

MODULE 1

Overview of Bipolar Disorder

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Overview of Bipolar Disorder

Introduction

Bipolar Disorder or Manic Depression is a mood disorder, and is the name given to the experience of abnormal moods or exaggerated mood swings. This illness is characterised by the experience of extremely “high” moods where one becomes extremely euphoric or elated, and the experience of extremely “low” moods where one becomes extremely sad and finds it difficult to experience pleasure. The high moods are called manic episodes and the low moods are called depressive episodes. These episodes can range from mild to severe and affect how a person thinks, feels, and acts. However, it is important to remember that some people may experience different patterns associated with their disorder. For example, some people may experience only one episode of mania but more frequent episodes of depression.

Bipolar Disorder occurs in approximately 1% of the population, that is, about 1 in every 100 will experience an episode that will probably require hospital care. This illness affects men and women equally, and typically begins in their early to late 20s.

Features of Bipolar Disorder



MANIC EPISODES

Mania is an extreme mood state of this disorder. It describes an abnormally elevated, euphoric, driven and/or irritable mood state. **Hypomania** is the term given to the more moderate form of elevated mood. It can be managed often without the need for hospitalisation as the person remains in contact with reality. However, it is very easy to move rapidly from hypomania into a manic episode. Symptoms of mania include:

Irritability

Irritability as described in the Oxford dictionary means “quick to anger, touchy.” Many people, when in an elevated mood state, experience a rapid flow of ideas and thoughts. They often find that they are way ahead of other people in their thinking processes, already onto another idea before people around them have grasped the first concept. Because of this rapid thought process, they become easily angered when people don’t seem to comprehend their ideas or enthusiasm for some new scheme.

Decreased need for sleep

One of the most common symptoms of mania and often an early warning sign is the increased experience of energy and lack of need for sleep. This is often because the rapid flow of thoughts and ideas tends to keep people awake, exploring new schemes and plans.

Rapid flow of ideas

People who are becoming manic experience an increase in the speed at which they think. They move more quickly from one subject to another. Sometimes thoughts can become so rapid that they begin to make no sense, developing into a jumbled, incoherent message that the listener can no longer understand.

Grandiose ideas

It is common for people who are manic to think that they are more talented than others, or have unique gifts. As the person's mood becomes more elevated, these beliefs can become delusional in nature, with people often believing they are famous people, or that they have been put on this planet for a special purpose (often religious beliefs can become very intense, and take more significance than usual).

Uncharacteristically poor judgement

A person's ability to make rational decisions can become impaired and they may make inappropriate decisions or decisions that are out of character.

Increased sexual drive

People when they become manic often experience increased libido, and may make less well-judged decisions about the sexual partners.



DEPRESSIVE EPISODES

Depression is a mood state that is characterised by a significantly lowered mood. Its severity, persistence, duration, and the presence of characteristic symptoms can distinguish a major depressive episode, the other extreme mood state of bipolar disorder, from a milder episode of depression. The most common symptoms of depression include:

Persistent sad, anxious, or empty mood

People often describe depression as an overwhelming feeling of sadness and hopelessness. They may lose the motivation to eat and experience a loss of enjoyment in the activities of everyday life that they used to take a lot of pleasure in.

Poor or disrupted sleep

A person when they are depressed often experience sleep disturbances, and this can be due to increased anxiety. They then find it difficult to fall asleep, or wake up frequently during the night worrying about day-to-day events or wake early in the morning and are unable to get back to sleep.

Feelings of worthlessness or hopelessness

Sometimes people become overwhelmed with a sense of their own inability to be of use to anyone, and can become convinced that they are useless and worthless. Thoughts may revolve around the hopelessness of the situation and the future.

Decreased interest in sex

As the person becomes more depressed, they gradually become less interested in social activities and sex.

Poor concentration

Thinking can become slowed and the person can have difficulty in making decisions. They find it difficult to concentrate on reading a book or on the day to day tasks such as shopping. This can often create anxiety or agitation in a person.

Thoughts of suicide, or suicide attempts

When a person becomes overwhelmed by their feelings of hopelessness and despair, they may have thoughts of ending their lives or make plans to commit suicide.

MIXED EPISODES

A mixed episode is characterised by the experience of both depressive and manic symptoms nearly everyday for a period of time. The person experiences rapidly alternating moods, eg, irritability, euphoria, sadness, and there may be insomnia, agitation, hallucinations and delusions, suicidal thoughts, etc.

