OPAL-K Pearls

VOLUME 2 | OCTOBER 2025

Initiating Antidepressants in Youth with Possible Bipolar Disorder

By Dr. Rumneet Kullar, Child and Adolescent Psychiatrist and OPAL-K consultant

Clinical Scenario	A 16-year-old adolescent presents with symptoms of depression, including persistent low mood, fatigue, trouble initiating sleep, decreased appetite, poor concentration, and feelings of worthlessness. Upon further assessment, they disclose frequent mood swings, occasional bursts of high energy without much sleep, and episodes of feeling unusually happy. The patient expresses concern about possibly having bipolar disorder. Screening tools for depression and mood disorders are elevated and nearly pan-positive. There is mention of a possible family history of bipolar disorder, but this cannot be confirmed. You initially consider prescribing an antidepressant but are now questioning whether this could precipitate a manic episode if the patient does indeed have bipolar disorder.
Assessing the Risk	The likelihood of this adolescent having bipolar disorder is statistically low. According to data from the National Comorbidity Survey Adolescent Supplement (NCS-A) collected between 2001 and 2004, the lifetime prevalence of bipolar disorder among U.S. adolescents aged 13-18 is estimated at 2.9%. Most likely, the young person is experiencing unipolar depression, for which selective serotonin reuptake inhibitors (SSRIs) and other antidepressants can be effective, particularly in moderate to severe cases.

Monitoring and Differentiating Symptoms	If you decide to start an antidepressant, it is important to monitor for activation symptoms. Activation is a hyperarousal response featuring increased irritability, heightened activity, impulsivity, disinhibition, restlessness, and insomnia. This syndrome is distinct from mania or hypomania, which involves a sustained period—at least four days—of abnormally elevated or expansive mood, increased energy, possible grandiosity, pressured speech, racing thoughts, or risky behaviors. Activation symptoms typically emerge early during treatment or after increasing the antidepressant dose, and usually resolve with dose reduction or discontinuation.
Mania Risk and Evidence	Although rare, there is a possibility of antidepressant-induced mania, which may develop later during treatment. A Swedish study involving more than 43,000 youths aged 4 to 17 found no evidence of treatment-emergent mania after 12 weeks of antidepressant therapy in children and adolescents with unipolar depression. However, some factors were linked to a 2-4-fold higher risk of developing mania or hypomania within 12 weeks, including the use of antileptics, presence of psychosis, family history of bipolar disorder, and previous hospitalization.
Conclusion	Given that the patient is more likely to have unipolar depression and the overall risk of SSRI-induced mania is low, initiating an antidepressant is a reasonable next step. Continued monitoring is essential. For further discussion on management and next steps, contact OPAL-K at 1-855-966-7255 or 503-346-1000. OPAL-K now also provides e-consults. For details on how to place an e-consult, https://www.ohsu.edu/health/epiccare-link-health-care-providers

References

1. Merikangas, K. R., He, J., Burstein, M., Swanson, S. A., Avenevoli, S., Cui, L., Benjet, C., Georgiades, K., & Swendsen, J. (2010). Lifetime prevalence of mental disorders in U.S. adolescents: Results from the National Comorbidity Survey Replication–Adolescent Supplement (NCS-A). *Journal of the American Academy of Child & Adolescent Psychiatry*, *49*(10), 980–989. https://doi.org/10.1016/j.jaac.2010.05.017
2. Virtanen, S., Lagerberg, T., Takami Lageborn, C., Kuja-Halkola, R., Brikell, I., Matthews, A. A., Lichtenstein, P., D'Onofrio, B. M., Landén, M., & Chang, Z. (2024). Antidepressant Use and Risk of Manic Episodes in Children and Adolescents With Unipolar Depression. *JAMA psychiatry*, *81*(1), 25–33. https://doi.org/10.1001/jamapsychiatry.2023.3555
3. Walter, H. J., Abright, A. R., Bukstein, O. G., Diamond, J., Keable, H., Ripperger-Suhler, J., & Rockhill, C. (2023). Clinical practice guideline for the assessment and treatment of children and adolescents with major and persistent depressive disorders. *Journal of the American Academy of Child & Adolescent Psychiatry*, *62*(5), 479–502. https://doi.org/10.1016/j.jaac.2022.10.001