



## Bipolar Disorder

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- **Healthy persons experience a wide range of moods and have a large repertoire of emotional expressions, feel in control**
- **Mood disorders are a group of clinical conditions which are characterized a by *sense of loss of control* over one's mood and *subjective sense of distress*, impaired interpersonal, social and occupational functioning**



## DEFINITION



Mood disorders are characterized by a disturbance of mood, accompanied by a full or partial manic or depressive syndrome, which is not due to any other physical or mental disorder.



## CLASSIFICATION

- ❖ **F30** - Manic Episode
- ❖ **F31** - Bipolar Affective Disorder
- ❖ **F32** - Depressive Episode
- ❖ **F33** - Recurrent Depressive Disorder
- ❖ **F34** - Persistent Mood Disorder  
(cyclothymia and dysthymia)
- ❖ **F30** – other mood disorders
- ❖ **F30** – unspecified mood disorder







# DEFINITION



**Depression is a period of intense sad mood and other physical symptoms that exists nearly everyday for at least two weeks, and those symptoms include sleep disturbances, disturbances in appetite and weight, energy, concentration and physical activity and may entertain thoughts of death or suicide.**



## CLASSIFICATION

- + **F32** - Depressive episode
- + **F32.0** - Mild depressive episode
- + **F32.1** - Moderate depressive episode
- + **F32.2** - Severe depressive episode without psychotic symptoms
- + **F32.3** - severe depressive episode with psychotic symptoms
- + **F32.8** - Other depressive episodes – Atypical depression
- + **F32.9** - depressive episode, unspecified
- + **F33** - Recurrent depressive disorder



# EPIDEMIOLOGY



## ▮ *INCIDENCE*

*is in the range of 10%-15%.*

*about 10% in men, 20% in women*





# ETIOLOGY

## BIOLOGIC THEORIES

- **Neurochemical**  
(decreased nor epinephrine and serotonin and dysregulation of acetyl choline and GABA).
- **Genetic**
- **Endocrine – HPA axis**
- **Circadian rhythm**
- **Changes in brain anatomy**



### PSYCHOSOCIAL THEORIES

- Psychoanalytic theory – loss of loved object
- Behavioral theory – experience of uncontrollable events
- Cognitive theory – negative expectations

SOCIOLOGICAL THEORY - Stressful life events



**CLINICAL**

**FEATURES**



# CLINICAL FEATURES



## 1. Depressed Mood:

- Pervasive and persistent sadness
- Quantitatively and qualitatively different from sadness encountered in normal depression or grief
- Varies little from day to day and is often unresponsive to environmental stimuli



## 2. Anhedonia:

- ▣ Loss of interest or pleasure in almost all activities/ earlier pleasurable activities
- ▣ Results in social withdrawal
- ▣ Decreased ability to function in occupational and interpersonal areas





### 3. Anergia:

- ▢ Easy fatigability
- ▢ Increased effort to perform simple tasks



#### **4. Depressive ideation:**

- ▮ **Hopelessness**
- ▮ **Helplessness**
- ▮ **Worthlessness**
- ▮ **Feelings of guilt**
- ▮ **Death wishes**
- ▮ **Suicidal ideas**



### **5. Psychomotor Activity:**

- ▣ Younger patients (less than 40): slowed thinking and activity, decreased energy, monotonous voice
- ▣ Older patients: agitation, marked anxiety, restlessness
- ▣ Severe depression: stupor



## **6. Biological functions/ somatic syndrome:**

- ❑ Insomnia
- ❑ Loss of appetite and weight
- ❑ Loss of sexual drive
- ❑ Early morning awakening (atleast 2 hrs)
- ❑ Diurnal variation



## **7. Psychotic Symptoms:**

- ▣ Delusions of guilt, nihilism, poverty
- ▣ Hallucinations





## OTHER SYMPTOMS

- ▮ **Difficulty in concentration**
- ▮ **Forgetfulness**
- ▮ **Low self-esteem**
- ▮ **Decreased self-confidence**



