

Bipolar and Related Disorders

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Introduction

- Mood is defined as a pervasive and sustained emotion that may have a major influence on a person's perception of the world.
 - Examples of mood include depression, joy, elation, anger, anxiety.
- Affect is described as the emotional reaction associated with an experience.

Introduction (continued)

■ Mania

- An alteration in mood that may be expressed by feelings of elation, inflated self-esteem, grandiosity, hyperactivity, agitation, racing thoughts, and accelerated speech.
- It can occur as part of the psychiatric disorder bipolar disorder, as part of some other medical conditions, or in response to some substances.

Epidemiology

- Bipolar disorder affects approximately 4.4 percent American adults; 82.9 percent of cases are severe.
- Gender incidence is roughly equal.
- Average age at onset is age 25 years.
- Associated with increased mortality in general; particularly with death by suicide

Epidemiology (continued)

- Occurs more often in higher socioeconomic classes
- Sixth-leading cause of disability in middle age group

Bipolar Disorder

- Bipolar disorder is characterized by mood swings from profound depression to extreme euphoria (mania), with intervening periods of normalcy.
- Delusions or hallucinations may or may not be part of clinical picture.
- Onset of symptoms may reflect seasonal pattern.
- A somewhat milder form of mania is called hypomania.

Types of Bipolar Disorder

■ Bipolar I Disorder

- Diagnosis requires that the patient:
 - Is experiencing a manic episode or has a history of one or more manic episodes
 - May have also experienced episodes of depression
- Diagnosis is further specified by the current or most recent behavioral episode.

Types of Bipolar Disorder (continued_1)

- Bipolar II disorder

- Diagnosis requires that the patient:
 - Presents with symptoms (or history) of depression or hypomania
 - Has never met criteria for full manic episode
 - Has never had symptoms severe enough to cause impairment in social or occupational functioning or to necessitate hospitalization

Types of Bipolar Disorder (continued_2)

■ Cyclothymic disorder

- Diagnosis requires that the patient:
 - Has a chronic mood disturbance, lasting at least 2 years
 - Has numerous periods of elevated mood that do not meet the criteria for a hypomanic episode; or
 - Has numerous periods of depressed mood of insufficient severity or duration to meet criteria for a major depressive episode; and
 - Is never without the symptoms for more than 2 months

Types of Bipolar Disorder (continued_3)

- Substance-induced bipolar disorder
 - Diagnosis requires that the patient:
 - Has a mood disturbance as the direct result of physiological effects of a substance
 - Has a mood disturbance that involves elevated, expansive, or irritable moods with inflated self-esteem, decreased need for sleep and distractibility

Types of Bipolar Disorder (continued_4)

- Bipolar disorder associated with another medical condition
 - Diagnosis requires that the patient:
 - Has an abnormally and persistently elevated, expansive, or irritable mood and excessive activity or energy as the direct physiological consequence of another medical condition
 - Has a mood disturbance causing clinically significant distress or impairment in social, occupational, or other areas of functioning

Predisposing Factors

- Biological theories
 - Genetics
 - Twin and family studies
 - Biochemical influences
 - Possible excess of norepinephrine and dopamine

Developmental Implications in Childhood and Adolescence

- Childhood and adolescence
 - Lifetime prevalence of pediatric and adolescent bipolar disorders is estimated at about 1 percent.
 - Studies indicate that in 50 to 66 percent of diagnoses, bipolar disorder began before age 18 years; as many as 14 percent had an onset at or before age 12 years.

Developmental Implications in Childhood and Adolescence (continued_1)

- Childhood and adolescence (continued)
 - Treatment strategies
 - Attention deficit/hyperactivity disorder (ADHD) is the most common comorbid condition.
 - ADHD agents may exacerbate mania and should be administered only after bipolar symptoms have been controlled.

