# CHARACTERISTICS OF ATTENTION DEFICIT DISORDER vs. JUVENILE ONSET BIPOLAR DISORDER

**John F. Alston, M.D., P.C.**
**30752 Southview Drive, Suite 100, Evergreen, Colorado 80439**
**Phone: (303) 670-0926 Fax: (303) 670-1191 Email: drjohn@JohnAlstonMD.com**
**Website: JohnAlstonMD.com**

| Symptoms | Attention Deficit Disorder, With or Without Hyperactivity | Juvenile Onset Bipolar Disorder (Mood Disorder NOS) |
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| **Age of Onset** | Infancy to toddler, 6 years, 13 years | 2 to 3 years, 6 years, 13 to 25 years |
| **Family History** | ADHD, academic difficulties (based on task incompletion), alcohol and substance abuse. Mood and Anxiety disorders. | Any mood disorder (depression or bipolar), academic difficulties (based on motivation problems or opposition or defiance), alcohol and substance abuse, adoption, ADHD. |
| **Lifelong Prevalence** | 3 to 6% of general population. | 3 to 5% of general population. |
| **Etiology** | Genetic, neurochemical, fetal developmental, brain traumas, nutritional deficiencies, exacerbated by stress. | Genetic, exacerbated by stress and hormones. |
| **Duration** | Chronic and unremittingly continuous, tending toward improvement over years. | May or may not show clear emotional and behavioral episodes or cycles; worsens over years with increased severity of symptoms. |
| **Attention Span** | Short, leading to a lack of productivity, task performance and completion. | Entirely dependent on interest and motivation. When motivated, attention span is often adequate. |
| **Impulsivity** | Secondary to inattention or obliviousness, regret and remorse. | "Driven," "Irresistible," grandiosity, thrill seeking, counterphobia, little regret or remorse. Pressured speech. |
| **Hyperactivity** | 50% are hyperactive. Disorganized, fidgety, jittery. | Wide ranges, with hyperactivity common in children. |
| **Self Esteem** | Low, rooted in ongoing performance difficulties. | Low, rooted in inherent unpredictability of mood. Grandiose or expansive mood could mask low esteem. |
| **Mood** | Usually friendly in a genuine manner. Some irritability. | Unpredictable, oversensitive, overreactive, irritable, grandiose, hard to please or satisfy, negativistic. |

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| **Control Issues** | Desire to seek approval – get into trouble by inability to complete tasks. | Intermittently desire to please but tend to push limits and relish power struggles. Expert hasslers, persuasive. |
| **Opposition/Defiance** | Demonstrate argumentativeness but will relent with show of authority, and are redirectable. Short attention span allows them to "let go" more easily. | Usually overtly and prominently defiant, at times passive aggressive, often not relenting to authority. Tend to insist on getting own way. |
| **Blaming** | Self-protective mechanism to avoid immediate adverse consequences. | Grandiosity contributes to disbelief/ denial they caused something to go wrong. |
| **Lying** | Avoid immediate adverse consequences. | Enjoys "getting away with it," and to avoid immediate adverse consequences. |
| **Fire Setting** | Play with matches out of curiosity, nonmalicious. | Intrigued with matches/fire setting and can have malicious intent. |
| **Anger, Irritability, Temper and Rage** | Situational, in response to over-stimulation, poor frustration tolerance and need for immediate gratification. Rage reaction is usually short-lived. | Secondary to limit setting or attempts to control their excessive behavior, rage can last for extended periods of time, at other times may be explosive and over quickly. Overt, aggressive and assaultive. |
| **Entitlement (Deserving of Special Benefits)** | Overwhelming need for immediate gratification. (Not a prominent symptom). | Expansive and grandiose mood creates belief they deserve special treatment. Now and near future oriented. |
| **Conscience Development** | Capable of demonstrating remorse when things calm down. Conscience is close to developmental age. | Limited conscience development, dependent on mood and parenting ability. |
| **Sensitivity** | Oblivious to detailed circumstances they are in, and inappropriateness shows as result. Do get "big picture." | Acutely aware of circumstances and are "hot reactors." Detail oriented. Hassle for self-gain. |
| **Perception** | Flooded by sensory over-stimulation, become distractible, hyperactive, or shut down. | Self-absorbed, preoccupied with internal need fulfillment, appear narcissistic. Dissociation possible. Inappropriate affect. |
| **Peer Relationships** | Make friends easily but often not able to keep them. Immature. | Can be charismatic or depressed, depending on mood – conflicts are common due to controlling nature. |

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| **Sleep Patterns** | Occasional trouble getting to sleep due to physical over-stimulation. Once asleep, "sleep like a rock." Fidget in sleep. Nightmares uncommon. | Inability to relax, wind down to fall asleep because of racing thoughts or emotional intensity. Nightmares common. |
| **Motivation** | Less resourceful – more adult dependent. Okay starters, poor finishers. | Grandiose – believe they are resourceful, gifted, creative. Self-directed, highly variable energy and enthusiasm. |
| **Learning Characteristics** | Most commonly coexistent auditory perceptual difficulties and fine motor incoordination. "Right brained." | Non-sequential, non-linear learners. Verbally articulate, used in shrewd and manipulative ways. |
| **Anxiety** | Uncommon, unless performance- related. | Emotionally wired. High potentials for anxiety, fears and phobias. Somatic symptoms common, needle phobic. Dissociation. |
| **Sexuality** | Emotionally immature and sexually naïve. | Sexual hyperawareness, pseudo-maturity, high interest and activity level. |
| **Alcohol and Substance Abuse** | Moderate tendencies as coping mechanisms for low self-esteem. | Very strong tendencies in attempt to enhance or reduce hypomanic/ dysphoric moods. |
| **Parenting Techniques** | Support, encouragement, redirection. | Nothing works long term until correctly diagnosed and medically treated. |
| **Optimal Environment** | Low stimulation and stress. Support and structure. Identify learning disability components or psychological factors. | Clear and assertive, balance of limits with encouragement, negotiation. Helpful if all members of treatment team work together. |
| **Psychopharmacology** | Medications helpful include Adderall, Atomoxetine, Methylphenidate, Dexedrine, Modanafil, Bupropion. Clonidine and Guanfacine may be useful as additive medications. | Medications helpful to stabilize mood include Lamotrigine, Valproate, Lithium, Verapamil, Carbamazepine, Oxcarbazepine. Medications helpful for opposition/rage include Aripiprazole, Olanzapine, Quetiapine, Risperidone and Ziprasidone. Bupropion helpful for mood and motivational enhancement. |
| **Prognosis** | Good to excellent with appropriate medical treatment, ancillary therapies and educational accommodations. | Fair to good with times of regression/relapse even with appropriate treatment. |