

Stonebriar Psychiatric Services News & Views Bipolar Disorder — part II

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Bipolar Disorder... Fact and Fiction

(continued from September's newsletter)

Last month we began a discussion of bipolar disorder, as we examined what tends to make up the definition and diagnosis of bipolar disorder, along with some of its characteristics and causes. This month I would like to continue this discussion along with looking at treatment options.

Until recently, it was thought that approximately 1% of people may develop a bipolar disorder at some point in his or her life. However, I have seen recent statistics that estimate the incidence as high as 4% if one includes both bipolar I and bipolar II variants. As discussed last month, the diagnosis of bipolar I requires a history of at least one major depressive episode and one episode of mania that lasts at least four days, while bipolar II requires major depression with at least one hypomanic (part way up the "manic symptom scale" but not fully manic) episode. Many now feel that bipolar disorder occurs along a spectrum regarding severity of symptoms and how much they may affect one's ability to function. Characteristics of a manic or hypomanic episode may include an elevated sense of self-worth, excessive talking or talking very rapidly, racing thoughts and ideas which are difficult for others to keep up with and are often perceived by the patient as "racing," problems with concentration, restlessness, hyperactivity, frequently increased anxiety, and often with a need for less sleep. Rather than euphoria, one may instead experience increased irritability, angry outbursts, and agitation. One may also experience an increased interest in sexual activity or go on spending sprees, and at times act recklessly or take increased risks relative to one's usual behavior patterns.

As previously discussed, the difficulty in diagnoses frequently occurs when one primarily experiences the depressive aspects of this disorder for years before clearly displaying manic or hypomanic behavior. The diagnosis is also made more difficult as frequently there are co-existing conditions such as alcohol or drug abuse, attention deficit-hyperactivity disorder, anxiety disorders, or various conduct and personality disorders, all of which can complicate the picture. With regard to diagnosis, there is no medical or laboratory test nor any specific written test that absolutely diagnoses bipolar disorder. Certain medical conditions may need to be ruled out, and certain psychological tests and screens may provide helpful indicators of the diagnosis, but ultimately it is made based upon history and clinical evaluation by a trained professional.

Treatment Options

Medication tends to represent a cornerstone of treatment with bipolar disorders, while at the same time not wanting to minimize the importance of psychotherapy and family support. While many of the long-standing psychotropic medications are still used effectively, many new options also exist. It is also recognized now that bipolar disorder frequently requires using medications in combination with each other, often determined by where the individual is at in his bipolar cycle. The ultimate goal is to try and reduce the severity and frequency of the mood swings. One difficulty often faced is that the individual will always want to get rid of the depressions, but depending upon the presentation of their mania or hypomania, many would like to keep that part of their illness and particularly if it presents as euphoria with a burst of creative energy. The fact is that one cannot pick and choose, and the high mood swings tend to "drive" the lows. Therefore, in order to control the depressive episodes, one must also control the highs.

The foundation medications still tend to be the "mood stabilizers," with all of these, except for lithium and some of the new "atypical antipsychotics," tending to be in the class of medications which are also used for treating seizure disorders. The ones most commonly used, besides lithium, included valproic acid (Depakote), oxcarbazepine (Trileptal), lamotrigine (Lamictal) and carbamazepine (Tegretol). Each of these has its own characteristics and side effects, and they often may vary in their effectiveness with different forms or types of bipolar illness. Some, such as lithium, valproic acid, and carbamazepine may require the monitoring of blood levels in order to monitor for effective dosage and potential metabolic side effects. As with many medications, each of these has been found statistically to be helpful with the bipolar mood swings; although,



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because the individual being treated is not a statistic, the effectiveness may vary from individual to individual. Topiramate (Topamax) has shown some mood stabilization properties in some studies, but it is often particularly helpful when increased appetite or bingeing is present or if weight gain occurs as a side effect of one of the other medications, as it tends to help counteract this side effect.

Other medications that have been found helpful include a group called the "atypical antipsychotics," which may be used to treat various types of psychoses but are also used for other psychiatric conditions. At times, they are helpful in increasing the effectiveness of antidepressants, with refractory obsessive-compulsive disorders, and at times even as mood stabilizers. These include such medications as Zyprexa, Seroquel, Abilify, and Geodon. These, as well as older antipsychotics, are also used to treat acute mania. One specific combination of fluoxetine (Prozac) and Zyprexa, marketed as Symbyax, has been approved for maintenance treatment of bipolar disorder in which depression predominates, although other combinations may be helpful as well. Another anticonvulsant, gabapentin (Neurontin), may at times be useful as a mood stabilizer but particularly if there is a great deal of anxiety present. Clozapine (Clozaril) has also been shown to have anti-manic and mood stabilizing properties, although it needs regular monitoring of blood counts, which can be affected by this drug.

Anti-anxiety medications, such as Ativan, Xanax, and Klonopin, are frequently used to symptomatically treat extreme anxiety when present and particularly during periods of initial stabilization. In particularly severe or drug-resistant cases, ECT (electroconvulsive therapy) is frequently effective in bipolar I disorder. In spite of the general fear that many have of this treatment, it has been shown in many studies to be one of the safest treatments available for many individuals. Some studies have indicated that Omega-3 fatty acids may help reduce bipolar symptoms, although no verbal or "natural remedies" have been found to be consistently effective.

Psychotherapy

Psychotherapy and counseling are generally quite helpful with bipolar disorder. One of the initial goals is to help the patient and her family understand the disorder, the fact that this is not just something that the patient can alleviate through an act of will, and that it represents a true medical, as well as psychiatric, illness. It is important to learn what one can do to try and help maintain control of the disorder, and that it needs to be seen as chronic and manageable just like any other chronic illness. Goals of therapy include helping the individual to understand why it is important to take his or her medications regularly, to recognize early symptoms of a manic or depressive episode and help family members become aware of this as well, to maintain regular sleep and exercise routines, and to avoid substances such as alcohol, drugs, or excessive caffeine which may significantly affect one's moods. Sleep is particularly important, as loss of sleep can precipitate a manic episode. I have seen college students become manic or hypomanic after pulling a few "all nighters" when studying for final exams.

Many types of psychotherapy are available with each having its potential advantages. These would include what is known as cognitive or cognitive behavioral therapy, insight oriented therapy, interpersonal therapy, or family and marital therapy. Group therapy has also been shown to frequently be quite helpful. Co-existent conditions need to be addressed, whether through appropriate medication or therapy, as these can have a significant effect on the course of one's illness. Support groups are available for bipolar disorder, and if alcohol or drugs is an issue then one should consider involvement in local 12-step programs.

Conclusion

Although bipolar disorder in all of its various forms can cause significant pain and struggle for the individuals involved and their families, it should not be viewed as being without hope, as many effective treatments are available. It should be viewed as a chronic illness that will need long-term treatment and follow-up, along with certain behavioral and life pattern adjustments by the individual, but in most cases very satisfying and highly productive lives may result. As with most psychiatric issues, the very first step is acknowledging that a problem exists and then seeking appropriate help and treatment.



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