RAYS OF LIGHT

ILLUMINATING THE BIPOLAR SPECTRUM


MANIA
HYPOMANIA
ALMOST TWO MILLION CANADIANS ARE AFFECTED
SADNESS
BIPOLAR
DEPRESSION

People who suffer from the most common forms of bipolar disorders make up 2.2 percent of the population across Canada. When all types of the disorder are taken into account, that figure rises to an astounding 6 percent. This means that there are almost two million Canadians affected by the disorder.

Despite its alarming prevalence, bipolar disorder continues to be misunderstood and hazily defined. Understanding the range and variety of the disorder is key to effective treatment.

THE BIPOLAR SPECTRUM

Bipolar Disorder is commonly known as Manic Depression, a mental illness marked by extreme, uncontrollable swings in mood, from manic happiness to deep depression and back again. But the truth of the matter is that bipolar disorder entails much more than a simple swing from the pitch black of depression to the blinding light of mania. The moods and temperaments of bipolar disorder are much more like the colours of a prism, moving through a wide array of shades, across a broad spectrum of symptoms and severity.

This full bipolar spectrum stretches across countless shades of varying sub-groups of mild-to-severe mania, hypomania, and depression. While most of what is accepted as normal lies in the middle of the spectrum, with only slight fluctuations in mood, an individual with bipolar disorder will still traverse into some other shades, or most dramatically, all of them.

DISORDER

DEFINITIONS:

MANIA is an extreme high filled with heightened energy, creativity, and social ease that can quickly progress to full blown euphoria, irritability, an exaggerated sense of self-esteem, and a feeling of invincibility that can lead to irrational behavior. Mania can also involve psychotic episodes.

Mood And Personality

Where exactly in the spectrum an individual's mood disorder may fall is determined by unpredictable factors such as temperament and personality. But the fact is that it's almost impossible to separate mood from personality. The same personality traits that are passed down through genetics are the very traits that make up bipolar disorder: sadness, happiness, introspection, empathy, anxiety, creativity, recklessness, and certain levels of sexual activity are all positive traits found in varying degrees in all personalities.
In many ways, bipolar spectrum disorder is often the manifestation of those states in an extreme and sometimes obsessive form.

DEPRESSION is an intense, pervasive, persistent feeling of hopelessness, sadness, and frustration. The depressed phases of a mood disorder are the longest and the most difficult to endure – and can often lead to suicidal tendencies.

HYPOMANIA is a less severe form of mania and much harder to define, let alone recognize. Essentially, the same symptoms of mania will be present, but in a much more subtle way and for as little as a few days. Hypomania can rarely be maintained, and is often followed by an escalation into mania or a crash into depression.

It's Not All Bad News

Bipolar disorder is not a character flaw or a sign of personal weakness. These disorders have strong genetic components which are complicated by environmental and personality factors. Many mood disorder traits actually serve important roles in mankind's emotional communication and survival.

The more adaptively benign traits exist strongest in the less affected temperaments of the disorder. The cyclothymic temperament, for instance, appears to be what mediates creativity, and is found more common in bipolar II and bipolar III than it is in bipolar I. The hyperthymic temperament - characterized by life-long traits of exuberance, high levels of energy, confidence and novelty-seeking - has great relevance in leadership roles in business. The anxious temperament, which describes an exaggerated disposition towards worrying, can be considered an altruistic anxiety serving the survival of kin. The depressive temperament shows a sensitivity to the suffering

of others. These temperaments have offered an obvious adaptive advantage in the evolution of individuals and social and cultural groups, which helps to explain the persistence of bipolar disorders in human populations since the dawn of man.

However, bipolar spectrum disorders extend beyond simple mood swings; they are also associated with a wide range of problems such as anxiety disorders, substance abuse, diabetes, obesity, migraines, cardiovascular disease, attention deficit hyperactivity disorder (ADHD) and post-traumatic stress disorders, so it's critical that the disorder is properly diagnosed and treated.

Diagnosis

An accurate diagnosis is the first step towards effective treatment. But obtaining the right diagnosis is challenging, as there is no lab test, x-ray, or brain scan that can detect Bipolar disorder. Bipolar disorders often start in early life, but it is difficult to define, let alone diagnose, so it usually takes years before an individual finds proper treatment.

Because of the fluid boundaries of the disorder, misdiagnosis is sadly very common. A psychiatrist must have a full understanding of the range of bipolar spectrum disorders, as well as psycho-pharmacology, and the psychological, emotional, mental, medical and social consequences associated with the disorder. Even armed with all of this knowledge, an accurate diagnosis sometimes requires the input of the patient's family and friends.

To aid in diagnosis, bipolar disorder has been divided into a selection of distinct types that exist along the spectrum.

