Mania and Bipolar Disorders

Psychology 311
Abnormal Psychology

Listen to the audio lecture while viewing these slides

Psyc 311 – Abnormal Psychology

Mania

- Is hard to distinguish from a normal person with high spirits
- Is more than just hyperactivity

Psyc 311 – Abnormal Psychology

Symptoms

- Extreme hyperactivity
  - Increased psychomotor activity
  - Person literally bounces off the wall
- Is more talkative
- Has a flight of ideas
  - Person goes from one thought to another to another.
  - Often no connection between the thoughts
  - Often have a grandiose self-image
- Attention
  - Is easily distracted
  - Sleep is infrequent
  - Easily frustrated

Psyc 311 – Abnormal Psychology

Additional Points

- Is important to take a good history
- Some pharmacologic medications or drugs can mimic manic symptoms.
  - Excessive caffeine
  - Ephedrine
  - Anabolic Steroids
  - Diet aids
  - Amphetamines
- Other diseases can cause symptoms too
  - E.g., Thyroid Disease

Psyc 311 – Abnormal Psychology

General Treatment

- Behavioral interventions can work well
- Relaxation training can help
- Goal is to reduce symptoms
- Drugs often used
  - Benzodiazepines (Valium)
  - Antipsychotics (Zyprexa)
  - Valproic Acid (Valproate)
  - Lithium can stabilize mood
- Often combination therapies are used.

Psyc 311 – Abnormal Psychology

Bipolar Disorders
Bipolar Disorders

- In the past called Manic – Depressive Psychosis
- Occurs in up to 4% of the population
- Number differences depend on the reference
- Number of cases are rising
- May be due to better screening
- Found more in artistic populations (poets, artists)
- 55% have a history of substance abuse
- May be an attempt to self medicate

Background Continued

- One of every 4 or 5 untreated or inadequately treated individuals commits suicide.
- Also increases of accidents or other disorders
- A person at age 25 who does not receive treatment can expect to:
  - Lose 9 years of life
  - Lost 14 years of effective activity
  - Lose 12 years of normal health
- Persons with four illness episodes in 12 months are called rapid cyclers
- May not be permanent and may disappear
- Is divided into groups

Groups of Bipolar Disorder

- Bipolar I Disorder
- Bipolar II Disorder
- Cyclothymic Disorder

Bipolar I Disorder

- Usually have an episode of Mania, then a major Depressive episode
- Often requires hospitalization or severely interferes with normal functioning

Symptoms

- Mania
  - Symptoms are same as described earlier
- Hypomania
  - Is a mildly elevated state
  - May not be recognized by others
- Before a diagnosis, mania from all other causes must be ruled out
  - Tumors
  - Drugs

Bipolar II

- Is less severe than Bipolar I
  - Usually manic stage is not as severe
  - Hypomania
- Key:
  - Person does not need to be hospitalized
  - Can still function
- Other people may see the mania
  - Person with disorder may not
  - Feels very energetic and creative.
Cyclothymic Disorder

- Is a chronic state of mood disturbances
- Most noticeable is a change in energy levels
- Swing between mania and depression but the severity is lower than Bipolar II
- Tend to have a seasonal pattern
- More common in spring and fall

Causes of Bipolar Disorders

- 2/3 have a history of mood disorders
- Monozygotic twins have a 40-70% chance of having bipolar disorders when one twin has the disorder
  - VS. 5-10% for dizygotic twins
- What may be inherited is not the disorder but the vulnerability
  - Stress seems to influence the rate

Treatment

- Cannot be cured
- Is a lifelong chronic condition
- Treatment can reduce the frequency of episodes
  - The more episodes the person experiences, the poorer the long-term outcome is

Drug Treatments

- Many types used
  - Lithium Carbonate (Lithium)
  - Newer drugs with Bipolar
    - Valproic Acid (Valproate, Depakote)
    - Gabapentin (Neurontin)
    - Others

Lithium

- Most recommended drug for Bipolar
- Effective in treating 60-80% of acute hypomanic and manic episodes
- Takes about 1-2 weeks before stable levels are reached

Problem

- Very narrow window between therapeutic effectiveness and toxic amounts.
  - Must be monitored very closely
- Many side effects
  - Gastrointestinal problems
  - Thyroid, kidneys, cardiovascular system and other all influenced
- Depression, hope, mood increase
- All contribute to many patients discontinuing the drug.
Newer Drugs

- Have been used alone but usually are used in combination with Lithium
  - Usually for manic phase
- Target the GABA receptor
  - Cause neurons to not fire as much
  - Result – less activity
- Also have better safety margins

Conclusions

- Mania/Bipolar cause problems for many individuals.
- Can be treated effectively
- Need more research on the disorder.