CHARACTERISTICS OF ATTENTION DEFICIT DISORDER, JUVENILE ONSET BIPOLAR DISORDER, AND REACTIVE ATTACHMENT DISORDER

By John F. Alston, M.D.
5921 Middlefield Rd. #201, Littleton, CO. 80123

Symptoms	Attention Deficit Disorder, With or Without Hyperactivity	Juvenile Onset Bipolar Disorder (Disruptive Mood Dysregulation Disorder, as of ICD-10)	Reactive Attachment Disorder
Age of Onset	Infancy to toddler, 6 years, 13 years	2 to 3 years, 6 years, 13 to 25 years	Birth to 3 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.	Abuse and neglect, severe emotional and behavioral disorders, alcohol and substance abuse. Abuse and neglect in birth parents' own early life.
Lifetime Prevalence	3 to 6% of general population.	3 to 5% of general Population.	Uncommon to common.
Etiology	Genetic, neurochemical, fetal development, brain traumas, nutritional deficiencies, exacerbated by stress.	Genetic, exacerbated by stress and hormones.	Psychoneurophysiologic secondary to neglect, abuse, mistreatment, abandonment. PTSD of infancy and toddlerhood.
Duration	Chronic and unremittingly continuous, tending toward improvement over years.	May or may not shoe clear emotional and behavioral episodes and cycles. Worsens over years with increased severity of symptoms.	Dependent on extent of abuse, age of relinquishment, including innate temperament and treatment. Worsens over years without treatment to develop antisocial or borderline character disorders.
Attention Span	Short, leading to lack of productivity, task performance and completion.	Entirely dependent on interest and motivation. When motivated, attention span is often adequate.	Hyperarousal influences hypervigilance, distractibility and shortened periods of focus. Shortens with stress.
Impulsivity	Secondary to inattention or obliviousness. Regret and remorse are the usual.	"Driven", "Irresistible," grandiosity, thrill seeking, counterphobia. Little regret or remorse. Pressured speech.	Poor cause and effect. No remorse. Can range from overactive to highly controlled, self-protective.
Hyperactivity	50% are hyperactive. Disorganized, fidgety, jittery.	Wide ranges with hyperactivity common in children.	Common

Self Esteem	**Low, rooted in ongoing performance difficulties.**	**Low, rooted in inherent unpredictability of mood. Grandiose or expansive mood could mask low esteem.**	**Low, rooted in abandonment, feel worthless and unlovable, masked by anger or indifference.**
Mood	**Usually friendly in a genuine manner. Some irritability.**	**Unpredictable, oversensitive, overreactive, irritable, grandiose, hard to please or satisfy, negativistic.**	**Superficially charming, phony, distrusting, emotionally distant, nonintimate.**
Control Issues	**Desire to seek approval – get into trouble by inability to complete tasks.**	**Intermittently desire to please but tend to push limit and relish power struggles, expert hasslers, persuasive.**	**Controlled and controlling, only self-gain, underhanded, sneaky and covert.**
Oppositional/Defiance	**Demonstrate argumentativeness but will relent with show of authority, and are redirectable. Short attention span allows them to "let go".**	**Usually overtly and prominently defiant, at times passive aggressive, often not relenting to authority. Tend to insist on getting own way.**	**Conning and cunning. Covertly defiant, passive aggressive.**
Blaming	**Self-protective mechanism to avoid immediate adverse consequences.**	**Grandiosity contributes to disbelief/denial they caused something to go wrong.**	**Rejecting of responsibility. Victim position.**
Lying	**Avoid immediate adverse consequences.**	**Enjoys "getting away with it," and to avoid immediate adverse consequences.**	**"Crazy lying," stuck in perceptual self-centered "primary process" distortions to attempt to gain control.**
Fire Setting	**Play with matches out of curiosity, non-malicious.**	**Intrigued with matches/fire setting and can have malicious intent.**	**Revenge motivated, malicious. Danger seeking secondary to despair.**
Anger, Irritability, Temper and Rage	**Situational, in response to overstimulation, 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.**	**Chronic revenge "get even" oriented. Eternal "victim" position, with rationalizations for destructive retaliation. Hurtful to innocent others and pets.**
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/near future oriented.**	**Compensation for abandonment and deprivation. (Not a prominent symptom.)**

Conscience Development	**Capable of demonstrating remorse when things calm down. Close to developmental age.**	**Limited conscience development, dependent on mood and parenting ability.**	**Very "street smart," good survival skills, con artists, calculating, devious.**
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.**	**Hypervigilant, compensating for past helplessness. Resistant and insensitive, rarely ill. Limited emotional repertoire.**
Perception	**Flooded by sensory overstimulation, become distractible, hyperactive or shut down.**	**Self-absorbed, preoccupied with internal need fulfillment, appears narcissistic. Dissociation possible. Inappropriate affect.**	**Self-centered primary process primitive distortions. Dissociation possible.**
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.**	**Very poor. Secondary to lack of intimacy and control issues. Target others to get angry. No long-term friends.**
Sleep Problems	**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 because of racing thoughts or emotional intensity. Nightmares common.**	**Hypervigilance creates light sleepers. Tend to need little sleep, arise early in the morning.**
Motivation	**Less resourceful – more adult dependent. Okay starters, poor finishers.**	**Grandiose – believe they are resourceful, gifted, creative. Self – directed, highly variable energy and enthusiasm.**	**Consistently poor initiative, limited industriousness, intentional inefficiency. Motivation for short term only. Self-protective.**
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.**	**Brain maturational delays secondary to maternal drug/alcohol effects, early life abuse/neglect can create diverse learning problems.**
Anxiety	**Uncommon, unless performance-related.**	**Emotionally wired. High potentials for anxiety, fears and phobias. Somatic symptoms common, needle phobic. Dissociation.**	**Appear invulnerable. Poor recognition, awareness or admission of fears. Dissociation.**
Sexuality	**Emotionally immature and sexually naïve.**	**Sexual hyperawareness, pseudo-maturity, high interest/activity level.**	**Uses sex as means of power, control or infliction of pain, sadism.**

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.**	**Sporadic/uncommon, not likely to lose too much control. We need more knowledge of correlation.**
Parenting Techniques	**Support, encouragement, redirection.**	**Nothing works long term until accurately diagnosed and medically treated.**	**Understanding child's traumas, vulnerabilities and resistances aids child in becoming workable.**
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.**	**Challenging balance of security, stability, clarity and unambiguity of expectations, nurturance, encouragement and love.**
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 and rage include Aripiprazole, Asenepine, Olanzapine, Quetiapine, Risperidone and Ziprasidone. Bupropion helpful for mood and motivational enhancement.**	**Antidepressants, Clonidine, Guanfacine may help decrease hypervigilance. Medications do not help characterological traits.**
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.**	**Highly variable, dependent upon recognition of comorbid mood disorders, degree of abuse/neglect, age of relinquishment, innate temperament (resilience) and effects of treatment.**

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