Bipolar Disorder, ADHD, or Both?

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Bipolar and ADHD

Bipolar and ADHD (attention deficit hyperactivity disorder) are both long-term health conditions that can significantly impact someone's life if they are not recognized and treated accordingly.

Whilst they are two very separate conditions, it can be safely assumed that there is some diagnostic crossover between these two disorders. It is not unknown for one disorder to be misdiagnosed as the other, and it is definitely a possibility that the two can be diagnosed concurrently. Rates of ADHD diagnoses are more common than bipolar — you are 10 times more likely to be diagnosed with ADHD than bipolar — however is it not uncommon to be diagnosed with both disorders.

The most important difference to note between the two disorders is the type of condition they fall under — bipolar is a mood disorder, and ADHD is a behavioral disorder. This categorization is vital in helping to recognize and identify the features of each condition in order to distinguish one from the other.

Understanding Bipolar

Bipolar disorder is recognizable by dramatic shifts and variations in the mood of the person diagnosed. There are two main mood types that are shown across the bipolar spectrum; depression and hypomania. A depressive episode is usually visible by periods of low mood, hopelessness, and a lack of motivation, whereas a person going through a hypomanic episode would show signs of elevated mood, disturbed sleep, and may indulge in risky or impulsive behaviour such as overspending, increased sexual activity, or drinking and taking street drugs.

With certain types of bipolar, especially type I there is the risk of a hypomanic episode escalating into a full manic episode. A full manic episode is a far more intense version of hypomania, and often causes the person diagnosed significant distress. There is the possibility that psychotic symptoms may emerge during a full manic episode, and this may result in the sufferer needing to enter inpatient care for a while.

Some people who have bipolar disorder may also experience mixed episodes that feature certain aspects of both mania and depression at the same time such as low mood accompanied by racing thoughts and irritability.

Understanding ADHD

Two main types of symptom — inattention and hyperactivity, identify ADHD. The inattention cluster of symptoms includes:

- A lack of attention to detail and careless mistakes
- Difficulty following through on instructed tasks
- Losing things
- Difficulty listening and following instructions

Hyperactivity involves:

- Fidgeting
- Talking excessively (e.g. blurting out the answer to a question/an inability to wait their turn)
- Behaviour that could be described as constantly ‘on the go’

For ADHD to be diagnosed symptoms must be present in two or more settings (such as school or work and home) for a minimum of sox months.

Next page: key differences between the two conditions, and how each is treated.

Key Differences

Some important differences to note between bipolar disorder and ADHD are both the ways in which the moods display themselves, and the potential causes for these mood changes.

A bipolar depressive episode may go on for weeks on end, whereas ADHD mood changes are sometimes known as ‘snaps,’ for how rapidly they can change. (Please note there are certain types of bipolar that entail very rapid mood changes such as ultradian cycling, however these are very rare.)

Whilst on the surface it may seem as though a manic episode and general ADHD behaviour is very hard to distinguish, there are certain ways by which they can be told apart. A manic episode usually results in the person losing touch with reality, may involve the destruction of property, and is often long lasting with a significant impact on the person’s life. In contrast to this, ADHD ‘manic’ behaviour is usually very short lived, does not entail destruction of property or the person losing touch with reality.

Some bipolar episodes are not the result of environmental stimulus, and may just happen — this is due to bipolar disorder being caused by chemical shifts in the brain. In contrast to this, mood shifts within ADHD are often as a result of something external, and are therefore ‘explainable.’

It is also possible to distinguish the two by identifying whether the person has lost all desire to care (which would signify a bipolar episode), or whether they do not have the ability to focus (which would likely indicate ADHD). People who have bipolar disorder are also more likely to respond very dramatically to big life changes or significant life events such as the arrival of a new baby, moving house, or divorce.

The age of onset of the two disorders is interesting to note, with ADHD generally setting in during childhood years, with symptoms usually noticeable by age 7, and bipolar disorder typically appearing in late teens to mid 20s.

Treatments

Treatment for the two conditions is quite different, and is another way by which the diagnoses can be told apart. Some of the ways bipolar could be treated is through the prescribing of mood stabilisers such as lithium or sodium valproate, anti psychotics such as aripriprazole or quetiapine, or anti depressants such as sertraline.

Bipolar treatment is a fine balancing act and it can often take a while to find the correct method of treatment. Treatment may also include talking therapies such as seeing a psychologist, or cognitive behavioural therapy (or CBT).

Treatment for ADHD tends to be more focused on medication only, and generally involves the prescription of stimulant drugs such as methylphenidate, however talking therapy can be very helpful for the treatment of ADHD also.

If you feel you or a loved one may be displaying some of the symptoms mentioned in this article, it is imperative

you seek medical help as soon as possible. Early intervention has a much better prognosis for recovery, and therefore contacting the relevant medical services should be done at the earliest opportunity.