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Bipolar Disorder

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Introduction

Bipolar disorder was formerly known as manic depressive disorder. The words “depression” and “mania” have their origins in Ancient Greek. Hippocrates (460-337 B.C.) was the first to systematically describe mania and depression (melancholia). He believed that psychological disorders were due to an imbalance of four bodily fluids: black bile, yellow bile, phlegm and blood and melancholia (early term for depression) meant black bile. In 1st century A.D., Aretaeus of Cappadocia, a greek historian was the first to explicitly describe the strong link between depression and mania. In 1851 a French doctor Jean-Pierre Falret described how mania and depression cycled in people accompanied with intervals that were symptom-free, and in 1893, Emil Kraepelin, a German psychiatrist was the first to term the illness “manic depressive”.

Bipolar disorder is a disorder involving significant changes in mood and energy that affect negatively (and in some instances positively) the ability to carry out day to day tasks. A person with bipolar disorder has moods that usually alternate between mania, or extremely “up” mood and energy, and depression, or extremely “down”. Such mood swings and energy are different from the usual (and harmless) “ups” or “downs” a person usually feels. In bipolar disorder, the changes in mood or “mood swing” can last for hours, days, weeks, or even months. It can come over for as little as few hours in very “soft” cases or several weeks in more serious cases; the mood changes can be mild or severe and short or long. Sometimes, a mood episode includes symptoms of both mania and depression. This is called a mixed state. Also, in manic / hypomanic (less severe form of mania) episodes the mood swing can be that of irritable and not necessarily that of euphoria.

During a manic episode, there is significant change in one’s mood where one becomes extremely irritable or extremely euphoric. During this mood change there can be major impacts on the nature and content of ones thoughts, emotions and behaviors. For example, when someone is experiencing an elevation in his mood, his perceptions could become distorted enabling him to believe that he has above average and exceptional capabilities “I’m invincible, I can do anything”. Such distorted thoughts may lead the person to engage in impulsive behaviors that have terrible consequences. What follows (or precedes) a manic episode is usually a depressive episode where sad mood predominates.

Such disruptive behaviors (whether one is in a manic or a depressed phase) may result in problematic relationships, irregular work or school performance or sometimes self-harming behaviors. If untreated, a person may put himself at high risk where his safety could be seriously jeopardized and in turn interfere with his adaptive functioning and well-being. Treatment is very important because it can be a protective factor that limits the recurrence of the mood episodes throughout the person’s life. With treatment, an individual can lead a full and productive life. It’s important to keep in mind that similar to diabetes or heart disease, bipolar disorder is a long term illness that needs to be carefully managed throughout a person’s life.

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Overview and Facts

Bipolar disorder often develops in a person's late teens or early adult years. At least half of all cases start before age 21. Some have their first symptoms during childhood, while others may develop symptoms late in life.
Bipolar disorder usually begins during a person's late teen years, although it can sometimes start in early childhood or as late as a person's 60s or 70s. An equal number of men and women develop this illness, and it affects people of all races, ethnic groups and social classes.
A study was conducted by IDRAAC (Institute for Development, Research, Advocacy and Applied Care) to assess the lifetime prevalence of mental disorders in Lebanon (one meeting criteria for a mental disorder at some point in his life). Results showed that the lifetime prevalence of someone having any type of bipolar disorder was 2.4% (Bipolar I 0.4%, Bipolar II 0.5% and Subthreshold Bipolar 1.5%). When assessing the 12- month prevalence of mental disorders in Lebanon (meeting criteria for a mental disorder in the past 12 months), results showed that prevalence rate for individuals meeting criteria for any type of bipolar disorder was 1.9% (Bipolar I 0.4%, Bipolar II 0.5% and Subthreshold Bipolar 1.1%). In comparison, the lifetime prevalence and 12-month prevalence of any bipolar disorder worldwide is 2.4% and 1.5% respectively and in the United States is 4.4% and 2.8% respectively. Hence, the prevalence rates in Lebanon are similar to the average prevalence rate worldwide if not higher (1.9% compared to 1.5%). However, it is suspected that the rates are much higher and Bipolar Disorder affects closer to 6 or 7% of the population.

