

# Bipolar and Related Disorders

2 episodes

manic episode ← لومرة واحدة على الأقل

Bipolar يصنف

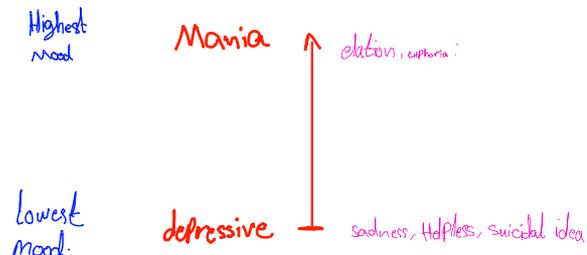
ويخرج من دائرة الـ depression

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# Introduction

Bipolar → Disorder, long duration, separate episodes  
متباعدات ليس تباعا

- 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.  
(ثقة زائدة) → أفكار كثيرة دون تحقيق (multi project) → كعوب (manipulated) →
- 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)

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- Occurs more often in higher socioeconomic classes
- 6 ■ 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.
- *Psychosis* 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. *ك دك نضف الا عرايا (less severe)*

# Types of Bipolar Disorder

الشروطين هذول لأول في أنواع

1) → No substance abuse

2) → No Medical Condition

## 1) ■ Bipolar I Disorder

- Diagnosis requires that the patient:
  - Is experiencing a <sup>1</sup>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)

## 2) ■ 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

1 ←

hypomania

مستحيل يوصل لـ Mania  
مجرد ما وصل الـ Mania رح  
يتحول للأول نوع .

# Types of Bipolar Disorder (continued\_2)

## 3) ■ Cyclothymic disorder

- Diagnosis requires that the patient:
  - Has a chronic mood disturbance, lasting at least 2 years , less severe ego → Hypomania
  - 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

لازم مايمر شهرين على الأقل بدون  
Sign, symptoms

# Types of Bipolar Disorder (continued\_3)

## 4) ■ Substance-induced bipolar disorder

- Dual diagnosis.

- المنهجات  
- المخدرات

### • 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 ex: Hyperthyroidism
    - Has a mood disturbance causing clinically significant distress or impairment in social, occupational, or other areas of functioning

⊗ لازم يكون  
Medical  
Free

# Predisposing Factors

## ■ Biological theories

- Genetics

- Twin and family studies

- Biochemical influences

- Possible excess of norepinephrine and dopamine

هرمون السعادة - Serotonin → Mania ↑  
→ Depression ↓

# 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)

قد يكون هناك ألبا في التسخير بينهما.

### • Treatment strategies

= حركة عالية وتوكيز قليل

- 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

- غير ممكن أسواء الأدوية إلا ان Lithium

حسب ال episodes  
اي جاي فيها المرض

### ● Psychopharmacology

- Acute mania: <sup>مرو - Antimania -</sup> lithium, risperidone, aripiprazole, quetiapine, olanzapine, and asenapine
- Bipolar depression: olanzapine/fluoxetine combination drugs, and lurasidone

### ● Nonpharmacological interventions (Psychotherapy)

- Mood charting
- Managing stress and sleep cycles
- Maintaining healthy diet and exercise
- Avoiding alcohol and drugs



مهم جدا

# LITHIUM (Antimania)

**NORMAL RANGE**  
**(0.6-1.2)**

**Therapeutic level**  
**(0.6-1.5)**

لازم أراقب مستويات ال lithium مرة الى مرتين أسبوعيا لحد  
ما أوصل ال therapeutical level بعدها بصير اراقب مرة شهريا

**(1.5–2) Mild Toxicity**

**(2–3.5) Moderate Toxicity**

**(3.5–<) Severe Toxicity**

# 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

*less severe*

- 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



لا تعب

# Assessment—Mania (continued\_2)

## ■ Stage III: Delirious Mania

- Mood

- Very labile; panic-level anxiety may be evident

- Cognition and Perception

- *(عمى ذهني)* 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.

✳️ أهم فارق: يتعب



Feature	Stage I: Hypomania	Stage II: Acute Mania	Stage III: Delirious Mania
<b>Mood</b>	Cheerful and expansive; underlying irritability surfaces rapidly	Continuous "high"; subject to frequent variation	Very labile; panic-level anxiety may be evident
<b>Cognition &amp; Perception</b>	Exalted; ideas of great worth and ability; flighty thinking; heightened perception of environment; easily distracted	Flight of ideas; distractibility becomes all-pervasive	Clouding of consciousness; extremely distractible and incoherent
<b>Activity &amp; Behavior</b>	Increased motor activity; perceived as extroverted; lacks depth of personality for close friendships	Psychomotor activity is excessive; sexual interest increased; <b>inexhaustible</b> energy; may go for days without sleeping	Psychomotor activity is frenzied; <b>exhaustion</b> , injury to self or others, and eventually death could occur without intervention

### Key Differences / Tips:

- Hypomania: Mild mood elevation; less severe, does not threaten life.
- Acute Mania: Marked increase in activity and energy; can be risky.
- Delirious Mania: Severe, life-threatening; requires immediate intervention.

# Our concerns...

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- Risk for injury
- Risk for violence <sup>عدواني</sup>
- Imbalanced nutrition
- Disturbed thought processes
- Disturbed sensory-perception
- Impaired social interaction
- Insomnia

# Outcomes—Mania

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- 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)

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- 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

اعرفوهم بالاسم

# Treatment Modalities for Bipolar Disorder (continued\_1)

- Electroconvulsive therapy (ECT) → <sup>برهنه سڱال مع</sup>
  - Catatonic Schizophrenia
  - Depression
- 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 *حبيبات الليثيوم + كربونات*
- 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)

قاعدة عامة لكل الأدوية:

Titration

•معناها: تعديل الجرعة تدريجيًا للوصول للجرعة المثالية

Weaning

•معناها: تخفيض الجرعة تدريجيًا قبل إيقاف الدواء

## ■ 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.

صلی اللہ  
علیہ وسلم

صلی علی النبی

وتبسّم

PRAY FOR THE PROPHET AND SMILE

Designed by

