

TO: Rochelle Gregory

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SUBJECT: Comparison on two documents concerning bipolar disorder among younger people.

This memo discusses the differences between two documents.

1. **The first document:** "Bipolar Disorder In Children And Teens".
2. **The second document:** "Bipolar Disorder in Children and Adolescents: A Guide to Diagnosis and Treatment".

Both documents cover the topic of bipolar youth but each has a different set of assumptions about the potential readers. These assumptions affect the overall design of the document.

What is the audience and purpose of each article?

The first document appears to be designed for the parents of a youth that potentially has bipolar disorder. Phrases such as "call *your child's* doctor" and "Do not stop giving *your child* medication without a doctor's help" indicate the assumed relationship between the affected and the reader of the document. The first document is designed to help a parent understand the importance of medical expertise in the subject of bipolar disorder. Frequent warnings appear in the brochure "ask your doctor before..."

The second document is much more authoritative, and presumes that the reader will be a medical professional. The second document is aimed at medical professionals looking for a reference of common medicines listed along with positives and negatives to each choice. Each medicine is put into a separate section with relevant information attached for a professional to weigh their options.

How are these articles designed for their target audience?

The first document has more emphasis on visual appeal than the second document. The first document is more colorful and inviting. There is use of stock photography to provide more visual appeal. The color scheme utilizes a burnt orange with a soft pastel orange background. This creates a more pleasurable view for someone attempting to deal with the idea that his/her child is ill. The vocabulary is simple, with a few key specific terms highlighted in bold such as 'bipolar disorder', 'mania' and 'depression'. The key terms are isolated in this way and then explained in plain language to ease the reading for somebody new to the topic. This utilizes a sort of 'divide and conquer' method to explaining the concepts conveyed. The vocabulary is separated into bold print

bite-sized pieces for a potentially distressed parent to digest. The digestion is eased by the brochure design, intended to be casually picked up and read with only a light engagement required from the reader.

The second document is in plain black and white. There is a table of contents and abstract for a professional to assess the usability of the document quickly. The second document is extremely dense, with medical terms not commonly encountered in day-to-day living such as “comorbidity” and ‘inconsistency with epidemiological and longitudinal studies’. These terms are not accompanied with context clues or definitions, because the document is written under the assumption that a specialist would already know these terms.

How will the information in each document be used?

The first document is designed to be a motivator for parents to consult with a medical doctor or other professionals concerning their child’s behaviour. The language is largely comforting, a sort of reassurance that professionals really do know best. Phrases like “An experienced doctor will carefully examine your child” convey the care a professional would give. In the brochure there are warnings on how difficult treatment will be, as a sort of empathy for the parents of children with bipolar disorder. Phrases like “can challenge any parent” give the impression that treatment will be difficult but at the same time the phrase softens the warning.

The second document has plenty of information that a medical professional would want to use to consider an adequate pharmacological treatment plan. Part of the document contains information on various medications that can be used. The information is divided into individual categories of each medication. The categories also each contain warnings to caution medical professionals on the care required to accompany each medication. The organization of the document enables speedy reference, with a table of contents to further expedite the browsing through the document. The second document ends with a large amount of scholarly references. This gives the document authority as well as provides a reading list for professionals to do further reading.

In summary the two documents differ widely in intended audience. The first document is intended for parents of children diagnosed with bipolar disorder, acting as a salve for any dismay that a parent would be experiencing. The second document is aimed at medical professionals that are seeking an indexed information guide to medications used to treat bipolar disorder. The design of each document is modeled to appeal to their target audience. The first one is more welcoming yet simple while the second one is dense but full of utility.

“Bipolar Disorder In Children And Teens” National Institute of Mental Health. NIH Publication No. TR-08-6380.

“Bipolar Disorder in Children and Adolescents: A Guide to Diagnosis and Treatment” Silva, Raul. Matzner, Fredrik. Dec 12, 1999. New York University School of Medicine, Division of Child and Adolescent Psychiatry, New York, New York, USA