

# Bipolar Disorder in Adolescents: Early Detection and Intervention Strategies

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**Abstract.** As a severe mental condition marked by extreme mood swings, with the development of science and technology, adolescent bipolar disorder's detection and therapy have been increasingly valued by research workers. This article explores the complex issue of adolescent bipolar disorder, highlighting the part played by genetic predisposition and neurological factors in determining how the condition develops, providing directions for further study and likely targeted treatments with a literature review approach. Meanwhile, this review highlights the crucial need for early detection and therapeutic techniques. With the examination of early detection measures and discussion of the value of screening instruments, prodromal symptom recognition, and community and school collaboration. The knowledge gained from this research offers a thorough framework for comprehending and treating adolescent bipolar disease, with the ultimate goal of increasing diagnostic precision, informing therapies, and eventually enhancing the long-term well-being of those who experience it. This review sheds light on the current landscape of early detection and intervention of adolescents' bipolar disorders.

**Keywords:** Bipolar disorder, adolescents, detection, intervention.

## 1. Introduction

Bipolar disorder is a severe mental condition marked by extreme mood swings. The early detection and therapy of bipolar illness in adolescence are of utmost importance due to its potentially lifetime effects, even though it frequently first manifests during puberty. Nielsen et al.'s research shows early intervention can improve symptom control and overall quality of life. Bipolar disorder is estimated to affect 1-2% of teenagers [1, 2]. Hence, it is a genuine concern for those who work in mental health, education, and caregiving. This study investigates recent findings about early identification and treatment options for bipolar illness among adolescents. This article offers insights into efficient ways to help with early disorder identification by looking at various strategies and instruments. By identifying problems early, timely therapies can be started, lowering the likelihood of severe depressive episodes, functional impairment, and comorbidities.

## 2. Research Method

An extensive search of pertinent literature will be done for this project using reliable databases like Google Scholar. To ensure a thorough search, various keywords and terms will be used. Keywords include different variants of "bipolar disorder," "adolescents," "early detection," and "intervention strategies." Boolean operators (AND, OR) will connect various terms to improve search accuracy. A two-step procedure will be used for the screening standards for choosing relevant content. Titles and abstracts of studies will be scrutinized during the initial screening to filter out any unnecessary ones. The full-text papers will be carefully evaluated during the second screening process to ascertain their quality, relevance, and connection with the study goals. Only articles written in English and published within the last five years will be considered to guarantee the inclusion of current and pertinent research. Through the use of this research methodology, the study seeks to uncover a variety of efficient methods for the early identification and treatment of adolescent bipolar disorder, improving clinical procedures and the general well-being of those who are affected.

### 3. Literature Review

#### 3.1. Symptoms and Diagnosis Bipolar Disorder among Adolescents

Adolescents with bipolar disorder experience severe mood swings, including moments of manic or hypomanic high mood and depressive episodes. Bipolar disease is a complex and severe mental health issue. Post et al. say Bipolar disorder's diagnostic criteria typically overlap with those for adults, although teenage bipolar disorder's appearance can be tough to diagnose [3]. Referring to Beirão et al., it can be challenging to tell the difference between normal mood swings and the beginning of bipolar symptoms since adolescence is a time of substantial emotional and psychological growth [4]. Furthermore, teenagers with bipolar illness may exhibit symptoms differently from adults, such as irritability, aggression, and rapid mood swings, making diagnosing more challenging [5]. The framework for comprehending teenage bipolar disorder combines both clinical and developmental viewpoints. It is divided into two primary categories based on clinical criteria. Bipolar I disorder is defined by full-blown manic episodes that may or may not be followed by sad episodes [6]. In contrast, bipolar II disorder is characterized by hypomanic episodes and more pronounced depressive episodes [7]. However, the absence of standardized tools for adolescent patients hinders the diagnosis procedure.

There can never be enough emphasis on the importance of early detection and intervention. Madireddy and Madireddy assert that teenagers with untreated bipolar disorder risk growing symptoms, poor academic performance, troubled relationships, and drug usage [2]. In addition, adolescence is a prime period for intervention due to its developmental stage. Because of this period's brain plasticity, there is a chance for therapeutic interventions that might change how the illness develops [8]. According to Kirsch et al., an individualized treatment plan that includes psychoeducation, psychotherapy, medication, and lifestyle modifications can be created when a problem is identified early [9]. The framework and definition of adolescent bipolar disorder are still being researched and improved in this discipline that continues to evolve. To establish accurate diagnostic standards and evaluation tools, clinicians, researchers, and educators are working together to understand better the distinct presentation of bipolar disorder in this age range [10]. These initiatives are essential to enhancing early identification, precise diagnosis, and ultimately, the long-term outcomes for teenagers dealing with this problematic mental health issue.

