

# **Bipolar Disorder**

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## Introduction

- Bipolar disorder refers to a group of affective disorders, which together are characterised by hypomanic or manic episodes.
- In Wales, 2 in 100 people will have a severe mental illness such as bipolar disorder (Llywodraeth Cymru Welsh Government, 2020).
- The disorder can cause unusual, often extreme and fluctuating alterations in mood, activity, energy and focus.
- It is included in The Social Security Listings Of Impairments and may require life-long treatment.



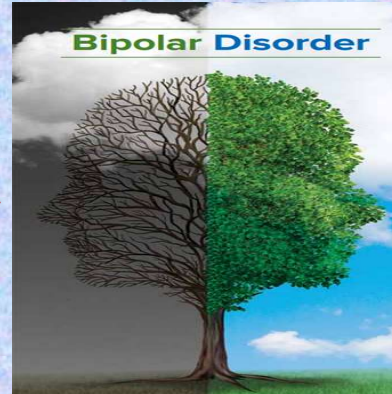
Bipolar Disorder used to be known as manic depression is a mental health condition that affects a person's moods. People with the disease have episodes of feeling overactive and very high and feeling very low and lethargic. Symptoms of the illness depend on which mood a person is experiencing. Extreme episodes of the illness can last for weeks or even longer. Besides, the disorder is included in the Social Security Listings of Impairments (NHS, 2019a). This implies that a qualified medical practitioner has diagnosed the illness and is severe enough to keep an individual

from working. The person is eligible to receive disability benefits.

## Case Study

### Elisa Lam's Bipolar Disorder

Elisa Lam was a 21-year-old Canadian woman who died mysteriously during her stay at the Cecil Hotel in Los Angeles. A maintenance worker found her body in one of the hotel's water tanks. After investigation, the evidence appears to point to her mental health as the cause of her death. She was showing very odd behaviour in the days leading up to her death. Lam had recently been diagnosed with bipolar disorder. She was extremely active on her Tumblr account, posting numerous times a day. Besides, she regularly updated her blog sharing her experiences with the disorder. Lam even spoke of suicidal thoughts.



Lam's death was suffering from bipolar disorder. A person with the disorder feels depressed and can also cause psychosis episodes. Lam shows some signs of the disorder in her blog posts. She regularly updated her Tumblr account sharing her experiences with the illness. Moreover, her friends at the hotel complained about her odd behaviour, and surveillance footage of her in the elevator indicates

that she was in a psychotic state of some kind (Georgia State University, 2015). Throughout the footage, she shows signs of anxiety and playfulness. Such signs elucidate how the disorder was affecting her. According to toxicology reports, traces of prescription psychiatric drugs, encompassing antipsychotic Seroquel, mood stabiliser Lamictal, antidepressant Wellbutrin were found in her system (Baggs, 2019). Typically, these drugs are prescribed to people with bipolar disorder and depression

## Classification of Bipolar Disorder

In ICD-10, bipolar disorder is categorized in the group of mood affective disorder. It distinguishes between:

- ❖ Manic episode
- ❖ Bipolar affective disorder
- ❖ Depressive episode
- ❖ Persistent mood affective disorders
- ❖ Other Mood affective disorders
- ❖ Unspecified mood disorder

Thus, the diagnostic criteria provides distinct categories for single manic or hypomanic episodes. A single manic episode cannot be used as the bases to warrant a diagnosis of the disorder.



An individual must experience at least two mood episodes, one of which must be hypomanic or manic, to be diagnosed with bipolar affective disorder. A single manic episode does not merit a disorder's diagnosis Kaltenboech et al, (2016). Thus, a person must be experiencing another mood episode of any type. Episodes can be specified as hypomanic, manic with psychotic symptoms, manic

without psychotic symptoms, moderate or mild depression, severe depression with psychotic symptoms, severe depression without psychotic symptoms, mixed or in remission (World Health Organization, 1992).

In ICD-10, mania's diagnostic criteria without psychosis require mood to be predominantly irritable, expansive or irritable and abnormal for the person for not less than 7 days. Then, the person must have at least 3 of 9 other symptoms Kendall et al., (2014).

ICD-10 also considers the type, whether mixed, depressive or manic, or severe, moderate, or mild, of the current affective episode (World Health Organization, 1992). The diagnostic criteria provide a distinct diagnostic category of bipolar affective disorder for patients who present a rapid change or a mixture of depressive, manic or hypomanic symptoms (National Collaborating Centre for Mental

Health (UK, (2006).

