Quiz

Bipolar Disorder

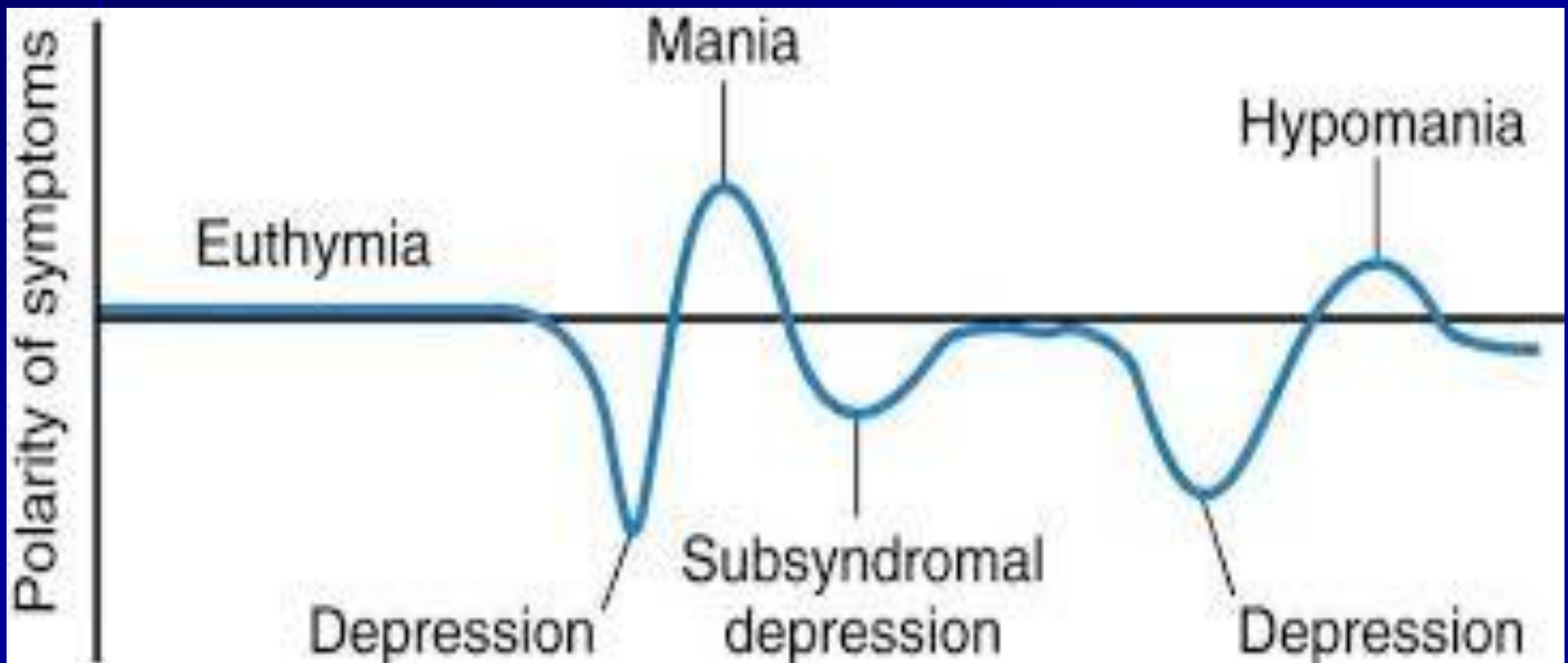
Dr Adarsh Tripathi
MD, MNAMS
Additional Professor
Psychiatry

Bipolar disorder

- A group of brain disorders that causes extreme fluctuations in a person’s mood, energy and functioning

Presentations of Bipolar Disorder

- Manic, Depressed, Mixed



Types

- Three different condition–
- **Bipolar I disorder :** manic-depressive disorder that can exist both with and without psychotic episodes
- Bipolar II disorder : depressive and manic episodes which alternate and are typically less severe and do not inhibit function
- Cyclothymic disorder is a cyclic disorder that causes brief episodes of hypomania and depression

Bipolar Disorder- **Manic Episode**

- Persistently elevated, expansive or irritable mood
- At least three of the following symptoms have persisted and have been persistent
  - Inflated self esteem or grandiosity
  - Decreased need for sleep
  - More talkative than usual or pressure to keep talking
  - Flight of ideas or subjective experience that thoughts are racing

Characteristics (Cont.)

