

# Psychology

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## Sheet

Bipolar and Related  
Disorders

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\*\*التبييض باللون الاخضر

# 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.
- Mania is 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.

Bipolar disorders consists of two episodes:

- depression
- mania

لازم نعرف انهم مش لحظيات وانما بقعدوا فترة من الزمن ممكن اسبوع او اتنين او شهر ..

mood > patient will tell.

affect > doctor will measure.

The patient may be sleepless, euphoria, multiproject, anxiety and aggressive.

مش لازم يكون بسبب medical substance abuse or substance withdrawl or medical condition  
pure mania يسبب عشان.

# Epidemiology

- Bipolar disorder affects approximately 4.4% American adults; 82.9% 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.
- Occurs more often in higher socioeconomic classes.
- 6th-leading cause of disability in middle age group.

# Bipolar Disorder

- Bipolar disorder is characterised 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.

Hypomania is less severity.

Reminder: conditions in case of depression :

- NOT because of substance abuse.
- NO manic attack history.
- NOT because of a medical history.

# 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

MANIC DISORDER: MAY HAPPEN ATLEAST ONCE + DEPRESSIVE DISORDER: LONGER PERIOD

## 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 hospitalisation.

## 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.
  - Has numerous periods of depressed mood of insufficient severity or duration to meet criteria for a major depressive episode.
  - **Is never without the symptoms for more than 2 months.** **مش شرط**

**متاليات**

Hypomanic episodes + depressive episodes

## 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.

غالبا هذول الاشخاص ما يكون عندهم وقت للراحة وانهم يوكلو فبنعطيهم finger ansck ياكلوه وهمي بتحركوا.

## 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 .

من اكثر الاشياء لممكن تسبب mania هي hyperthyroidism .  
من الاشياء لممكن تسبب delusion هي hypothyroidism .

## Predisposing Factors

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

MONOZYGOTIC IS MORE RISKY TO HAVE BIPOLAR DISORDER THAN DIZYGOTIC TWINS THAT ARE FROM THE SAME OVUM.

# Developmental Implications in Childhood and Adolescence

## Childhood and adolescence

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

كل ما تقدمنا بالعمر بتزيد نسبة حدوث bipolar عند الناس وهذا الكلام لحد ٢٠-٢٥ سنة تقريبا ولكن بعد هيك بصير الموضوع عكسي وبتبدأ النسبة تقل.

- 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.
- *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
- Family interventions
  - Family-focused therapy (FFT)
    - Psychoeducation about bipolar disorder
- » Symptoms
- » Early recognition
- » Etiology
- » Treatment

اهم واحد هو ال lithium carbonate ونسبته الطبيعية بالجسم 1.2-0.6  
اما الشخص لبيخذ ادوية ممكن لحد 1.5

mild excess 1.5-2

moderate excess 2-3.5

sever +3.5

so we must do a blood sample once to twice a week until reach the therapeutic dose then we can do it minimum once a month.

Advised to drink more water while taking lithium.

## 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.

### ▪ 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.

- 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.

sever form of mania

هون ببلش الجسم يتعب مو زي ال episodes الثانية.

### 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.



- 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
- 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.

## ▪ 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.