Developmental Implications in Childhood and Adolescence (continued_2)

- Treatment strategies
 - Psychopharmacology
 - Acute mania: lithium, risperidone, aripiprazole, quetiapine, olanzapine, and asenapine
 - Bipolar depression: olanzapine/fluoxetine combination drugs, and lurasidone
 - Nonpharmacological interventions
 - Mood charting
 - Managing stress and sleep cycles
 - Maintaining healthy diet and exercise
 - Avoiding alcohol and drugs

Developmental Implications in Childhood and Adolescence (continued_3)

- Childhood and adolescence (continued)
 - Family interventions
 - Family-focused therapy (FFT)
 - Psychoeducation about bipolar disorder
 - » Symptoms
 - » Early recognition
 - » Etiology
 - » Treatment

Assessment—Mania

■ Stage I: Hypomania

- Mood
 - Cheerful and expansive; underlying irritability surfaces rapidly
- Cognition and Perception
 - Exalted; ideas of great worth and ability; flighty thinking; heightened perception of environment; easily distracted
- Activity and Behavior
 - Increased motor activity; perceived as extroverted; lacks depth of personality for close friendships

Assessment—Mania (continued_1)

■ Stage II: Acute Mania

- Mood
 - Continuous “high”; subject to frequent variation
- Cognition and Perception
 - Flight of ideas; distractibility becomes all-pervasive
- Activity and Behavior
 - Psychomotor activity is excessive; sexual interest increased
 - Inexhaustible energy; may go for days without sleeping

Assessment—Mania (continued_2)

■ Stage III: Delirious Mania

- Mood
 - Very labile; panic-level anxiety may be evident
- Cognition and Perception
 - Clouding of consciousness; extremely distractible and incoherent
- Activity and Behavior
 - Psychomotor activity is frenzied; exhaustion, injury to self or others, and eventually death could occur without intervention.

Our concerns...

- Risk for injury
- Risk for violence
- Imbalanced nutrition
- Disturbed thought processes
- Disturbed sensory-perception
- Impaired social interaction
- Insomnia

Outcomes—Mania

- The patient
 - Exhibits no evidence of physical injury
 - Has not harmed self or others
 - Is no longer exhibiting signs of physical agitation
 - Eats a well-balanced diet with snacks to prevent weight loss and maintain nutritional status
 - Verbalizes an accurate interpretation of the environment

Outcomes—Mania (continued_1)

- The patient (continued)
 - Verbalizes that hallucinatory activity has ceased and demonstrates no outward behavior indicating hallucinations
 - Accepts responsibility for own behaviors
 - Does not manipulate others for gratification of own needs
 - Interacts appropriately with others
 - Is able to fall asleep within 30 minutes of retiring
 - Is able to sleep 6 to 8 hours per night

Treatment Modalities for Bipolar Disorder

- Individual psychotherapy
- Group therapy
- Family therapy
- Cognitive therapy

Treatment Modalities for Bipolar Disorder (continued_1)

- Electroconvulsive therapy (ECT)
 - Episodes of acute mania are occasionally treated with ECT.
 - Particularly when the patient does not tolerate or fails to respond to lithium or other drug treatment or when life is threatened by dangerous behavior or exhaustion
- Bright light therapy (BLT)
 - May benefit bipolar depression
 - Not associated with mood shifts toward a manic episode

Psychopharmacology

- For mania
 - Lithium carbonate
 - Anticonvulsants
 - Verapamil
 - Antipsychotics
- For depressive phase
 - Use antidepressants with care (may trigger mania)

Patient/Family Education

■ Lithium

- Take the medication regularly.
- Do not drive or operate dangerous machinery.
- Do not skimp on dietary sodium and maintain appropriate diet.
- Know pregnancy risks.
- Carry identification noting taking lithium.
- Be aware of side effects and symptoms of toxicity.
- Notify physician if vomiting or diarrhea occur.
- Have serum lithium level checked every 1 to 2 months.

Patient/Family Education (continued_1)

■ Antipsychotics

- Do not discontinue drug abruptly.
- Use sunblock when outdoors.
- Rise slowly from a sitting or lying position.
- Avoid alcohol and over-the-counter medications.
- Continue to take the medication, even if feeling well and as though it is not needed; symptoms may return if medication is discontinued.