Symptoms

The symptoms of bipolar disorder are divided into manic, hypomanic, depressive and mixed episodes and include:
A) Symptoms of a manic episode
The present definition of mania according to the official Diagnostic Statistical Manual (DSM-IV-TR) is as follows:
During an episode of mania, a person will exhibit the following symptoms:
A distinct period of elevated, enthusiastic or irritable mood (feeling "high", overly happy, "jumpy" or "wired", easily becomes frustrated and angry) lasting at least one week (or less than one week if hospitalization is required), that includes at least three of the following symptoms:

- Increased physical and mental activity and energy
- Exaggerated optimism and self-confidence (extreme sense of self importance)
- Becoming easily distracted
- Excessive irritability, aggressive behavior
- Decreased need for sleep without becoming tired
- Increase in goal directed activities- taking on new projects.
- Racing speech, racing thoughts, impulsiveness, poor judgment
- Reckless behavior such as spending sprees, impulsive business decisions, erratic driving and sexual indiscretions

B) Symptoms of a Hypomanic episode include:
Similar to a manic episode, except that it is less severe and can be of much shorter duration. It is different from an individual's non-depressed mood with a clear change in activity and attitude, and visible behavior that is unusual for the person or out-of-character. A person having a hypomanic episode may feel very good, be highly productive, and function well. This person may not feel that anything is wrong unless he has observed himself closely over the years.

Others, however, would notice frequently the change. Caution must be exercised when there is hypomania since some cases of hypomania might be the beginning of a manic episode.

C) Symptoms of a Depressive episode
The present definition of depression according to the official Diagnostic Statistical Manual (DSM-IV-TR) is as follows:
During an episode of depression, a person will exhibit the following symptoms:
A period of two weeks or more during which five or more of the following symptoms are present:

- Prolonged sadness or unexplained crying spells
- Significant changes in appetite and sleep patterns
- Irritability, anger, worry, agitation, anxiety
- Pessimism, indifference
- Loss of energy, persistent exhaustion
- Feelings of guilt, worthlessness and/or hopelessness
- Inability to concentrate; indecisiveness
- Inability to take pleasure in former interests; social withdrawal
- Recurring thoughts of death or suicide

D) Symptoms of a Mixed state include:
A period during which symptoms of a manic and a depressive episode are present at the same time. People who experience mixed states can have racing thoughts during a depressive episode or tearfulness during a manic episode. Hopelessness, irritability, uncontrollable swings between racing thoughts and a feeling of "everything is black" can all happen over the course of minutes.

Causes and Risk Factors

Bipolar disorder is one of the most highly heritable disorders among medical diseases. A large number of studies have shown that bipolar disorder runs in families. Twin studies have clearly shown that bipolar disorder is inherited because of genetic influences. They have established that the degree of similarity (concordance rate) in monozygotic twins (who are genetically identical) is significantly greater than dizygotic twins (who genetically share half the genes), 38.5%-43% compared to 4.5%-5.6%. In addition, heritability of bipolar disorder was estimated at 79%-93%, much higher than medical disorders such as breast cancer. Finally, the risk for 1st degree relative is 9% (Barnett & Smoller, 2009).

