

BIPOLAR DISORDERS

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The story of Magendran

- Mr. Magendran is the most popular man in his office. He is young, in his mid-20s. Always well-dressed and groomed. He is charismatic and sociable, and all the staff like him very much even though he is a new comer. His work brings him to the East Coast, where he markets 'industrial dye' used in textile. He will lavish the girls in his office with yards and yards of batik scarf and clothes each time he returns from his business trips.

■ Magendran is performing fairly well in his new job until a rival company penetrates his market in the East Coast. He loses his clients who shun his more expensive product. His sales fall and the manager puts pressure on him to meet the sales target. Even though he tries very hard, he still loses his clients and after 6 months he only has 3 left, when it used to be 30. Nevertheless, he remains cheerful and 'care free'. He even starts to sing loudly and clown around in the office to the amusement of others.

- Magendran appears to be elated and ‘on-top of his world’. One morning, he bursts into the office in an assortment of colorful but mismatched attire, proclaiming, “Maha! Maha! Maharaja”. He points to the nearest girl and shouts, “You! Bow before me, your Raja! Son of Ganesha, son of Shiva”. Then he jumps onto the table, puts on his sunglasses and begins to belt out Hindi songs while doing the ‘bhangra’ dance! He throws his rainbow-colored necktie at the secretary and proceeds to strip his shirt to

■ the horror of the female staff. By then, the commotion has attracted the manager who demanded Magendran to step down. He merely sneers and sings on top of his lungs while jumping from table to table, kicking away the computers and other stationary. The manager phoned for the security guards. Magendran becomes agitated when he sees them and starts to abuse them with vulgar words. He resisted capture by the 2 guards who have no choice but to call for back-up. He is subdued when pin-downed

- by a total of 6 security guards who handed him over to the police. He is later admitted to a psychiatric ward under Form A for suspected 'mental illness'.

■ The patient is having a **MANIC EPISODE**:

