of their treatment or

Received:	30-March-2022	Manuscript No:	IPCP-22- 13373
Editor assigned:	01-April-2022	PreQC No:	IPCP-22- 13373 (PQ)
Reviewed:	15- April -2022	QC No:	IPCP-22- 13373
Revised:	20- April -2022	Manuscript No:	IPCP-22- 13373 (R)
Published:	27- April-2022	DOI:	10.35841/2471-9854-8.4.137

Corresponding author Abigail Thacher, Department of Psychiatry, Harvard Medical School, Boston, USA, Email: athacher@stanford.edu

Citation Thacher A (2022) Outcomes of Pediatric Bipolar Disorder Analysis Attending Full Syndromatic, Subsyndromal and Functional Types. Clin Psychiatry Vol.8.4.137

Copyright © 2022 Thacher A. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited

medication. Teenagers with bipolar disorder, like adults, must avoid alcohol and drugs, which can interact with medications or trigger or worsen mood episodes. Teens with bipolar disorder are at a much higher risk of developing a substance abuse problem than their peers. Maintaining regular routines around sleep and wake times is also important, as is developing effective coping strategies for dealing with stress and distress.

ACKNOWLEDGEMENT

None

CONFLICT OF INTEREST

The author's declared that they have no conflict of interest