HI, EVERYONE! MY NAME IS

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Session: IN22132 - Bipolar Disorder: Mania, Melancholy, and Maintaining Wellness

Tuesday, May 24, 2022

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Bipolar Disorder is one of the most misdiagnosed mental health disorders. This lecture will outline and explain the criteria for diagnosis as well as exploring the nuances to helping patients reach the appropriate diagnosis and treatment options. Patients can be managed and experience wellness and recovery when properly diagnosed.

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Disclosures

I have no relevant relationships with ineligible companies to disclose within the past 24 months.

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Educational Objectives

1. Overview of Bipolar Disorder - DSMV
2. How Bipolar Disorder Differs from Other Disorders
3. Understand Therapeutic Interventions Available for Bipolar Disorder
4. Associated Impairments of Bipolar Disorder

At the conclusion of this session, participants should be able to:

1. Identify the Difference Between Bipolar I and II
2. Identify Therapeutic Interventions for Bipolar I and II

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Seven Types of Bipolar:

Bipolar I

Bipolar II

Cyclothymic

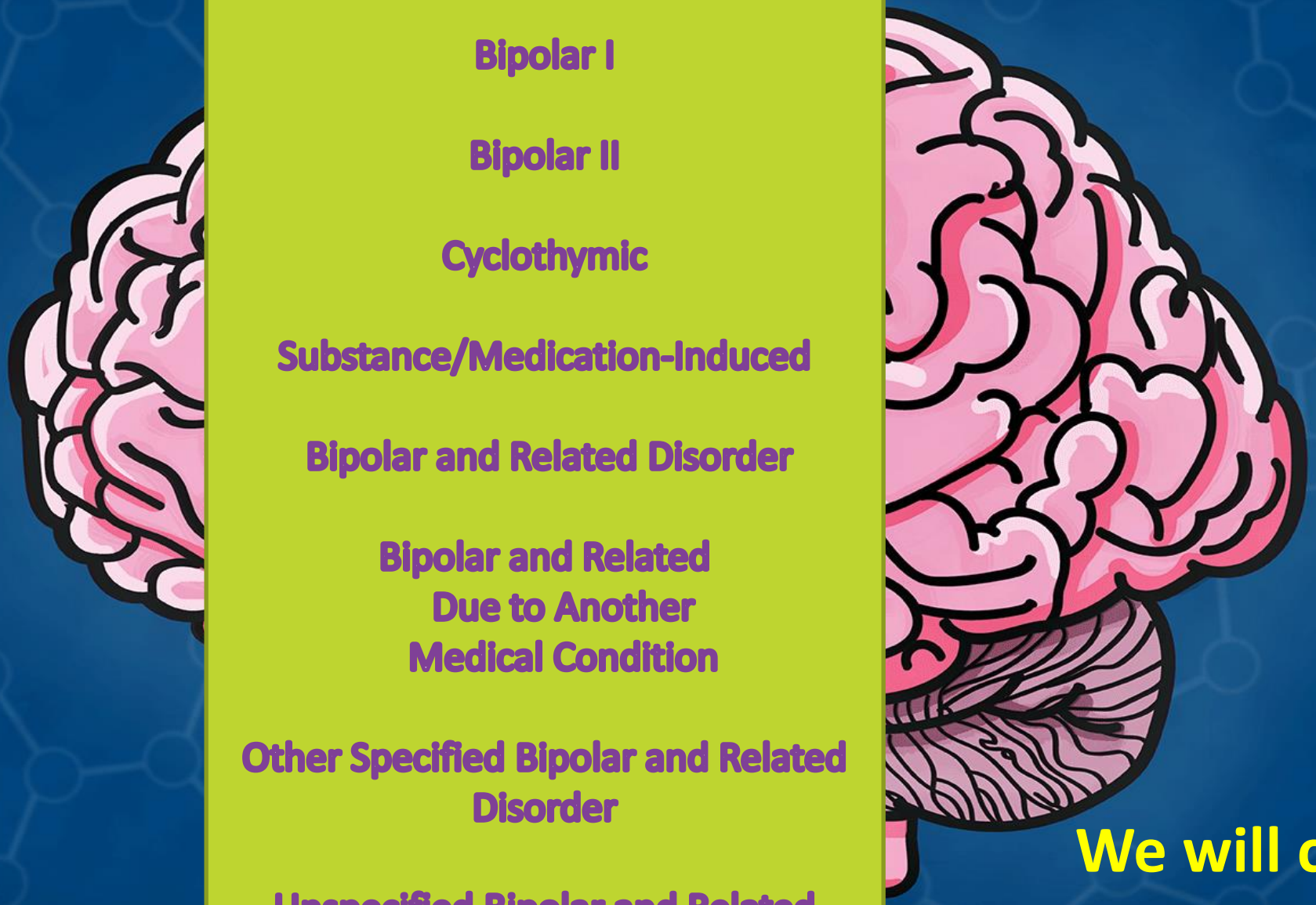
Substance/Medication-Induced

Bipolar and Related Disorder

Bipolar and Related Due to Another Medical Condition

Other Specified Bipolar and Related Disorder

Unspecified Bipolar and Related Disorder



We will cover the first three.

"Practicing the art of medicine one can mend the aches and pains of fellow human beings. The act of giving service with a humane touch - in the form of medicine, is the purest gesture of peace and communication; or we can say, manifestation of medicine in an art form"

(Achtenberg, 1996).

(teachingmedicine.com where image credit is given to Dr. Linda Chang, Queens Medical School, Class of 2018)

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Bipolar Disorder I

- Manic Episode or Mixed Manic Episode – 1 or more
- Major Depressive Episode
- May have Psychotic Symptoms
- Severity: Mild, Moderate, Severe

(APA, 2013)

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Bipolar II

- Major Depressive Episode – 1 or more
- Hypomanic Episode – 1 or more
- **No** full Manic or Mixed Manic Episodes
- Severity: Mild, Moderate, Severe

(APA, 2013)

Remember:

Bipolar I and Bipolar II

both need to meet the diagnostic criteria for

Major Depressive Disorder

…..but do they?

Cyclothymia

