In this issue of *Psychiatric Annals*, we are fortunate to have a helpful series of articles on pediatric bipolar disorder and attention-deficit/hyperactivity disorder (ADHD), guest edited by Robert M. Post, MD. These articles discuss how to differentiate pediatric bipolar disorder from ADHD and the best treatment options for when they co-occur.

I remember a prior presentation by Dr. Post in years past about this topic. He called pediatric bipolar disorder and ADHD a “perfect storm” that can lead to severe comorbid anxiety, impulsiveness, and substance use disorders. Whenever this topic comes up, I cannot help but think of my son Craig who died—not of suicide—but was preoccupied with suicidal thoughts when an arrhythmia stopped his heart at age 46.

Craig was a brilliant kid who wanted to be helpful to everyone, and this sometimes got him into trouble. He had an amazing imagination. Sometimes he read electronics texts for fun, and he once invented a car alarm that created such a loud noise that no one could stand to stay in a car if it was set off.

The first time I was sure about his diagnosis being bipolar disorder was when I visited him in a county jail (run like a military institution). I had been suspicious for a long while, but never sure because of his history of substance abuse. I couldn’t be sure if it was bipolar mania or a mixed state until I had the “opportunity” to visit him in jail. After all, there was no history of bipolar disorder in my family, or was there? I remembered the behavior of my dad’s older brother—how he would not talk at all or seemed to be over-laughing at other times, and how he would whisper about “dancing women.” I was so young that I didn’t really understand until that visit when I found my son in jailhouse orange, and he happily began telling me about his “enlarged heart muscle.” Craig was a weight lifter, and to him any big muscle was good—I didn’t want to take this from him. He had suffered often from depression and could not hold a job. Having a very high IQ (his was in the 130s) doesn’t help when you have early onset bipolar disorder and ADHD.

One day he desperately needed money, so I sent him a check for $500 (a “life preserver”). He left the check in his car; it was gone when he returned. The perfect storm—Craig marched to the beat of a different drummer. I think of him often.

*Jan Fawcett, MD, is a Professor with the Department of Psychiatry at the University of New Mexico School of Medicine. He was chairperson of the DSM-5 Mood Disorders Task Force.*

*Contact Dr. Fawcett via email: psyann@Healio.com.*

doi: 10.3928/00485713-20140908-01