# 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 selfesteem, 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.