- For at least 2 years (1 in children and adolescents), numerous periods with hypomanic symptoms that do not meet the criteria for a hypomanic episode and numerous period for depression that do not meet criteria for MDE
- Present at least ½ the time and not without symptoms for longer than 2 months at a time
- Criteria for major depressive, manic, or hypomanic episode have never been met
- Criterion not better explained by schizophrenia, schizoaffective, schizophreniform d/o, delusional d/o, or other psychotic d/o
- Not induced from substance use/abuse or other general medical condition
- Clinical significance or distress

(APA, 2013)

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Mania

A distinct period of abnormally and persistently elevated, expansive, or irritable mood

- Lasting at least 1 week, most of the day, everyday
- During this period, 3 or more(four if the mood is only irritable) of the following symptoms:
  1. Inflated self-esteem or grandiosity
  2. Decreased need for sleep
  3. More talkative than usual/pressured speech
  4. Flight of ideas or racing thoughts
  5. Distractibility – unimportant stimuli
  6. Increase in goal-directed activity or psychomotor agitation
  7. Excessive involvement in pleasurable activities that have a high potential for painful consequences

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Mania, continued

- Causes marked impairment in occupational functioning in usual social activities or relationships, **or** necessitates hospitalization to prevent harm to self or others, **or** has psychotic features
- Not due to substance use/abuse or a general medial condition

Of note: A full manic episode emerging during antidepressant treatment

Hypomania

- Shared Symptoms with Manic Episode
- So WHAT is the Difference?
  - Length: 4 consecutive days
  - Impairment: unequivocal change in functioning, but not as severe for marked impairment

Bipolar I

Alternative Diagnosis	Differential Consideration
Major Depressive Disorder	Person with depressive Sx never had Manic/Hypomanic episodes
Bipolar II	Hypomanic episodes, w/o a full Manic episode
Cyclothymic Disorder	Lesser mood swings of alternating depression - hypomania (never meeting depressive or manic criteria) cause clinically significant distress/impairment
Normal Mood Swings	Alternating periods of sadness and elevated mood, without clinically significant distress/impairment
Schizoaffective Disorder	Sx resemble Bipolar I, severe with psychotic features but psychotic Sx occur absent mood Sx
Schizophrenia or Delusional Disorder	Psychotic symptoms dominate. Occur without prominent mood episodes
Substance Induced Bipolar Disorder	Stimulant drugs can produce bipolar Sx

