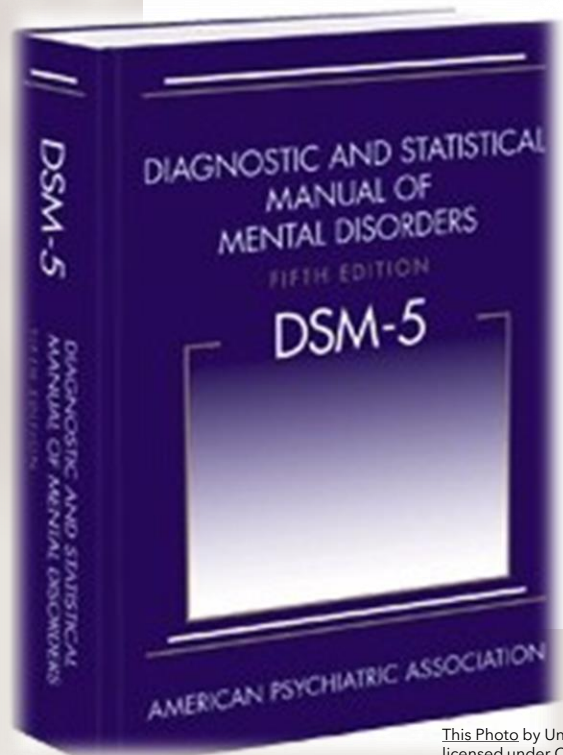




Rehabilitative Proposal for an Individual Diagnosed with Bipolar Disorder

- For an individual wanting to or
having already conceived.

Introduction



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Diagnosed via the DSM-V (Kessing et. al., 2021).

Bipolar I – full manic and major depressive episodes, Some experience an alternation of episodes, others have mixed episodes.

Bipolar II- Hypomanic episodes alternate with major depressive episodes.

Substantially reduces psychosocial functioning + is associated with 10-20 years potential loss in life (McIntyre et. al., 2020).

BPI a bit more common than BPII (Wang et. al., 2021).

BPI has more hospitalisations, BPII earlier symptoms and more suicidal ideation (Karanti et. al., 2020)

Background

Prevalence

0.1-7.5% lifetime prevalence (Basso et. al., 2013)

Hong Kong – **1.4%** BP I, **0.5%** BP II

UK **0.011%** to **0.019%** from 2000 to 2010 (Ng et. al., 2021)

0.3-1.2% varying by country

Yearly prevalence **2%** (Carvalho et. al., 2020).

Who?

Equal – women often misdiagnosed (Arnold, 2003; Dell’Osso et. al., 2021)

Epidemiological differences (Pillai et. al., 2021).

15-44 (avg. **25**) (Ernst et. al., 2004).

Early = **22.5**, Late = **40.8** (Bolton et. al., 2021)

Why?

Low income (McIntyre, 2020)

Heritability – twin studies show **70-90%** (Gordovez & McMahon, 2019; Rantala et. al., 2021)

Chemical imbalances
(Brown & Ekechukwu, 2024)

Childhood maltreatment (Aas et. al., 2019)

Substance misuse (Lalli et. al., 2021)

Few environmental factors
(Robinson & Bergen, 2021)



What has worked in the past?

No hospitalisation (Fitzgerald et. al., 2022)

Mood stabilisers (Lithium, Valproate), anticonvulsants, antidepressants and **Antipsychotics** (quetiapine) (Rantala et. al., 2021).

Electroconvulsive therapy

Psychological treatments (Henken, 2020; Ozdel et. al., 2021; Sharma et. al., 2020).

- CBT **90 mins** (Kimura et. al., 2020), **12 weeks – 18 months** + during pregnancy (Crowe et. al., 2020).

Lithium - moderate-severe cases, mild - **CBT** (Trifu et. al., 2020).

Lithium effective and safe during pregnancy - no gender differences in responses (Heinonen et. al., 2022; Poels, 2018).



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What is wrong with these treatments?



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- Lithium – interference with fertility, gestation + fetal development (Poels, 2018).
- Side effects and risks for pregnancy Recommended against breastfeeding (Poels, 2018).
- Monitoring required.
- Valproate – physical defects and developmental problems for fetus' (Sibanyoni et. al., 2022).
- Psychological treatments – routine monitoring and harm assessments (Ozdel et. al., 2021).

Why is this relevant?