#### 3.2. Factors Influencing Bipolar Disorder in Adolescents

Genetic predisposition and neurobiological variables are among the aspects that contribute to the complex interplay of factors causing teenage bipolar disorder.

##### 3.2.1 Genetic Predisposition and Family History

Adolescent bipolar disorder is significantly influenced by genetic predisposition. Studies have repeatedly demonstrated that those with a family history of bipolar condition are likelier to experience the condition themselves. The heritability of bipolar disorder is estimated to be around 60-85%, indicating a vital genetic component [7]. Variations in multiple genes are thought to contribute to this complex trait, and research has focused on identifying specific gene mutations associated with the disorder [11]. While no single gene has been definitively linked to bipolar disorder, specific genetic markers have shown associations with susceptibility.

Teenagers with a family record of bipolar illness may inherit a genetic susceptibility to mood dysregulation. Bi et al. claim that this genetic predisposition can interact with environmental factors to trigger the onset of the disorder during this vulnerable developmental period [12]. The interplay between genes and the environment is particularly relevant, as stressors like trauma, substance abuse, or significant life changes can precipitate the first episode of mania or depression [13]. Understanding the genetic underpinnings of bipolar disorder not only aids in early identification through family history assessment but also paves the way for potential targeted interventions to reduce the impact of genetic risk [9].

### 3.2.2 Neurobiological Factors

Neurobiological factors are crucial contributors to the manifestation of bipolar disorder in adolescents. Neuroimaging studies have revealed structural and functional alterations in brain regions involved in emotional regulation and mood modulation. The prefrontal cortex, amygdala, and hippocampus are implicated, showing differences in size, connectivity, and activity in individuals with bipolar disorder [14]. These neural changes can underlie the mood swings, emotional instability, and impulsivity observed in adolescents with the disorder. In addition, Moncrieff et al. assert that disruption of neurotransmitters is a crucial aspect of bipolar disorder [8]. Mood instability and periods of mania and depression have been connected to serotonin, dopamine, and norepinephrine system dysfunctions [15]. These imbalances impact the reward system, motivation, and emotional processing, which adds to the mood swings experienced by those with bipolar disorder. Adolescence is characterized by ongoing neurodevelopment; disturbances in neurotransmitter systems at this time may result in abnormal brain circuitry and trigger the development of the disorder [16].

### 3.3. Early Detection Strategies

Several techniques are suitable to spot teenage bipolar disorder early on. They include screening instruments, identifying prodromal signs, and the cooperative efforts of communities and schools to improve early detection.

#### 3.3.1 Screening Tools and Questionnaires

Effective use of screening instruments and questionnaires is essential for the early diagnosis of bipolar illness in adolescents. These tools help spot probable symptoms and indicators that could otherwise be overlooked. Several standardized evaluation instruments have been created to evaluate teenage mood swings, sadness, and mania. The Mood Disorder Questionnaire (MDQ) and the Child Bipolar Questionnaire (CBQ) offer structured techniques for determining the existence of symptoms associated with mood [17]. They assist doctors in compiling detailed information from parents, teachers, and adolescents, allowing for a full assessment of their emotional condition. However, Moncrieff et al. say that these instruments serve as preliminary signs that call for further evaluation rather than being diagnostic themselves [8]. False positives and the difficulties posed by adolescents' self-reporting can hamper the appropriate interpretation of screening results [1]. However, these instruments significantly improve the early identification of probable bipolar symptoms when incorporated into a more comprehensive diagnostic procedure.

