

Everyone has his/her ups and downs. Brief feelings of sadness after disappointments or losses, happiness after positive events, and irritability after frustrations are a normal part of life. However, when the feelings of sadness become overwhelming, last for more than a couple of weeks, and interfere with a person's ability to function, then the person may be suffering from clinical depression. When the feelings of happiness or irritability are excessive, are associated with other symptoms of mania, last for a week or more, and interfere with functioning, then the person may be experiencing a manic episode. Individuals with bipolar disorder (also called manic-depressive disorder) have experienced both manic and depressive episodes during their lives.

## **DIAGNOSING BIPOLAR DISORDER**

### **The Depressive Phase**

Clinical depression is more than just feeling sad in reaction to an unpleasant event. A sad or depressed mood is only one of the many signs and symptoms of clinical depression. Clinical depression is diagnosed when a minimum of five of the following symptoms are present every day, or nearly every day, for at least two weeks:

1. depressed mood most of the day
2. loss of interest or pleasure in formerly pleasurable activities
3. significant decrease or increase in appetite
4. problems sleeping at night, or sleeping too many hours per day
5. feeling very physically restless and agitated, or physically slowed down
6. fatigue or loss of energy
7. feeling worthless or excessively guilty
8. problems concentrating or making decisions
9. recurrent thoughts of death or suicide

### **The Manic Phase**

Mania is diagnosed when at least four or five of the following symptoms have been present for a week or more:

1. euphoric or very irritable mood
2. much more self-confident than usual; grandiose
3. feeling so energetic that only a few hours of sleep are needed
4. talking so fast that other people have trouble getting a word in
5. thoughts racing through one's head
6. distractible, difficulty focusing on only one thing
7. engaging in many more activities than usual
8. doing pleasurable things that are out of character and could cause trouble such as spending sprees, driving at high speeds, or increased sexual behavior

If the mood is euphoric (item #1) then 3 other items must be present; if the mood is predominantly irritable then 4 other items must be present to diagnose mania. *Hypomania* refers to a mild manic episode. *Mania* is diagnosed if the episode is so severe as to require hospitalization or the person is grossly impaired in their functioning. *Bipolar I disorder* is diagnosed when a manic episode has occurred; *bipolar II disorder* is diagnosed when only hypomanic episodes have been present.

## **PREVALENCE OF BIPOLAR DISORDER**

Studies of the general population have found

that 1% have bipolar disorder. The prevalence is the same in men and women. The prevalence of depression only, without manic episodes is much higher—from 10 to 25% of women and from 5 to 12% of men have experienced an episode of major depressive at some time in their life. Bipolar disorder most often begins during teenage years or the 20's.

The depressive phase of bipolar disorder is a life threatening disorder. Suicide is the eighth leading cause of death in the United States, accounting for more than 30,000 deaths per year. Among teenagers, suicide is the third leading cause of death, and most suicides are linked to depression. Earlier in the century mania was a cause of death—patients died of exhaustion from the persistent hyperactivity. The life saving nature of treatment of the manic phase of bipolar disorder is taken for granted today.

## **CAUSES OF BIPOLAR DISORDER**

Many factors are involved in the cause of bipolar disorder: genetics, stressful life events, biological factors, physical illness, medications, alcohol, childhood experiences, and these factors may differ for different individuals. Not everyone who has a parent with bipolar disorder will develop the disorder. Nor will an upsetting life event universally trigger an episode of depression or mania in everyone who experiences that life event. It is probably better to think

about risk factors, rather than causes, for developing bipolar disorder.

## **TREATMENT**

Bipolar disorder is a treatable psychiatric disorder. Before beginning treatment it is important to get a thorough evaluation to rule out potential causes of a manic or depressive episode (illnesses, medications, drugs, alcohol), and to evaluate for the presence of other psychiatric disorders.

The most common types of treatment are psychotherapy, antidepressant and mood stabilizer medication, and often both are used together. Other treatments include electroconvulsive therapy (ECT) and light therapy.

There are more than a dozen medications that are effective for treating the depressive and manic phases, respectively. Often medications need to be used in combination. Bipolar disorder is a chronic medical illness similar to other chronic medical illnesses such as diabetes and thyroid disorder; thus, long-term treatment is indicated. After the resolution of the depressive phase it is often possible to discontinue antidepressant medication and be maintained only on a mood stabilizer.

Unfortunately, medications tend not to work immediately. Antidepressant medications generally take three to six weeks to become fully effective; mood stabilizers begin to work more quickly for the manic phase. If one medication does not work that does not mean that another medication will not be helpful. More often than not it is necessary to combine medications to achieve maximum therapeutic effect.

The two individual psychotherapies that have been the most extensively studied for their effectiveness in treating depression are cognitive-behavioral therapy and interpersonal

therapy. In cognitive-behavioral therapy the focus is on current behaviors, thoughts, and beliefs. In interpersonal therapy the focus is on current relationships. Family therapy is often a helpful adjunct to coping with this illness because it impacts upon family functioning as well as the individual.