Looking at:

Bipolar Disorder, formerly called Manic Depression, describes the exaggerated mood swings from one extreme to another that characterise this illness.

People with Bipolar Disorder suffer recurrent episodes of elevated mood (mania) and depression. Episodes may range from mild to severe. The less severe form of elevated mood (high) is called "hypomania" Severe hypomania is a serious rare condition. "Mania" is the word now used to describe only the most severe form of this disorder.

Symptoms of Bipolar Disorder:

Normal moods

Everyone experiences mood swings from time to time. When these moods become extreme and lead to a failure to cope with certain aspects of life, is medical intervention necessary. Most people who have episodes of mania and depression experience normal moods in between. They are often able to live normal lives. They may be able to hold down regular jobs and manage household, busi-

ness and social commitments.

Mania

Common symptoms of mania include:

* An elevation of moodthe person may feel

"high", hap-

py, invincible, "on top of the world" and full of energy.

★ A perceived reduced need for sleep
★ Increased energy and overactivity

* Irritability - people in a manic or hypomanic state may get angry and irritable with any who may disagree with or dismiss their sometimes unrealistic plans or ideas.

** Lack of inhibitions which may be the result of ** a reduced ability to foresee the consequences of their actions

* Rapid speech and/or thought patterns, jumping from one subject to another

** Lack of insight - other people's ideas or behaviour may be perceived as irrational, reckless or inappropriate, yet they lack the insight to see their own

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ideas or behaviour in this light.

** Grandiose ideas, plans and/or beliefs - they may believe that they are unusually gifted or talented, or may believe they are kings, film stars, emperors, prime ministers.

* Increase in religiosity - religious people may become more religious and/or they may believe that they are a religious dignitary

Depression

Not all people with Bipolar Disorder suffer depression as a part of the disorder. For those who do, they usually suffer a severe form called "endogenous depression". Endogenous depression most commonly occurs without any obvious cause, but may be triggered by a stressful or unhappy event. It tends to occur mostly in mid-life and is more common in women.

Common symptoms of depression include:

* Loss of interest or pleasure in previously enjoyed activities

* Withdrawal - from friends, social activities or tasks such as bathing, shopping, laundering, etc.

* Overwhelming deep sadness, loss of appetite, lack of concentration, feelings of guilt or hopelessness

₩ Weight loss

* Attempted suicide due to guilt or hopelessness

* May "lose touch" with reality, have delusions of persecution or guilt, or believe they are evil or wicked

Causes of Bipolar Disorder

It is believed that Bipolar Disorder is caused by a complex combination of genetic, stress, biochemical, and seasonal factors. In Australia, less than 1% of the population is affected, equally affecting men and women, and most common in the "twenties" age group.

Genetics - Due to recent studies on identical twins, close relatives, and adopted children of "Bipolar" parents, it has been strongly suggested that Bipolar Disorder is genetically transmitted, with children of "Bipolar" parents at a greater risk.

Stress - This may be the cause or the consequence of the disorder. If the disorder has caused a failure in a business or marriage, the stressful event may be blamed for the disorder. Stress may also be a trigger for the emergence of symptoms of the disorder.

Blochemical - This is associated more with the symptoms than the disorder, as appropriate medication may rectify chemical imbalances in the brain, lessening the symptoms of mania and endogenous depression.

Seasonal - Although the exact reason is not known, depression is more common in the early winter and mania is more common in the spring. This correlates with mild mood swings in the general population.

Treatment

With access to appropriate treatment, monitoring and support, most people with Bipolar Disorder can lead full, productive lives. Treatment for depression may include anti-depressant medication for episodes of depression, with immediate adjustment at the onset of a hypomanic phase. Medications must be administered under strict medical supervision and severe depression

may require temporary hospitalisation.

It is often difficult to persuade a person during a mania phase to accept treatment, and if

symptoms are severe, then hospitalisation may be necessary. Treatment for acute

or severe at-

tacks of mania may include anti-psychotic drugs to calm the manic excitement and lithium carbonate to stabilise the moods. Lithium may also be prescribed as a general symptom preventative, as it not only controls the moods; it also reduces the frequency and severity of attacks of both mania and depression.

Counselling is also indicated as an adjunct to medication to help those with the disorder to understand the condition and its effect on their life, and to learn strategies for coping with the consequences of the disorder and associated symptoms.

- Mr Lionel Hartley