Bipolar Related Disorders

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Objectives

- Diagnose bipolar related disorders using DSM-IV/5 criteria
- Recognize characteristics of mania
- Understand etiology and occurrence
- Learn about treatment options
Disclosures

- Med Ed Teaching: MEDSCAPE, webMD, NEI
- Royalties: Routledge, Nova, Informa, Canbridge Presses
Reference
Introduction

- Bipolar Disorder is generally characterized by sustained mania spells and sustained depressive spells.
- Bipolarity is not rapid mood swings hourly or daily
- Bipolar is often a life long and recurring illness that can be mild, moderate, or severe in nature
- Bipolar disorder may be 50-80% genetic suggesting clear gene X environment interaction in its causation
Mania DSM-5 Definition

- Distinct, abnormal, elevated, expansive (or irritable mood) x 7 days minimum.

- At least 3 symptoms must be present for at least 2 weeks:
  1. Increased self esteem/grandiosity
  2. Decreased sleep
  3. Increased speech
  4. Racing thoughts
  5. Distractibility
  6. *Increased activity (and energy is key for DSM 5)
  7. Increased dangerous impulsivity

*Must cause distress/dysfunction
**Cannot be due to another disorder, medical condition, substance misuse
DTRHIGH

- Distractible
- Talkative
- Racing thoughts
- Hyperactive
- Impulsive
- Grandiose
- Hyposomnic
Hypomania?

- Milder mania
- At least 4 days or more
- Same symptoms as mania
- The symptoms provide an unequivocal change in function, personality… that is clearly noted by others
- Not severe enough to cause marked impairment

*Must cause distress/dysfunction
**Cannot be due to another disorder, medical condition, substance misuse
Major Depressive Episode (MDE)

- Pervasive sad, down, or irritable mood
  - > 2 weeks, 5 out 9 SIGECAPS NEEDED

*Must cause distress/dysfunction

**Cannot be due to another disorder, medical condition, substance misuse
Bipolar Related Disorders

- Affect Range

The diagram illustrates the spectrum of affective disorders, including manic, hypomanic, depression, and mixed states. The vertical lines represent the severity of symptoms, with manic and hypomanic states at the top and dysthymia at the bottom. The horizontal lines denote the progression or transition between these states.
Manic Episode
Mania (abnormally elevated, expansive, or irritable mood) plus 3 or 4 other symptoms

Major Depressive Episode
Depressed mood or loss of interest coupled with four other symptoms

Hypomanic Episode
Hypomania (elevated, expansive, or irritable mood, less severe and shorter duration than mania) plus 3 or 4 other symptoms

Mixed Episode
Meets criteria for both a manic episode and a major depressive episode
Bipolar 1 (Mania + MDE)

*MUST HAVE MANIA, do not need to have depression
Bipolar 2 (hypomania + MDE)

*MUST HAVE hypoMANIA, do not need to have depression
Cyclothymia

Cyclothymic Disorder

> 2 years hypomania

With minor depressions
Other Characteristics

- Increase sexual activity
- Increase in seductive, flashy dress with increased accessorizing
- Increase anger and escalation
- Increase energy, able to work more, able to be more creative, think out of the box, take chances
- Can become psychotic
  - Delusions
  - Hallucinations
  - Thought disorder
Cont

- Greater likelihood of job loss, divorce, legal issues
- Spend more time depressed rather than manic
- Depressed phase actually more disabling, but manic phase more catastrophic
- Often takes a decade and 4 doctors to obtain correct diagnosis
- About half of patients do not remember/or report previous mania when asked
- Avg patient spends 6 months euthymic (normal mood)

Etiology

- Biological Factors
  - Altered neurotransmitter activity (Increase of DA, SR, NE)
  - Monoamine Receptor Deficiency theory (opposite of depression)
  - Genetics (high association)

- Kindling Hypothesis
  - Too much neuronal limbic firing
  - Seizure and anti-epilepsy drug model via Na++ channel blockade
Etiology 2

- Psychosocial Factors
  - Low self esteem, negative outlook, Learned helplessness, Catastrophic loss, demeaning parents, peers → can yield denial and fantasy defenses to occur = mania
  - Stress can increase mania despite what book says
    - Stress can lower compliance
    - Disrupted sleep and circadian rhythm
    - Increase substance abuse
      - Triggered by antidepressants, stimulants, steroids, illegal uppers
Epidemiology

- Occurrence
  - 1% Lifetime prevalence:
    Women = Men in Bipolar 1
  - Greater for Bipolar 2 where women > Men
Bipolar Treatments
Antidepressants for Bipolar Depression?

