

Bipolar Disorder

At least 2 million Americans suffer from bipolar disorder, also known as manic-depressive illness. This brochure describes bipolar disorder, gives signs a brief description of symptoms, types of treatment, and how to find help.

Bipolar Disorder -- Decade of the Brain

This document describes bipolar disorder; gives signs and symptoms, types of treatment, how to find help, and list organizations to contact for further information. It is useful for distribution in health units, mental health centers, physicians' offices, etc.

Going to Extremes: Manic-Depression Illness

Manic-depressive illness, also known as bipolar disorder, is a serious brain disease characterized by extreme shifts in mood, energy, and functioning. This fact sheet describes the symptoms of the illness, which include depression, mania, and sometimes psychosis, and the treatment choices. Genetic research indicates that heredity plays a role in the disorder.

Bipolar Disorder

Adapted from a publication written by Mary Lynn Hendrix of the Office of Scientific Information, National Institute of Mental Health

WHAT IS BIPOLAR DISORDER?

Bipolar disorder, also known as manic-depressive illness each year, is a treatable illness involving episodes of serious mania and depression: mood swings from overly "high" and irritable to sad and hopeless, and then back again, with periods of normal mood in between. The mood extremes may be of varying severity; the mood changes may occur gradually or rapidly.

A lifetime illness that typically begins in adolescence or early adulthood, bipolar disorder is often not recognized as an illness, causing needless suffering for years or even decades.

Effective treatment for this illness can alleviate suffering and usually prevent its devastating complications, which can include marital breakups, financial and occupational difficulties or losses, alcohol and drug abuse, and suicide.

Facts About Bipolar Illness

- At least 2 million Americans suffer from this distressing and disruptive illness.
- Like other serious illnesses, bipolar disorder also impacts family, friends, and co-workers.
- Families of those affected may have to cope with the resulting behavior problems (ie: wild spending) and their lasting consequences.
- Bipolar illness often runs in families. Research continues to look for the inherited genetic defect associated with the illness.

Depression

- Persistent sad, anxious, or empty mood
- Feeling helpless, guilty, or worthless
- Hopeless or pessimistic feelings
- Loss of pleasure in usual activities
- Decreased energy
- Loss of memory or concentration
- Irritability or restlessness
- Sleep disturbances
- Loss of or increase in appetite
- Thoughts of death

Mania

- Extreme irritability & distractibility
- Excessive "high" or euphoric feelings
- Sustained period of unusual behavior
- Increased energy, activity, rapid talking & thinking, agitation
- Decreased sleep
- Unrealistic belief in one's own abilities
- Poor judgment
- Increased sex drive
- Substance abuse
- Provocative or obnoxious behavior
- Denial of problem

The Spectrum of Bipolar Disorder

The mood states of bipolar illness occur in a continuous range: severe depression, moderate depression, mild "blue" periods, normal mood, hypomania (mild mania), and mania.

The course of the illness varies. Untreated, some people have repeated depressions and occasional hypomania (called bipolar II). In others, mania is dominant and depression infrequent. Mania and depression may also occur together, in what is called a mixed

bipolar state.

Understanding the variety with which bipolar illness can be expressed is essential to recognition and treatment of this disorder.

TREATMENT IS EFFECTIVE

- Almost all those with bipolar disorder, even in severe forms, can stabilize mood swings with proper treatment.
- One medication, lithium, is usually very effective in controlling mania and preventing recurrence of both manic and depressive episodes.
- In episodes that do not respond to lithium, treatment with the carbamazepine or valproate (anticonvulsants) may be effective.
- Antidepressants may be combined with the treatments above to treat depressive episodes.
- Electroconvulsive therapy (ECT) may treat severe episodes that do not respond to medications.
- As an addition to medication, psychotherapy can often provide critical support, education, and guidance to patient and family.

Getting Treatment

Anyone with bipolar disorder should be under the care of a psychiatrist skilled in its diagnosis and treatment. Other mental health professionals, such as psychologists and psychiatric social workers, can provide the patient and his or her family with support, education, understanding and help with monitoring symptoms and maintaining treatment.