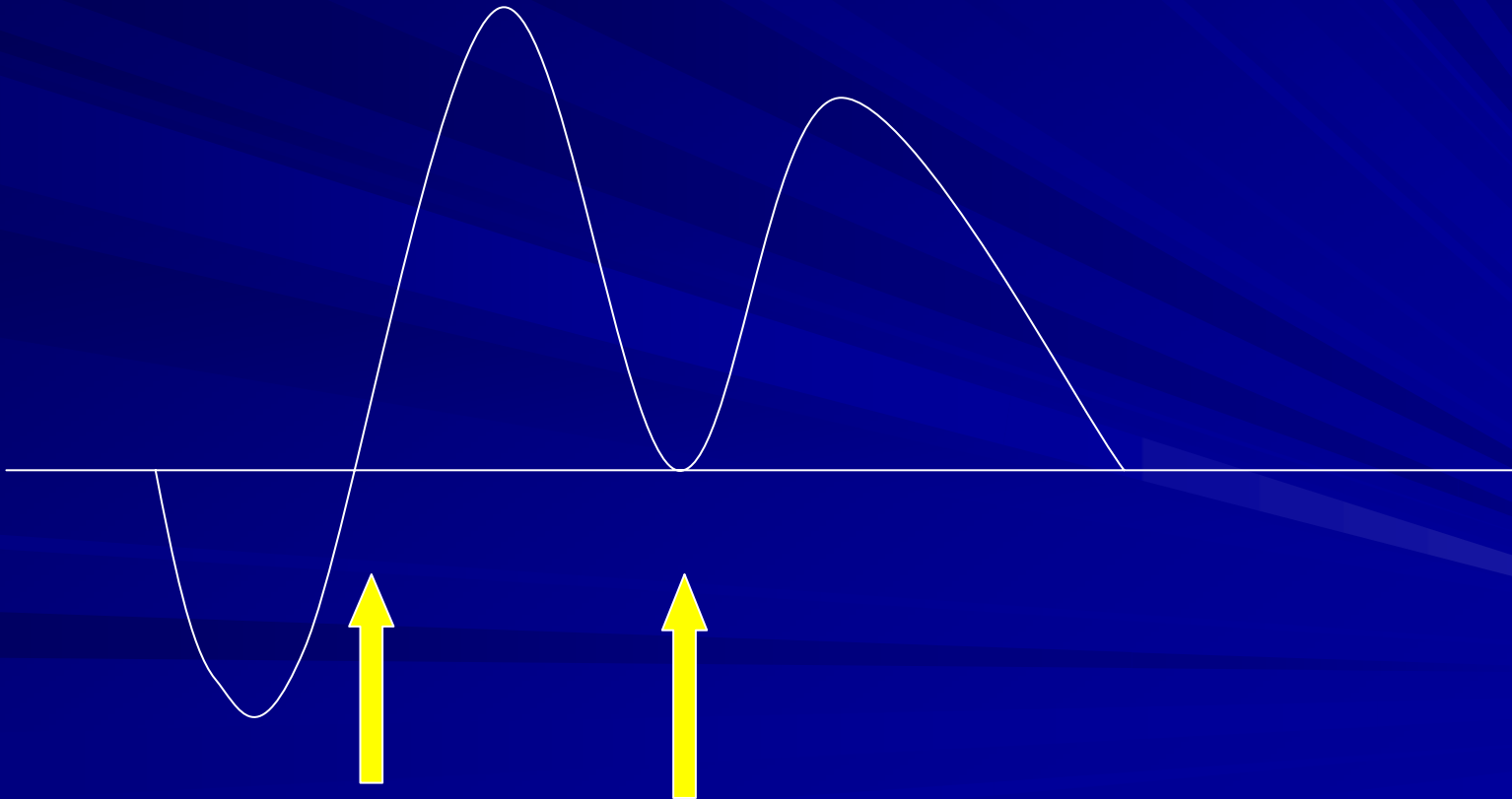
- A period of abnormally and persistently elevated mood of more than 1 week. He is also very irritable.
- Inflated self-esteem/ grandiosity.
- Decreased need for sleep.
- More talkative than usual/ pressured speech.

- Flight of ideas.
- Distractable.
- Psychomotor agitation/ increase in goal-directed activity (sexually, socially etc).
- Excessive involvement in pleasurable activities that have high potential for painful consequences (buying spree, sexual indiscretion etc).

Course of manic episode

- Usually begins in early 20s, some cases start in adolescence or even after 50y-old.
- Begins “suddenly”.
- Rapidly escalating over few days.
- Usually manic symptoms occur following stressors.
- The whole episode may last few weeks to few months.

- Manic episodes are always preceded or followed by depressive episodes.
- This 'UP' and 'DOWN' of mood over time is called Bipolar Disorder.