Some famous people known to have bipolar disorder:
Actors: Jim Carey, Robert Downey Jr., Ben Stiller, Robin Williams, Mel Gibson, Jean-Claude Van Damme, Tim Burton, Drew Carey, Marilyn Monroe
Musicians: Ludwig Von Beethoven, Jimi Hendrix, Axl Rose, Kurt Cobain, Ray Davies, Mozart
General: Vincent Van Gogh, Kay Redfield Jamison (Psychologist at Johns Hopkins), Isaac Newton, Napoleon Bonaparte
Poets: Charles Baudelaire, William Blake, TS Elliott, Victor Hugo
Politicians: Winston Churchill, Theodore Roosevelt, Abraham Lincoln
Writers: Edgar Allen Poe, Mark Twain, Virginia Woolf, Ernest Hemingway, Lord Byron, Ralph Emerson, Hans Christian Anderson, Agatha Christie, Emily Dickinson 6

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Tests and Diagnosis

To be able to diagnose a person with bipolar disorder, the physician needs to assess the symptoms, their length, frequency and severity in order to be able to present a clear diagnosis. The Bipolar Spectrum includes different types of Bipolar Disorders that differ based on the length, frequency and pattern of the manic and depressive episodes. The bipolar spectrum includes Bipolar I, Bipolar II and Cyclothymia.

A) **Bipolar I** is characterized by periods of full blown mania and could be accompanied with major depressive episodes and/or psychotic symptoms at times (hallucinations hearing and seeing things that are not real, delusions- strongly held false beliefs that are not explained by reason). It is the most severe form of Bipolar Disorder.

B) **Bipolar II** is characterized by hypomanic symptoms which are less severe than manic symptoms and major depressive episodes.

C) **Cyclothymia** is characterized by at least two years of hypomanic and mild depressive symptoms that do not meet criteria for manic or depressive episodes.
There are other types of bipolar disorders such as Bipolar III and Bipolar IV and three subtypes Bipolar I ½ , Bipolar II ½ , and Bipolar III½. Please refer to the Bipolar Spectrum graph below for a thorough description of the different types and subtypes of Bipolar Disorders. In addition, when 4 or more episodes of depression, mania, hypomania or mixed state occur in a 12 month period, it is referred to as rapid cycling. When the 4 episodes occur in one month it is referred to as ultra rapid cycling and if they occur in a 24 hour period it is called ultra ultra rapid cycling.

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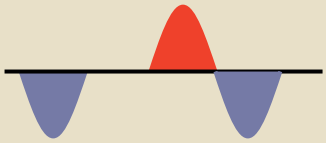
Bipolar Spectrum

Bipolar I

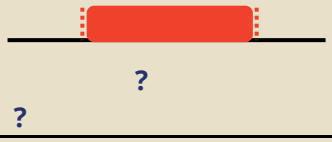
Full-Blown Mania



***Explosive Mania*, often psychotic. Need for *Hospitalization* is undeniable.**

Bipolar I ½

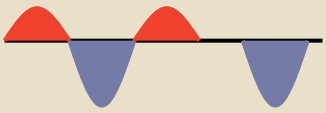
Protracted Hypomania



***Prolonged Hypomanic* episode of *2 to 3 months.* Some trouble *without* reaching destructive potential of full-blown mania.**

Bipolar II

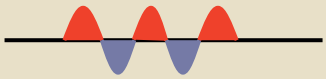
Hypomania
(the most common phenotype of Bipolar Disorder)



***Hypomanic* periods of at least *4 days without* marked impairment, interspersed with impairing major *Depressions*. Judgment relatively preserved compared with Mania.**

Bipolar II ½

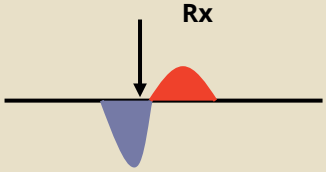
Cyclothymic Depressions



***Short Hypomanic* periods of *1 to 3 days* & *Minidepressions.* Moodiness could be misdiagnosed as a cluster B personality disorder.**

Bipolar III

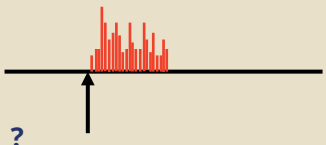
Antidepressant-Induced Hypomania



***Hypomania only during* Antidepressant *Treatment*. Often depressive temperament & family history of bipolarity.**

Bipolar III 2/1

Bipolarity Masked-and Unmasked-by Stimulant Abuse

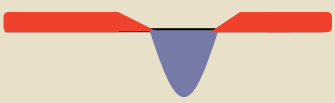


Amphetamines, cocaine...

