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Understanding and Treating Bipolar Disorder

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Bipolar disorder is the medical term for what has also been known as manic depressive illness. Persons with bipolar disorder typically have mood swings that are characterized by episodes of mania and depression. Some may experience less intense manic symptoms known as hypomania. Although the genetics of bipolar disorder are not completely understood, mood disorders often run in families.

In order to accurately diagnose bipolar disorder, it is important to understand the various symptoms of mania and depression. Manic symptoms include: extended periods of hyperactivity, euphoria (feeling exceptionally good), and/or irritability which typically last for several days during a manic episode. In the less intense hypomanic episode, these symptoms usually last for shorter periods of time. Hyperactive episodes are characterized by racing thoughts and a flight of ideas where the person becomes unusually talkative, often describing grandiose and unrealistic plans. They are easily distracted and have difficulty concentrating and following through with their ideas. The manic person may only sleep a few hours at night and still feel rested. Some individuals may experience increased impulses to spend money, abuse alcohol and drugs, or become sexually promiscuous. A manic person often does not realize the out of control nature of their behavior. It is important for others around them to intervene on their behalf and get them the help they need.

A depressed person often experiences symptoms as more troubling and will often seek help. Depressive symptoms include changes in sleep patterns (either increased or decreased). Unlike the energized mania, this alteration in sleep pattern bothers the depressed person. Their appetite may also increase or decrease. Sometimes there is an increased craving for carbohydrates, especially sweets and chocolates. Energy levels drop and the person moves slower. Concentration frequently becomes more difficult. Thoughts of hopelessness, helplessness, and low self-esteem emerge. In some cases, the person becomes suicidal. The bipolar person who is suicidal is at high risk for acting on these impulses and requires an immediate evaluation by a mental health professional.

Persons with bipolar disorder are often misdiagnosed because many of the symptoms overlap with other psychiatric conditions such as recurrent depression, attention deficit hyperactivity disorder, and personality disorders. Drug and alcohol abuse may cover up and ultimately worsen manic and depressive episodes.

Effective Treatment

In general, the sooner bipolar disorder is detected and treated, the better the outcome. Individuals who have had untreated episodes of mania and depression are more likely to experience recurrent episodes as they grow older. If left unregulated, these mood swings often become more intense, more frequent, and last for longer periods of time. Early intervention can minimize relapses.

The most effective treatment for bipolar disorder is a multidisciplinary approach. Medication, psychotherapy, and psycho-education are essential for a successful treatment. Often a team of mental health professionals from various disciplines, psychiatrists, psychologists, social workers, nurses, and other health care professionals, work together.

In terms of medication, mood stabilizers are the most frequently prescribed pharmaceuticals for bipolar disorder. Lithium, the oldest of the mood stabilizers, is still usually the first choice for treatment because of its ability to be very effective for both manic and depressive episodes. However, due to some significant side effects, including hypothyroidism, kidney disease, and cardiac arrhythmias, other alternatives are often considered. People taking lithium must be seen regularly by their doctor and have periodic blood tests for lithium levels, kidney function, and thyroid function. Often an EKG is done prior to treatment. Despite side effects, when carefully monitored, lithium can be relatively safe and effective.

In recent years, a number of other mood stabilizers have been introduced. Most of these newer mood stabilizers are anti-seizure medications. The most commonly prescribed for bipolar are Lamictal, Depakote, and Trileptal. While Depakote and Trileptal tend to be more effective in treating the manic episodes, Lamictal is more effective for treating the depression. Unlike the traditional antidepressants, (e.g. Prozac, Zoloft, Paxil), Lamictal treats the depression without the risk of causing the bipolar person to become manic. Due to various side effects, these medications also need to be carefully monitored by a doctor, and like lithium, some require blood tests. Because it may take a mood stabilizer weeks to be effective, oftentimes, one of the newer antipsychotic medications (Abilify, Geodon, Seroquel, Zyprexa or Risperdal) is given to manage the person's mood swings. They may also be prescribed if the bipolar person develops hallucinations, paranoia, or irrational thought patterns.

Psychotherapy and psycho-education assist individuals with compliance with the medication regimen, understanding and accepting the illness, lessening the sense of shame and responsibility, improving self-esteem and coping with associated stressors and past and present consequences. Family members and those close to the person can also benefit from psycho-education to better understand the situation and learn how to be appropriately helpful.

Bipolar disorder is a biological illness similar to other medical conditions like diabetes and hypertension that cannot be cured, but when properly treated, can be managed so that the person can live a more fulfilling life.

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