CHARACTERISTICS OF ATTENTION DEFICIT DISORDER vs. JUVENILE ONSET BIPOLAR DISORDER

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Symptoms	Attention Deficit Disorder, With or Without Hyperactivity	Juvenile Onset Bipolar Disorder (Disruptive Mood Dysregulation Disorder, as of ICD-10)
Age of Onset	Infancy to toddler, 6 years, 13 years	2 to 3 years, 6 years, 13 to 25
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 development, 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 are the usual.	"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 a genuine manner. Some irritability.	Unpredictable, oversensitive, overreactive, irritable, grandiose, hard to please or satisfy, negativistic.
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.
Oppositional/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 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, non-malicious.	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 and uncommon.	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, appears 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.
Sleep Pattern	Occasional trouble getting to sleep due to physical over-stimulation. Once asleep, "sleep like a rock." Fidget even 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 are common. "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 naive.	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 accurately 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, Asenepine, 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.

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