## Aetiology

The exact cause of bipolar disorder is unknown. However, numerous factors can trigger an episode. These includes:

- Chemical imbalances in the brain like low levels or high levels of noradrenaline
- Genetics
- Environmental factors including life events



Chemical imbalances in the brain lead to bipolar disorder. Neurotransmitters encompassing dopamine, serotonin and noradrenaline helps to control the brain's functions. Evidence suggests that a person may develop the condition if there is an imbalance in neurotransmitters levels (NHS, 2019b). For instance, mania episodes may arise when noradrenaline levels are too high.

The disorder is associated with genetics as it appears to run in families. According to Jaya et al. (2013), about 50% of individuals with bipolar have a family member with a mood disorder. A person with one parent with the disease has a 15% to 25% likelihood of developing the disorder Jaya et al., (2013). However, no single gene leads to the disease (NHS, 2019b). Rather, numerous environmental and genetic factors are thought to act as triggers.

Environmental factors may initiate a mood episode in an individual with a genetic

disposition for the disorder. Moreover, an episode may be triggered even without clear genetic factors (NHS, 2019b). For instance, a stressful situation or circumstance often initiates symptoms. Other triggers include alcohol or drug abuse, altered health habits, and physical, sexual or emotional abuse.

## Signs and Symptoms

In bipolar disorder, it is a combination of Hypomanic, manic, depressive and mixed affective episodes.

| Hypomanic Episode                                                                                                                                                                                                                                                                                                                                                   | Manic Episode                                                                                                                                                                                                                                                                                                                                                                                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"><li>• Mood elevated or irritable</li><li>• Increased talkativeness, sexual drive, Increased sociability, activity</li><li>• Reckless behaviour</li><li>• Decreased need for sleep</li><li>• Lack of concentration</li><li>• Lasting throughout at least four days</li><li>• Some interference with personal functioning</li></ul> | <ul style="list-style-type: none"><li>• Mood elevated or irritable</li><li>• Increased activity, grandiosity, racing thoughts, pressure of thoughts, distractibility, and reckless behaviour</li><li>• Marked sexual energy</li><li>• Decreased social inhibition , sleep, and risk awareness</li><li>• Severe interference with personal functioning</li><li>• Lasting at least a week</li></ul> |

Hypomania is a less severe form of mania. A person with bipolar disorder is more likely to feel energetic, productive and euphoric when experiencing hypomanic episodes. However, the person can carry on daily routines without losing touch with reality (NHS 111 Wales, 2020). Besides, hypomanic episodes can lead to bad decisions that harm a person's reputation, career and relationships.

Typically, hypomania is followed by a major depressive episode or a full-blown mania.

Bipolar disorder is associated with extreme mood swings. These can range from extreme lows to extreme highs. Individuals experiencing a manic episode may show an expansive, grandiose effect. This may be predominantly irritable or euphoric Swartz and Swanson, (2014). Notably, the dysphoric mood is often linked to depressive episodes. However, factor analytic research of symptoms in people with pure mania indicates that dysphoric mood such as anxiety, guilt, and depression can sometimes be notable during manic episodes (NHS 111 Wales, 2020). Mania clinical presentation is characterised by numerous features which can result in severe functioning impairment.

A person with mania may appear inappropriately dressed or dishevelled. The individual's speech may

be louder, faster or pressured and may talk incessantly. The flight of ideas can lead to speech incoherency and incomprehensible, especially in severe forms of mania. During the initial stages of mania, a person may experience raised creativity, productivity and activity Swartz and Swanson, (2014). Typically, this stage is rewarding, satisfying and enjoyable. Nevertheless, a person experiences concentration difficulties, restlessness and severe distractions as the episode progress. As such, tasks completion becomes impossible. A person often experiences insomnia and sleeping less without feeling tired Miziou et al., (2015). Eventually, the person experiences physical exhaustion with a lack of desire to rest and psychomotor restlessness.

