CASE REPORT

Mania in a Six-year Old Child

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Abstract

The case of first episode of mania in a six year old girl is presented. Stated as uncommon in prepubertal children in literature, the authors attempt to discuss the reasons for the reported uncommonness in the light of diagnostic criteria. The possible ramifications of the early age of onset is also discussed.

Key works

Mania, Bipolar Disorder

Introduction

A manic episode consists of a distinct period of persistently elevated, expansive or irritable mood for at least one week or of any duration if hospitalization is necessary. During the mood disturbance at least three additional symptoms (or four if the mood is only irritable) must emerge. These include grandiose thinking or inflated self esteem, decreased need for sleep, pressured speech or increased verbalizations, racing thoughts or flight of ideas, distractibility, increase in goal-directed activities or ideation and helplessness, which seems to be equally likely at any age. The specific manner of excessive involvement in pleasurable activities is one of recklessness and thereby may lead to dire consequences. No modifications of manic episodes apply to children or adolescents according to DSM-IV (1). The most frequent age of onset of Bipolar I disorder (i.e an episode of mania) is between 20 and 30 years followed by 15 to 19 years(2). Although it is stated that the onset of Bipolar disorder ranges from the age of 5 or 6 years and even later, it is well known that the onset in prepubertal children is quite uncommon. Here we report a case of manic episode in a female child of 6 years of age, the first of its kind to be reported from Kashmir valley.

Case Report

A six year old girl from rural Kashmir was brought to psychiatry OPD of SKIMS Medical College Hospital. The girl's behaviour had become unmanageable over the past few weeks to the point of exhaustion of her parents. She had started with laughing every now and then and making an environment around her jovial and cheerful by her frequent singing and uninhibited mixing with everyone

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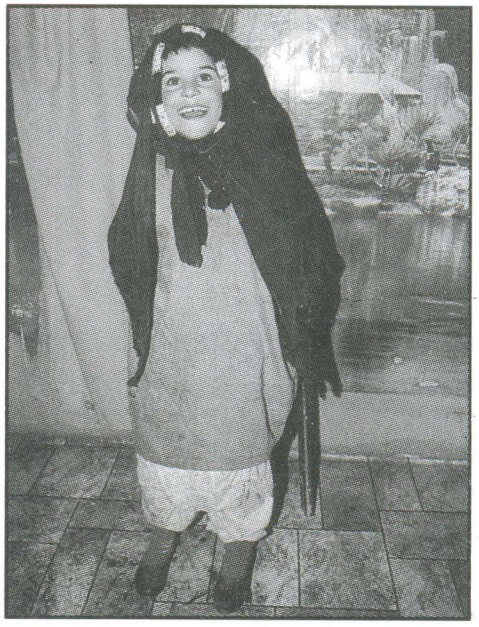
around. Simultaneously, she had shown increase in appetite and sharp decrease in her overall sleeping time. The parents and other family members did not suspect anything wrong at this stage as the child seemed to be liked and admired by other family members and the neighbours for her jovial behaviour. As the problem of behaviour progressed, she began to demand jewellery and frequent change of clothes and began to dress like adult women. She was especially insistent on wearing a burqa (Black Veil) and carrying a handbag like other adult women. She started frequently going out of house to the nearby shops to purchase things like chocolates, biscuits, nail polish etc. and distributed among other people. With passing days, she became irritable and quarrelsome with incessant talking, adding ridiculous items to her speech making it almost nonsensible.

The examination revealed an average built girl, wearing a burqa (black veil) and well groomed. In the structured environment of the examination room, she was cooperative but distractible. Pressure of speech, flight of ideas and rhyming were further revealed on interviewing. Her interview was full of instances of irritability, and it became difficult for her to keep track of the interview. Birth and developmental history were normal, family history revealed paternal uncle as having Bipolar Mood disorder. The discreteness of the episode helped to rule out ADHD and conduct disorder. Neurological examination, screening laboratory tests were normal. EEG showed a normal pattern. Thyroid function, hearing and visual examination were normal as was the CT scan of head. The diagnosis arrived at was mania.



Discussion

Mood disorders were recognized in ancient times. In the late 1800s and early 1900s Emil Kraeplin distinguished the syndromes of depression and mania from the deteriorating course of schizophrenic illness in adult populations. Although there was a rare report of a child or adolescent with serious mood alteration in the literature, for the most part until recently, enduring mood disorders were not believed to occur in childhood. Based on their case report and critical review of literature, Anthony and Scott (3) concluded that if diagnostic criteria are rigorously applied, examples of true clinical mania occurring before puberty were uncommon even in late childhood, and that mania in early childhood had not been demonstrated. Winkour et al(4) cited a number of case reports of older individuals with typical manic-depressive illness who had experienced first onset of affective symptoms before puberty. In a retrospective study of 200 adults with bipolar affective illness (5) 8% experienced their first symptoms before 14 years of age. No patient in this study was treated for a manic episode