Bipolar Disorder

- It is a cyclical mood disorder in which episodes of major depression are interspersed with episodes of mania or hypomania.
- It alters feelings, thoughts, behaviors & perceptions

Prevalence

- 1.5% of the world's population is affected
- Males = Females
- Age = all ages. Highest in the 18 to 24 years of age.
- First degree relatives = incidence of BP increases

Clinical Presentations

- Mania,
- Hypomania,
- depression
- Psychosis,

Characteristics of Mania

- Increased energy, excitement, impulsive behavior, agitation, little sleep’
- Feeling of being able to do anything
- No caring about financial situations
- Delusions
- Substance abuse

Characteristics of Hypomania

- Feeling of creativity
- Don't worry about problems seriously
- Have self-confidence

- Similar to Mania except it is of lesser intensity

Characteristics of Psychosis

- seeing and hearing of unreal things
- Poor attention and concentration
- Suspiciousness
- Social withdrawal
- Feeling that things around have changed

Characteristics of Depression

- lack of energy, low self-esteem
- feeling hopeless, worthless & guilty
- sleeping too much or too less
- Staying in bed for days
- Withdrawing from activities once enjoyed
- suicidal thoughts.

Types of Bipolar Disorder

- **Bipolar I disorder :** at least 1 episode of mania lasting > 1 week. 90% have depression.
- **Bipolar II disorder :** 1 major depression & 1 hypomania
- **Mixed features:** Sad, hopeless and restless, overactive.
- **Rapid cycling:** ≥4 depressive, manic, hypomanic in 1 yr
- **Cyclothymia:** regular hypomania, depression for 2yrs

Evaluation of Patient

- Exclusion of medical conditions causing the disorder
- Family's psychiatric history

- Physical examination
  - possibility of substance abuse
  - Trauma to brain
  - Seizure disorders

- Mental health evaluation
  - MMSE
    - Assesses mood, cognitive abilities psychosis

What Causes Bipolar?

- No single cause found
- combination of genetic, environmental and brain chemical substance imbalance
- Linked to disturbed electrical activity in brain

How Serious is?

- **Risk for Suicide and self-harm** : 15-20%, who do not receive treatment, commit suicide.
- In 2001 a study of Bipolar I, >50% attempted suicide; highest in depressive episodes.
- research suggests 30%-40% more likely to self-harm

- **Thinking and Memory Problems:** In a 2000 study, problems in short- & long-term memory, speed of information processing, and mental flexibility
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Seriousness cont.

- **Substance Abuse:** Cigarette smoking is prevalent. 60% abuse alcohol, drugs, marijuana or cocaine
- **Effect on Loved Ones:**
- -periodically and unexpectedly creates chaos around families and caregivers.
- -family members feel socially alienated of having a relative with mental illness,

Seriousness: cont.

- **Economic Burden:**
- direct costs - patient care, suicides, and institutionalization
- indirect costs -lost productivity, and involvement of the criminal justice system.

- **Driving risk.**

Treatment of Bipolar Disorder: Principles

1. Evaluation &diagnosis of presenting symptoms
2. Acute care and crisis stabilization for psychosis or suicidal or homicidal ideas or acts
3. Movement toward full recovery from a depressed or manic state
4. Attainment and maintenance of euthymia

Treatments: Pharmacological

- Antidepressant therapy
- Mood stabilizer
  - Lithium carbonate
  - Sodium valproate
  - Carbamazepine
- Antipsychotic Agents
  - Risperidone
  - Haloperidol
  - Quietiapine
  - Olanzapine

Mood Stabilizers

Mood Stabilizer	Common Adverse Effects	Doses	Special Concerns
Lithium carbonate (Eskalith CR, Lithobid)	Lethargy or sedation, tremor, enuresis, weight gain, overt hypothroidism occurs in 5-10% of patients	300-600 PO tid/qid Must be adjusted by monitoring serum level and patient response	Hypothyroidism, diabetes insipidus, polyuria, polydipsia
Sodium divalproex/ valproic acid (Depakote, Depakene)	Sedation, platelet dysfunction, liver disease, weight gain	10-20 mg/kg/d Must be adjusted by monitoring serum levels	Elevated liver enzymes or liver disease, bone marrow suppression
Carbamazepine (Tegretol)	Suppressed WBS, dizziness, drowsiness, rashes, liver toxicity(rarely)	200 mg PO bid Must be adjusted by monitoring serum blood levels	Drug-Drug interactions, bone marrow suppression

Psychotherapy:

- In addition to Pharmacological treatment

- Types of therapy include:
  - -cognitive behavior therapy
  - -psychoeducation
  - -interpersonal therapy
  - -multifamily support groups

Cognitive Behavior Therapy

- More effective in depressive bipolar
- Manage the problem by changing the way of thinking and behavior

Psychoeducation:

- More useful for mania
- Learning signs & symptoms and triggering factors of the disorder;

  prevents “full blown manic episode”

Interpersonal Therapy

- Talking therapy that focuses on patient and his relationships with other people
- Improve social skills and stability in interacting with others
- Activities include:
- - role playing
- - modeling

Multi-family Therapy

- Parent involvement in a child with BD by teaching the child:

-relaxation techniques
-anger management
-decision-making skills
-communication, listening skills

Inpatient Treatments

- Inpatient Care: At risk for suicide or homicide

  Assessment of the patient
  - Diagnosis
  - Close monitoring. Safety
  - restriction to violent means & intensive treatment.

    – ECT in severe cases: faster response

Treatment during Pregnancy:

- Most challenging. High recurrence.
- No approach is without risk
- Stopping treatment exposes the mother & baby to potential harms

- Little adverse effects found in atypical antipsychotic -Clozapine, lurasidone-B
  - -Quetiapine, olanzapine,lamotrizine- C

THANK YOU