Help can be found at:

- Hospital departments of psychiatry
- Private psychiatric offices and clinics
- University hospital or medical school affiliated programs
- Health maintenance organizations
- Offices of family physicians, internists, or pediatricians

Bipolar Illness Is Often Unrecognized

- An early sign of bipolar illness may be hypomania--with high energy, moodiness, and impulsive or reckless behavior.

- Hypomania may feel good to the person who experiences it, so that he or she will deny that anything is wrong.
- In early stages, symptoms may appear as other problems: alcohol or drug abuse, or poor performance at work or school.
- Left untreated, bipolar disorder tends to worsen so that the person experiences more severe episodes of mania or depression.

MORE FACTS...

- Symptoms of bipolar disorder may prevent those affected from recognizing their illness.
- Family, friends, and physicians can provide encouragement and referrals for treatment.
- To ensure proper treatment and personal safety, commitment to a hospital may be necessary for a person in a severe episode.
- Suicidal thoughts, remarks, or behaviors should always be given immediate attention by a qualified professional. It is not true that if a person talks about suicide, they will not kill themselves. With appropriate treatment, it is possible to overcome suicidal tendencies.
- Bipolar disorder is a lifetime illness- to keep moods stable, ongoing treatment is needed, even when the person is feeling better.
- It may take time to discover the best treatment regimen for an individual-- it is important for both patient and family to work with the doctor to develop the treatment plan.
- In addition to treatment, mutual support groups can benefit patients and their families. National Depressive and Manic Depressive Association (NDMDA) and National Alliance for the Mentally Ill (NAMI) sponsor such groups.

For Further Information Contact:

National Institute of Mental Health
Public Inquiries, Rm. 8184, MSC 9663
6001 Executive Blvd.
Bethesda, MD 20892

National Depressive and Manic
Depressive Association
730 North Franklin Street
Suite 501
Chicago, IL 60610
(312) 642-0049
(312) 642-7243 FAX
1-800-826-3632

National Alliance for the Mentally Ill
200 North Glebe Road
Suite 1015
Arlington, VA 22203-3754
(703) 524-7600
(703) 524-9094 FAX
1-800-950-NAMI (6264)

National Foundation for Depressive Illness
P.O. Box 2257
New York, NY 10116
(212) 268-4260
(212) 268-4434 FAX
1-800-248-4344

National Mental Health Association
1021 Prince Street
Alexandria, VA 22314-2971
(703) 684-7722
(703) 684-5968 FAX
1-800-969-NMHA (6642)

Manic-Depressive Illness

There is a tendency to romanticize manic-depressive disorder. Many artists, musicians and writers have suffered from its mood swings. But in truth, many lives are ruined by this disease and, left untreated; the illness leads to suicide in approximately 20 percent of cases. Manic-depressive illness, also known as bipolar disorder, a serious brain disease that causes extreme shifts in mood, energy, and functioning, affects approximately 2.3 million adult Americans-about one percent of the population. Men and women are equally likely to develop this disabling illness. Different from normal mood states of happiness and sadness, symptoms of manic-depressive disorder can be severe and life threatening. Manic-depressive illness typically emerges in adolescence or early adulthood and continues to flare up across the life course, disrupting or destroying work, school, family, and social life. Manic-depressive illness is characterized by symptoms that fall into several major categories:

Depression: Symptoms include a persistent sad mood; loss of interest or pleasure in activities that were once enjoyed; significant change in appetite or body weight; difficulty sleeping or oversleeping; physical slowing or agitation; loss of energy; feelings of worthlessness or inappropriate guilt; difficulty thinking or concentrating; and recurrent thoughts of death or suicide.

Mania: Abnormally and persistently elevated (high) mood or irritability accompanied by at least three of the following symptoms: overly-inflated self-esteem; decreased need for sleep; increased talkativeness; racing thoughts; distractibility; increased goal-directed activity such as shopping; physical agitation; and excessive involvement in risky behaviors or activities.

