



## INFORMATION

### **Bipolar Disorder: A Brief Overview**

*By Donald Graber, M.D.*

*“When I was high, I was high as the sky, but when I was low, I was low as a snake’s belly.”*

The above quote is from a woman diagnosed and treated for bipolar disorder in her 80’s. It illustrates the oscillation of mood between mania and depression that can be all encompassing and disruptive of normal daily activities for the individual affected by bipolar disorder, as well as their family and loved ones.

Bipolar disorder, a relatively common mental illness affecting millions of Americans, is sometimes known as “manic depressive illness.” Both names are descriptive of a single condition: “bipolar” refers to the two opposite poles of the mood swings, known as the highs and lows, and “manic-depressive” refers to these same exaggerated highs and lows.

As a psychiatrist, I find that when discussing bipolar disorder, or mental illness in general, it is especially important for patients and their loved ones to know there is hope and good news, because such diagnoses sound overwhelming and terrifying. It is tempting for individuals and their loved ones learning of a diagnosis of bipolar disorder to resent or deny its presence because, in part, of the stigma of mental illness.

A myth that has persisted is the belief that this disorder is the result of difficult personal circumstances or a series of poor or wrong choices, when, in fact, it ultimately results from imbalanced neurotransmitters (chemical messengers in the brain) that are beyond the control of the individual. Our society has not placed a negative stigma on people for taking medication for other imbalances such as a thyroid disorder, heart disease, or diabetes. But sometimes, when it comes to mental illness, there is the presumption of weakness, irresponsibility, lack of faith, or some other character flaw.

As if that weren’t enough to contend with, there is an extra measure of shame and guilt heaped on the individual affected by mental illness, and often their loved ones. Sadly, it is not uncommon for these individuals to hear untruthful advice and condemnation in words such as, “If you would pray more,” or “If only you trusted God completely . . .” Such misinformation has resulted in unnecessary suffering, lack of treatment, and sometimes fatal outcomes.

#### **Characteristics of Bipolar Disorder**

Mood swings are a defining characteristic of bipolar disorder. It is normal for everyone to have fluctuations in mood, but those associated with bipolar disorder are distinguished by their extreme, severe, and sometimes dramatic nature, as well as their potential dire consequences. These pronounced transformations in mood, which are cyclical (recurrent) in nature and go well beyond the normal range of “ups and downs” most people face, result from a disruption in brain function.

The extreme mood swings associated with bipolar disorder are challenging in their own right, and they can affect one's perception of God, self, and others, and therefore have a negative affect on relationships. The manic cycle of bipolar disorder consists of a period of elevated, euphoric, and sometimes irritable mood lasting a week or more. It is characterized by some or all of the following:

- increased energy
- a decreased need for sleep
- increased confidence, sometimes to the point of grandiose delusions
- racing thoughts
- rapid speech
- impulsive sexual behavior
- reckless behavior such as speeding, erratic driving, and overspending

Lesser degrees of mania (called hypomania) can cause people to be talkative, engaging, outgoing, exhibit increased productivity and creativity, and be quite enjoyable.

By contrast, the depression cycle usually follows a manic episode. It is a period of depressed mood lasting weeks, months, or even years and is characterized by:

- lowered confidence and self esteem
- decreased energy
- lack of motivation
- diminished interest or pleasure in most or all activities
- disruption of normal sleep patterns which may involve excessive sleep
- significant changes in appetite
- decreased sex drive
- difficulty concentrating and making decisions
- sadness and tearfulness
- social withdrawal
- irritability and anger
- a sense of hopelessness
- sometimes suicidal thoughts or behavior.

The most typical age of onset of bipolar disorder in my experience has been the late teen years or early 20's, often around the last year or two of high school or the early college years. However, it can develop in children, as well as adults at any age. Development of bipolar disorder in older age sometimes occurs in the absence of a family history. In these cases, I would suggest a thorough evaluation with a psychiatrist and a particularly careful search for a medical cause of the mood swings, because there are other conditions that can mimic bipolar disorder in the older population.

