



Treatment Advocacy Center Briefing Paper

Bipolar disorder (manic-depressive illness)

SUMMARY: Bipolar disorder (manic-depressive illness) is a neurobiological brain disorder that affects approximately 2.3 million Americans today, or almost 1 percent of the population. Individuals diagnosed with this disease have mood swings that alternate from periods of severe highs (mania) to extreme lows (depression). Suicide is the number one cause of premature death among people with bipolar disorder, with 15 percent to 17 percent taking their own lives as a result of negative symptoms that come from untreated illness.

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Individuals diagnosed with manic-depressive illness, or bipolar disorder, have mood swings that alternate from periods of severe highs (mania) to extreme lows (depression). These mood swings, which are out of proportion or totally unrelated to events in a person's life, affect thoughts, feelings, physical health, behavior, and functioning.

Bipolar disorder is a neurobiological brain disorder that affects approximately 2.3 million Americans today, or almost 1 percent of the population.

Although bipolar disorder usually begins in adolescence or early adulthood, it can sometimes start in early childhood or as late as age 40 or 50.

Generally, people with bipolar disorder consult three to four doctors and spend more than eight years seeking treatment before they receive a correct diagnosis.

The average person has four episodes of mania or depression during the first 10 years of the illness. Men are more likely to start with a manic episode, and women are more likely to begin with a depressive episode.

Suicide is the number one cause of premature death among people with bipolar disorder, with 15 percent to 17 percent taking their own lives as a result of negative symptoms that come from untreated illness. The extreme depression and psychoses that can result from lack of treatment are the usual culprits in these sad cases. These suicides rates can be compared to those of the general population, which are somewhere around one percent.

Symptoms of bipolar disorder

Although no single pattern of symptoms fits every individual with bipolar disorder, there are four distinct types of mood episodes that can occur over the course of the illness

Mania often begin with a pleasurable sense of heightened energy, creativity, and social ease – feelings that without proper medical treatment can quickly escalate out of control into a full-

blown manic episode. People experiencing mania typically lack self-awareness, deny anything is wrong, and angrily blame anyone who points out a problem. In addition to feeling unusually “high,” euphoric or irritable, the person also may exhibit symptoms such as:

- needing little sleep yet having great amounts of energy;
- talking so fast that others can't follow the person's thinking;
- having racing thoughts;
- being so easily distracted that the individual's attention shifts between many topics in just a few minutes;
- having an inflated feeling of power, greatness or importance; and
- doing reckless things without concern about possible bad consequences, such as wildly spending money, engaging in inappropriate sexual activity, making foolish business investments, or abusing substances.

Hypomania is a milder form of mania with similar yet less severe symptoms and less overall impairment. In hypomania, for example, the individual may have an elevated mood, feel better than usual, and be more productive. These episodes often feel good, and the quest for hypomania may even cause people to stop taking their medication.

Depression takes away the capacity to experience pleasure, often causing profound sadness and irritability, changes in sleep patterns, a decrease in appetite, an inability to concentrate, low self-esteem, and thoughts of suicide. Severe depressions also may include hallucinations or delusions.

Mixed episode is perhaps the most disabling since an individual can experience both mania and depression simultaneously or at different times throughout the day.

Treating bipolar disorder

Although there is no cure for bipolar disorder, it is a highly treatable disease. According to the National Advisory Mental Health Council, the treatment success rate for bipolar disorder is a remarkable 80 percent.

It is important to diagnose and treat bipolar disorder as early as possible to help people avoid or reduce relapses and rehospitalizations. Several promising, large-scale studies suggest early intervention may forestall the worst long-term outcomes of this devastating brain disorder.

Individuals experiencing mania often lack self-awareness and do not recognize that they are ill, a clinical symptom called anosognosia. They may require treatment in the hospital to prevent self-destructive, impulsive, or aggressive behavior. Hospital stays can be as brief as two weeks and as long as six months.

The most important types of medication used to control the symptoms of bipolar disorder are mood stabilizers and antidepressants.

- **Mood stabilizers**, the mainstay of long-term preventive treatment for both mania and depression, are used to improve symptoms during acute manic, hypomanic, and mixed episodes; they also may reduce symptoms of depression. The most widely used mood stabilizers include lithium (Eskalith, Lithobid, Lithonate, and other brands), valproate (used as divalproex or Depakote), and carbamazepine (Tegretol). About one in three people will be completely free of symptoms by taking mood-stabilizing medications for life.

- In conjunction with the mood stabilizers, **antianxiety medications** such as lorazepam (Ativan) and clonazepam (Klonopin) and antipsychotic drugs such as haloperidol (Haldol) and perphenazine (Trilafon) are used for insomnia, agitation, or other symptoms, during a manic phase.
- **Antidepressants** are given together with mood stabilizers to prevent an “overshoot” from occurring in the patient, for if used on their own in the treatment of bipolar disorder, antidepressants can push moods up too high causing hypomania, mania, or rapid cycling. Most experts consider the following two types of antidepressants to be the most effective for bipolar patients: bupropion (Wellbutrin) or selective serotonin reuptake inhibitors such as fluoxetine (Prozac); fluvoxamine (Luvox); paroxetine (Paxil), and sertraline (Zoloft). There are many other choices if these do not work, or if they cause unpleasant side effects, including: mirtazapine (Remeron), monoamine oxidase inhibitors such as phenelzine (Nardil) and tranylcypromine (Parnate); nefazodone (Serzone); tricyclic antidepressants such as amitriptyline (Elavil), desipramine (Norpramin, Pertofrane), imipramine (Tofranil), nortriptyline (Pamelor); and venlafaxine (Effexor).

For more information

Torrey, E. Fuller, and Knable, Michael B. (2002). *Surviving manic depression: A manual on bipolar disorder for patients, families, and providers*. Basic Books.