## Signs and Symptoms

| Depressive Episode                                                                                                                                                                                                                                                                                                | Mixed Affective Episode                                                                                                                                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"><li>• Elevated pleasure, mood and energy</li><li>• Decreased confidence and concentration</li><li>• Increased or decreased psychomotor levels, appetite and appetite</li><li>• Thoughts of death or suicide, or suicide attempts</li><li>• Lasting at least two weeks</li></ul> | <ul style="list-style-type: none"><li>• Mixture or a rapid change of hypomanic, manic and depressive symptoms</li><li>• Lasting at least two weeks</li></ul> |



Notably, a person may have mania episodes more regularly than depression episodes or vice versa. A major depressive episode encompasses severe symptoms that interfere with daily activities. An episode includes depressed mood like feeling hopeless and sad, feeling no pleasure or a marked loss of interest, sleeping too much or insomnia, slowed behaviour or restlessness, loss of energy or fatigue, reduced ability to concentrate or think, attempting, planning or thinking about suicide (NHS 111 Wales, 2020). Notably, individuals with bipolar may have periods where they have a normal mood

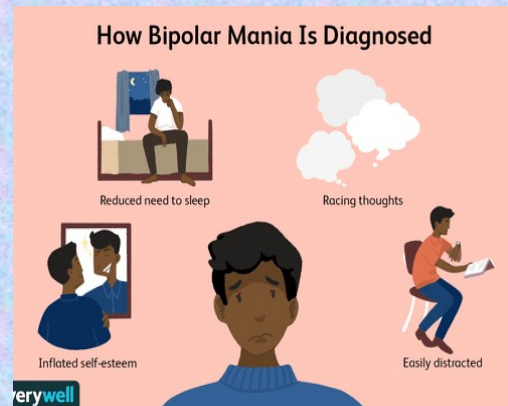
between mania and depression episodes. The patterns are different, and some individuals may experience rapid cycling or mixed state. Rapid cycling includes an individual with bipolar disorder experiencing mood swings from a high to a low phase quickly without having a normal period in between. On the other hand, mixed affective episodes occur when hypomania or mania and depression episodes occur concurrently to a patient level with an alteration in overall function (NHS 111 Wales, 2020). For instance, a depressed mood with overactivity. Individuals may be diagnosed with cyclothymia, a mild form of bipolar disorder if their mood swings last for long but are less severe to be categorised as bipolar disorder.

## Diagnosis

Diagnosis is based on:

- Self-reported experiences of a person
- Abnormalities in behaviour reported by family member, co-workers or friends
- Secondary signs observed by a clinician in a clinical assessment

The most widely used criteria for diagnosing bipolar disorder are from DSM-IV-TR and ICD-10.



Diagnosis is based on abnormalities in behaviour reported by co-workers, friends and family members and self-reported experiences. Subsequently, a clinician in a clinical assessment observes secondary signs. Typically, assessment is done on an outpatient basis. Nevertheless, admission to an inpatient facility may happen if there is a risk to oneself or others. Normally, a psychiatrist will assess a person at their appointment. The person will be asked questions to determine if they have bipolar disorder. A psychiatrist decides the most suitable treatment if the person is diagnosed with the

disorder (NHS, 2019c). Moreover, other tests may be carried out depending on the person's symptoms. The aim is to determine whether a person has a physical problem. An individual with bipolar disorder is required to visit their general practitioner regularly for a physical health check.

## Treatment and Therapy

There are several medicine that help stabilize mood swings. They are typically referred to as mood stabilisers and encompass:

- Lithium
- Antipsychotic medicines
- Anticonvulsant Medicines



Treatment for the disorder is intended to minimise the number of episodes and severity of mania and depression. The US food and drug administration (FDA) approved lithium as the first mood stabilising medication Geddes and Miklowitz, (2013). The drug is used to treat mania. The UK uses lithium as the chief treatment medicine. Typically, it is prescribed at least 6 months (NHS, 2019a). The dosage must be

correct for the medicine to be effective. A patient taking medicine needs a regular blood test at least after every 90 days to ensure their lithium is at the required levels (NHS, 2019a). Currently, teenagers with bipolar disorder in the UK can only be treated with lithium and the antipsychotic medicine aripiprazole. However, the Royal College of Paediatrics and Child Health indicate that doctors may recommend other bipolar medications for children (NHS, 2019a).

Additionally, anticonvulsant medicines encompass lamotrigine, carbamazepine and valproate. These drugs treat manic episodes and are also long-term mood stabilisers (NHS, 2019a). Valproate is prohibited for women who have reached the age of giving birth because of the associated risk of physical defects and developmental problems in babies. Besides, only an expert in bipolar disorder can

prescribe carbamazepine Geddes and Miklowitz, (2013). Initially, the dose will be LOW, followed by a gradual increment. The same case applies to lamotrigine.

Antipsychotic medicines include risperidone, quetiapine, olanzapine and aripiprazole. These medications are used to treat mania episodes and also as a long-standing mood stabiliser. Moreover, these drugs can be particularly useful if the behaviour is disturbed or symptoms are severe (NHS, 2019a). Notably, they are associated with side effects, including constipation and weight gain, a dry mouth and blurred vision Geddes and Miklowitz, (2013).

