Bipolar Disorder

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A REAL AND LASTING DIFFERENCE FOR EVERYONE WE SUPPORT

- Definition
- Epidemiology
- How to diagnose
- How to manage
- When to refer

Bipolar (affective) disorder

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- Also known as manic depression
- 6% die through suicide in 20 years post diagnosis
- Specialist services manage acute episodes GPs expected to manage long term

What is bipolar disorder?

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- Recurrent episodes of elevated mood and depression
- Mania – severe and sustained elevated mood often with psychotic symptoms and severe behavioural disturbance
- Hypomania – brief, less severe disturbance, usually doesn't involve doctors
- Bipolar I – mania
- Bipolar II hypomania
- Can get mixed states

Fig 1 Diagnostic criteria for bipolar disorder.

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Diagnostic criteria for bipolar disorder (based on DSM-IV)

Bipolar I disorder*: Presence, or history of, at least one manic (or mixed) episode

Bipolar II disorder*: Presence, or history of, at least one major depressive episode and at least one hypomanic episode (with no history of a manic or mixed episode)

The symptoms are not attributable to physical illness or physiological effects of a drug or other substance and are not better accounted for by another psychiatric disorder

Manic symptoms	Depressive symptoms
Elevated, expansive, or irritable mood	Depressed mood
Increased activity that is goal directed or psychomotor agitation	Markedly reduced interest in nearly all activities
Reduced need for sleep	Increased or decreased appetite or weight
Excessive involvement in pleasurable activities with likely adverse consequences	Insomnia or hypersomnia
Inflated self esteem or grandiosity	Psychomotor retardation or agitation
Increased or pressured speech	Fatigue or loss of energy
Flight of ideas or racing thoughts	Feelings of excessive worthlessness or guilt
Distractibility	Impaired concentration or indecisiveness
	Recurrent thoughts or actions of death or suicide

Manic episode: At least four manic symptoms including altered mood that persists for at least a week and causes marked functional impairment, hospital admission, or there are psychotic symptoms

Hypomanic episode: As for manic episode but less severe; symptoms persist for at least four days and functioning is noticeably altered but not enough to lead to hospital admission or to greatly impair function. There are no psychotic symptoms

Major depressive episode: Five or more persistent depressive symptoms (which must include depressed mood or diminished interest), which last for at least two weeks and occur on most days, and that cause serious distress or functional impairment

Mixed episode: Persistent mood symptoms for at least a week that meet criteria (apart from duration) for both a manic and major depressive episode, which occur at different times or rapidly alternate

Psychotic symptoms: These may occur during manic episodes in bipolar I disorder (but by definition not during hypomanic episodes) and during depressive episodes in either bipolar I or bipolar II disorder

*The World Health Organization classification ICD-10 does not distinguish between bipolar I and bipolar II disorder and requires another mood episode in addition to a single manic episode

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Who gets bipolar?

- Median age of onset 25 years
- 0.6% bipolar I
- 0.4% bipolar II

What cause bipolar

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- Heritabilty of 0.75
- Many genes of small effect
- Hx of physical or sexual abuse in childhood is 2x as common than controls
- Life events precipitate
- Chronic stressors perpetuate

Diff Diagnosis

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- Unipolar depression (early onset, FH of bipolar)
- Reaction to stress
- Substance misuse –alcohol, cocaine
- Personality disorder (EUPD)
- ADHD
- SCZ
- Organic cause

Screening Questions for Mania

- Do you currently (or have you in the past) experienced mood that is (was) higher than normal, or do you feel (have felt) much more irritable than usual, and that others have noticed?
- At the same time do (did) you have an increase in your energy levels so that you are (were) much more active or don’t (didn’t) need as much sleep?

Fig 2 Mood disorder questionnaire.

