Assessment and Intervention for Bipolar Disorder:

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Lecture Outline

- Diagnosis
- Course
- Co-existing Disabilities
- Associated Impairments
- Etiology, Prevalence & Prognosis
- Treatment
Learning Objectives

After content Presentation You will be Able to:

1. State an overview of bipolar disorder.
2. Be able to describe the experience of having bipolar disorder.
3. State the symptoms to look for and what questions to ask when screening for bipolar disorder.
4. Be able to state the treatment methods used for Bipolar and the Nurses Role.
It is as if my life were magically run by two electric currents: joyous positive and despairing negative - whichever is running at the moment dominates my life, floods it.

Sylvia Plath (2000)
The Unabridged Journals of Sylvia Plath, 1950-1962
New York: Anchor Books
Presentation Outline

- Diagnosis
- Course
- Co-existing Disabilities
- Associated Impairments
- Etiology, Prevalence & Prognosis
- Treatment
Diagnosis

- severe mania
- hypomania (mild to moderate mania)
- normal/balanced mood
- mild to moderate depression
- severe depression
DSM-5 Diagnosis

1. Importance of early diagnosis
2. Pediatric bipolar disorder is especially challenging to identify.
   - Characterized by severe affect dysregulation, high levels of agitation, aggression.
   - Relative to adults, children have a mixed presentation, a chronic course, poor response to mood stabilizers, high co-morbidity with ADHD
3. Symptoms similar to other disorders.
   - For example, ADHD, depression, Oppositional Defiant Disorder, Obsessive Compulsive Disorder, and Separation Anxiety Disorder.
4. Treatments differ significantly.
DSM-5 Diagnosis

Diagnostic Classifications

1. Bipolar I Disorder
   - One or more Manic Episode or Mixed Manic Episode
   - Minor or Major Depressive Episodes often present
   - May have psychotic symptoms
   - Specifiers: anxious distress, mixed features, rapid cycling, melancholic features, atypical features, mood-congruent psychotic features, mood incongruent psychotic features, catatonia, peripartum onset, seasonal pattern
   - Severity Ratings: Mild, Moderate, Severe (DSM-5, p. 154)
DSM-5 Diagnosis

- Diagnostic Classifications

2. Bipolar II Disorder
   - One or more Major Depressive Episode
   - One or more Hypomanic Episode
   - No full Manic or Mixed Manic Episodes
   - Specifiers: anxious distress, mixed features, rapid cycling, melancholic features, atypical features, mood-congruent psychotic features, mood incongruent psychotic features, catatonia, peripartium onset, seasonal pattern
   - Severity Ratings: Mild, Moderate, Severe (DSM-5, p. 154)
**DSM-5 Diagnosis**

- Diagnostic Classifications

3. Cyclothymia

- For at least 2 years (1 in children and adolescents), numerous periods with hypomanic *symptoms* that do not meet the criteria for hypomanic
  - Present at least ½ the time and not without for longer than 2 months

- Criteria for major depressive, manic, or hypomanic episode have never been met
DSM-5 Diagnosis

Diagnostic Classifications

4. Unspecified Bipolar and Related Disorder

- Bipolar features that do not meet criteria for any specific bipolar disorder.
DSM-5 Diagnosis

- Manic Episode Criteria
  - A distinct period of abnormally and persistently elevated, expansive, or irritable mood.
  - Lasting at least 1 week.
  - Three or more (four if the mood is only irritable) of the following symptoms:
    1. Inflated self-esteem or grandiosity
    2. Decreased need for sleep
    3. Pressured speech or more talkative than usual
    4. Flight of ideas or racing thoughts
    5. Distractibility
    6. Psychomotor agitation or increase in goal-directed activity
    7. Hedonistic interests

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Manic Episode Criteria (cont.)

- Causes marked impairment in occupational functioning in usual social activities or relationships, or
- Necessitates hospitalization to prevent harm to self or others, or
- Has psychotic features
- Not due to substance use or abuse (e.g., drug abuse, medication, other treatment), or a general medical condition (e.g., hyperthyroidism).
- A full manic episode emerging during antidepressant treatment
Life feels like it is supercharged with possibility… Ordinary activities are extraordinary!” “I become the Energizer Bunny on a supercharger. ‘Why does everybody else need so much sleep?’ I wonder…. Hours pass like minutes, minutes like seconds. If I sleep it is briefly, and I awake refreshed, thinking, ‘This is going to be the best day of my life!’