Types of Bipolar Disorder

- **Bipolar I Disorder** involves manic episodes and almost always includes swings into depression.
- **Bipolar II Disorder** involves less severe manic (or hypomanic) and depressive episodes. In diagnosis, bipolar II is the most common category missed because hypomanic episodes frequently follow depressive episodes and may seem relatively normal in nature.
- **Bipolar III Disorder** involves recurring depressions with hypomanic episodes induced by anti-depressant medication.
- **Rapid Cycling** means an individual has at least four manic, depressive, or hypomanic episodes per year.
- **Mixed State** means the individual experiences symptoms of both mania and depression at the same time (or alternating frequently throughout the day). Because of the combination of high energy and severe depression, mixed episodes present the greatest risk of suicide.
- **Cyclothymia** is a milder form of bipolar disorder in which the cycles of hypomania and depression are shorter and less intense. Episodes usually last for days rather than weeks.

Mood Clinics have proven themselves to be among the most effective tools in addressing the complexities of the emotional, cognitive, social and financial difficulties which arise in the course of a disorder.

MANIA

HYPOMANIA

SADNESS

DEPRESSION

THE FLUID BOUNDRIES OF THE DISORDER, CAN MAKE DIAGNOSIS DIFFICULT.

Treatment

Bipolar disorder cannot be treated like other psychological disorders such as schizophrenia or clinical depression. In fact, recent research suggests that antidepressant treatments may severely worsen the symptoms of bipolar disorder. The complexity of bipolar disorders in their more severe forms is beyond what solo psychiatrists and family physicians can manage - this is where the services of a mental health team is invaluable.

An effective, comprehensive mood disorders treatment program will improve the quality of life of individuals with bipolar disorder. These programs help the patient maintain functionality, increase compliance with medication and treatment, decrease the risk of relapse, and decrease the length of stay in hospitals.

Effective treatment delivered through a mood clinic involves a five-pronged attack, designed to address various elements of the disorder and it's impact on the patient's life.

1. **Comprehensive Drug Treatment**
2. **Psycho-Social Rehabilitation**
3. **Active Case Management**
4. **Attention to Health and Wellness**
5. **Social and Vocational Rehabilitation**

1. Comprehensive Drug Treatment

Medication is the foundation of therapy for bipolar disorders. Without medication, psychological or social interventions would not be successful.

Despite this fundamental understanding that medication is essential, compliance with medication remains a major issue for most bipolar patients and becomes a problem in well over 50 percent of patients in treatment. Many individuals have a tendency to go off their medication when they're feeling the euphoria of a manic or hypomanic state, which gives them the sense that they no longer need medication.

LIST OF MEDICATIONS

Mood Stabilizers: Lithium

Mood Stabilizing Anticonvulsants: Lamictal (lamotrigine), Tegretol (carbamazapine), Topamax (topiramate) Valproic Acid (epival)

Antipsychotics: Seroquel (quetiapine,) Zyprexa (olanzapine), Risperdal (risperidone)

Antidepressants: Celexa (citalopram). Paxil (paroxitine), Prozac (fluoxetine) and other SSRIs, and Wellbutrin (buproprion)

Anti-Anxiety Medication: Rivotril (clonazepam), Ativan (lorazepam), Xanax (alprazolam)

It is difficult to exercise control over the behaviour of another adult. At times, control is only possible if the patient is committable under the Mental Health Act. This provides an opportunity for a mental health team to bring the patient back under control.

Most patients with bipolar disorder require a number of medications to manage their symptoms and to maintain stability and wellness. The right combination of medication is worked out with an experienced psychiatrist who becomes familiar with the course of the patient's disorder over time,

as well as the patient's response to medication. Successful drug treatment depends on the close cooperation between the patient and the doctor. The pharmacotherapy of bipolar disorder is complicated, and there is no magic bullet.

2. Psycho-Social Rehabilitation

There are three components to psycho-social rehabilitation.

I. **Education**. Patients need access to information about the disorder. Learning about their illness and its treatment will help them identify early warning signs, triggers, and patterns so that they can learn to take preventative and corrective action. Information and support in how to cope with mood disorders have been found to have a positive impact on recovery and prevention of relapse.

II. **Psychotherapy**. Therapy should be offered for individuals, couples, and families. Personal psychotherapy helps individuals understand the effects of their illness and come to terms with changes in self-image. Family members are deeply impacted by the presence of a bipolar disorder. Feelings of guilt, resentment, anger, and frustration are common experiences, so families need support in their own right as well as learning how to be supportive to the person with the disorder. There is a very high level of marriage breakdown associated with bipolar disorder so addressing this is important.

III. **Supportive Group Psychotherapy.** Peer and self-help support groups are a very important and helpful part of treatment. The benefits of realizing a commonality among other people

cannot be overstated. These peer groups also provide an ongoing attitude of emotional warmth and concern.

3. Active Case Management

Case managers monitor the mood and stability of the individual very closely providing the chance for early intervention. Often this means monitoring drug compliance, but bipolar individuals also require their case managers to be actively involved and to provide follow-up as well as outreach whenever needed.

