Bad, Mad, Sad or Too Glad: Misconceptions About Depression, Dysthymia & Bipolar in Teens & Young Adults

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FADAA/FCCMH Annual Conference
August 7, 2013
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MISCONCEPTION #1

When we look at the teens/young adults we work with—it’s clear who does and does not have

MISCONCEPTION #2

Depressed teens & young adults are usually ____

Dx
Tx
Rx
SA
5/2:
- Sad/Irritable
- Interest
- Eating/Sleeping
- Restless/Slowing
- Fatigue/Energy
- Worthless/Guilty
- Concentration
- Death/Suicide
- Mania/Hypomania

MISCONCEPTION #3
If a teen or young adult is grieving the recent death of a friend/family member, they ______ ______ ______ ______

MISCONCEPTION #4
_______ is such a mild form of Depression, we don’t need to be concerned about teens & young adults who have it
Sad or Irritable—1 year+2:
Sad—2 years+2:
- Appetite/Sleep
- Fatigue/Energy
- Self-Esteem
- Concentration/Decisions
- Hopelessness

Chronic MDD
- Mania/Hypomania
- Anxiety, Mixed Fxs, Melancholy, Atypical, Mood Congruent, Peripartum
- Onset
- Pure Dysthymia or role of MDE
- Severity

PD vs. AD

MISCONCEPTION #5
Teens & young adults who are depressed look different than those who have ______
MISCONCEPTION #6

Even if girls & young women look/feel like they have a “mood” disorder, they shouldn’t be diagnosed with one.

1 or +:
- Less interest
- Concentration
- Energy
- Eating
- Sleeping
- Overwhelmed
- Physical

Most cycles
- Week before/Better after
- 5 or more
- Mood swings
- Irritability/Anger
- Sad, hopeless, self-deprecation
- Anxiety, tension, on edge

* Stigma
* Help-seeking
* Self-medication
* Hopeless
* Belonging
* Burden
Elation, Irritability, Energy
1 Week or Hospital w/ 3/4:
• Grandiose
• Sleep
• Speech
• Thoughts
• Distractible
• Activity
• Impulsive

MISCONCEPTION #7
We used to think Bipolar Disorder was rare in children/teens, we now know it’s

• Mild, Mod, Severe
• Psychosis
• Anxiety
• Mixed
• Atypical
• Melancholic
• Catatonia
• Seasonal
• Peripartum
• Rapid-cycling
• I & II

• Temper outbursts
• Intensity/duration
• Verbal/Behavioral
• Developmental
• 3 or +/week
• Most of time, irritable in-between
• Observable
• One year--no 3 sx-free
• 2 & 1
• 6-18—before 10
• No Mania—Role of Dep
• ODD, BP, neurological

• Pros of new disorder
• Cons of new disorder

• Co-Morbidity
• Co-Occurring Disorders

• Psychosis
• Suicide

• Trauma/CT
• Brain

• WGO
• Dx
• Normal
• Trauma
• Stress
• Plan!!!
• Medication?
• Keynote
• Checklist in WTW
WHEN TO WORRY: “How to Tell If Your Teen Needs Help— and What to Do About It” By Dr. Lisa Boesky TODAY only 40% Discount! www.whentoworry.com

MISCONCEPTION #8

Medication for the mood disorders is very _____, with ____ ___ ___

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MISCONCEPTION #9

If someone with a Mood Disorder is on the appropriate dose/comboination of medication, _____ ____ is not necessary

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MISCONCEPTION #11

Specific foods, vitamins, minerals, supplements and “nutrient therapy” have _____ _____ in the treatment of the Mood Disorders.

MISCONCEPTION #12

_____ _____ _____ _____ _____ about Depression & Bipolar Disorder.

Resources

- International Bipolar Foundation
  www.internationalbipolarfoundation.org

- Depression & Bipolar Support Alliance
  www.dbsalliance.org

- When to Worry: How to Tell if Your Teen Needs Help—and What to Do About It
  www.whentoworry.com

- DSM-5 (APA, 2013)