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Mood disorder questionnaire to screen for previous episodes of elevated mood[20]

1 Has there ever been a period of time when you were not your usual self and...	
...you felt so good or so hyper that other people thought you were not your normal self or you were so hyper that you got into trouble?	Yes/No
...you were so irritable that you shouted at people or started fights or arguments?	Yes/No
...you felt much more self confident that usual?	Yes/No
...you got much less sleep than usual and found that you didn't really miss it?	Yes/No
...you were much more talkative or spoke faster than usual?	Yes/No
...thoughts raced round your head or you couldn't slow your mind down?	Yes/No
...you were so easily distracted by things around you that you had trouble concentrating or keeping on track?	Yes/No
...you had much more energy than usual?	Yes/No
...you were much more active or did many more things than usual?	Yes/No
...you were much more social or outgoing than usual; for example, you telephoned friends in the middle of the night?	Yes/No
...you were much more interested in sex than usual?	Yes/No
...you did things that were unusual for you or that other people might have thought were excessive, foolish, or risky?	Yes/No
...spending money got you or your family into trouble?	Yes/No

2 If you checked YES to more than one of the above, have several of these ever happened during the same period of time? *Please circle one response only.*

Yes No

3 How much of a problem did any of these cause you - like being unable to work; having family, money, or legal troubles; getting into arguments or fights? Please circle one response only.

No problem Minor problem Moderate problem Serious problem

Scoring: Likely bipolar disorder if at least 7 symptoms from section 1 are answered YES together with YES in section 2 and moderate or serious problem in section 3

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Screening for Depression

- In the past month have you often been bothered by feeling down, depressed, or hopeless?
- During the past month have you often been bothered by having little interest or pleasure in doing things?

Management

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- Combine antidepressants with a mood stabiliser
- Antipsychotics – olanzapine, quetiapine, risperidone
- Mood stabilisers – Li, Valproate, Lamotrigine, olanzapine, quetiapine, risperidone

Psychotherapy

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- Psychoeducation
- Relapse recognition
- Relapse prevention

Who to refer?

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- **During acute episodes of illness refer all patients with known or suspected bipolar disorder to specialist care (or if currently under a specialist team ensure access to care) to:**
- Treat the acute episode
- Assess and manage risk
- Confirm the diagnosis (if necessary)
- Establish or review the longer term management plan

Who to refer

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- **Patients with an established diagnosis of bipolar disorder should remain under specialist care if they:**
- Have difficulty engaging with services or adhering to treatment
- Have frequent relapses, poorly controlled illness, or persistent symptoms
- Have severe psychiatric comorbidity, including anxiety disorders or alcohol or drug misuse

Who to refer

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- **Stable patients with bipolar disorder not currently under specialist care should be referred if they:**
- Are considering getting pregnant or if they are pregnant
- Have side effects or complications from treatment that may require a change in drugs
- Are considering altering or stopping treatment
- Require access to specific psychotherapies

Tips

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- Always check for a past (and family) history of elevated mood and increased energy or activity levels in patients presenting with depression
- Never treat patients with bipolar disorder with antidepressant drugs alone; an effective antimanic agent must also be prescribed
- In patients who respond poorly to treatment use non-judgmental questioning to assess the contribution of treatment non-adherence or drug and alcohol misuse

Tips

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- In patients prescribed lithium, check serum lithium concentrations every three months and renal and thyroid function six monthly. Ensure that patients know the signs of lithium toxicity and the drugs that should be avoided (such as non-steroidal anti-inflammatory drugs) because they can interact with lithium
- Do not prescribe valproate to pregnant women and prescribe this drug to those of child bearing potential only if no effective alternative is available. A full discussion of the risks and effective use of contraception are required
- Refer women who want to get pregnant for specialist preconception counselling because of the risks to both mother and foetus

Tips

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- Decide the duration of, and changes to, treatment in consultation with a specialist. Never stop long term drugs without specialist advice and support. Closely monitor for relapse if treatment is altered or stopped
- Be aware of the high risk of suicide and the potential for rapid escalation of mania; ensure that early and rapid specialist help is available if needed
- Include people with a diagnosis of bipolar disorder on a severe mental illness case register and monitor and treat physical health problems (such as obesity and other components of the metabolic syndrome