- Distractability, i.e. attention too easily drawn to unimportant or irrelevant external stimuli
- Increase in goal-directed activity or psychomotor agitation
- Excessive involvement in pleasurable activities which have a high potential for painful consequences, e.g. unrestrained buying sprees, sexual indiscretions, or foolish business investments

Characteristics (Cont.)

- marked impairment in occupational functioning or in usual social activities or relations with others, or to necessitate hospitalization
- Not superimposed on schizophrenia, schizophreniform disorder, or delusional disorder or psychotic disorder NOS
- Not due to the substance or general medical disorder

DIGFAST – Mental Status Exam

- **D**istractible
- **I**ncreased activity/psychomotor agitation
- **G**randiosity/Super-hero mentality
- **F**light of ideas or racing thoughts
- **A**ctivities that are dangerous or hypersexual
- **S**leep decreased
- **T**alkative or pressured speech

Epidemiology

Lifetime prevalence

- Type I - 0.7 - 0.8%
- Type II - 0.4 - 0.5%
  - Equal in males and females
  - Increased prevalence in upper socioeconomic classes
- Age of Onset
  - Usually late adolescence or early adulthood. However some after age 50. Late onset is more commonly Type II.

Genetics

- Greater risk in first degree relatives (4-14 times risk)
- Concordance in monozygotic twins >85%
- Concordance in dizygotic twins – 20%

Brain dysfunctions

- Neurodevelopmental dysfunctions – mostly involving molecular, cellular or receptor level dysfunction
- Dysfunctions at level of various genes, developmental leading to structural and functional disruption of mood and behaviour has been identified

Secondary Causes of Mania

Toxins

- Drugs of Abuse
  - Stimulants (amphetamines, cocaine)
  - Hallucinogens (LCD, PCP)
- Prescription Medications
  - Common: antidepressants, L-dopa, corticosteroids

Neurologic

- Nondominant frontal CVA
- Nondominant frontal tumors
- Huntington’s Disease
- Multiple Sclerosis

Secondary Causes of Mania (Cont.)

Infectious

- Neurosyphilis
- HIV

Endocrine

- Hyperthyroidism
- Cushing's Disease

Treatment

- Education and Support
- Medication

Acute mania

Lithium, Carbamazepine, Valproate, Lamotrigine, antipsychotics, benzodiazepines

Long Term Mood Stabilization

Lithium, Carbamazepine, Valproate, Lamotrigine, possibly atypical antipsychotics

Course

- **Acute Episode**
  - Manic : 4 -12 weeks
  - Depressed : months
  - Mixed - months
- **Long Term**
  - Variable - most recover fully
  - Mean number of lifetime episodes 8-9

Management of mania

- Pharmacological – antipsychotic medication for symptom control and mood stabilizers for maintenance therapy
- Psychological- cognitive therapy, behavior therapy, supportive therapy, Group and family therapy

Management

- Patient is willing to take medication and the family is supportive
- Treat on a out patient basis

Atypical antipsychotics

- Mania - Olanzapine, Risperidone, Quetiapine
- Depression - Quetiapine, Lurasidone
- Maintenance - Quetiapine

Essential information to the family and the patient

- Agitation and strange behavior are symptoms of mental illness
- Symptoms will remit in few weeks
- Mood disorders have good prognosis if medication is taken regularly

Essential information to the family and the patient

- Treatment is required for few months
- Supervision of medication is very essential
- Ensure safety of the patient
- Family and friends should stay with the patient
- Ensure basic needs like food and drinks
- Minimize stress and stimulation

Education to the family

- Do not argue with strange ideas and plans
- Avoid confrontation with the patient
- Encourage normal activities as the symptoms improves
- Encourage him to socialize and involvement him in all the social activities of the family

Normalization

- Recovered patient can restart work and studies.
- Marriage and other responsibilities can resume.
- All concerned should be aware of the past illness , possibility of relapse and medication

Thank you very much