Recording Your Symptoms

What sorts of symptoms do you experience? On the next page is a Symptom Record worksheet. Take a few minutes to write down what you experience when you are feeling well, that is, when you are neither depressed nor hypomanic or manic. Then think of how you feel, what you think, and what you do or don't do when you are depressed or hypomanic or manic and write these symptoms down. The purpose of recording your symptoms is so that you can learn to become more aware of them and are ultimately able to recognise any early warning symptoms. We will discuss more about early warning symptoms in Module 3.

The Diagnosis of Bipolar Disorder

Correctly identifying an illness can help you begin to explore the various treatment options available to you so that you can better manage your illness. As such, having an accurate diagnosis is the **beginning** of becoming well. Remember that a proper diagnosis should only be made by your general practitioner or psychiatrist, or a trained mental health practitioner. The information provided below is not enough for an accurate diagnosis to be made by anyone who is not a trained mental health professional or physician.

The following diagnoses are based on the definitions and criteria used in the *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)* by the American Psychiatric Association, 1994.

Bipolar I Disorder is the most common and prevalent of the different bipolar mood disorders. It is characterised by the experience of full-blown manic episodes and severe depressive episodes. The patterns of abnormal mood states are very varied and different individuals may experience a different course of the illness. Many physicians refer to bipolar I disorder as a relapsing and remitting illness, where symptoms come and go. It is therefore, important to ensure that treatment is continued even if the symptoms are no longer present, to prevent an episode relapse.

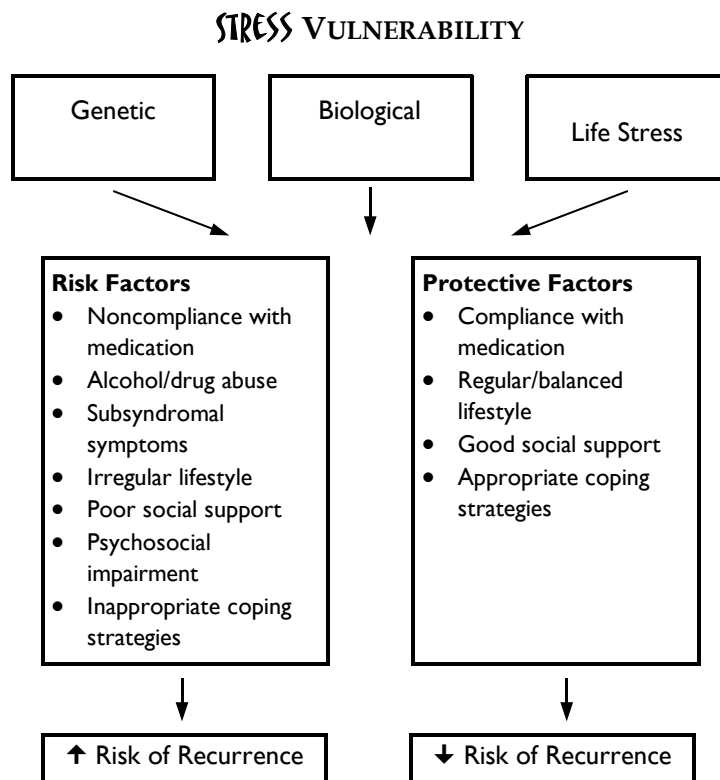
Bipolar II Disorder is characterised by the experience of full-blown episodes of depression and episodes of hypomania (i.e., with mild manic symptoms) that almost never developed into full-fledged mania.

Cyclothymic Disorder is characterised by frequent short periods of mild depressive symptoms and hypomania, mixed in with short periods of normal mood. Though a patient with cyclothymic disorder does not experience major depression or mania, they may go on to develop bipolar I or II disorder.

Patients with bipolar I or bipolar II may experience frequent mood cycling. Patients who experience more than four episodes of hypomania, mania, and/or depression in a year are said to experience **Rapid Cycling**. These patients tend to alternate between extreme mood states separated by short periods of being well, if at all.

What causes Bipolar Disorder?

No one factor has been identified to cause bipolar disorder, that is, it is not caused by a person, event, or experience. There are a number of factors that interact with each other that may contribute to the development of this disorder in some people. In this section, we present to you a way of understanding how all these factors come together to trigger the onset of this illness – called a stress vulnerability model.



First, we begin by looking at three key factors in this model, namely: genetic vulnerability, biological vulnerability and socioenvironmental stress (or life stress).