## Treatment and Therapy

### Psychological Treatment

Psychological treatment is helpful when used alongside medicine in between mania or depression episodes. This may encompass:

- Psychoeducation
- Cognitive behavioural therapy
- Family-focused therapy
- Interpersonal and social rhythm therapy
- Electroconvulsive Therapy



Psychoeducation allows individuals to discover more about bipolar disorder and its treatment. Besides, these individuals can recognise relapse signs and subsequently seek early treatment before a full-blown episode ensues.

Cognitive Behavioural Therapy (CBT) is a psycho-social intervention that intends to improve mental conditions. CBT is most suitable when treating

depression Swartz and Swanson, (2014). It helps people with bipolar disorder to change behaviour and negative or harmful thought pattern. It also helps to regulate emotions and develop personal coping strategies.

Family-focused therapy is a kind of talking therapy that centres on family relationships. It helps a family recognise new episodes and other family-coping strategies Jaya et al., (2013). It also encourages all family members to work together to improve mental health.

Interpersonal and social rhythm therapy helps people with the illness to manage their daily routines and improve their relationship with others (Jaya et al., 2013). Sleep schedule and daily routine may help prevent the occurrence of manic episodes.

Electroconvulsive therapy includes the electrical induction of seizures in the patient's brain

McCormick, et al, (2015). This affects the brain's activity and aims to relieve psychotic and severe depressive symptoms.

## Policies

The NICE guideline provide advise on the assessment and management of bipolar disorder in adult, children and young people in primary and secondary care. The outlined policies include:

- Promoting better mental wellbeing and preventing mental health challenges
- Ensuring equality
- Offering information and support to people with bipolar
- Offering support for carers of individuals with bipolar disorder
- A Well Designed, Fully Integrated Network of Care
- Holistic care throughout the care pathway



The government and healthcare professionals promote better mental wellbeing and prevent mental health challenges. In Wales, mental health strategies intend to treat and support people with mental disorders (Llywodraeth Cymru Welsh Government, 2020). They also seek to help people have and keep good mental health. It partly involves recognising when a person is at risk of developing a mental

health disorder and helping them to take action early. Moreover, solving challenges such as unemployment, drug abuse, and poverty help build resilience, protect and promote mental health.

Moreover, service providers must ensure equality. Many different people from different traditions and cultures live in Wales (Llywodraeth Cymru Welsh Government, (2020). Service providers must meet their legal duties to ensure the protection of an individual's human rights. Services must be based on individuals' needs to ensure that no person is disadvantaged. This can be realised through good staff training and strong leadership. Besides, patients, their carers and families should participate actively in planning and managing care (NICE, 2020). Service providers should ensure adequate information, help and support to ensure people have real choices. Families and carers of all ages also need support to

perform their role, including information, training, emotional and financial support.

A Well Designed, Fully Integrated Network of Care ensures that individuals with bipolar disorder experience a more integrated approach from service providers. Additionally, it improves patients' experience and ensures safety, protection and dignity. Healthcare professionals also manage risk positively, support and enable patients to realise their full potential through enablement and recovery approaches (NICE, 2020). Moreover, service providers should aim to look at all aspects of a patient's needs and treat the whole person. Mental health disorders should be detected as early as possible and help provided when needed. General practitioners are the first to recognise the signs of mental health problems and link a patient to other services when necessary. The Mental Health (Wales)

Measure 2010 helps develop more services in primary care settings (Llywodraeth Cymru Welsh Government, 2020).

## Legislations

- The Mental Health Act 1983 Code of Practice for Wales. Ensures patients' rights are promoted and protected.
- The Mental Health (Wales) Measure 2010: leaflet. It elucidates how mental health legislation will help individuals with mental health disorders.
- Mental Capacity Act: forms and guidance for local authorities on the deprivation of liberty safeguards.



The Mental Health Act 1983 Code of Practice for Wales is key to ensuring the promotion and protection of patients' rights. The code should ensure:

- Patients have access to an independent mental health advocate and are informed of their rights
- Patients are treated with equity and equality
- Patients and their families are treated with dignity

and respect while listening to, recording, valuing, and taking into account their views

- Patients are treated in a safe and supportive physical and cultural environment that is suitable for their specific needs
- Well-trained staffs to perform their roles
- Patients are involved and allowed to contribute fully to their care and treatment plan where practicable (Llywodraeth Cymru Welsh Government, 2020).