#### 3.3.2 Identifying Prodromal Symptoms

Another essential method for early bipolar disease detection is the recognition of prodromal symptoms or early warning indicators. Before the commencement of full-blown manic or depressive episodes, adolescents frequently exhibit slight alterations in behavior and mood patterns [1]. Prodromal symptoms include heightened impulsivity, altered sleep habits, increased irritability, and poor attention [18]. Recognizing these early changes enables prompt management, possibly preventing symptoms from worsening. Identifying these prodromal symptoms is crucial; family members, teachers, and mental health experts play essential roles. These small changes can be identified with the help of open dialogue with adolescents and regular evaluations of their emotional health [4]. Collaboration between parents, teachers, and mental health professionals is crucial to fully comprehend an adolescent's behavior and mood trajectory.

#### 3.3.3 Role of School and Community in Detection

Schools and the larger society have a great deal of opportunity to help with adolescent bipolar disorder early detection. Due to daily interactions between teachers and students, educational institutions offer a unique opportunity for detecting behavioral changes [19]. Teachers can spot changes in students' academic performance, social relationships, and moods that may point to underlying emotional difficulties [10]. Steardo et al. says that timely referrals for assessment can be facilitated by building supportive connections between school workers and mental health specialists

[15]. Additionally, community awareness initiatives can help de-stigmatize conversations about mental health, empowering parents, guardians, and teenagers to get the support they need [11]. Adolescents can learn about mood disorders from school-based mental health programs that teach them to identify and express their feelings. This proactive approach can foster a culture of mental health awareness that supports early diagnosis and intervention.

#### 4. Future Implications

This comprehensive review highlights numerous important topics with significant implications for future study and practical applications in bipolar illness among adolescents. First, additional studies are essential to examine the role of neurobiological and genetic predispositions in the emergence of bipolar disease. Future studies might concentrate on identifying specific genetic markers that increase susceptibility, enabling early detection through genetic testing. The development of focused pharmaceutical therapies that address underlying brain dysfunctions may result from a further understanding of the intricacies of neurobiological changes [5].

Moreover, discussing early detection strategies emphasizes the need for refined assessment tools and methods. Researchers could collaborate to enhance the specificity and accuracy of existing screening tools, potentially incorporating novel technologies like wearable devices to monitor mood fluctuations [13]. Additionally, investigating more nuanced prodromal symptoms and their trajectories could provide valuable insights into predicting the onset of bipolar episodes [6]. Besides, the involvement of schools and communities in detection highlights the significance of fostering mental health awareness in educational settings. Future efforts could involve developing comprehensive mental health education programs that equip teachers and students with the skills to identify and address emotional challenges early on. Collaboration between schools, mental health professionals, and families could form a robust network for timely interventions.

In real-life applications, the outcomes of this review suggest the need for interdisciplinary collaboration. Mental health practitioners, geneticists, neuroscientists, educators, and policymakers can collectively contribute to developing comprehensive approaches encompassing genetic risk assessment, neuroimaging, and school-based interventions [2]. Early detection and intervention frameworks could be integrated into mental health policies, ensuring that adolescents receive the support they need within educational and community settings.

#### 5. Conclusion

In conclusion, exploring bipolar disorder in adolescents through this review highlights the multifaceted nature of the condition. The interplay of genetic predisposition, neurobiological factors, and early detection strategies underscores the importance of a comprehensive approach. The evolving understanding of genetic markers and neurobiological mechanisms provides opportunities for targeted interventions in the future. The significance of early detection strategies involving screening tools, recognition of prodromal symptoms, and engagement of schools and communities emphasizes the need for collaborative efforts in identifying and supporting at-risk adolescents. This review sheds light on the current landscape. It paves the way for innovative research and practical implementations that can enhance the lives of adolescents grappling with bipolar disorder, ensuring timely interventions and improved long-term outcomes.

#### References

- [1] Nielsen, R. E., Kugathasan, P., Straszek, S., Jensen, S. E., & Licht, R. W. Why are somatic diseases in bipolar disorder insufficiently treated? *International journal of bipolar disorders*, 2019, 7 (1): 1-7.
- [2] Madireddy, S., & Madireddy, S. Therapeutic interventions to mitigate mitochondrial dysfunction and oxidative stress-induced damage in patients with bipolar disorder. *International Journal of Molecular Sciences*, 2022, 23 (3), 1844.

