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Bipolar Disorder

Definition:

Bipolar disorder, or manic-depressive disorder, is a mood disorder in which people experience alternating episodes of mania and major depression. Mania is characterized by elation, irritability, excitability, racing thought and speech, and hyperactivity. Major depression is characterized by sadness, withdrawal, despair, and suicidal thoughts.

Bipolar disorder has two major classifications:

- **Bipolar I:** history of major depression and at least one episode of mania
- **Bipolar II:** history of major depression and much less severe episodes of mania (hypomania)

However, various sub-syndromes are now being recognized in what is now being called Bipolar Spectrum Disorders.

Prevalence and onset, course and prognosis:

The American Psychiatric Association estimates that 0.4% to 1.2% of adults experience bipolar disorder. This disorder affects women and men equally and is more common in higher socioeconomic groups. It can begin any time after adolescence, but onset usually occurs between ages 20 and 35; about 35% of patients experience onset between ages 35 and 60. Before the onset of overt symptoms, many patients with bipolar disorder have an energetic and outgoing personality with a history of wide mood swings.

Bipolar disorder recurs in 80% of patients; as they grow older; the episodes recur more frequently and last longer. Most people are symptom free for months or even years between episodes of depression and mania. Three-fourths of manic episodes occur before or right after a major depressive episode. After the first manic episode, there's a 90% chance that a second one will occur. Approximately 25% of people never fully recover from an episode. Nearly 33% of people have great difficulty functioning at work and in social settings.

The younger a person, the more frequent the episodes are of a manic type. As Bipolar patients get older, the more likely the episode will be depressive in nature. Typically, a greater number of *depressive* episodes are experienced over a lifetime. Approximately 40% of people with bipolar disorder have an average of one episode every 2 1/2 years, or four in every 10 years.

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An onset before the age of 30 usually results in frequent and more severe episodes. Psychosis is more common in this group and symptoms tend to linger between episodes. An onset after the age of 40 has a better prognosis. Generally, short episodes, late onset, the absence of other medical or psychiatric conditions, and early treatment have a better prognosis. This illness is associated with a significant mortality; 20% of patients commit suicide, many just as the depression lifts.

Heredity:

The incidence of bipolar disorder among relatives of affected patients is higher than in the general population and highest among maternal relatives. The closer the relationship, the greater the susceptibility. Children with one affected parent have a 30% chance of developing bipolar disorder; children with two affected parents, a 60% chance. The incidence of this illness in siblings is 20% to 25%; in identical twins, the incidence is 66% to 96%.

Treatment:

Acute:

Treatment for bipolar disorder includes medication, psychotherapy, and, when necessary, electroconvulsive shock therapy (ECT). Treating the acute episode is similar to treating the underlying mood disorder (continual), though there are differences between the two approaches.

Chronic Treatment (Prophylaxis)

Once bipolar disorder is diagnosed, it is necessary to continue treatment indefinitely. Various mood stabilizers are typically used for continual treatment, alone or combined. In some cases, an antidepressant or antipsychotic drug is used in the combination.

Patients require lifelong lithium therapy to prevent relapses. When lithium treatment stops, relapses occur within 6 months in 90% of patients, and subsequent lithium treatment and other treatments are less likely to be effective.

Chronic treatment with more than one type of medication requires close monitoring to ensure that the proper concentrations of the drugs are maintained and to make any necessary adjustments (e.g., change medications or dosages) to alleviate side effects.

Ongoing psychotherapy is necessary for the following reasons:

- Ensures compliance with the schedule of medication
- Helps patients deal with effects of the disorder on their social and work relationships
- Helps patients maintain a positive self-image

Support groups are beneficial for patients, their families, and close friends. Patients receive encouragement, learn coping skills from others, share their concerns, and feel less isolated. Family members and friends acquire a better understanding of the illness, share their concerns, and learn how to support their loved ones.