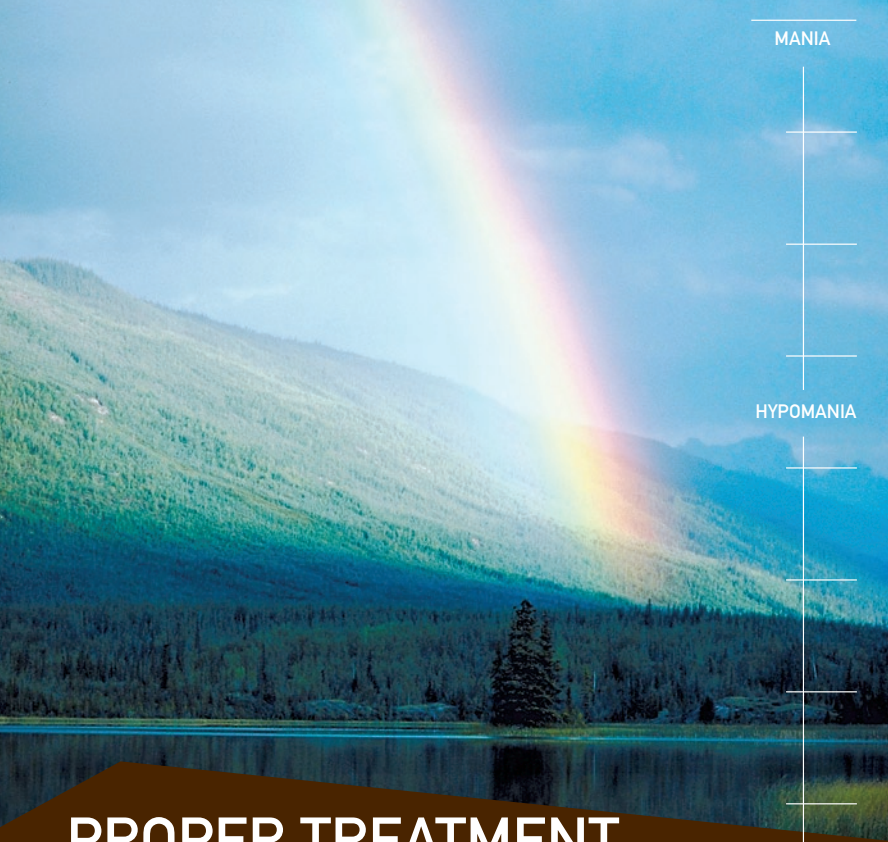
4. Health and Wellness

This aspect of treatment focuses on an initial physical evaluation of the individual, including comprehensive lab tests, as well as an analysis of current lifestyles and choices. High sugar and high fat diets have been linked with depression, and numerous studies have found aerobic exercise works as effectively as antidepressants. Stress and sleep patterns also play a large part in mood disorders, so every bipolar individual needs to be evaluated and to be involved in a program of exercise, diet and lifestyle choices which is conducive to maintaining stability and wellbeing.

5. Social and Vocational Rehabilitation

This step consists of an evaluation of the individual's capabilities and the setting up of social, occupational and recreational goals that are worked on by the individual and with the assistance of team members.

Reentry into the workforce and patching up any "broken fences" in social relationships play a large role in the long term success of the program.



PROPER TREATMENT AND LIFESTYLE CHOICES ARE CONDUCIVE TO STABILITY AND WELLBEING.

CHALLENGES OF TREATMENT

Treatment of bipolar disorders is difficult for both patient and doctor. The patient is not always willing to accept the diagnosis of a bipolar disorder. Witnessing the depressive phase tends to make families and friends more accepting of a bipolar disorder diagnosis. The manic phase frequently robs the patient of the capacity to understand the pathological nature of the excitement and the erratic behavior and also alienates those close to him. It is often not until a considerable destruction of the social fabric of the patient's life has taken place that the pathological nature of the disorder is accepted. This inability to see or understand the presence of the disorder presents a major obstacle to treatment.

The decision of an individual to "go public" with a bipolar disorder is a complex issue. It is very much an individual matter, and a matter that people tend to have different feelings about at different times. Individuals must be very confident about their own feelings about the disorder and the commitment to treatment, and also realize that they are not the disorder, but a person who has Bipolar Disorder.

ORGANIZATIONS & FURTHER INFORMATION

The development and funding of readily accessible mood disorder clinics is the only way at present that will make any significant headway in the treatment of this serious and fascinating human disorder.

Mental health advocacy organizations are extremely important to bipolar individuals. They provide support and education, and attempt to de-stigmatize the disorder. These organizations also advocate for better services, more relevant research, and provide important overall support for bipolar individuals.

The Mood Disorders Society of Canada is a national, non-profit, volunteer-driven organization that is committed to improving the quality of life for those people living with mood disorders. Their website contains the contact information for finding mental health services, provincial mood disorders peer and self-help support associations, and other useful resources.

If you need assistance, you may contact the Society directly through the following numbers, e-mail or website:

Mood Disorders Society of Canada
Tel: 1 519 824-5564 Fax: 1 519 824-9569
E-mail: info@mooddisorderscanada.ca
Website: www.mooddisorderscanada.ca

Mood Disorders Association of British Columbia
202 – 2250 Commercial Drive, Vancouver, B.C. V5N 5P9
Tel: 604 873-0103 Fax: 604 873-3095
e-mail: info@mdabc.net website: www.mdabc.net

Community Psychiatric Services:
Vancouver Coastal Health
1350 St. Andrews Street North Vancouver, BC V7L 3L4
Tel: 604 983-6020

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