

BIPOLAR DISORDER

Brian Bexton, M.D., Psychiatrist and Psychoanalyst, Vice-President of Revivre

What is bipolar disorder?

When we think about different kinds of mood swings, it's very important to distinguish between the normal fluctuations that everyone experiences and more serious mood swings that may signal bipolar disorder – also known as manic-depression.

Everyone has highs and lows – these are usually due to the social, psychological, and biological factors affecting us. For example, it's normal for someone who has just fallen in love to be "up", and for that same person to feel down for a while after losing the person they love. These are predictable reactions, though everyone responds differently to the different factors that affect mood.

Extremely rapid or severe mood swings, however, may be due to bipolar disorder.

Like everyone else, people with bipolar disorder have calm periods, when they function in an apparently normal way.

The different bipolar cycles

In people with bipolar disorder, periods of depression and mania can last anywhere from a few days to several months.

- **Long cycles:** the depressive and manic phases last several months.
- **Short (rapid) cycles:** at least four cycles of depression or mania per year, each lasting several weeks.
- **Mixed phases:** both depressive and manic symptoms occur in a single day.

Some data on bipolar disorder

- It affects 4% of the population;
- It occurs in all segments of society and in every country in the world;

- It is commonly seen in high socioeconomic settings, because people with bipolar disorder have higher than normal energy levels, get totally involved in work and thus achieve greater professional success;
- The family history usually reveals other cases of bipolar disorder, reflecting the following genetic risk factors:
 - 20-25% with one bipolar parent;
 - 50-75% with two bipolar parents;
 - 80% with a bipolar identical twin;
 - 20% with a bipolar fraternal twin.

Predictors

The biological and psychological factors below can help trigger manic and depressive episodes, though this will vary in degree from person to person.

Biological factors

- **Genetics:** researchers have identified chromosomal regions where genes for susceptibility to affective disorders are found.
- **Hormones:** we see changes in glucocorticoids, as well as reduced immune function.
- **Neurotransmitters:**

1) In the depressive phase: decreased serotonin, which leads to feelings of depression, anxiety, and obsessive thoughts, as well as sleep and appetite loss; decreased norepinephrine, which causes a loss of energy and motivation, and negative thoughts; and decreased dopamine, which leads to reduced feelings of pleasure and concentration problems.

2) In the manic phase: elevated norepinephrine levels cause a considerable increase in energy, pleasure at any cost, and elation.

Psychological factors

In the manic phase, people with bipolar disorder may show certain psychological signs, including:

- developing an antidepressive response to counter their depression; and
- various kinds of distorted thinking.

In the depressive phase, people with bipolar disorder may:

- feel rejection and loss with respect to loved ones, even if they are still close by;
- be very self-critical, subject themselves rigid moral judgments, and want to punish themselves for their past misdeeds;
- have negative thoughts, believe they are bad, that everything around them is bad, and that everything will always be bad;
- feel that life is worthless, hopeless, and that there is no help possible.

The different types of bipolar disorder and their manifestations

Bipolar disorder	Characteristics	Common reaction by the affected person	Common reaction by the family
Type 1	Alternating phases of major (deep) depression and mania	During the manic phase: does not feel at all worried During the depressive phase: feels worried	During the manic phase: feels very worried During the depressive phase: feels reassured
Type 2	Presence of major (deep) depression and hypomania (less severe manic phases)	During the hypomanic phase: pleasant feeling During the depressive phase: painful feeling	During the hypomanic phase: pleasant feeling During the depressive phase: painful feeling
Type 3	Cyclothymia (small, less intense up- and-down cycles)	Long-term fluctuations	Long-term fluctuations

In general, the natural history of the disease shows that people spend about 10% of their time in the manic or hypomanic phase, about 40% in the depressive or mixed phase, and are stable about half the time.

Symptoms

In the depressive phase

- depressed mood nearly all day, every day, for at least two weeks;
- sleep problems (insomnia or hypersomnia);
- appetite problems with weight loss or gain;
- lack of energy and fatigue;
- loss of interest and loss of pleasure;
- psychomotor agitation or slowing;
- decreased ability to concentrate, think, or make a decision;
- guilt feelings;
- recurring thoughts of death (60% of cases) and recurring suicidal thoughts (15% of cases).

Associated symptoms

- anxiety;
- social withdrawal.

In the manic phase

- inflated self-esteem or grandiosity;
- less need for sleep;
- more talkative or talking non-stop;
- racing thoughts or the feeling of having too many ideas;
- easily distracted – unable to focus;
- sudden increase in social, professional or school activities;
- psychomotor agitation;
- excessive increase in pleasure-seeking and high-risk behaviours, for example, spending, sex, financial investments.

Treatment

The goal of psychological, medical, and community-based treatment for bipolar disorder is to improve the person's general condition, given the various biopsychosocial factors involved.

1. Psychotherapy

Early in treatment, psychotherapists can help people with bipolar disorder by:

- offering them support and education;
- meeting with their families to provide information;
- getting them involved in their recovery.

During a crisis, someone suffering a major depressive episode can get specific individual help through:

- cognitive-behavioural therapy;
- interpersonal therapy.

Once the crisis has passed, the therapist can begin:

- more in-depth therapy with the person;
- therapy involving the family.

Throughout this process, it can be very helpful to refer people with bipolar disorder and their families to community organizations like Revivre.

2. Medical treatment

Initially, bipolar disorder is usually treated with mood stabilizers:

- lithium;
- anticonvulsants;
- atypical antipsychotics.

To enhance the effects of the mood stabilizers, or if they cause side effects, the doctor may also prescribe other drugs, including:

- anxiolytics;
- antidepressants.

Where to go for help

If you think that you or someone you love might have bipolar disorder, contact Revivre or consult your family doctor. He or she can probably treat the illness or make a referral to a mental health professional.

SUPPORT, INFORMATION, REFERRAL

514 REVIVRE (738-4873)

Toll free: 1 866 REVIVRE

Revivre.org



The printing of this sheet was made possible by a grant from the health improvement program

