

Medical scheme

BIPOLAR MOOD DISORDER

This information sheet is for your general information and is not a substitute for medical advice. You should contact your doctor or other healthcare provider with any questions about your health, treatment or care.

What is bipolar disorder?

Bipolar disorder is associated with mood swings that range from the lows of depression to the highs of mania. There are other conditions that can also present with mood swings, so a thorough assessment is required before the diagnosis is made. When you become depressed, you may feel sad or hopeless and lose interest or pleasure in most activities. When your mood shifts in the other direction, you may feel euphoric and full of energy. Mood shifts may occur only a few times a year or as often as several times a day. In some cases, bipolar disorder causes symptoms of depression and mania at the same time.

It affects men and women equally and usually appears for the first time between the ages of 15 and 30 years.

Causes of bipolar disorder

The exact cause of bipolar disorder is still uncertain. Studies suggest that it results from an imbalance of chemicals in the brain. These chemicals allow cells to communicate with each other and play an essential role in all brain functions, including movement, sensation, memory and emotions.

People with a family history of bipolar disorder have an increased risk of developing the condition. This is thought to be the result of changes in genes, which are passed down from parents to children. Results of gene research indicate that there are probably multiple genes affected in persons with bipolar disorder.

Symptoms of bipolar disorder

Mania

Mania causes a person to feel abnormally and persistently happy, irritable, hyperactive, impulsive or irrational. These feelings last at least one week and may be severe enough to require hospitalisation. The mania of bipolar disorder is not caused by other medical conditions or drug abuse.

Other symptoms may include:

- feelings of superiority and grandiosity
- difficulty falling sleep or restlessness
- excessive talking
- racing thoughts ('thought pressure')
- short attention span
- laughing or joking incessantly
- inappropriate spending sprees or sexual activity.

Mania often causes a person to have difficulty maintaining relationships with friends and family and can interfere with work or other responsibilities. During a manic episode, a person's mood may change rapidly from euphoria to depression or irritability.

Hypomania

Hypomania is less severe than mania, but causes a significant change in mood that is abnormal for the patient. Hypomania does not seriously impair a person's ability to function or require hospitalisation.

Hypomania can follow a decreased need for sleep and may lead to a manic or depressive episode. As a result, it is generally treated with medication.

Depression

People experiencing a depressive episode may experience significant sadness and difficulty functioning. They are typically depressed most of the day and may have little or no interest in any activity.

Other symptoms may include one or more of the following:

- increased appetite and weight gain
- change in sleeping patterns, including insomnia or excessive sleeping
- change in activity level, including sluggishness, reduced activity or agitation
- fatigue or loss of energy
- feelings of worthlessness or guilt
- difficulty concentrating and making decisions
- recurring thoughts of death or suicide.

Diagnosis

There is no blood or imaging test that can determine if a person has bipolar disorder. The diagnosis is based upon a comprehensive medical and psychological history and physical examination. Bipolar disorder can be confused with a number of other medical and psychiatric conditions, in which case your medical practitioner may request laboratory testing to rule out other diagnoses.

Treatment of bipolar disorder

Mania

Treatment during an episode of mania focuses on managing symptoms and ensuring the patient's safety. In the early phase of mania, called the acute phase, a patient may be psychotic or display such poor judgment that they are at risk of injuring themselves or others. Hospitalisation may be necessary until symptoms are controlled (pre-authorisation must still be obtained). Treatment of mania continues until symptoms are completely resolved and the patient is able to function normally, although many patients are maintained on medication indefinitely to prevent a recurrence of mania symptoms.

Medication (especially mood stabilisers) is the primary treatment for mania and various types of medication are available. It is not usually possible to know which medication will be the most effective and cause the least side effects and it may be necessary to try several types of medication before finding the best one. A person who responds well to the prescribed medication is likely to respond well to the ongoing treatment of the condition.

Depression

During the initial phase of bipolar depression, an antidepressant medication is usually the best option for treatment. However, antidepressants may cause manic episodes and are generally used only in the initial phase of bipolar depression in combination with a mood stabiliser.

Please keep the following information handy when visiting your doctor or when you engage with your scheme's chronic disease management programme, as it will help to monitor your progress:

- Please ask your treating doctor for your Global Assessment of Functioning (GAF) score.
- Any emergency room visits or hospital admissions

References

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4. SOUTH AFRICAN SOCIETY OF PSYCHIATRISTS (SASOP). 2008. *Guideline on Bipolar Disorder*.
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