Mania can last **3-6 months**, depression **6-12 months**

Morbidity and mortality magnified in women of childbearing age (Kameg, 2020)

Shorter life expectancy – even more so if untreated (Nierenberg et. al., 2023).

Suicide is highly linked (Dong et. al., 2019; Miller & Black, 2020).

Women are susceptible to **delayed diagnosis or treatment + high risk** in postpartum (Arnold, 2003).



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Methodology

Who?

Women diagnosed with BP I or II – thinking of or have already conceived.

Already on a treatment of mood stabilisers.

How?

Self-referral basis – recommended.
and targeted for these individuals.



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What?

Mood tracking chart (Ozdel et. al., 2021).

Easily accessible space.

[illegible]

Week & Date	W1	W2
Mood		
8 (Highest)		
7		
6		
5		
4 (Moderate)		
3		
2		
1		
0 (Lowest)		
Anxiety		
Discomfort- Anger		
Amount of sleep (hours)		
Received medications (plus for those that are received)		

Timeline for rehabilitation

Mood tracking chart completed weekly.

CBT 90 minutes, each week.

Lithium taken as normal - levels tested once.

First Trimester

Second Trimester

Third Trimester

Postpartum

12 Weeks After

Mood tracking chart completed weekly.

CBT 90 minutes each week.

Lithium taken as normal - levels tested weekly.

Mood tracking chart completed weekly.

CBT 90 minutes each week.

Lithium taken as normal - levels tested once.

Mood tracking chart completed daily.

CBT 90 minutes each week.

Lithium suggested at a lower dosage for breastfeeding - own and baby's levels tested weekly.

Mood tracking chart completed 6 months postpartum.

Optional CBT - recommended.

Lithium return to normal dosage - postponed until after breastfeeding stops.

Ethical Considerations

Voluntary Participation **Complex symptoms**
considered

Risk of **remaining**
symptomatic

Lengthy process

Informed Consent gained

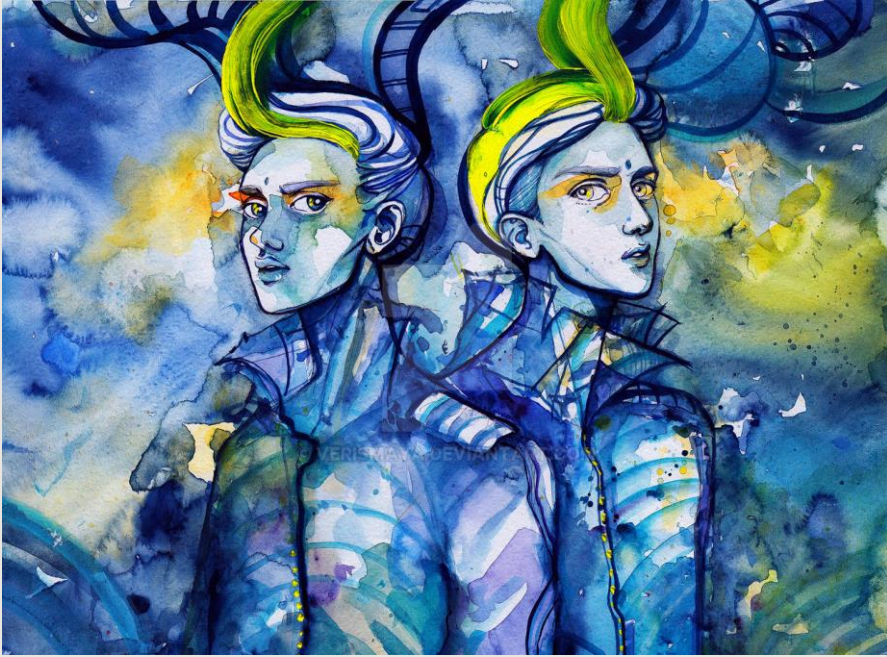
Risk communication:

- Side effects of lithium
- Side effects of CBT
- Risk of relapse highlighted
- Right to withdraw reiterated (Ostacher, 2019).



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Expected Outcomes



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- To see controlled symptoms of BP including mania and depression.
- To see a developed understanding of early triggers so that action can be taking earlier.
- To see better-stabilised mood through analysis of the mood chart responses.
- For women to safely conceive, carry to full term and breastfeed without their diagnosis negatively impacting – for the baby to remain safe also.

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