BIPOLAR DISORDERS

■ BIPOLAR I DISORDER

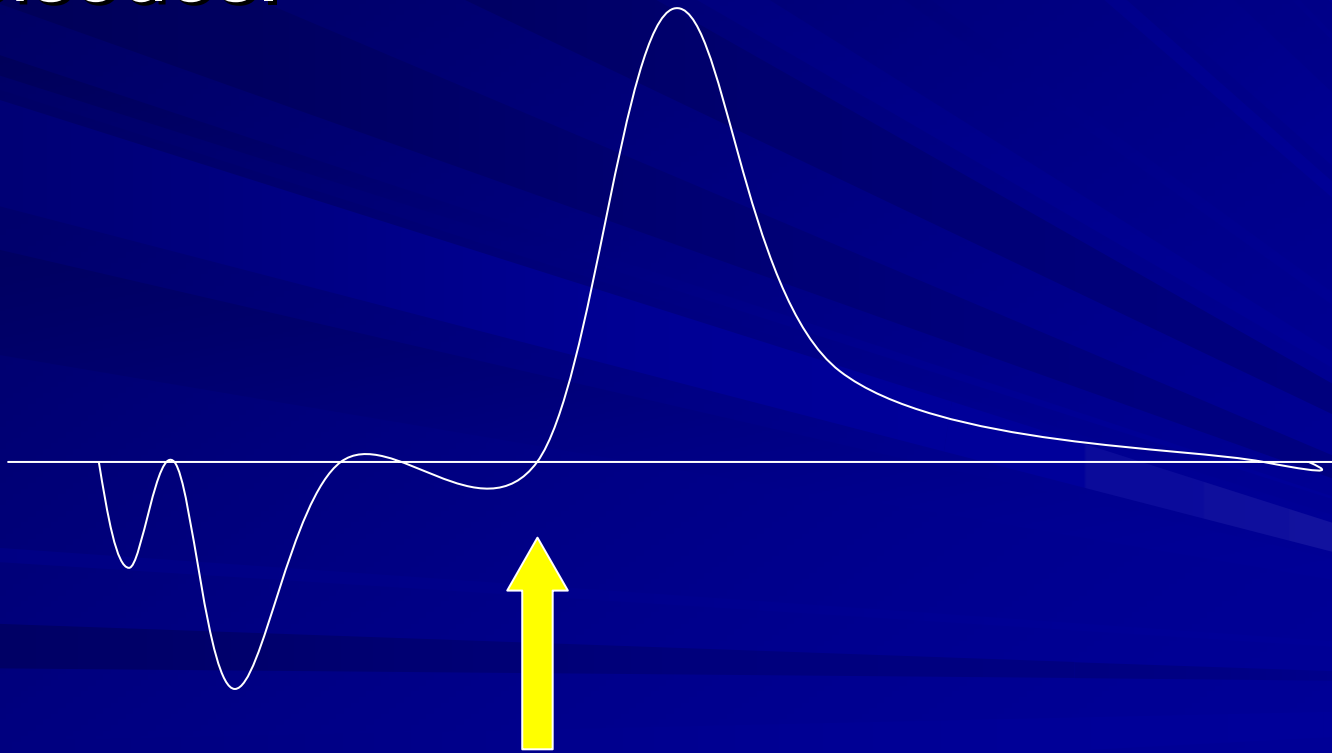
■ Bipolar II Disorder

■ Cyclothymia

■ Bipolar Disorder NOS

Bipolar I Disorder

- **Manic episodes** + Major depressive episodes.



Etiology

■ Biological etiology:

- Altered neurotransmitter activity in the brain.
- Abnormalities of the limbic-hypothalamic-pituitary-adrenal axis.

■ Psycho-social etiology:

- Mania: a defence mechanism against depression.

- In a bipolar disorder, the depressed phase usually comes first, before the manic phase.
- The first manic phase usually occurs before 30 years old.
- Manic episode lasts about 3 months if untreated.
- Important differential diagnosis in practice:
 - Schizophrenia
 - Substance-related disorder
 - Delirium

- Researches found the lifetime prevalence of Bipolar I disorder in the community to be 0.4% to 1.6%.
- It is a recurrent problem- 90% have recurrent episodes of mania.
- Some people have a few episodes a year while others may have one episode in one or two years.
- May become more and more frequent as the person ages.

- Change in the sleep-wake schedule or lack of sleep can trigger manic episodes in people with bipolar disorder.
- With treatment, the majority of people can return to normal functioning in life, some may continue to show mood lability.
- Psychotic symptoms may be present during manic phase.

Treatment of Bipolar Disorder (manic phase)

■ Main pharmacotherapy:

- Lithium

- Mood stabiliser

 - Carbamazepine

 - Sodium valproate

 - Lamotrigine

- If patient is showing prominent psychotic symptoms or too aggressive; addition of ANTIPSYCHOTIC is useful.

■ Note of caution:

– When using lithium (and other mood stabiliser);

- Monitor the drug level.
- Assess compliance to treatment.
- Check for over-dose.

■ Lithium toxicity $>1.5\text{mmol/L}$

- Nausea, vomiting, tremors, renal failure, ataxia, confusion, coma, death.