(Frances, 2013)

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Bipolar II

Alternative Diagnosis	Differential Consideration
Major Depressive Disorder	No Hx of hypomanic (or manic) episodes
Bipolar I	At least 1 manic episode
Cyclothymic Disorder	Mood swings (hypomania to mild depression) cause clinically significant distress/impairment; no history of any Major Depressive Episode
Normal Mood Swings	Alternately feels a bit high and a bit low, but with no clinically significant distress/impairment
Substance Induced Bipolar Disorder	Hypomanic episode caused by antidepressant medication or cocaine
ADHD	Common Sx presentation, but ADHD onset is in early childhood. Course chronic rather than episodic. Does not include features of elevated mood.

(Frances, 2013)

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Cyclothymic

Alternative Diagnosis	Differential Consideration
Normal Mood Swings	Ups &downs without clinically significant distress/impairment
Major Depressive Disorder	Had a major depressive episode
Bipolar I	At least one Manic episode
Bipolar II	At least one clear Major Depressive episode
Substance Induced Bipolar Disorder	Mood swings caused by antidepressant medication or cocaine. Stimulant drugs can produce bipolar symptoms

(Frances, 2013)

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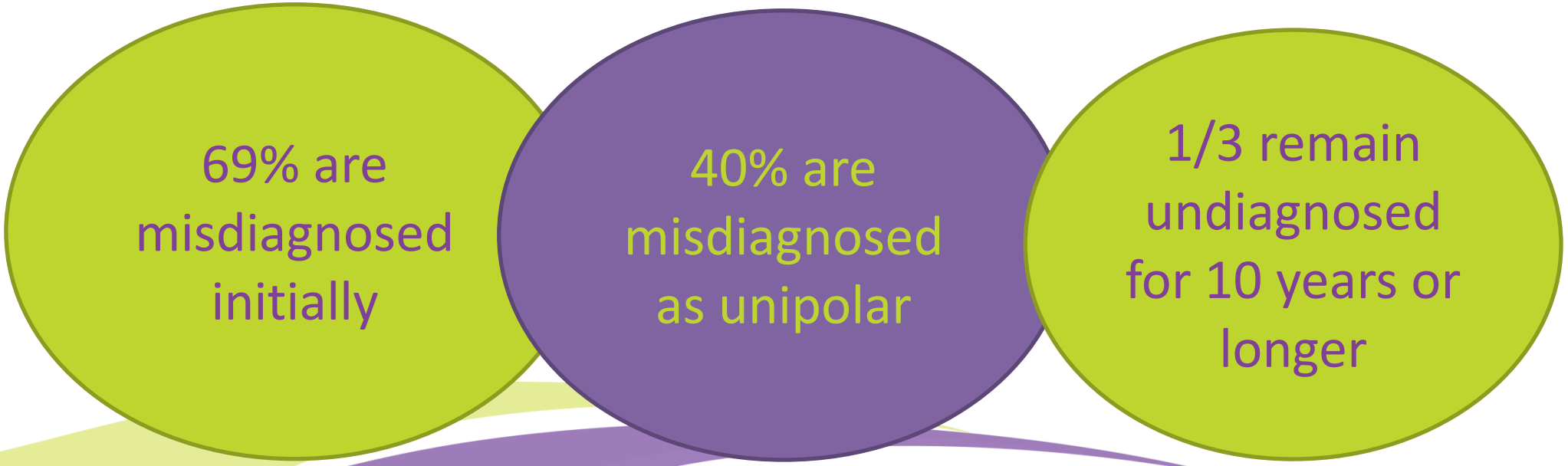
Misdiagnosis

- Depression is the primary symptom
- Depression can precede mania as the mood disturbance
- Some experts argue that hypomania can be 1-3 days
- Adolescents are often diagnosed as ADHD



(Singh&Rajput, 2006)

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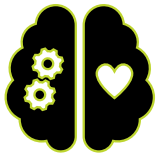
Etiology of Bipolar Disorder

Neurotransmitter Imbalance

Epi/genetic



Biological Differences in Brains

(Mayo Clinic, 2022)