### **Causes**

The cause of bipolar disorder is uncertain, and most scientists believe it results from many factors rather than a single cause. These factors include genetics, environment, and certain medical conditions. There does appear to be a genetic propensity because the disorder tends to run in families. But it is also known that it is not purely genetic because in studies with identical twins there are instances when one is affected by bipolar disorder but the other is not. This suggests the coexistence of many factors, such as multiple genes in addition to environmental conditions, to produce the illness. Further, brain imaging studies have

been able to identify differences between individuals with bipolar disorder and individuals without the disorder. Such studies may eventually be beneficial in determining the underlying causes and aid in the development of medications specifically targeted to the areas of the brain affected.

### **Coexisting conditions**

There are several conditions which often occur in conjunction with bipolar disorder, especially alcohol or drug abuse and attention deficit hyperactivity disorder (ADHD). In fact, because alcohol abuse is often, but not always, associated with bipolar disorder, when individuals who have been diagnosed with bipolar disorder deny a family history of alcoholism it causes me to question a bipolar diagnosis. In the presence of bipolar disorder, the incidence of coexisting ADHD may be as high as 20-30%.

When bipolar disorder does coexist with ADHD, it is important that the mood swings be controlled before the hyperactivity, restlessness, and impulsivity of ADHD can be addressed. The medical treatment for ADHD is a class of drugs called stimulants. If stimulants are given in the presence of *unrecognized* bipolar disorder, the mood swings are likely to worsen. The fact that some symptoms of bipolar disorder and ADHD overlap, such as restlessness and distractibility, does not negate the reality of both conditions nor their simultaneous presence. However, once mood swings are stabilized, ADHD symptoms can be safely and effectively managed. Ideally, the simultaneous treatment of bipolar disorder, ADHD, and substance abuse, if present, should be concurrent, since to leave any of them untreated, sabotages the successful management of all the others.

### **Treatment**

The importance of finding a well trained and experienced physician in the diagnosis and treatment of bipolar disorder cannot be overstated. Sometimes it is difficult to differentiate symptoms and correctly diagnose bipolar disorder. A thorough evaluation, most often in conjunction with medication, combined with other treatments such as Christian counseling and close follow up are paramount.

The optimal treatment of bipolar disorder often includes a motivated client that recognizes their condition, an experienced and competent physician, medications, educational and motivational therapy, support of family, friends, and church, and a spiritual awakening. I frequently tell patients, "You have a condition that you can learn to control. If you do not, it will likely control you." Bipolar disorder is a condition that can be successfully managed, and those affected can expect to live relatively normal lives with appropriate care and the right combination of treatment modalities.

From a medication perspective, the foundation of treatment is the use of prescription mood-stabilizing drugs. In more severe cases, another class of medications called antipsychotics may be utilized when there is a loss of contact with reality such as delusions or hallucinations. It is important to understand that these drugs are not without some side effects. Typically, the benefit of medication use outweighs the risk of side effects because a significant percentage of untreated bipolar individuals will commit suicide. The current recommendation is that mood stabilizers should probably be continued so long as they are effective and well tolerated, and all medications should be monitored at regularly scheduled intervals with your doctor.

Another class of medications in the treatment of bipolar disorder is antidepressants. Their role in treatment and the appropriate time to initiate them warrants careful consideration. I prefer to use them after mood stabilizers are at the appropriate therapeutic levels, and then only as long as is necessary to relieve severe depression, at which point they are often discontinued with medical supervision. My concern is that antidepressants sometimes have a de-stabilizing effect especially when used alone, or over long periods of time in the treatment of bipolar disorder.

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In summary, it is important to note that bipolar disorder is usually a recurrent condition which most often requires life long treatment and management. Optimal treatment includes a combination of medical, psychological, and spiritual care and support. It is necessary for most people with bipolar disorder to take prescription drugs to control their symptoms, and we now have many medications available to help these individuals lead relatively normal productive and meaningful lives. Another tier in management should include Christian counseling to address behaviors, thoughts, emotions, and spiritual well being for the one affected by bipolar disorder and in many cases, their family and loved ones as well. Finally, prayer partners, Christian fellowship and a strong, safe support system consisting of family and friends can assist in successful management of bipolar disorder. This is a condition that certainly warrants all the biological, psychological, social and spiritual resources at our disposal. Bipolar disorder can definitely be successfully treated and managed.

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