

BIPOLAR DISORDER

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Lately I've seen a definite increase in clients in my private practice who have been diagnosed with Bipolar Disorder, or know someone who has; and "bipolar" seems to have joined "schizo" and "psycho" as a common slang term for strange or crazy behavior (as in "that's so bipolar").

What is Bipolar Disorder? What causes it, and how common is it? Is it a new disorder? To answer the last question first: no, it's not a new illness at all, but rather a relatively new name for manic-depressive illness. Its key characteristic is extreme mood swings, from manic highs to severe depressions. Only about 1 – 2% of the population has the true mood disorder, however it is often mis-diagnosed in people who may be moody for other reasons. And like most forms of mental illness, there isn't a clear cause, though it does tend to run in families.

In the manic phase, people experience different combinations of the following: elated or euphoric mood, irritable mood, decreased need for sleep, an inflated sense of themselves and their abilities, racing thoughts, increased talkativeness and activity, and reckless behavior. During the depressed phase, symptoms include: feeling sad or blue, loss of interest in things ordinarily enjoyed, noticeable appetite and weight loss (or gain), fatigue, lack of energy, difficulty sleeping or increased need for sleep, trouble concentrating, and thoughts of death and dying.

These phases may last anywhere from days to months, with relatively symptom-free periods in between. In some cases they may occur simultaneously (*mixed episode*) or in rapid succession (*rapid cycling*). Also, there is a milder form, called Bipolar II, where the manic phase is more muted and looks more like irritability (*hypomania*). Not everyone with this disorder experiences clearly defined phases, which makes it a difficult disorder to diagnose: in fact, the average length of time between first symptoms and diagnosis is eight years!

Bipolar disorder is generally treated with a combination of medication and psychotherapy. Typical medications include Lithium to stabilize moods, plus an anti-depressant like Prozac and/or anti-anxiety medication like Ativan. An anti-psychotic like Zyprexa may be prescribed when grandiose or delusional thinking is part of the manic phase. Brief hospitalization may be necessary to stabilize someone on medication, especially if there is self-injurious behavior.

Because the impact of this disorder on both moods and behavior can be extreme, even life-threatening (think Barret Robbins), it's important to get an accurate diagnosis and the right medication regimen. But some people have strong feelings about taking medication and don't take it even when it would clearly help. I have clients who struggle with this dilemma.

Certain individuals who have a strong social support network, including a psychotherapist, may be able to get along for periods without medication, by careful adherence to daily routines, and maintaining a healthy lifestyle. For example, it's critical to stick to a regular sleep schedule, not skipping meals and avoiding alcohol and non-prescribed drugs. Keeping a chart of mood cycles can help to identify early warning signs of mania or depression.

To learn more, read "The Bipolar Disorder Survival Guide" by David J. Miklowitz, check out the Depression and Bipolar Support Alliance's website (www.dbsalliance.org), or call me!

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