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Psychiatry
is
Baking

Therapeutic Interventions

Medications

Mood Stabilizers

- Lithium, Depakote, Tegretol, Lamictal, Trileptal

Atypical Antipsychotics

- Zyprexa, Seroquel, Risperdal, Geodon, Abilify, Latuda, Saphris, Caplyta, Vraylar

Anti-Depressants

- SSRI
- SNRI- Bupropion

Anxiolytics

- Benzodiazepines

Refractory Symptoms: Consider ECT

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Therapeutic Interventions

Therapy

- Family-Focused Therapy (FFT)
- Cognitive-Behavioral Therapy (CBT)
- Dialectical Behavior Therapy (DBT)
- Group Psychoeducation
- Interpersonal and Social Rhythm Therapy (IPSRT)

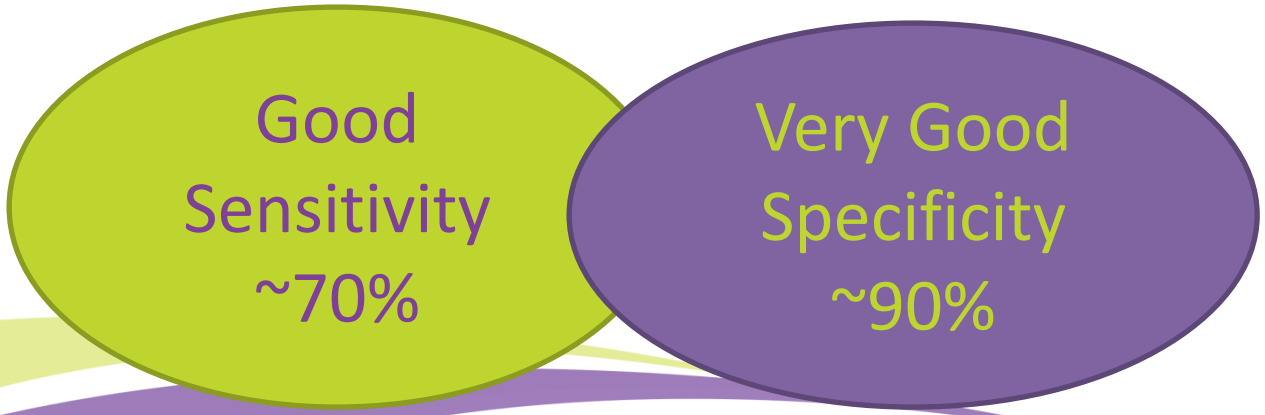
(NAMI, 2022, Miklovitz & Chung, 2016)

