Bipolar Disorder and Other Mood Disorders

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As George Orwell observed, “From the totalitarian point of view history is something to be created rather than learned.”
- Bipolar I Disorder
- Bipolar II Disorder
- Cyclothymic Disorder
“Cross cutting specifiers”
- catatonia
- with mixed features
- with anxious distress
A 19 year old male presents with a labile mood, alternately somewhat grandiose, then depressed looking. He reports that he has discovered his “mission” which is to unify art and music. He will do this personally. He reports that he is not sure what reality is and it is only what he thinks it is at the moment.
He is alert and oriented. His language skills are very good and he denies hallucinations or delusions. Speech is normal in rate and rhythm. He can recall 3 objects at 5 min. He spells “world” forward and backwards. He does serial sevens without difficulty. He names objects without difficulty.
He reports that he has racing thoughts and then launches into an explanation of the mathematical properties of complex sea shells. He discusses tangents, cosigns and then abruptly says, “I’m writing a book on this and I’ll give you a copy.”
He reports sleeping irregularly, sometimes 8-9 hours, sometimes as few as 4. He does not report being fatigued during the day.
- prevalence is about 1-2%
- alternating “normal” periods with manic or depressive episodes
- no inter-episode deterioration*
- peak age of onset: 14 to 19
- 20-24 second peak
- equal sex ratio
- over age 60, look for identifiable organic etiology
- significant suicide rate
Episode vs Disorder
Manic Episode Criteria

- distinct period of abnormally and persistently elevated, expansive or irritable mood, lasting at least 1 week
Criteria

- inflated self-esteem or grandiosity
- decreased need for sleep
- more talkative than usual or pressure to keep talking
- flight of ideas or subjective experience that thoughts are racing
Criteria

- distractibility
- increase in goal-directed activity or psychomotor agitation
- excessive involvement in pleasurable activities that have high potential for painful consequences
- increased energy/activity
Hypomanic Episode

- persistently irritable, expansive or elevated mood “more days than not” with 3 other criteria
- Does not significantly interfere with functioning
Mixed Episode
Bipolar I Disorder

- Manic episodes and mixed feature or depressed episodes in various combinations
Bipolar I Disorder
- Manic Episode
- With mixed features
- Major Depressive Episode
Bipolar II Disorder

- Hypomanic episodes
- Major depressive episodes
British joke about their view of Europe:

“Fog in Channel, Continent Cut Off”
Rapid Cycling Bipolar Disorder

- presence of at least 4 episodes in last 12 months
- extremely refractory to treatment
many patients have intercurrent personality difficulties that impact on compliance and relationship with treatment team
People tend to spend more time in episode (usually depression) than out of episode
- etiology is unclear
- strong genetic component
Spectrum concept: bipolar disorder with psychosis vs schizophrenia
Serendip is the old Arabic name for Ceylon, now known as Sri Lanka. The origin of the word “serendipity” is in a Persian fairy tale, The Three Princes of Serendip, whose traveling heroes were “always making discoveries, by accidents and sagacity, of things they were not in quest of.” In the 16th century, the tale was translated from Persian to Italian, and from Italian to French. Horace Walpole (1717-1797), an English man of letters, encountered it in a collection of oriental tales in French, and coined the English term “serendipity” in a letter to his friend, Horace Mann, dated June 28, 1754.

According to the Doctor Out, of Zebulon column in the Archives of Internal Medicine, “serendipity signifies a mental state in which serenity and stupidity are blended,” as for example, “the serendipity of a cow chewing its cud under a shady tree,” or “the sort, of thing that happens to you when on a dull day collecting fossils you find instead a, beautiful woman/man who proves to be neither geologist nor archeologist.

Treatment

- lithium
- divalproex (Depakote)
- carbamazepine (Tegretol)
- lamotrigine (Lamictal)
- gabapentin (Neurontin)
- oxcarbazepine (Trileptal)
- second generation antipsychotics
Lithium

- 60+% response rate
- narrow therapeutic window
- numerous side effects
- significant interactions
Lithium
- hypothyroidism
- decrease in renal concentrating capacity?
Lithium

- doses range from 900 to 1800 mg approximately
- BID dosing
- check 12 hour trough serum levels after 5 days
- check thyroid function yearly
- check renal function every 3 years or so
- check lithium levels as needed (every couple of months)
- lithium may be adequate treatment for uncomplicated manic episode
- 60+% of patients need multiple medications for good control
Carbamazepine
- 100mg BID to start, increase every day/few days to about 800+ mg
- trough levels
Side effects

• leucopenia
• thrombocytopenia
• aplastic anemia very rare
• HLA-B 15:02 associated with Stevens-Johnson Syndrome, more prevalent in Asian populations
- with psychosis, usually antipsychotic is added
- for depression, antidepressants or psychotherapy plus lithium
- **BEWARE!** Antidepressants may induce manic episode in susceptible individuals
- Lamotrigine seems to treat both bipolar depression and bipolar manic episodes, but is more effective for depression.
divalproex

- 20mg/kg starting dosage
- trough levels
"I hate to advocate drugs, alcohol, violence or insanity to anyone, but they've always worked for me."

Hunter S. Thompson
Side Effects

- weight gain
- leukopenia
- possible risk of polycystic ovaries?
• overall, fewer and less severe side effects than lithium
• acceptable first-line tx for bipolar disorder, but worry about endocrine issues in women
- lamotrigine is acceptable first line treatment
- 25 mg PO qd for 2 weeks, THEN
- 50 mg PO qd for 2 weeks
- double dose weekly to maintenance at 200 mg/day PO or more
- Better for depression than mania
second generation antipsychotics
• some with FDA approval, most not
• efficacy compared to mood stabilizers is not clear
“Second-generation antipsychotics are increasingly used for bipolar disorder, and their effectiveness compared with therapeutic alternatives merits further research.”

- other agents generally second line or for augmentation of response
- treatment alliance
- education
- monitoring
- develop a reasonable relationship with your patient
- help patients understand early symptoms of their episodes
people enjoy Manic Episodes, at least for a while..
psychotherapies are useful for enhancing compliance, for interpersonal relationships and to help patients gain insight into their illness
Salmon
omega-3 fatty acids may be treatment, implying signal transduction mechanisms
"Somewhere between 1910 and 1912 in this country, a random patient, with a random disease, consulting a doctor chosen at random had, for the first time in the history of mankind, a better than fifty-fifty chance of profiting from the encounter.

Lawrence J. Henderson
physiologist, chemist, philosopher, sociologist,
1878-1942 Harvard University
Persistent Depressive Disorder
- periods of depressed mood more days than not for 2 years with some other depressive symptoms
Persistent Depressive Disorder

- may be a group of disorders
- no well tested treatments
- antidepressants and psychotherapies
Cyclothymic Disorder

- numerous periods with hypomanic symptoms and depressive symptoms not meeting criteria for Major Depressive Disorder
Cyclothymic Disorder

- may be more numerous in families of bipolar probands
Cyclothymic Disorder

- most likely treatment is mood stabilizers, psychotherapy may be useful, if any treatment is needed
substance induced mood disorder
medical conditions

- hypothyroidism
- iatrogenic etiologies
- medications
- surgical interventions