



Irene Abramovich, M.D., Ph.D., F.A.C.F.E., *Board Certified*

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Dear Editor,

Extremes are dangerous in medicine, especially in child psychiatry. The observed polarization of the psychiatric community – “bipolar” vs. “no such thing” is due to several different factors. We tend to forget, that psychiatry is a MEDICAL specialty and as any other ailments psychiatric conditions fall under the same biological “laws” of medicine, including underpinning anatomical and neurochemical changes. Unlike other medical fields in psychiatry we do not have any visual confirmations of the diagnosis (specific type of blood work, imaging, etc). Research data on the other hand is very rich with specific findings consistent with different psychiatric conditions, but so far they do not have any practical application. So, in psychiatry our tool box still remains the same as was used a hundred years ago, which is a thorough diagnostic interview and careful analysis of different pieces of information. We also did not believe for many years that children can suffer from serious psychiatric illnesses, attributing many problems to the family structure or flaws of upbringing. All of the above leaves parents quite perplexed and bewildered, as they do not understand how the diagnosis of a psychiatric condition could be made only by talking to them and their child, when even their pediatrician routinely sends them for multiple tests. The last but not the least piece of this very controversial puzzle is the absence of any child oriented psychiatric disease classification. We do not make our children wear adult shoes, but we expect them to “wear” adult psychiatric classification, calling their condition “bipolar”, although they present differently than adults. Whenever I talk to my adult patients with long standing psychiatric condition they invariably report problems with mood or behavior starting from early childhood if not at birth. As adults they carry a wide array of different psychiatric condition, which were harbingered in their childhood with what we call now “bipolar”, or “oppositional defiant disorder” or even “ADHD”. I believe that the issue is significantly more complicated than the dichotomy of bipolar/non-bipolar. It is time to revise and address this extremely complicated field, without rushing into hasty conclusion.

Sincerely,

Irene Abramovich M.D., PhD. (private practice)