## DEPRESSED MOOD





# ANXIETY



## SUICIDAL TENDENCIES



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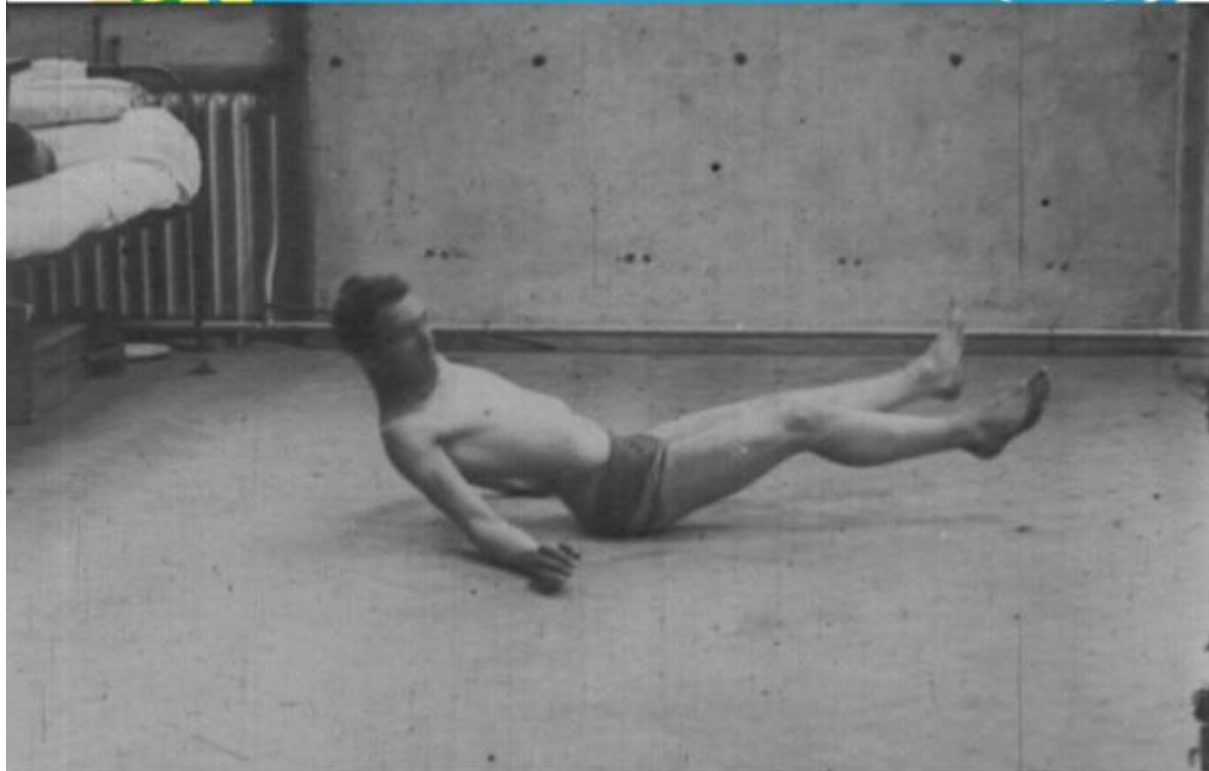


## FEELING OF GUILT





## SOMATIC SYMPTOMS





## PSYCHOMOTOR RETARDATION





## AGITATION





## PANIC ATTACKS







## DEPERSONALIZATION





## DIAGNOSIS

- ❖ **Psychological tests**
- ❖ **Dexamethasone suppression test**
- ❖ **Toxicology screening test**
- ❖ **ICD 10 criteria**



# MEDICAL MANAGEMENT



# PHARMACOTHERAPY





# 1. TRICYCLIC ANTIDEPRESSANTS

- Imipramine
- Desipramine
- Clomipramine
- Amitryptline
- Doxepine
- Dothiepin



## 2. SECOND GENERATION HETEROCYCLIC ANTIDEPRESSANTS

- ◆ Trazadone
- ◆ Maprotiline
- ◆ Mianserin
- ◆ Bupropion
- ◆ Amoxapine





## MAO INHIBITORS

- ❑ **Phenetzine**
- ❑ **Isocarboxazid**
- ❑ **Moclobemide**



## SELECTIVE SEROTONIN REUPTAKE INHIBITORS

- **Fluoxetine**
- **Fluvoxamine**
- **Paroxetine**
- **Sertaline**



## OTHER DRUGS

- Ⓢ Lithium
- Ⓢ Anticonvulsants
- Ⓢ Carbamazepine
- Ⓢ Valproic acid
- Ⓢ Divalproex sodium



# PSYCHOSOCIAL THERAPIES



## SUPPORTIVE PSYCHOTHERAPY





## PSYCHODYNAMIC PSYCHOTHERAPY







## BEHAVIOR THERAPY





## MARITAL AND FAMILY THERAPY





## COGNITIVE BEHAVIOUR THERAPY





## PHYSICAL THERAPIES



- ✦ **Electro Convulsive Therapy**
- ✦ **Light Therapy**
- ✦ **Repetitive Transcranial Magnetic Stimulation**