Periods of *Excitement linked to Substance* or *Alcohol Use* & *Abuse.*

Bipolar IV

Hyperthymic Depression



***Depression* on *lifelong hyperthymic temperament*. Typically men in their 50s who have a family history of bipolarity.**

Reference: Hagop S. Akiskal M.D. Bipolarity Beyond Classic Mania. The Psychiatric Clinics Of North America Volume 22. Number 3, September 1999.

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Treatment

Treatments include specialized evidence-based treatments such as medications, psychological treatments (ex: cognitive behavioral therapy which addresses specifically parameters that link together dysfunctional patterns of thoughts, emotions and behaviors) and overall lifestyle changes.

A) Medications for Bipolar Disorder

There are specific medications for treating bipolar disorder. They include:

• Mood stabilizers: These medications help regulate your mood fluctuations. Some examples are Lithium Carbonate, Valproic Acid (Depakine), Lamotrigine (Lamictal) and Carbamazepine (Tegretol). Following are some common side effects:

i. Lithium Carbonate:
Tremors, increase in frequency of urination as well as increased thirst, nausea (which is why it is best to be taken after meals), and acne vulgaris. If not monitored properly, Lithium may cause toxicity. Hence, to prevent toxicity we monitor Lithium levels in the blood through a blood test which has to be done 10-12 hours after the last dose was taken. Signs of Lithium toxicity are the following: severe vomiting and diarrhea, as well as confusion. Lithium may also affect the kidneys and the thyroid, therefore we ask for a blood test that includes Urea, Creatinine, and TSH levels in order to monitor thyroid and kidney functions.

ii. Valproic Acid (Depakine):
Tremors, nausea, vomiting, hair loss, weight gain, Hepatitis, and increases the level of an enzyme called Transaminase. When taking Depakine you are asked to have a liver function test (SGOPT, SGPT) as well as a CBC. Valproic acid level is monitored in the blood by a specific blood test that should be done 10-12 hours after taking the last dose.

iii. Lamotrigine (Lamictal):
Allergic reaction in the form of skin rash, anxiety, insomnia, problems coordinating muscle movements, and Diabetes Insipidus.
iv. Carbamazepine (Tegretol):
Anemia, Hepatitis, Agranulocytosis (Decrease in white blood cell count), nausea, vomiting, and skin allergy.

** Printed brochures on the mood stabilizers Valproic Acid (Depakine) and Lithium are available at M.I.N.D. (Medical Institute for Neuropsychological Disorders) offices if you would like to obtain additional information about them.

• Antipsychotics: They are part of another class of medication but are highly used and recommended in treating symptoms of mania. There are two main categories of antipsychotics (old generation and new generation). The most famous example of the old generation is Haloperidol (Haldol). Some examples of the new generation are Que¬tiapine (Seroquel), Risperidone (Risperdal), Olanzapine (Zyprexa), Ziprasidone (Zel-dox), Aripiprazole (Abilify) and Paliperidone (Invega). Here are some examples of side effects that can be encountered with old generation and new generation antipsychotics.

i. Old generation Anti-Psychotics:
General side effects include developing extrapyramidal symptoms (such as rigidity, tremors, restlessness, and involuntary movements), increase in a hormone called pro¬lactin, disruption of menstrual cycle, sometimes even lack of menstruation, weight gain, loss of libido, convulsions, sedation, increased sensitivity to light, insomnia and the risk of developing Neurpleptic Malignant Syndrome (muscle rigidity, elevated temperature, confusion, fluctuations in blood pressure)

ii.New Generation Anti-Psychotics:
General side effects include developing extrapyramidal symptoms (less frequent), se¬dation, decrease in blood pressure, weight gain, and increase in a hormone called pro¬lactin (less frequent).

