



tools of the trade  
for family improvement

# Are They Just Moody . . .

. . . or is it something more?



by Heidi Kiebler-Brogan, M.A., LPC

*As a licensed professional counselor, wife and mother of three school -aged children, I certainly see the difficulties that families are faced with in today's fast paced world. Be sure that whatever you are struggling with, you are likely not alone. We all hit bumps in the road and could use a little help and support from time to time. Check in with me each issue as I offer you some "Tools of the Trade" to help you better manage and enjoy your life and your family.*

Everyone, at various times in life, feels sad or blue. As events occur in our lives: divorce, death, moving away from friends, loss of a job; you may experience a brief period of sadness. But how can we tell when it is normal sadness or if something more serious is happening?

The greatest indicator is the extent to which your life is disrupted by the feelings of sadness. Normal sadness passes and we are able to keep going in our daily activities. Depression, however, tends to linger and keeps us from getting things done and finding joy in our life.

Many people think only adults can experience depression, but this is not the case. Children can become depressed as well. Each year, almost 44 million Americans experience a mental disorder. In fact, mental illnesses are among the most common conditions affecting health today. Two of the most common disorders are characterized as mood disorders: depression and bipolar disorder.

During the 1980s, mental health professionals began to recognize symptoms of mood disorders in children and adolescents, as well as adults. However, children and adolescents do not necessarily exhibit the same symptoms as adults so the diagnosis has been difficult. Many children are initially diagnosed with ADHD or a Conduct Disorder and then later when treatments fail and symptoms increase, they are re-diagnosed with a mood disorder. Clinicians and researchers believe that

mood disorders in children remain one of the most under-diagnosed mental health problems.

#### **Major vs. Manic Depression**

Countless numbers of patients and their family members have asked me about manic-depression and major depression. "Is there any difference?" "Are they one and the same?" "Is the treatment the same?" The difference between these two disorders is enormous. The difference does not lie on clinical presentation alone. The treatment of these two disorders is significantly distinct.

**Major depression** (officially called major depressive disorder) is a primary psychiatric disorder characterized by the presence of either a depressed mood or lack of interest to do usual activities occurring on a daily basis for at least two weeks. Just like other disorders, this illness has associated features such as impairment in energy, appetite, sleep, concentration, and desire to have sex.

In addition, patients afflicted with this disorder also suffer from feelings of hopelessness and worthlessness. Tearfulness or crying episodes and irritability are not uncommon. If left untreated, patients get worse. They become socially withdrawn and can't go to work. Moreover, about 15% of depressed patients become suicidal and occasionally, homicidal. Other patients develop psychosis—hearing voices (hallucinations) or having false beliefs (delusions) that people are out to get them.

**Manic-depression** (bi-polar disorder), is characterized by the presence of major depression (as described above) **and** episodes of mania that last for at least a week. When mania is present, patients show signs opposite of clinical depression. During the episode, patients show significant euphoria or extreme irritability. In addition, patients become talkative and loud.

Moreover, this type of patient doesn't need a lot of sleep. At night, they are very busy making phone calls, cleaning the house, and starting new projects. Despite apparent lack of sleep, they are still very energetic in the morning. Because they believe that they have special powers, they involve in unreasonable business deals and unrealistic personal projects. These patients also become hypersexual — wanting to have sex several times a day. One night stands can occur. Like depressed patients, manic patients also develop delusions (false beliefs). The difficulty in identifying manic depression (bipolar disorder) is that it often presents differently in different people of different ages. Often it is not until behavior has become destructive that others start to realize there is a problem.

In younger children and adolescents the patterns of manic-depression are quite different. Often a child is initially seen because they are acting out at home and or in school. Their behaviors are described as irrational, impulsive and aggressive. They can seemingly go from incredibly angry to unbelievably silly in a matter of minutes. Parents will often say "it is like a light switch goes off" and then they just can't control them or reason with them. Children will often describe feeling as though they have a devil on one shoulder and an angel on the other. Children will vividly describe their thoughts racing through their head and describe feeling like they are bouncing back and forth from overly happy to overly sad in minutes for no apparent reason. Parents express feeling very frustrated as they cannot understand or control their child's behaviors. Living with someone who has a mood disorder is exhausting. It affects everyone in the family and can be very disruptive.

In summary, the big difference between the two disorders is the presence of mania. This manic episode has treatment implications. In fact the treatment of these disorders is completely different. While major depression needs antidepressant, manic-depression requires a mood stabilizer such as lithium and valproic acid

Bipolar disorder/manic depression tends to run in families. There is a biological predisposition for the disorder and it often does not exist alone. Other conditions such as ADHD, Asperger's, obsessive-compulsive disorder, oppositional defiant disorder and separation anxiety tend to occur more commonly with bipolar disorder. According to studies on children with bipolar parents, if one parent had the disorder a child has up to a 27% risk of developing it. If both parents have bipolar disorder the risk increases to 60%. In the general population the risk of suffering from bipolar disorder is 0.5 to 1.5 percent.

What are the symptoms of a Mood Disorder?

**Major Depression:**

- Sadness
- Dejection
- Change in appetite
- Loss of interests
- Fatigue
- Difficulty sleeping
- Hopelessness
- Despair
- Exaggerated guilt
- Feelings of incompetence

**Bipolar/Manic Depression includes symptoms of depression and episodes of:**

- Increased strength and energy
- Rapid unpredictable mood changes
- Decreased need for sleep
- Racing thoughts
- Extreme irritability
- Grandiosity, inflated self-esteem
- Poor judgment
- Increased sex drive
- Overspending
- Excessive interest in activities

Although scientific evidence indicates bipolar disorder and major depression are caused by chemical imbalances in the brain, no lab test exists to diagnose the disorders. In fact, these mental illnesses often go unrecognized. The first step of diagnosis is to receive a complete medical evaluation to rule out any other mental or physical disorders. Anyone who has bipolar disorder or major depression should be under the care of a professional skilled in the diagnosis and treatment of mood disorders. Specifically, they should be seen by a psychiatrist for medication treatment and a licensed professional counselor for counseling and therapeutic management. Eighty to ninety percent of people diagnosed with manic depression/bipolar disorder can be treated effectively with medication and psychotherapy. Self-help groups can offer emotional support and assistance in recognizing signs of relapse to avert a full-blown episode of bipolar disorder.

With the right treatment individuals and families can regain control over their lives and live a normal healthy life. Mood disorders will not go away on their own, and children will not 'grow out of them', so please take these diagnosis very seriously and get the treatment and support you deserve.

*The purpose of this column is to provide you with some "tools" that can be used in a variety of households and situations. I encourage you to adapt what you have learned to meet your needs and the needs of your individual family. If you have any questions about this topic, or have a suggestion for another article please contact me: Heidi Kiebler-Brogan, M.A., Licensed Professional Counselor at I. E. Counseling 908-456-1871 or email me at [hkbrogan@iecounseling.com](mailto:hkbrogan@iecounseling.com).*

The term Bipolar refers to the predominate mood states of depression and mania.

