Manic Depressive Illness (Bipolar Disorder)

Manic depressive illness (manic depression) is called a bipolar disorder because patients with this illness have both ends of the range of feelings. They may feel as though they are in a deep hole during the *depression phase* and feel unable to get out of what they believe is a hopeless situation. During the *manic phase* they feel as though they are full of energy and can accomplish anything with their boundless energy. Many lives are ruined by this disease; and without effective treatment, the illness is connected with an increased risk of suicide. Bipolar disorder is a serious brain disease that causes extreme shifts in mood, energy, and functioning. It affects about 2.3 million adult Americans. This is about 1.2 percent of the population. Men and women are equally likely to develop this illness. The disorder usually starts in adolescence or early adulthood, but can start in childhood. This illness may be passed from your parents but the gene causing this illness has not been found. Cycles, or episodes, of depression, mania, or "mixed" manic and depressive symptoms often recur (come back) and may become more frequent. This illness can disrupt work, school, family, and social life.

It is important to give your caregiver a complete picture of what has been happening. Help is often looked for during the depression phase. If treatment for depression is started, some of the antidepressant medications can actually make things worse. Antidepressants can trigger mania with a worsening of the illness. There are a number of medications which work well with this disease and your caregiver can help you find the medication or combination of medications which will work best for you.

SYMPTOMS

MANIA

Abnormally and persistently *elevated* (high) mood or irritability and aggressiveness, accompanied by at least three of the following symptoms:

- Overly-inflated self-esteem (You think a lot of yourself like a show-off)
- Decreased need for sleep (You feel so full of energy that it seems as if you do not need sleep)
- Increased talkativeness
- Racing thoughts (Your ideas and thoughts may jump from one to the other in an endless stream)
- Distractibility (It is difficult to keep your mind on one subject.)
- Increased goal-directed activity such as shopping
- Physical agitation (You may find it difficult to sit still)
- Excessive involvement in risky or reckless behaviors or activities, such as spending sprees, poor business decisions, and sexual indiscretions
- Poor judgment and decision making. (Your decisions are not normal or sensible)
- Impulsiveness (You react quickly in an instant without thinking things through)

DEPRESSION

Symptoms include:

- 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; poor decision making abilities
- Feelings of inadequacy and low self esteem (You may feel as though you are worth nothing)
- Prolonged periods of sadness without apparent cause
- Unexplained crying spells
- Withdrawal from usual friends and family (You may spend more time alone)
- Recurrent thoughts of death and suicide

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
- Suicidal thinking

BIPOLAR DISORDER WITH RAPID RECYCLING

Especially early in the course of illness, the episodes may be 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 bipolar disorder with rapid cycling. Bipolar disorder is often complicated by co-occurring alcohol or substance abuse.

PSYCHOSIS

Severe depression or mania may be accompanied by symptoms of psychosis. These 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 bipolar typically reflect the extreme mood state at the time.

TREATMENT

Many of the above problems sound awful. The good news is that if you work with your caregivers and let them know what is wrong, they can usually help you.

- A variety of medications are used to treat bipolar disorder, but even with the best medication treatment, many people with the illness have some residual (left over) symptoms. Certain types of psychotherapy or psychosocial interventions, in combination with medication, often can provide additional benefits. These include cognitive-behavioral therapy, interpersonal and social rhythm therapy, family therapy, and psychoeducation. Your caregiver can explain these therapies to you.
- Lithium has long been used as a first-line treatment for bipolar disorder. It has been an effective mood-stabilizing medication for many people with bipolar disorder.
- Some anticonvulsant medications have been used as alternatives to lithium in many cases. Some research suggests that different combinations of lithium and anticonvulsants may be helpful.
- According to studies conducted in Finland in patients with epilepsy, valproate may increase testosterone levels in teenage girls and produce polycystic ovary syndrome in women who began taking the medication before age 20. Increased testosterone can lead to polycystic ovary syndrome with irregular or absent menses (menstrual periods), obesity (being very overweight), and abnormal growth of hair. Therefore, young female patients taking valproate should be watched carefully by a physician.
- During a depressive episode, people with bipolar disorder commonly require additional treatment with antidepressant medication. Typically, lithium or anticonvulsant mood stabilizers are prescribed along with an antidepressant to protect against a switch into mania or rapid cycling. In some cases, the newer, atypical antipsychotic drugs may help relieve severe symptoms of bipolar disorder and prevent the return of mania. More research is needed to establish the safety and efficacy of atypical antipsychotics as long-term treatments for this disorder.

PROGNOSIS

Medications reduce the symptoms of this disorder but usually the disease is life long. Some of the complications are substance abuse, including alcoholism and suicide.

RESEARCH IS BEING DONE

More than two-thirds of people with bipolar disorder have at least one close relative with the disorder or with unipolar major depression. This suggests that the disease has an inherited (genetic, passed from parents)

component. Studies that try to identify the genetic basis of bipolar disorder show that being open to getting this illness (susceptibility) comes from multiple genes. Scientists are continuing their search for these genes using advanced genetic methods and large samples of families affected by the illness. The researchers are hopeful that these studies and continued efforts will make it possible to develop better treatments and maybe prevention. Better understanding of how the brain works will lead to the development of new and better treatments.

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