



NORTH BAY PSYCHIATRIC ASSOCIATES

Bipolar Disorder

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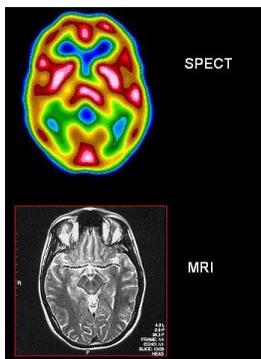
Bipolar disorder, which has been called “manic depression” in years past, is a chronic condition in which patients frequently experience extremes in mood. These shifts in mood are much more extreme than the typical “ups and downs” we all experience. In fact, even though a period of elevated, joyful mood sounds like a good thing, a “manic episode” can be an intense, frightening experience, characterized by irritability, risk-taking, and a mind that can’t seem to slow down. Similarly, the depressive phase (when it occurs) is worse than everyday sadness. Occasionally features of both mania and depression co-exist to produce a “mixed” state.



Before being diagnosed, mood episodes are frequently unrecognized by patients and by clinicians. This is because patients often learn to “adapt” to these shifts in mood by increasing their work load or their “goal-directed” activities, or by self-medicating with drugs or alcohol. Sometimes the mood episodes happen so infrequently that they simply appear as irregular “changes in character,” even though they have the potential to cause great havoc in a person’s life.

Many other conditions mimic bipolar disorder. For example, attention-deficit hyperactivity disorder (ADHD), which commonly starts in childhood, is characterized by increased activity, impulsive behavior, and an inability to focus. Similarly, anxiety disorders and substance use disorders can cause extremes in mood. Various medical conditions, including neurological problems, as well as some medications taken for different purposes, may cause behaviors that look like mania. Finally, some personality disorders involve greater willingness to take risks and act in extravagant ways. Importantly, each of these conditions requires treatment to avoid long-term dysfunction. If you believe that you have symptoms of bipolar disorder, it is important for you to speak to an expert who can distinguish among these alternatives and develop the right treatment plan for you.

There are various “types” of bipolar disorder (some experts argue for even more). In “bipolar I,” people experience clear manic episodes in the presence or absence of depressive episodes. In “bipolar II,” the manic episodes are less obvious—in fact, they can appear as periods of better-than-normal mood, increased productivity, and a greater sense of well-being, *without* the extremes seen in a manic episode, although depressive phases still occur.



What causes bipolar disorder?

It is not clear what causes the extreme, sudden, and unexpected shifts in mood that are found in bipolar disorder. Certainly it does appear to run in families, so there is likely to be a genetic basis to at least *some* cases of bipolar illness. If the manic episodes are considered “increased activity” of certain brain areas, then medications that “put the brakes” on hyperactivity of the brain would seem to work, and this indeed is the case.

What are the long-term effects of bipolar disorder?

As mentioned above, patients in the manic phase of bipolar disorder are often more productive, energetic, and euphoric than usual; as a result, they frequently perceive themselves as having no problems, no complaints. Indeed, some very prolific writers and musicians have suffered from bipolar disorder, which might explain their productivity. However, if left unabated, manic episodes can result in extremes in behavior such as increased spending, sexual activity, feelings of invincibility, and greater substance use, all of which may lead to injury or death. Similarly, the depressive phases are often associated with a greater risk of suicidal behavior.

How is bipolar disorder treated?

The cornerstone of bipolar disorder management is the use of a medication that maintains a person's mood at a relatively stable level. A number of "mood stabilizers" have been in use for decades that appear to work by decreasing the "excitability" of brain cells. These are medications like Depakote and Tegretol—both of which are widely used in the prevention of seizures—as well as lithium, which is a simple salt that helps to prevent the hyperactivity of nerve cells. Other anti-epilepsy medications like Lamictal and Topamax have also shown some promise in certain patients. Finally, in the past several years newer medications have been approved for the treatment of mania such as Zyprexa, Geodon, Seroquel, and Abilify.



Sometimes patients are prescribed antidepressants in addition to a mood-stabilizing medication, if they experience profound depressive symptoms as a major component of their illness. This is acceptable, but the use of antidepressant medications *alone* may cause the emergence of manic symptoms and should be undertaken with caution.

Because the mood episodes of bipolar disorder can be quite infrequent, patients often believe that they are "well" and stop taking medications if they feel their mood has returned to normal. This is not advisable because mood episodes may recur unexpectedly and therefore "maintenance" treatment is necessary. This also demonstrates why an important goal is for the patient to work with his/her therapist or other clinician to determine what are the precursors to a manic or depressive episode, and also to recognize when he/she is using certain "compensatory" behaviors that might mask the mood changes.

What is the long-term outcome of treatment?

Most people with bipolar disorder, when appropriately medicated and involved in ongoing contact with clinicians who provide both medication and supportive psychotherapy, live satisfying, productive lives. Some of the medications used for the maintenance treatment of bipolar disorder should not be taken during pregnancy or breastfeeding, so women with bipolar disorder will want to discuss this matter with their clinician if appropriate. People do not "outgrow" bipolar disorder but the manifestations of their depressive and manic episodes can change with increasing age.

Because there are so many different ways that bipolar disorder can manifest itself, and people vary in the ways they respond to treatment, it is important that you work with your psychiatrist and/or therapist to develop a treatment plan that works for *you*. Most importantly, it is vital to understand the pattern of your manic and depressive episodes, the triggers for each, and how and why medications (and other interventions) are essential for your long-term well-being.

Please be sure to check the NBPA website and blog regularly, as we will add up-to-date information about new discoveries in the biology of bipolar disorder, new treatment modalities, and useful tools to help you make the most of your treatment experience.