The Mental Health (Wales) Measure 2010 help individuals with mental health challenges in four different ways. First, the Local Primary Mental Health Support Services is meant to ensure that the general practitioner has adequate services to refer patients if they have mental health disorders (Llywodraeth Cymru Welsh Government, 2020). Some of these services include anxiety management and

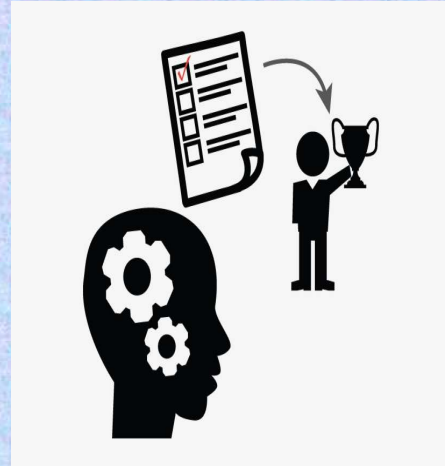
counselling. Patients are also informed about other services that may help them. Secondly, Care Coordination and Care and Treatment Planning include healthcare professionals who are supposed to attend to patients with mental health disorders that require more specialised care and support. There are supposed to write a care and treatment plan. The plan sets out the services the agencies such as local authority and NHS should provide and goals a patient is working towards (NICE, 2020). Thirdly, Assessment of people who have used specialist mental health services before to check whether they need any further help or treatment. Finally, Independent Mental Health Advocacy: A patient can ask for help from an Independent Mental Health Advocate (IMHA).

The Mental Capacity Act requires any hospital or care home to seek the authority to treat or care for a patient in cases where their liberty is deprived. The

Guidance for Supervisory Bodies and Guidance for Managing Authorities elucidates the required process to obtain authorisation (Llywodraeth Cymru Welsh Government, 2020). The act was enacted to provide a 'Once for Wales' solution to promote consistency and clarity for patients, families and practitioners.

## Recommendations

- Convincing an individual with bipolar disorder to see a healthcare professional
- People with bipolar should be supported during treatment in ways such as:
  - ✓ Finding qualified doctors and therapists
  - ✓ Monitoring their moods
  - ✓ Tracking treatment progress
- Showing patient. Managing bipolar disorder is a lifelong process.
- The medication choice should be made in collaboration with the individual with bipolar disorder.
- The medication regime should be reviewed regularly to ensure that drugs that are not needed after the acute episode are stopped.



Persons with bipolar disorder should be encouraged and supported to see a healthcare professional since they lack insights into their condition. When a person is manic, they tend to feel great and do not realise there is a problem. Subsequently, a depressed person may recognise that they have a problem but lack the energy to seek help. It is wise for a carer to be sensitive if a loved one fails to

recognise the possibility of bipolar disorder because they may be frightened Swartz and Swanson, (2014). Instead, the carer should suggest a doctor's visit for a specific symptom such as fatigue or insomnia or a routine medical check-up. The carer should privately call the healthcare professional to raise concerns about bipolar disorder.

Moreover, families and carers should support their patients during bipolar disorder treatment. The support can make a big difference in their treatment success. It can include finding qualified practitioners, setting up appointments and going along, monitoring the patient's moods, learning about their medications, tracking treatment progress and watching for signs of relapse. Further, medication is key for bipolar disorder treatment, and many persons need it to avoid relapse and regulate their moods Miziou et al., (2015). However, many people are reluctant to follow

the doctor's prescriptions and stop taking the medications. The reasons that make people stop taking medicines include feeling better, side effects and enjoying mania episodes. Carers and families should emphasise the importance of medications and ensure they follow prescriptions as recommended. Patients should also be encouraged to speak to their doctors about any inconvenient side effects.

The care and treatment plans for people with bipolar disorder should be developed with them whenever possible to improve their health outcomes, experience, and adherence to treatment and medication Miziou et al., (2015). Finally, medication review will ensure that patients are benefiting well from their medicine.

## Conclusion

- ✓ Bipolar Disorder is a severe mental disorder with detrimental impact on numerous domain of a person's life.
- ✓ The disease result from a combination of factors including genetic, Biological and environmental factors.
- ✓ People with the disorder can stabilize their moods with proper support, medication and treatment.
- ✓ Both pharmacological and psychosocial treatments should be delivered collaboratively to ensure optimal management of the disorder.



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