Helpful Tool

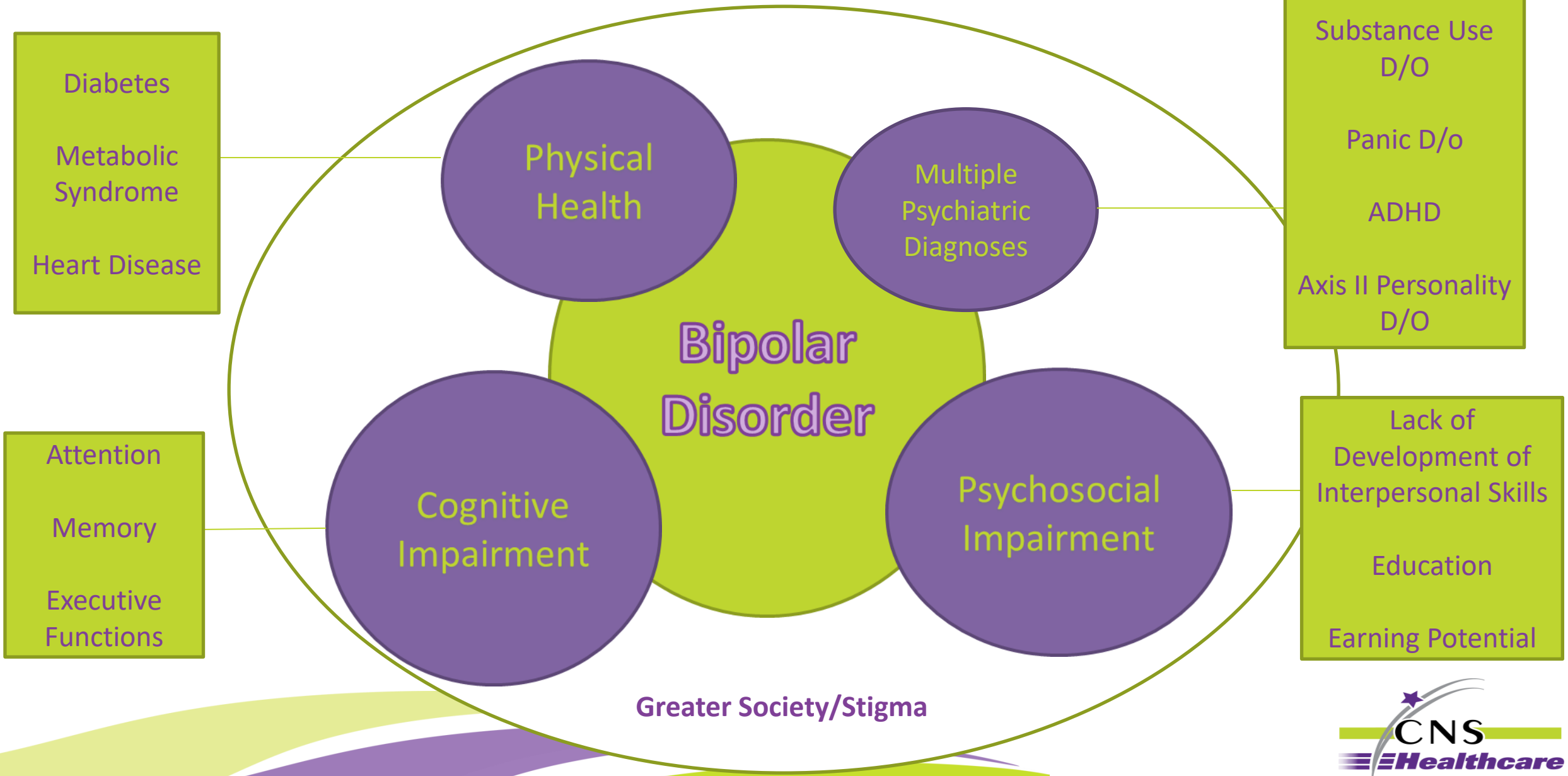
Mood Disorder Questionnaire

The Mood Disorder Questionnaire (MDQ) is a 13-item checklist developed by Robert M.A. Hirschfeld, MD

Effective instrument for screening patients who have a history of a manic episode associated with bipolar disorder.