Patrick E. Jamieson & Moira A. Rynn (2006)
Mind Race:
A Firsthand Account of One Teenager’s Experience with Bipolar Disorder.
New York: Oxford University Press
**DSM-5 Diagnosis**

- **Hypomanic Criteria**
  - **Similarities with Manic Episode**
    - Same symptoms
  - **Differences from Manic Episode**
    - Length of time
    - Impairment not as severe
    - May not be viewed by the individual as pathological
      - However, others may be troubled by erratic behavior
McGraw-Hill Education

DSM-5 Diagnosis

- Major Depressive Episode Criteria
  - A period of depressed mood or loss of interest or pleasure in nearly all activities
  - In children and adolescents, the mood may be irritable rather than sad.
  - Lasting consistently for at least 2 weeks.
  - Represents a significant change from previous functioning.
**DSM-5 Diagnosis**

- **Major Depressive Episode Criteria (cont.)**
  - Five or more of the following symptoms (at least one of which is either (1) or (2)):
    1. Depressed mood
    2. Diminished interest in activities
    3. Significant weight loss or gain
    4. Insomnia or hypersomnina
    5. Psychomotor agitation or retardation
    6. Fatigue/loss of energy
    7. Feelings of worthlessness/inappropriate guilt
    8. Diminished ability to think or concentrate/indecisiveness
    9. Suicidal ideation or suicide attempt
Major Depressive Episode Criteria (cont.)

- Causes marked impairment in occupational functioning or in usual social activities or relationships
- Not due to substance use or abuse, or a general medical condition
- Not better accounted for by Bereavement
  - After the loss of a loved one, the symptoms persist for longer than 2 months or are characterized by marked functional impairment, morbid preoccupation with worthlessness, suicidal ideation, psychotic symptoms, or psychomotor retardation
**DSM-5 Diagnosis**

- **Rapid-Cycling Specifier**
  - Can be applied to Bipolar I or II
  - Four or more mood episodes (i.e., Major Depressive, Manic, Mixed, or Hypomanic) per 12 months
  - May occur in any order or combination
  - Must be demarcated by ...
    - a period of full remission, or
    - a switch to an episode of the opposite polarity
      - Manic, Hypomanic, and Mixed are on the same pole

- NOTE: This definition is different from that used in some literature, where in cycling refers to mood changes within an episode (Geller et al., 2004).
Changes From DSM-IV-TR

- No longer classified as a “mood disorder” – has own category
- Placed between the chapters on schizophrenia and depressive disorders
  - Consistent with their place between the two diagnostic classes in terms of symptomatology, family history, and genetics.
- Bipolar I criteria have not changed
- Bipolar II must have hypomanic as well as history of major depression and have clinically significant
  - can now include episodes with mixed features.
  - past editions, a person who had mixed episodes would not be diagnosed with bipolar II
  - diagnosis of hypomania or mania will now require a finding of increased energy, not just change in mood
Rationale for DSM-5 Changes

- pinpoint the predominant mood (“features”)
- a person must now exhibit changes in mood as well as energy
  - For example, a person would have to be highly irritable and impulsive in addition to not having a need for sleep
  - helps to separate bipolar disorders from other illnesses that may have similar symptoms.
  - intention is to cut down on misdiagnosis, resulting in more effective bipolar disorder treatment.
Possible Consequences of DSM-5

- Still does not address potential bipolar children and adolescents
- Could miss bipolar in children and then prescribe medication that make symptoms worse
- Hopefully will increased accuracy with diagnosis
## Bipolar I