***** What should a person do if he experiences side effects?*****
A person does not need to be discouraged by side effects because there are ways to reduce them or get rid of them. However, it is imperative that he informs his doctor of any side effects he may be experiencing. One should never stop taking his medication or change the dosage without talking first to his doctor.
It is important for someone to contact the doctor or a hospital emergency room right away if side effects cause him to become very ill with symptoms such as fever, rash, jaun¬dice (yellow skin or eyes) breathing problems, heart problems, or other severe changes that concern him. This includes any changes in his thoughts, such as hearing voices, seeing things or having thoughts of death or suicide.

B) Psychological Treatments
There are many types of therapy that can help someone address issues in his life and learn new ways to cope with his illness. An example of an evidence-based approach in treating bipolar disorder is cognitive behavioral therapy (CBT). The focus is on under¬standing the relationships between thoughts, emotions and behaviors and identifying distorted automatic thoughts, dysfunctional core beliefs and assumptions that are as¬sociated with the illness and interfere with the way one views himself, others and his environment. Specialized psychological treatments can help the person achieve the fol¬lowing:
• Understand his illness
• Better cope with stressful situations
• Identify triggers that may worsen his symptoms
• Improve interpersonal relationships with others
• Establish a stable and predictable routine
• Understand why some situations are painful and learn better problem solving skills.
• Help decrease ruminations
• End destructive habits such as drinking, using drugs, overspending or risky sex

Some people are able to stabilize quickly after starting treatment; others take longer and need to try several treatments, medications or medication combinations before they feel better.

A healthy lifestyle is always conducive to better wellbeing. Hence, one can improve his mood by improving his health habits.
• Ensure treatment compliance (medication and/or therapy compliance)
• Maintain a regular sleep schedule.
• Avoid high-stress situations

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• Share talking and listening time with a friend often, especially during difficult times.
• Exercise regularly. It helps one relax and reduce stress.
• Take a walk each day.
• Engage attention in pleasant and interesting activities.
• Create a daily planning calendar.
• Limit alcohol and avoid illegal drugs.
• Avoid caffeine and stimulants (ex: energy drinks).
• Try to maintain a calming and safe environment.

When someone has an episode of bipolar disorder, friends and family members might not know how to help. They might be hesitant to talk about the person's illness, or feel guilty, angry, or helpless. All of these things are normal. Here are some examples of what one can say that helps and what one should avoid saying:
Family and friends who are supportive and dependable can make a big difference in a person's ability to cope. Here are some examples of what family members and friends can do to help:

• Encourage treatment compliance
• Offer emotional support and understanding.
• Help with health care and other responsibilities.
• Help monitoring symptoms, progress, and side effects.
• Focus on their strengths.
• Help the person recognize that his symptoms are time limited.
• Recognize that when someone is experiencing a mood disorder episode, communication may become more difficult during these times.
• Encourage them to maintain a healthy lifestyle

Individuals who experience symptoms of bipolar disorder are encouraged to seek help as soon as possible in order to ensure their health and pre serve their well being.

Examples of what may help	Examples of what may NOT help
• You are not alone in this. I'm here for you. • I understand you have a special condition and that's what causes these thoughts and feelings. • You may not believe it now, but the way you're feeling will change. • I may not be able to understand exactly how you feel but I care about you and want to help. • When you want to give up, tell yourself you will hold of for just one more day. • Tell me what I can do now to help you. • Talk to me, I'm listening.	• It's all in your head. • You have nothing, stop worrying. • It's your imagination. • I can't do anything about your situation. • Just snap out of it. • Stop acting crazy. • What's wrong with you? • Shouldn't you be better by now?

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Sources and Links

Adapted from National Institute of Mental Health (NIMH), Depression and Bipolar Support Alliance (DBSA), Child and Adolescent Bipolar Foundation, Medical In-stitute of Neuropsychological Disorders (MIND).
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Barnett, J. & Smoller, J. (2009). The genetics of bipolar disorder. Neuroscience, 164, 1, 331-3439