GENETIC VULNERABILITY

Bipolar disorder tends to run in families. First degree relatives of people with bipolar disorder have an increased risk of developing bipolar disorder. Children of bipolar patients face an 8% risk of getting the illness versus 1% in the population. Children of bipolar patients also face an increased risk (12%) of getting unipolar depression (i.e., depression only, without mania). Identical twins are also more likely to both develop this disorder than fraternal twins. While these results indicate to some extent that this disorder is genetically inherited, they also suggest that there are other factors that may contribute to its development.

BIOLOGICAL VULNERABILITY

This refers to possible biochemical imbalances in the brain that makes a person vulnerable to experiencing mood episodes. An imbalance of brain chemicals or an inability for them to function properly may lead to episodes of “high” or “low” moods.

SOCIOENVIRONMENTAL STRESS

Stressful events or circumstances in a person’s life, such as, family conflicts, employment difficulties, bereavement, or even positive events, such as getting married, having children, moving house, etc, can place extra demands on the person, leading to them feeling stressed, frustrated, anxious, sad, etc.



The occurrence of bipolar disorder can thus be explained as an interaction of the 3 above factors. A person who is genetically and/or biologically vulnerable may not necessarily develop bipolar disorder. These vulnerabilities are affected by how they cope with stressors in their life. For example, a person who has a family history of diabetes may not develop diabetes if they are careful with they eat and have enough exercise. This brings us to a discussion on protective and risk factors.

PROTECTIVE & RISK FACTORS

A risk factor is something that will increase the chances of a person who is already vulnerable becoming ill. Examples of risk factors are: poor or maladaptive coping strategies, alcohol or drug use, irregular daily routines, interpersonal conflicts, stressful events, etc. Protective factors, on the other hand, are those that can help to prevent a vulnerable person from becoming ill. Protective factors include good coping strategies, good social support networks, effective communication and problem solving skills, etc. It is when the risk factors outweigh the protective factors, that the chances of developing the disorder are high. This principle applies when considering the risk of recurrence as well.

*Course of Illness*

While some patients may experience long periods of normal moods, most individuals with bipolar disorder will experience repeated manic and/or depressive episodes throughout their lifetime. The ratio of manic episodes to depressive episodes will vary from one individual to the next, as will the frequency of episodes. Some individuals may experience only two or three episodes in their lifetime while others may experience a rapid cycling pattern of four or more episodes of illness per year. Whatever the pattern, it is important that bipolar patients learn effective ways of managing their illness and preventing the recurrence of further episodes.

On the next page is a Stress-Vulnerability Worksheet. This is for you to record factors in your life that might increase and decrease the risk of your experiencing an episode recurrence of depression, hypomania, or mania. Being aware of all these factors is the first step towards learning how to minimise the risk factors and maximise the protective factors so that ultimately you will be able to better manage your illness and prevent episode recurrences.

STRESS-Vulnerability Worksheet

Vulnerability Factors: What factors do you think might have increased your vulnerability to developing bipolar disorder or a depressive, hypomanic, or manic episode?

Stress Checklist: Were you stressed by anything happening in your life before you had a depressive, hypomanic, or manic episode?

























Risk Factors: What things might increase your risk of experiencing a depressive, hypomanic, or manic episode?

Protective Factors: What are some of the resources and strengths you might have that might decrease the risk of your experiencing a depressive, hypomanic, or manic episode?

























MODULE SUMMARY

- About 1% of the population suffers from bipolar disorder
- Bipolar disorder is the experience of exaggerated mood swings, where one can become extremely euphoric, i.e., a hypomanic/manic episode, or extremely sad, i.e., a depressive episode
- Sufferers of bipolar disorder can be diagnosed with Bipolar I Disorder (severe depression and full-blown mania), Bipolar II Disorder (severe depression and hypomania), or Cyclothymic Disorder (brief periods of mild depression and hypomania)
- Frequent mood cycling, ie, more than 4 episodes a year, is known as Rapid Cycling
- Bipolar disorder is not caused by any one factor, but an interaction of factors that may contribute to its development in some people – the three common factors are genetic vulnerability, biological vulnerability, and life stress
- The risk of developing the illness and the risk of developing another episode after recovery from one are affected by risk and protective factors
- Risk factors include: poor coping strategies, low level of social support, alcohol/drug use, irregular daily routines, interpersonal conflicts, etc
- Protective factors include: good coping skills, good social support networks, effective communication and problem solving skills
- The ultimate aim is to minimise risk factors and maximise protective factors so that episode recurrence can be prevented

Keep Going ...

In the next module, we will discuss the various types of treatments for bipolar disorder, and briefly evaluate the effectiveness of each of those treatment options.