Associated Impairments



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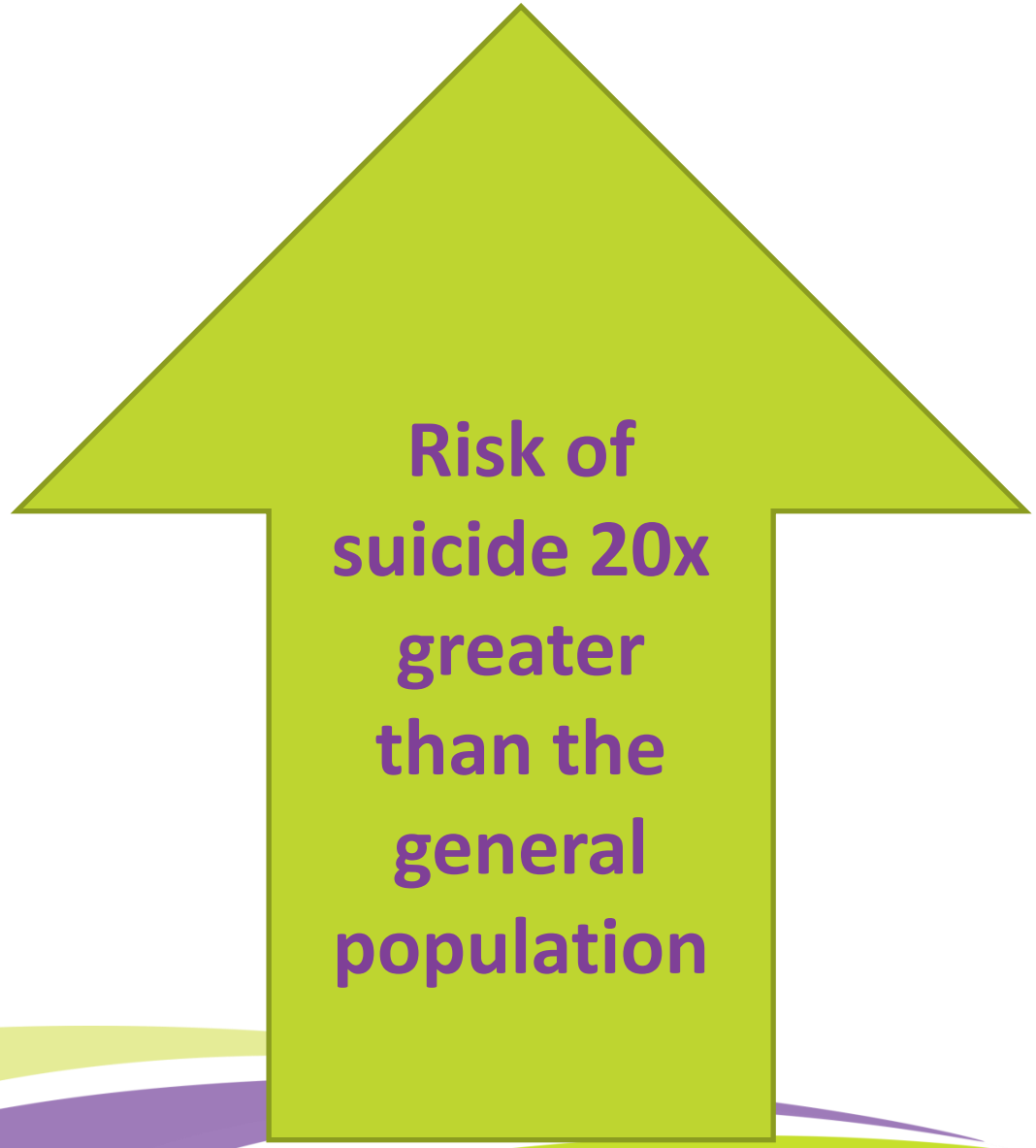
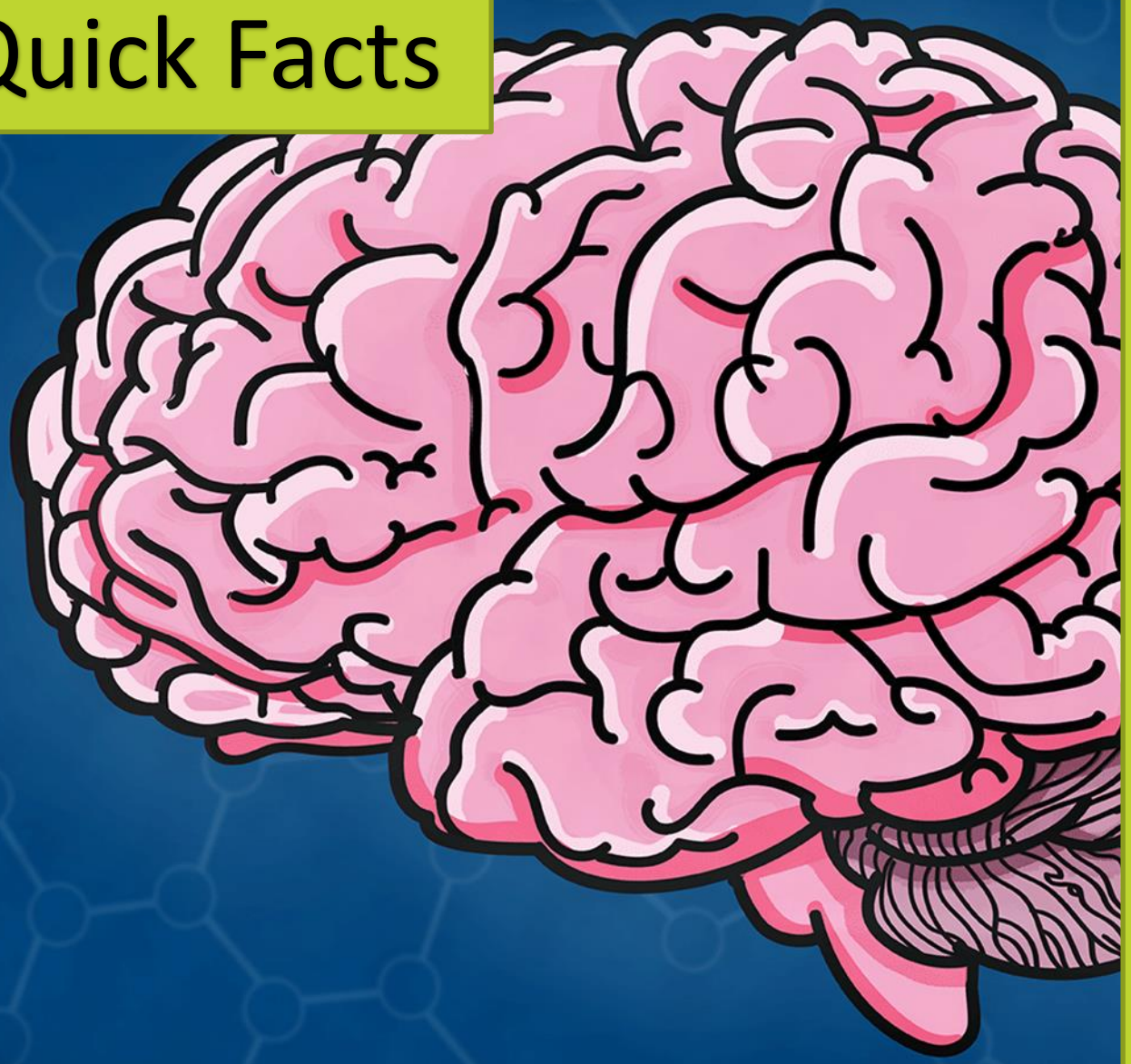
Associated Impairments