## NURSING PROBLEMS

- High risk of self- directed violence
- Dysfunctional grieving
- Powerlessness
- Self- esteem disturbance
- Impaired communication process
- Impaired sleep and rest
- Impaired nutrition
- Self care deficit







## DEFINITION

**Mania refers to a syndrome in which the central features are over- activity, mood change and self important ideas.**

**Life time risk is about 0.8 to 1 %.**



## ETIOLOGY

- ✦ **Neurotransmitters and structural hypothesis**  
excessive levels of norepinephrine and dopamine, decreased serotonin
- ✦ **Genetic considerations**
- ✦ **Psychodynamic theories – faulty family dynamics**



## CLINICAL FEATURES

- ▢ **Core features**
  - ▢ Elevated/ irritable mood
  - ▢ Increased speech
  - ▢ Decreased need for sleep
  - ▢ Increased psychomotor activity
  
- ▢ **Psychotic features**
  - ▢ Delusions
  - ▢ Hallucinations
  
- ▢ **Others**



## 1. Elevated/ irritable mood:

- ❖ **Euphoria/ Grade 1:** mild elevation of mood, increased sense of psychological well being and happiness, not in keeping with ongoing events
- ❖ **Elation/ Grade 2:** moderate elevation of mood, feeling of confidence and enjoyment, along with increased psychomotor activity
- ❖ **Exaltation/ Grade 3:** severe elevation of mood, intense elation with delusions of grandiosity
- ❖ **Ecstasy/ Grade 4:** very severe elevation of mood, intense sense of rapture or blissfulness



## **2. Increased speech**

- ☐ Volubility
- ☐ Acceleration
- ☐ Pressured speech- difficult to interrupt
- ☐ Flight of ideas- shift from topic to topic with cues
- ☐ Prolixity- ordered flight of ideas

## **3. Increased psychomotor activity**

- ☐ Over activity/ restlessness
- ☐ Excitement
- ☐ Stupor





#### 4. PSYCHOTIC SYMPTOMS

- ▮ ***Delusions:*** grandiose, love, persecutory
- ▮ ***Hallucinations***



## 5. OTHER SYMPTOMS

- ✓ Over religiosity
- ✓ Over spending/ expansive ideas
- ✓ Over familiarity/ disinhibition
- ✓ Appearance
- ✓ Appetite may be increased, but decreased food intake due to over-activity
- ✓ Decreased need for sleep



## TYPES

### F30.0 Hypomania- lesser degree of mania

- Persistent mild elevation of mood- euphoria
- Marked feelings of well being and efficiency
- Increased energy and activity
- Decreased need for sleep
- Increased sociability and talkativeness
- Not leading to severe disruption of work or social rejection
- Present for several days on end (4 days)



## F 30.1 Mania without psychotic symptoms

- Last for at least 1wk
- Severe enough to disrupt ordinary work and social activities
- Elated mood
- Increased energy with over activity
- Pressured speech
- Decreased need for sleep
- Marked distractibility
- Disinhibited, overspending
- Expansive ideas



## F 30.2 Mania with psychotic symptoms

- ~ More severe form
- ~ Delusions- grandiose and/or persecutory
- ~ Perceptual abnormalities
- ~ Severe and sustained physical activity, excitement
- ~ Flight of ideas, incoherence
- ~ Impaired personal care



- ❖ F 30.8 – Other manic episodes
- ❖ F 30.9 – manic episode unspecified





## DIAGNOSIS

- Psychological tests
- ICD 10 diagnostic criteria
- Clinical observation



# MANAGEMENT

## 1. Pharmacotherapy

- ↪ Lithium
- ↪ Carbamazepine
- ↪ Sodium Valproate
- ↪ Clonazepam
- ↪ Calcium channel blockers

## 2. Electro convulsive therapy

## 3. Psychosocial treatment



## NURSING PROBLEMS

- High risk for injury
- High risk for violence
- Impaired social interaction
- Impaired nutrition
- Self – esteem disturbance
- Impaired family process
- Ineffective coping skills



**BIPOLAR AFFECTIVE  
DISORDER**



## DEFINITION

Bipolar affective disorder is a mood disorder characterized by mood swings from mania (exaggerated feeling of well-being, stimulation, and grandiosity in which a person can lose touch with reality) to depression (overwhelming feelings of sadness, anxiety, and low self-worth, which can include suicidal thoughts and suicide attempts).



disorder characterized by  
recurrent episodes of mania and depression in the  
same patient in different times.





## RISK FACTORS

- ✚ Gender
- ✚ Age
- ✚ Race
- ✚ Marital status
- ✚ Religion
- ