Medicine for Managers

Dr Paul Lambden BSc MB BS BDS FDSRCS MRCS LRCP DRCOG MHSM

Bipolar

What connects Beethoven, Stephen Fry, Elgar and Frank Bruno, Mel Gibson, Ernest Hemingway, Keats and Isaac Newton, Dusty Springfield and Catherine Zeta-Jones or Alistair Campbell and Florence Nightingale? Perhaps people like Russell Brand and the legendary Spike Milligan might give more of a clue. All have or had great skills and all suffer or suffered from bipolar disorder.

People with ***bipolar disorder***, formerly known as ***manic depression***, experience extreme mood swings. Sometimes they will feel intense depression and despair and at other times they will experience feelings of elation and hyperactivity. Between episodes of mania and depression they may have no symptoms.

The frequency and severity of the symptoms will vary between individuals but, on average without treatment, some will have extreme manic episodes which may last from a few weeks to six months each and depressive episodes lasting from a few weeks to twelve months at a time.

If the episodes of mania are less severe in nature, the condition is described as ***hypomania***. In some the mood swings do occur but are relatively mild and such people are described as exhibiting ***cyclothymia***.

It is thought that about 1% of the population exhibits features which could be described as bipolar at some time in their lives. The disorder is equally distributed between men and women and predominantly affects younger people. It appears to be associated with neurotransmitter disturbances (the chemicals that pass messages between nerves) and it runs in families because there is a genetic component, although no one specific gene appears to be responsible.

Episodes may be precipitated by illness and other factors such as the extreme emotional stress induced by the death of a loved one or the breakdown of a relationship.

Bipolar disorder may, at different times, exhibit the classical features of depression or of mania. During depressive episodes,

the individual will feel unhappy and tearful without interest in anything. He or she may feel useless and hopeless and may consider suicide. There may also be difficulty in concentrating at work and the person may struggle to make even the simplest of decisions.

Sleep patterns may be disrupted with difficulty in getting to sleep or with early morning wakening. Loss of appetite and weight loss is common. There is a general loss of interest in everything resulting in lack of enthusiasm for the normal routine of daily living and loss of libido may occur.

More information is available from

Bipolar UK

11 Belgrave Road

London SW1V 1RB

0207 931 6480

info@bipolaruk.org.uk

During episodes of mania the feelings are of extreme happiness and joy. People speak very quickly and show 'flight of ideas' where they flit from topic to topic without ever completing a conversation about any individual issue.

They feel full of energy; they sleep little and may not eat very much. A particular feature of mania is the feelings of having wonderful ideas which may have serious consequences in the decisions that they may make. The thinking may be completely illogical and sometimes they experience hallucinations. On occasion they may spend large sums of money recklessly and in general may become much more uninhibited.

Diagnosis is made on the history which, for many patients, is quite clear cut. If the diagnosis is suspected by the GP and other physical causes of similar symptoms (such as thyroid over-activity) have been excluded, he or she will normally make a referral to secondary care for the opinion of a consultant psychiatrist.

Treatment for bipolar disorder has the objective of reducing the severity and frequency of the mood swings because, untreated, the episodes of depression and mania may last many months.

The mainstay of treatment is with medication and the drug most commonly used is lithium (Priadel) which has been used as a mood stabiliser for fifty years. It is used to treat manic and depressive episodes and is prescribed on a daily basis for a minimum of 12-24 months after a single episode and for five years if there have been frequent relapses or psychotic episodes. It is particularly important with lithium to ensure that the dose is correct

because the incorrect dose may cause side effects, most frequently diarrhoea and vomiting, but also muscle weakness and twitching and confusion. In order to achieve the correct dosage it is necessary to titrate the lithium against blood levels of the drug by regular blood testing. The objective is to keep the drug within the therapeutic level (that is that the concentration in the blood is neither too high nor too low). Blood tests are normally done initially every 4-8 weeks but less frequently once the dose is stabilised.

The drug is normally started by a psychiatrist and, once the drug blood levels are stable, its prescription and monitoring is taken over by the GP who will undertake a routine check every year of blood pressure and weight, question about the use of alcohol and cigarettes and also monitor kidney and thyroid function whilst the patient is being prescribed the drug. Lithium blood levels will continue to be checked every 3-6 months.

Other drugs may be used for the treatment of manic episodes. Anticonvulsant drugs may be helpful and sodium valproate (*Epilim*), carbamazepine and lamotrigine may be given, usually instigated by the psychiatrist, either instead of or combined with lithium. Antipsychotic medication may also be given to manage manic or depressive swings and olanzapine and quetiapine are the drugs of choice. They can be employed to provide long-term mood stabilisation but their use may be limited by their side effects of constipation, dry mouth, blurred vision and weight gain.

Symptom control can often be difficult to achieve in some people because they exhibit 'rapid cycling' which means that they change quickly between highs and lows. Such individuals experiencing a period of depression may be tipped into a manic phase by the deployment of an anti-depressant. Those who suffer repeated manic and depressive episodes may need to be maintained on a mood stabiliser and an anti-depressant long-term.

Patients with bipolar disorder may be able to recognise the warning signs of an approaching episode of mania or depression.

Developing the ability may allow them to get help before more severe symptoms develop and therefore avoid full-blown episodes and hospital admissions. It is also helpful to avoid the triggers that can precipitate an episode, such as stress (although this is often easier said than done). People who know they may exhibit the symptoms should try to adjust their work-life balance to avoid becoming too busy and setting off an episode of mania. Controlling the symptoms may be helped by

exercise and by psychotherapy. It is often good advice to suggest that they should regularly do things that they enjoy, though again this may not be so easily achieved.

Severe mood swings may constitute a medical emergency when sufferers may become hostile or aggressive, very depressed or suicidal. Sometimes they may simply stop looking after themselves, resulting in serious neglect. Such circumstances require immediate medical assistance.

Modern treatment has helped to control the symptoms and most sufferers can live a normal life. However, it has been suggested that some of the greatest work of those diagnosed as bipolar has been done at times when they were experiencing manic episodes; if true perhaps the world would not have had Beethoven's ninth or Milligan's great humour.

"A thing of beauty is a joy forever; its loveliness increases; it will never pass into nothingness" John Keats.

paullambden@compuserve.com