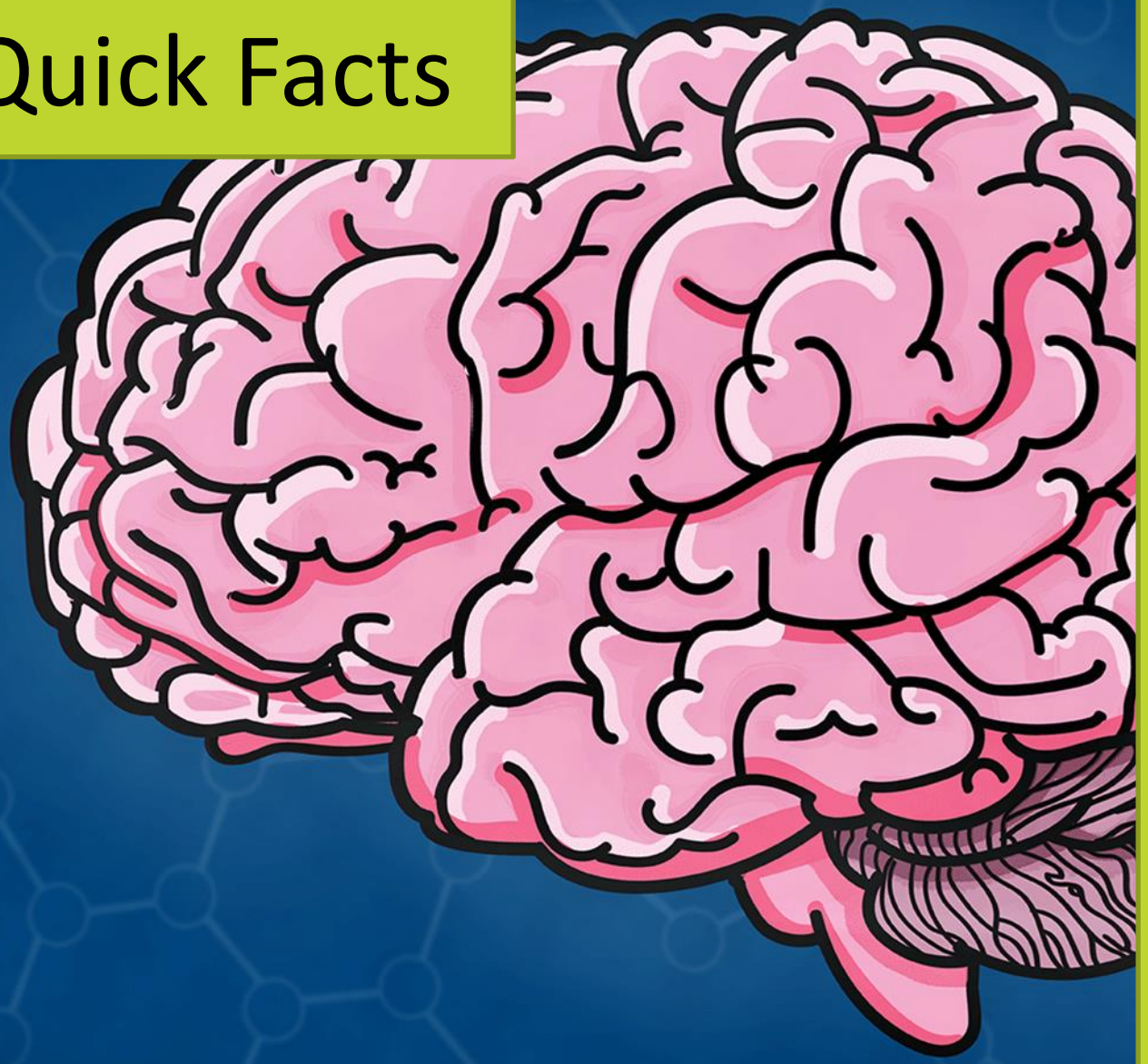
Other Quick Facts



- Average age of onset is 25 years old (age <50)
- Chronic condition
- 2.8% of Americans experience BD - 83% considered severe
- Disability under ADA
- Men = Women

(NAMI, 2022)

Other Quick Facts



- Often follows seasonal patterns: Depressive in the Spring/Fall and Mania in the Summer
- Accounts for ¼ of all mood disorders
- Found more frequently in higher SES

(Ebert, Loosen, & Nucombe, 2000)

Prevention & Wellness

Proper Treatment and Attention to Mental Health:

- Realize their full potential
- Cope with the stresses of life
- Work productively
- Make meaningful contributions to their communities

Keys to Maintaining Wellness:

- Getting professional help if you need it
- Connecting with others
- Staying positive
- Getting physically active
- Getting enough sleep
- Developing coping skills

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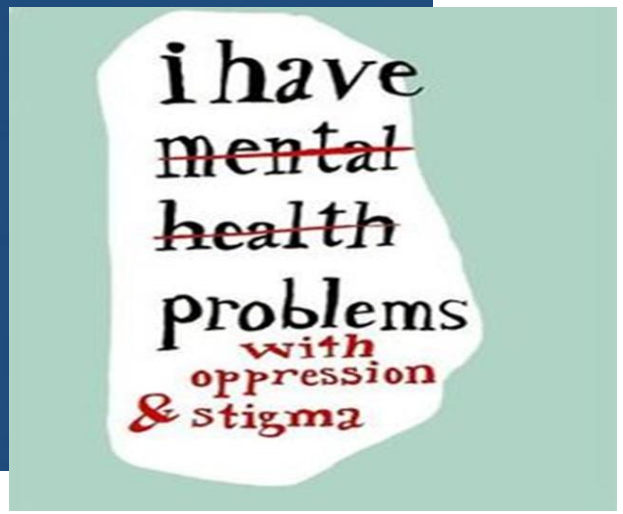
Take Home Points

- Bipolar Disorder is one of the most misdiagnosed mental health conditions
- Mania and/or Hypomania are essential for diagnosis
- Treatment often includes multiple medications and modalities
- Recovery is possible

"Don't be afraid to ask questions. Don't be afraid to ask for help when you need it. I do it everyday. Asking for help isn't a sign of weakness, it's a sign of strength. It shows you have the courage to admit when you don't know something, and to learn something new."

– Barack Obama



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Questions?