



Understanding Bipolar Disorder

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WHAT IS BIPOLAR DISORDER?

Bipolar disorder is a treatable medical illness marked by extreme changes in behavior, thoughts, moods, and energy levels. It is also known as manic-depression because a person's mood can alternate between symptoms of mania and depression. These changes in mood or "mood swings" can last for hours, days, weeks, or even months. Unlike people with clinical depression who feel low, most people with bipolar disorder talk about experiencing both highs and lows.

THE BIPOLAR EXPERIENCE: MANIA

Those with bipolar disorder often experience periods of both manic and depressed moods interspersed with periods of normal functioning. During episodes of mania, people will often feel euphoric, like being "on top of the world." They are likely to sleep very little, and talk rapidly, constantly, and often unclearly. They may experience racing thoughts, and be irritable and impatient. During a manic episode people may lose contact with reality, exercise poor judgment, and engage in risky or harmful behaviors. Decisions made during a manic episode are often unwise and can cause devastating financial, social, occupational, or legal consequences.

THE BIPOLAR EXPERIENCE: DEPRESSION

After a period of mania, depression often sets in. During a depressed episode, an individual may describe themselves as very low, blue, sad, or unhappy. Sleep and appetite may either increase or decrease. Pleasures often become less enjoyable, sexual desire decreases, energy ebbs, and worries increase. Memory and concentration are affected. Normal routines become difficult or impossible to maintain. Depressed individuals are more likely to contemplate or commit suicide. Episodes of depression can last for days, weeks, or even months.

FAMILY CONCERNS

Families of those with bipolar disorder experience high levels of stress and may react with hostility, judgment, and criticism. They may also feel the bipolar individual should be able to control negative behavior, so they spend a lot of energy trying to help. Given these dynamics, counseling for both the individual and family is vital to help manage the chaos bipolar symptoms can cause. Family coping skills can be greatly enhanced by participation in group and family therapy sessions.

Common topics of bipolar counseling include: education about the disorder, recognizing stressors, awareness of relapse prevention strategies, learning to manage medications.

Even though bipolar disorders are often devastating to sufferers and their families, asking for help can be difficult. If you or someone you know suffers with bipolar symptoms, the first step is to find the right combination of mental health resources.



CHILDREN AND ADOLESCENTS

- Bipolar disorder is more likely to affect children of parents who have the disorder. When one parent has bipolar disorder, the risk to each child is 15 to 30%. When both parents have bipolar disorder, the risk increases to 50 to 75%.
- Some 20% of adolescents with major depression develop bipolar disorder within five years of the onset of depression.
- Up to one-third of the 3.4 million children and adolescents with depression in the United States may actually be experiencing the early onset of bipolar disorder.
- When manic, children and adolescents are more likely to be irritable and prone to destructive outbursts than to be elated or euphoric.
- When depressed, children are more likely to complain of physical symptoms such as headaches, stomachaches, or tiredness. They may experience more irritability, poor school performance, social isolation, and extreme sensitivity to rejection or failure.
- Early recognition and treatment of bipolar disorder is associated with more effective symptom control, prevention of deterioration, and promotion of better mental health and functioning.

EVALUATING BIPOLAR

Consider the items below and check those that apply. If your answers raise concerns, please share them with a mental health professional.

MANIA CHECKLIST

- Heightened mood, exaggerated optimism, and self-confidence
- Decreased need for sleep (less than three hours) without fatigue
- Grandiose delusions, inflated sense of self-importance
- Excessive irritability, aggressive behavior
- Increased physical, mental activity
- Racing speech, flight of ideas, impulsiveness
- Poor judgment, easily distracted, difficulty concentrating
- Reckless behavior without concern for consequences, such as spending sprees, rash business decisions, erratic driving, sexual indiscretions
- In severe cases, auditory hallucinations (hearing voices) or delusions (strong convictions about things that aren't true)

DEPRESSION CHECKLIST

- Prolonged sadness or unexplained crying spells
- Significant changes in appetite, sleep patterns
- Irritability, anger, worry, agitation, anxiety
- Pessimism, indifference
- Loss of energy, persistent tiredness
- Feelings of guilt, worthlessness
- Inability to concentrate, indecisiveness
- Inability to take pleasure in former interests, social withdrawal
- Unexplained aches and pains
- Recurring thoughts of death and suicide

WELLNESS CHECKLIST

- Keep regular counseling appointments
- Maintain medication regimen
- Regularly talk and listen to friends
- Do relaxation exercises to increase focus and relieve stress
- Participate in fun, affirming, creative activities
- Journal thoughts and feelings
- Create a planning calendar
- Avoid drugs and alcohol
- Spend time in the light
- Improve diet, avoid caffeine, sugar, and heavily salted foods
- Change your environmental stimuli
- Regularly attend a bipolar support group

MEDICATIONS USED TO TREAT BIPOLAR DISORDER

Lithium, the first mood-stabilizing medication approved by the U.S. Food and Drug Administration (FDA) for treatment of mania, is often very effective in controlling mania and preventing the recurrence of both manic and depressive episodes.

Anticonvulsant medications, such as valproate (Depakote®) or carbamazepine (Tegretol®), can also have mood-stabilizing effects and may be especially useful for difficult-to-treat bipolar episodes.

Newer anticonvulsant medications, including lamotrigine (Lamictal®), gabapentin (Neurontin®), and topiramate (Topamax®), are being studied to determine how well they work in stabilizing mood cycles.

Quetiapine (Seroquel) is one of the atypical antipsychotics. Quetiapine has FDA and international approvals for the treatment of acute mania in bipolar disorder.

Anticonvulsant medications may be combined with lithium, or each other, for maximum effect.

Children and adolescents with bipolar disorder generally are treated with lithium, but valproate and carbamazepine also are used. Researchers are evaluating the safety and efficacy of these medications in children and adolescents.

SOURCE:

www.dbsalliance.org. As accessed May 2018.



ABOUT THE AUTHOR

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He received his Master's Degree from Wheaton Graduate School, his Doctorate of Psychology (PsyD) from the Illinois School of Professional Psychology, and his Certificate in Co-Occurring Disorders from Adler Graduate School. He serves frequently as a seminar leader, and has taught workshops in the USA, Canada, Malaysia, Sri Lanka, South Africa, and India.

He is the author of *Journeys* and *Destinations*, two books on co-occurring disorders treatment, and the co-author of *Finding Hope Again: Overcoming Depression* with Dr. Neil T. Anderson.

This information in this publication is not intended as a substitute for professional help or to be used as a diagnostic tool. If you have serious difficulties with anxiety, depression, or other mental health issues, please seek professional help.