- Try not to use them.
- Avoid antidepressants that increase multiple monoamine neurotransmitters (TCA, MAOi)
- Favor lower doses of much simpler mechanistic SSRI (selective serotonin reuptake inhibitors)
  - If you have to use them, make sure a mood stabilizer is used first to help prevent antidepressant alone from causing increased mania and instability
Antipsychotics for Bipolar?

- Some atypical antipsychotics, initially approved for schizophrenia have now been approved for treating bipolar depression, why?
  - **Mania Mechanisms?**
    - They block the dopamine-2 receptor which treats mania or helps prevent it
  - **Antidepressant Mechanisms?**
    - All block 5HT2a receptors which treats depression
    - Some stimulate 5HT1a receptors
    - Some have SSRI properties
    - Some have NRI properties
    - Some block 5HT2c, 5HT3, 5HT7 all of which have antidepressant inklings

- THEY ARE UNIQUELY SUITED TO TREAT BOTH SIDES OF BIPOLARITY
FDA Approvals for Bipolar Depression

- Bipolar Antidepressants
  - Olanzapine + fluoxetine
  - Quetiapine (XR)
  - Lurasidone

- Side Effects
  - All antipsychotics risk tardive dyskinesia, dystonia, akathisia, parkinsonism, neurleptic malignant syndrome, agranulocytosis, risk of diabetes, hypercholesteremia, hypertension (Metabolic Syndrome)
  - Day to day side effects typically include fatigue, somnolence, dizziness, headache
AntiManic Agents (Mood Stabilizers)

- Psychotherapy does not work
- Medication Management is critical
- Anti-Manic Agents
  - Lithium- provides Ca++ membrane stability and promotes neuronal health and protective factors
    - Risks polyurea, polydipsia, GI distress, renal dysfuction, hypothyroidism, lymphocytosis, hyperparathyroidism, psoriasis, cardiac arrhythmia
  - Divalproex- increases GABA activity/tone
    - Risks sedation, weight gain, hair loss, GI distress, pancreatitis, hepatitis, thrombocytopenia, polycystic ovaries
Continued

- Lamotrigine - Approved for Maintenance
  - Risks sedation, tremor, ataxia, dysarthria, stevens-johnson rash
- Carbamazepine - blocks Na+ channels and promotes neuronal health...
  - Risks sedation, tremor, ataxia, dysarthria, aplastic anemia
- FDA approved Atypical Antipsychotics - All block D2 receptors and ? Increase neuronal health and connectivity…..
  - Risperidone, Aripiprazole
  - Olanzapine, Asenapine
  - Quetiapine
  - Risks noted in prior slides
Psychotherapy

- Does work for the depressed phase
- Many forms and styles will help
- During maintenance phase, education is key
Bipolar Summary

- Name the types of bipolar spectrum disorders and identify from vignettes or patient history
- Know the causes of mania
- Know how to treat mania
- Know how to treat bipolar depression

QUESTIONS?
Practice
Which best explains (D)ysthymia VS (C)yctlothymia?

A. D is acute low level depression and C is acute low level mania

B. D is chronic low level depression and C is chronic low level mania

C. D is acute low level depression and C is chronic low level mania

D. D is chronic low level depression and C is acute low level mania
Which psychiatric disorder affects more of the general population?

✔ A. Major Depression
B. Bipolar 1 Disorder
C. Bipolar 2 Disorder
D. Cyclothymia
A patient has mania and you want to prescribe a treatment. Which property below would you like to manipulate by way of prescribing?

A. Block Na++ channels to slow neuronal firing
B. Stimulate D2 receptors to increase limbic activity
C. Increase NE release robustly into synapse
A 40 yr old patient has had Bipolar 2 disorder for 15 years but comes to your office in a fully manic state that has lasted at least 14 days. What is the correct diagnosis?

A. Cyclothymia
B. Bipolar 2
C. Bipolar 1
D. Bipolar 3