Psychosis: Severe depression or mania may be accompanied by periods of psychosis. Psychotic symptoms include: hallucinations (hearing, seeing, or otherwise sensing the presence of stimuli that are not there) and delusions (false personal beliefs that are not subject to reason or contradictory evidence and are not explained by a person's cultural concepts). Psychotic symptoms associated with manic-depressive disorder typically reflect the extreme mood state at the time. "Mixed" state: Symptoms of mania and depression are present at the same time. The symptom picture frequently includes agitation, trouble sleeping, significant change in appetite, psychosis, and suicidal thinking. Depressed mood accompanies manic activation.

Symptoms of mania, depression, or mixed state appear in episodes, or distinct periods of time, which typically recur and become more frequent across the life span. These episodes, especially early in the course of illness, are separated by periods of wellness during which a person suffers few to no symptoms. When four or more episodes of illness occur within a 12-month period, the person is said to have manic-depressive disorder with rapid cycling. Manic-depressive disorder is often complicated by co-occurring alcohol or substance abuse.

Treatment

A variety of medications are used to treat manic-depressive disorder. But even with optimal medication treatment, many people with manic-depressive disorder do not achieve full

remission of symptoms. Psychotherapy, in combination with medication, often can provide additional benefit.

Lithium has long been used as a first-line treatment for manic-depressive disorder. Approved for the treatment of acute mania in 1970 by the U.S. Food and Drug Administration (FDA), lithium has been an effective mood-stabilizing drug for many people with manic-depressive disorder.

Anticonvulsant medications, particularly valproate and carbamazepine, have been used as alternatives to lithium in many cases. Valproate was FDA approved for the treatment of acute mania in 1995. Newer anticonvulsant medications, including lamotrigine and gabapentin, are being studied to determine their efficacy as mood stabilizers in manic-depressive disorder. Some research suggests that different combinations of lithium and anticonvulsants may be helpful.

During a depressive episode, people with manic-depressive disorder commonly require treatment with antidepressant medication. The relative efficacy of various antidepressant medications in this disorder has not yet been determined by adequate scientific study. Typically, lithium or anticonvulsant mood stabilizers are given along with an antidepressant to protect against a switch into mania or rapid cycling, which can be provoked in some people with manic-depressive disorder by antidepressant medications.

In some cases, the newer, atypical anti-psychotic drugs such as clozapine or olanzapine may help relieve severe or refractory symptoms of manic-depressive disorder and prevent recurrences of mania. Further research is necessary, however, to establish the safety and

efficacy of atypical anti-psychotics as long-term treatments for manic-depressive disorder.

Recent Research Findings

More than two-thirds of people with manic-depressive disorder have at least one close relative with the illness or with unipolar major depression, indicating that the disease has a heritable component. Studies seeking to identify the genetic basis of manic-depressive disorder indicate that susceptibility stems from multiple genes. Despite tremendous research efforts, however, the specific genes involved have not yet been conclusively identified. Scientists are continuing their search for these genes using advanced genetic analytic methods and large samples of families affected by the illness. The researchers are hopeful that identification of susceptibility genes for manic-depressive disorder, and the brain proteins they code for, will make it possible to develop better treatments and preventive interventions targeted at the underlying illness process.

Genetics researchers believe that a person's risk for developing manic-depressive disorder most likely increases with each susceptibility gene carried, and that inheriting just one of the genes is probably not sufficient for the disorder to appear. The particular mix of genes may determine various features of the illness, such as age of onset, type of symptoms, severity, and course. In addition, environmental factors are known to play an important role in determining whether and how the genes are expressed.

New Clinical Trial

The National Institute of Mental Health has initiated a large-scale study to determine the most effective treatment strategies for people with manic-depressive disorder. This multi-center study will begin recruitment later in 1999. The study will follow patients and document their treatment outcome for 5 years.