<table>
<thead>
<tr>
<th>Alternative Diagnosis</th>
<th>Differential Consideration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major Depressive Disorder</td>
<td>Person with depressive Sx never had Manic/Hypomanic episodes</td>
</tr>
<tr>
<td>Bipolar II</td>
<td>Hypomanic episodes, w/o a full Manic episode</td>
</tr>
<tr>
<td>Cyclothymic Disorder</td>
<td>Lesser mood swings of alternating depression - hypomania (never meeting depressive or manic criteria) cause clinically significant distress/imPAIRment</td>
</tr>
<tr>
<td>Normal Mood Swings</td>
<td>Alternating periods of sadness and elevated mood, without clinically significant distress/imPAIRment</td>
</tr>
<tr>
<td>Schizoaffective Disorder</td>
<td>Sx resemble Bipolar I, severe with psychotic features but psychotic Sx occur absent mood Sx</td>
</tr>
<tr>
<td>Schizophrenia or Delusional Disorder</td>
<td>Psychotic symptoms dominate. Occur without prominent mood episodes</td>
</tr>
</tbody>
</table>
## Bipolar II

<table>
<thead>
<tr>
<th>Alternative Diagnosis</th>
<th>Differential Consideration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major Depressive Disorder</td>
<td>No Hx of hypomanic (or manic) episodes</td>
</tr>
<tr>
<td>Bipolar I</td>
<td>At least 1 manic episode</td>
</tr>
<tr>
<td>Cyclothymic Disorder</td>
<td>Mood swings (hypomania to mild depression) cause clinically significant distress/impairment; no history of any Major Depressive Episode</td>
</tr>
<tr>
<td>Normal Mood Swings</td>
<td>Alternately feels a bit high and a bit low, but with no clinically significant distress/impairment</td>
</tr>
<tr>
<td>Substance Induced Bipolar Disorder</td>
<td>Hypomanic episode caused by antidepressant medication or cocaine</td>
</tr>
<tr>
<td>ADHD</td>
<td>Common Sx presentation, but ADHD onset is in early childhood. Course chronic rather than episodic. Does not include features of elevated mood.</td>
</tr>
</tbody>
</table>
## Cyclothymic Disorder

<table>
<thead>
<tr>
<th>Alternative Diagnosis</th>
<th>Differential Consideration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal Mood Swings</td>
<td>Ups &amp; downs without clinically significant distress/impairment</td>
</tr>
<tr>
<td>Major Depressive Disorder</td>
<td>Had a major depressive episode</td>
</tr>
<tr>
<td>Bipolar I</td>
<td>At least one Manic episode</td>
</tr>
<tr>
<td>Bipolar II</td>
<td>At least one clear Major Depressive episode</td>
</tr>
<tr>
<td>Substance Induced Bipolar Disorder</td>
<td>Mood swings caused by antidepressant medication or cocaine. Stimulant drugs can produce bipolar symptoms</td>
</tr>
</tbody>
</table>
Diagnosis: Juvenile Bipolar Disorder

- Terms used to define juvenile bipolar disorder.
  - Ultrarapid cycling = 5 to 364 episodes/year
    - Brief frequent manic episodes lasting hours to days, but less than the 4-days required under Hypomania criteria (10%).
  - Ultradian cycling = >365 episodes/year
    - Repeated brief cycles lasting minutes to hours (77%).
    - Chronic baseline mania (Wozniak et al., 1995).
    - Ultradian is Latin for “many times per day.”

AACAP (2007); Geller
Diagnosis: Juvenile Bipolar Disorder

- Adults
  - Discrete episodes of mania or depression lasting to 2 to 9 months.
  - Clear onset and offset.
  - Significant departures from baseline functioning.

- Juveniles
  - Longer duration of episodes
  - Higher rates or rapid cycling.
  - Lower rates of inter-episode recovery.
  - Chronic and continuous.

AACAP (2007); NIMH (2001)
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Diagnosis: Juvenile Bipolar Disorder

- Unique Features of Pediatric Bipolar Disorder
  - Chronic with long episodes
  - Predominantly mixed episodes (20% to 84%) and/or rapid cycling (46% to 87%)
  - Prominent irritability (77% to 98%)
  - High rate of comorbid ADHD (75% to 98%) and anxiety disorders (5% to 50%)
I felt like I was a very old woman who was ready to die. She had suffered enough living.