- [3] Post, R. M., Goldstein, B. I., Birmaher, B., Findling, R. L., Frey, B. N., DelBello, M. P., & Miklowitz, D. J. Toward prevention of bipolar disorder in at-risk children: potential strategies ahead of the data. *Journal of affective disorders*, 2020, 272: 508-520.
- [4] Beirão, D., Monte, H., Amaral, M., Longras, A., Matos, C., & Villas-Boas, F. Depression in adolescence: a review. *Middle East current psychiatry*, 2020, 27: 1-9.
- [5] Pfennig, A., Leopold, K., Martini, J., Boehme, A., Lambert, M., Stamm, T., & Bauer, M. Improving early recognition and intervention in people at increased risk for the development of bipolar disorder: study protocol of a prospective-longitudinal, naturalistic cohort study (Early-BipoLife). *International Journal of Bipolar Disorders*, 2020, 8 (1): 1-14.
- [6] O'Donovan, C., & Alda, M. Depression preceding diagnosis of bipolar disorder. *Frontiers in psychiatry*, 2020, 11: 500.
- [7] Batmaz, S., Altinoz, A. E., & Sonkurt, H. O. Cognitive attentional syndrome and metacognitive beliefs as potential treatment targets for metacognitive therapy in bipolar disorder. *World journal of psychiatry*, 2021, 11 (9): 589.
- [8] Moncrieff, J., Gupta, S., & Horowitz, M. A. Barriers to stopping neuroleptic (antipsychotic) treatment in people with schizophrenia, psychosis or bipolar disorder. *Therapeutic advances in psychopharmacology*, 2020, 10: 2045125320937910.
- [9] Kirsch, D. E., Tretyak, V., Radpour, S., Weber, W. A., Nemeroff, C. B., Fromme, K., & Lippard, E. T. Childhood maltreatment, prefrontal-paralimbic gray matter volume, and substance use in young adults and interactions with risk for bipolar disorder. *Scientific reports*, 2021, 11 (1): 123.
- [10] Lin, C. H., & Lane, H. Y. (2019). Early identification and intervention of schizophrenia: insight from hypotheses of glutamate dysfunction and oxidative stress. *Frontiers in psychiatry*, 2019, 10: 93.
- [11] Vogelbacher, C., Sommer, J., Schuster, V., Bopp, M. H., Falkenberg, I., Ritter, P. S., & Jansen, A. The German research consortium for the study of bipolar disorder (BipoLife): a magnetic resonance imaging study protocol. *International journal of bipolar disorders*, 2021, 9 (1): 1-15.
- [12] Bi, B., Che, D., & Bai, Y. Neural network of bipolar disorder: Toward integration of neuroimaging and neurocircuit-based treatment strategies. *Translational Psychiatry*, 2022, 12 (1): 143.
- [13] Rani, G., & Mehta, D. P. A study on identification of bipolar disorder in adolescence and adulthood. *Journal of Critical Reviews*, 2020, 7 (15): 2357-2361.
- [14] Li, C., Birmaher, B., Rooks, B., Gill, M. K., Hower, H., Axelson, D. A., & Goldstein, B. I. High prevalence of metabolic syndrome among adolescents and young adults with bipolar disorder. *The Journal of clinical psychiatry*, 2019, 80 (4): 11793.
- [15] Steardo, L., Luciano, M., Sampogna, G., Zinno, F., Saviano, P., Staltari, F., & Fiorillo, A. Efficacy of the interpersonal and social rhythm therapy (IPSRT) in patients with bipolar disorder: results from a real-world, controlled trial. *Annals of general psychiatry*, 2020, 19 (1): 1-7.
- [16] Kato, T. Current understanding of bipolar disorder: Toward integration of biological basis and treatment strategies. *Psychiatry and clinical neurosciences*, 2019, 73 (9): 26-540.
- [17] Yildiz, M. Psychosocial rehabilitation interventions in the treatment of schizophrenia and bipolar disorder. *Archives of Neuropsychiatry*, 2021, 58 (Suppl 1): S77.
- [18] Gong, J., Wang, J., Qiu, S., Chen, P., Luo, Z., Wang, J., & Wang, Y. Common and distinct patterns of intrinsic brain activity alterations in major depression and bipolar disorder: voxel-based meta-analysis. *Translational psychiatry*, 2020, 10 (1): 353.
- [19] McIntyre, R. S., Alda, M., Baldessarini, R. J., Bauer, M., Berk, M., Correll, C. U., & Maj, M. The clinical characterization of the adult patient with bipolar disorder aimed at personalization of management. *World Psychiatry*, 2022, 21 (3): 364-387.