

# **Bipolar Mood Disorder Ability or disability?**



**SAE4D breakfast workshop**

**August 25, 2015**



# Commonalities?

- Franklin D Roosevelt
- Winston Churchill
- Abraham Lincoln
- Martin Luther King Jr.
- John F Kennedy
- Mohandis Gandhi
- Kjell Magne Bondevik



"**Creativity and resilience** is higher in people with mania and

**realism and empathy** is higher in people with depression compared to normal subjects.

The problem often with mentally healthy, average leaders is that.... they often don't have enough to meet the very high demands of crises.“

– *A First Rate Madness, Dr Nassir Ghaemi*



# Famous writers, poets

- Hans C Andersen
- Agatha Christie
- Honoré de Balzac
- Charles Dickens
- F. Scott Fitzgerald
- Oscar Wilde
- William Blake
- Lord Byron
- Graham Greene
- Ernest Hemingway
- Hermann Hesse
- Sylvia Plath
- Virginia Woolf
- T S Eliot
- John Keats
- Tennessee Williams



# Others

- Ludwig von Beethoven
- Mozart
- George Handel
- Robert Schumann
- Michelangelo
- Vincent van Goch
- Jimmy Hendrix
- Sting
- Buzz Aldrin
- Ted Turner
- Steven Fry
- John Clease
- Carrie Fisher
- Vivien Leigh
- Robin Williams
- Patty Duke



# What is BMD?

- Extreme changes in mood, energy & behaviour
- Fluctuates between deep depression and elation, irritability or anger
- Affects relationships, work, health, finances, self-esteem



# Analogy of car

- Mania – car without brakes
- Hypomania – speeding
- Mixed mood – stop/start driving
- Depression – Lights are out. Car is stuck.



# Different types of BMD

- **Bipolar 1** – one episode of mania (1/52)
- **Bipolar 2** – hypomania (4/7) & MDD
- **Cyclothymia** – Mood swings for 2 years, fluctuating between hypomania & minor depression





# Mania/Hypomania & Depression

- Little sleep
- Extremely optimistic
- High risk taking
- Excessive spending
- Racing thoughts
- High libido
- Excessive talkativeness
- Irritable, angry
- Rages
- Illusions of grandeur
- Sleep problems
- Sad and blue, crying spells
- Can't make decisions
- Unable to enjoy things
- Slowed down, or agitated
- Low energy, tired
- Pessimistic, indifferent
- Feels worthless, guilty
- Suicidal thoughts



# Mixed (dysphoric) mood

- Irritable, angry, agitated & depressed
- Common – 40% of BP patients
- Can be misdiagnosed as agitated depression or borderline personality disorder
- Increase in suicidal thoughts & behaviour
- Common with substance abuse & neurological disorders



## Rapid cycling

- 20% of people with BMD
- At least four episodes per annum
- Several mood changes per day possible
- Can be triggered by anti-depressant treatment
- More common in women and children



# Who gets BMD?

- Equal no of males and females
- Bipolar 1: 1% of population (more common in men)
- Bipolar 2 & other sub-types: 4 – 6.4%
- Bipolar 2 – more common in women
- Mean age of first symptoms – 18.7 years



# Triggers

- Lack of sleep (can trigger mania)
- Stress (e.g. deadlines; relationship problems; illness)
- Loss (death, divorce, loss of job)
- Change in seasons (autumn & spring)
- Medication (e.g. SSRIs to treat depression)



## Course of illness

- Pre-morbid cyclothymic temperament
- Early age, rapid, and postpartum onset
- Recurrences
- Mean age of first treatment – 22 years
- Mean age of first hospitalisation – 25.8 y
- Cycling increases with each episode



## Co-morbid conditions

- Substance abuse, alcoholism – 60% of patients (worse outcome and increased risk of suicide)
- Anxiety disorders – e.g. generalised anxiety disorder, OCD, panic disorder
- ADD / ADHD
- Borderline personality disorder



# Treatment for BMD

- Medication
- Psycho-education (doctor, therapist, internet, literature, support group)
- Psychotherapy
- Support groups
- Lifestyle management





# Medication

- Lithium
- Mood stabilisers / anti-convulsants
- Atypical anti-psychotics (e.g. Seroquel, Risperdal)
- Anti-depressants
- Side-effects with some drugs – e.g. weight gain, fatigue, cognitive blunting)



# Psychotherapy

- Cognitive therapy (to manage negative thoughts, poor self-esteem, denial)
- Mindfulness therapy
- Interpersonal, marital & family therapy



# Lifestyle management

- Regular hours for sleep & enough sleep
- Diet – balanced, portion control
- Staying off alcohol / other substances
- Supplements – folic acid & Omega 3
- Regular exercise
- Relaxation techniques – regular breaks



# Major challenges for patients

- Tolerating side-effects of meds
- Stopping addictions
- Managing blips and relapses
- Keeping to a routine – e.g. hours of sleep
- Doing exercise
- Strained relationships & isolation
- Employment and financial problems



## **Workplace accommodation – each case is different**

- Time off for medical consultations/therapy and collecting meds (if using public healthcare)
- Low-stress environment (noise, people)
- Normal working hours – avoid over-time and shift work conflicting with circadian rhythm
- Flexible working hours / home-based option
- Flexibility regarding duties when unstable
- Minimal work conflict – resolve issues quickly



# Workplace education

- Sensitising other employees to facts and stats re mental illness (e.g. 1 in 4 will suffer from depression, etc.)
- In other words, ‘normalising’ and de-stigmatising mental illness
- Being sensitive to employees’ rights to privacy and also non-disclosure prior to episodes.



## Some examples

- Head of department downsized duties
- Cameraman only works day shifts
- New recruit phased slowly into job
- Senior manager with severe depression took a few months leave on disability pay
- Home based offices
- Entrepreneurship – common choice for people with bipolar



# Conclusions

- Earlier diagnosis and treatment leads to better outcomes
- Activities needed for staying well should be encouraged and permitted
- A positive, flexible, low-stress and stimulating workplace will maximise bipolar potential
- ‘Disability’ or ability?
- Ongoing research is continuously leading to new insights & better outcomes





# For further Information

- SADAG – 0800 70 80 90  
Email: [info@anxiety.org.za](mailto:info@anxiety.org.za)
- Joburg Bipolar Support Group –  
011 485 2406  
Email: [ltrump@telkomsa.net](mailto:ltrump@telkomsa.net)