



# Bipolar Affective Disorder

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### INTRODUCTION

#### What is Bipolar Disorder?

In everyday life we all experience ups and downs. Bipolar disorder, sometimes referred to as manic-depression, is a disorder where there are extreme shifts in mood.

It affects about 1% of the population and typically develops in late adolescence or early adulthood. Bipolar disorder can be very disruptive to the person's life and is associated with a high suicide rate. Like diabetes or high blood pressure, bipolar disorder is a long-term illness that requires careful ongoing management. Treatment, involving prescribed medication, with the adjunct of effective coping skills that focus on symptom management and quality of life, may reduce the incidence of relapse and contribute to wellbeing.

### SYMPTOMS

Bipolar disorder causes dramatic shifts in mood from "overly" happy and/or driven or irritable to sad, lethargic and hopeless sometimes with normal mood in between. These changes in mood are accompanied by changes in thinking and behaviour. The periods of highs and lows are called episodes of mania and depression respectively.

#### Symptoms of a Manic Episode include (adapted from DSM IV) :

Elevated, expansive or irritable mood, lasting at least a week or being very disruptive to daily functioning. During this period at least 3 of the following symptoms (4 if mood is irritable) are seen:

- Inflated self-esteem or unrealistic belief in one's abilities or power.
- Decreased need for sleep.
- More talkative than usual or need to keep talking.
- Jumping from one idea to another or racing thoughts.
- Distractibility, can't concentrate very well.
- Increased energy.
- Excessive involvement in activities without regard for risks such as buying sprees or sexual indiscretions.

Psychotic symptoms such as delusions (false, strongly held belief not influenced by logic or a person's culture) & hallucinations (seeing or hearing things that are not there in reality) may occur in mania.

#### Symptoms of a Depressive Episode include (adapted from DSM IV) :

Depressed (sad/empty/irritable) mood or loss of interest or pleasure and at least 4 of the following symptoms have been present during the same 2 weeks:

- Fatigue or loss of energy.
- Can't sleep or sleeps too much.
- Marked decrease or increase in appetite; significant weight loss when not dieting, or significant weight gain.
- Feelings of worthlessness or helplessness or excessive guilt.
- Slowed down or lethargic or very restless.
- Can't concentrate &/or more indecisive than usual.
- Recurrent thoughts about death or suicide.

Psychotic symptoms such as delusions and hallucinations may occur in severe depression.

#### Typical Mixed Episode

A mixed episode involves at least a week when the person experiences some symptoms of both manic & depressive episodes nearly everyday. Sometimes the person experiences rapid mood swings (happy, sad, irritable), can't sleep, appetite is affected, they are restless or uptight and may have delusions & suicidal thinking. Symptoms cause significant disruption to daily living. Hospitalisation may be required.

#### Hypomania

Is similar to mania, only milder and although this means the person is able to carry out their normal daily activities, the changes in behaviour are obvious enough to be noticed by others. The symptoms must last for at least 4 days.

#### Bipolar I

Involves one or more full manic or mixed episode(s). Often individuals have had one or more major depressive episodes as well.

**Bipolar II** - This type of bipolar disorder involves both one or more episodes of hypomania and one or more episodes of major depression.

**Cyclothymic Disorder** - refers to a pattern involving hypomanic symptoms and mild depressive symptoms that have been experienced for two years or more. Although 'milder' than Bipolar I or II, the symptoms of Cyclothymic Disorder are still severe enough to cause difficulties in work, education, employment and relationships.

**Rapid Cycling** - When a person experiences 4 or more episodes of mood disturbance (mania, hypomania, major depression or mixed episodes) within a 1 year period they are said to have a bipolar pattern which is 'rapid cycling'.

## CAUSES

Research suggests that there is no single cause of bipolar. Rather bipolar disorder involves a number of factors including:

**Genetic Factors** - In terms of genetic vulnerability, on average, there is an 8% risk of a person's first-degree relatives (parents, children, siblings) having bipolar disorder compared to 1% in the general population. Scientists are trying to find what genes may contribute to bipolar disorder and when they do, more precise diagnosis and treatments may be available.

**Chemical Imbalance** - Bipolar disorder is thought to occur when there is a problem with the production and breaking down of certain brain chemicals such as adrenaline, dopamine, acetylcholine, serotonin, and GABA. Research also suggests people with mood disorders (such as bipolar) have problems with the production of certain hormones that influence brain function. Mood stabilisers prescribed for bipolar disorder target these imbalances. Brain imaging studies suggest there may be certain differences in particular areas of the brain when comparing people with and without bipolar disorder. Scientists are still trying to work out how to refine these techniques and what these differences mean.

**Stress** - People who have a biological vulnerability to bipolar disorder may find that certain stressors set off or trigger symptoms of illness. Such stressors include major life events, disruption to one's sleep/wake cycle and family conflict. Managing these stressors can be an important part of managing one's illness.

## TREATMENT

With proper treatment most people with bipolar disorder can achieve substantial stabilisation of their mood swings and related symptoms. Medications known as "mood stabilisers" (lithium and certain anticonvulsant medications) are usually prescribed as a long term treatment to help control bipolar disorder in an acute episode, and to prevent relapse. Other medications are added when

necessary. Antipsychotic medication can be useful, not only if psychotic symptoms are present but also in the treatment of mania, and can help anxiety, restlessness, or sleep problems linked with the illness. Antidepressants are sometimes prescribed but are seldom used alone to relieve depression in bipolar disorder, as they have been associated with triggering an episode of mania or hypomania or rapid cycling. However, in individual cases they may be useful. ECT may also be used to treat acute severe conditions. While there are also herbal or natural supplements that may be useful in the treatment of bipolar disorder, little is known about their effectiveness as they have not been well studied.

Psychosocial interventions address stressful triggers of bipolar disorder and problems that arise as a consequence of an episode. Psychosocial treatments, both individual, group or family based, can be helpful in providing support, information, and assist in the development of effective coping skills. They can provide assistance to both people with bipolar disorder and their families. Psychosocial interventions commonly used are cognitive behavioural therapy, psychoeducation, family therapy and interpersonal and social rhythm therapy.

The Collaborative Therapy Unit in conjunction with Melbourne University and Barwon Health have developed a collaborative group therapy model for bipolar disorder. This psychosocial model is used as an adjunct to prescribed medication. It integrates information gathered from people with bipolar disorder, carers and service providers and the latest research literature as the basis for the group therapy. Participants attend the group once a week for 12 sessions within a supportive environment are encouraged and provided with information and skills to become active participants in their own treatment. This group provides the basis for the ongoing management of the bipolar disorder in collaboration with their service provider. A Collaborative Treatment Journal is a small diary, which includes personally relevant skills from the group intervention which the participant can continue to use in collaboration with his/her service provider once the group therapy is over.

## FIND OUT MORE!

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