

BIPOLAR DISORDER

Mood fluctuations are part of being human, and we all have our 'up' days and 'down' days. Some people tend to have greater mood fluctuations than others, but this doesn't mean that they have a bipolar disorder. Bipolar disorder (previously known as manic-depressive disorder) is only diagnosed when a person has experienced at least one episode of distinct mania. This is often preceded or followed by an episode of major depression. It is important to note that a large number of illicit drugs, as well as some prescription medications and some medical conditions can be associated with manic-like symptoms.

A **manic episode** is characterised by the experience of an abnormally elevated, expansive or irritable mood, accompanied by abnormally increased energy, and these symptoms last at least for several days. Such an episode represents a distinct change in functioning for the person. During a manic episode, a person may have inflated self-esteem, a decreased need for sleep, talk excessively or feel that his or her thoughts are racing, and become highly active or agitated. People experiencing a manic episode may also become excessively involved in higher-risk activities, such as the unrestrained spending or harmful sexual encounters.

A **major depressive episode** is characterised by the experience of an extremely low, sad mood, which persists for at least two weeks, during which time the person finds it difficult to experience any pleasure. This may be accompanied by changes in appetite and sleep patterns, feelings of fatigue or agitation, feelings of worthlessness or excessive guilt, difficulties with concentration, or recurrent thoughts of death.

Sometimes, people with bipolar disorder experience **mixed episodes**, where they experience both depressive and manic symptoms nearly every day for a period of time, often with rapidly alternating moods.

Cyclothymic disorder is when a person experiences symptoms of mild mania and depression that do not meet the full criteria for manic or depressive episodes. As such, a cyclothymic disorder may be seen as a milder form of a bipolar disorder.

Treatment

Medication: This is standard treatment for a bipolar disorder and usually involves the use of a mood-stabilising drug, sometimes in combination with an anti-depressant. Some people experience very few side-effects with their medication, but others may have uncomfortable or distressing side-effects, especially initially. It is therefore very important for the person to work closely with their doctor to adjust dosages. There are a number of effective drugs available, and some people respond better to one drug than to another. It is essential that a person does not stop her/his medication abruptly without consulting a doctor, as this could lead to a return of a manic or depressive episode. Also, substance abuse may cause bipolar medication to be ineffective or may increase the side-effects. And substance abuse has been shown to impact negatively on the course and outcome of a bipolar disorder.

Psychotherapy: Many people with a bipolar disorder find that, in addition to medication, psychotherapy is extremely helpful in assisting them to manage their symptoms. Therapy can help people cope with everyday stressors, and can assist them in regulating their own thoughts, moods and activities, thereby reducing feelings of depression.

If you are a Rhodes student and think you may have a bipolar disorder, you are welcome to book an appointment to see a psychologist at the **Rhodes Student Counselling Centre**. The psychologist will assess you, discuss options for medical treatment and therapy with you, and can even refer you to an appropriate doctor if necessary.

Sources

American Psychiatric Association (2013) *Diagnostic and Statistical Manual of Mental Disorders* (5th edition). Arlington, Virginia: American Psychiatric Association.

Centre for Clinical Interventions (2015) *Keeping Your Balance: Coping with Bipolar Disorder*.