--- Abbey

Tracy Anglada


Victoria, BC: Trafford Publishing
Co-existing Disabilities

- **Attention-deficit/Hyperactivity Disorder (AD/HD)**
  - Rates range between 11% and 75%

- **Oppositional Defiant Disorder**
  - Rates range between 46.4% and 75%

- **Conduct Disorder**
  - Rates range between 5.6 and 37%

- **Anxiety Disorders**
  - Rates range between 12.5% and 56%

- **Substance Abuse Disorders**
  - 0 to 40%
Co-existing Disabilities

AD/HD Criteria Comparison

Bipolar Disorder (mania)  AD/HD

1. More talkative than usual, or pressure to keep talking  1. Often talks excessively

2. Distractibility  2. Is often easily distracted by extraneous stimuli

3. Increase in goal directed activity or psychomotor agitation  3. Is often “on the go” or often acts as if “driven by a motor”

Differentiation = irritable and/or elated mood, grandiosity, decreased need for sleep, hypersexuality, and age of symptom onset (Geller et al., 1998).
Associated Impairments

Suicidal Behaviors

- Prevalence of suicide attempts
  - 40-45%
- Age of first attempt
- Multiple attempts
- Severity of attempts
- Suicidal ideation
Associated Impairments

Cognitive Deficits

- Executive Functions
- Attention
- Memory
- Sensory-Motor Integration
- Nonverbal Problem-Solving
- Academic Deficits
  - Mathematics
Associated Impairments

Psychosocial Deficits

- Relationships
  - Peers
  - Family members
- Recognition and Regulation of Emotion
- Social Problem-Solving
- Self-Esteem
- Impulse Control
Etiology

- Genetics
  1. Family Studies
  2. Adoption Studies
  3. Genetic Epidemiology
     - Early onset BD = confers greater risk to relatives
  4. Molecular genetic
     - Aggregates among family members
     - Appears highly heritable
     - Environment = a minority of disease risk
Etiology

- Neuroanatomical differences
  - White matter hyperintensities.
    - Small abnormal areas in the white matter of the brain (especially in the frontal lobe).
  - Smaller amygdala
  - Decreased hippocampal volume

Hajek et al. (2005); Pavuluri et al. (2005)
Etiology

- Neuroanatomical differences
  - Reduced gray matter volume in the dorsolateral prefrontal cortex (DLPFC)
  - Bilaterally larger basal ganglia
    - Specifically larger putamen
Prognosis

Outcome by subtype (research with adults)

- **Bipolar Disorder I**
  - More severe; tend to experience more cycling & mixed episodes; experience more substance abuse; tend to recover to premorbid level of functioning between episodes.

- **Bipolar Disorder II**
  - More chronic; more episodes with shorter inter-episode intervals; more major depressive episodes; typically present with less intense and often unrecognized manic phases; tend to experience more anxiety.

- **Cyclothymia**
  - Can be impairing; often unrecognized; many develop more severe form of Bipolar illness.

- **Bipolar Disorder Not Otherwise Specified (NOS)**
  - Largest group of individuals
Treatment

Psychopharmacological

DEPRESSION
- Mood Stabilizers
  - Lamictal
- Anti-Obsessional
  - Paxil
- Anti-Depressant
  - Wellbutrin
- Atypical Antipsychotics
  - Zyprexa

MANIA
- Mood Stabilizers
  - Lithium, Depakote, Depacon, Tegretol
- Atypical Antipsychotics
  - Zyprexa, Seroquel, Risperdal, Geodon, Abilify
- Anti-Anxiety
  - Benzodiazepines
    - Klonopin, Ativan
Psychopharmacology Cont.

- Lithium:
  - History
  - Side effects/drawbacks
    - Blood levels drawn frequently
    - Weight gain
    - Increased thirst, increased urination, water retention
    - Nausea, diarrhea
    - Tremor
    - Cognitive dulling (mental sluggishness)
    - Dermatologic conditions
    - Hypothyroidism
    - Birth defects
Treatment

- Therapy
  - Psycho-Education
  - Family Interventions
  - Multifamily Psycho-education Groups (MFPG)
  - Cognitive-Behavioral Therapy (CBT)
  - RAINBOW Program
  - Interpersonal and Social Rhythm Therapy (IPSRT)
  - Schema-focused Therapy
Treatment

- Alternative Treatments
  - Light Therapy
  - Electro-Convulsive Therapy (ECT) & Repeated Transcranial Magnetic Stimulation (r-TMS)
  - Circadian Rhythm
    - Melatonin
  - Nutritional Approaches
    - Omega-3 Fatty Acids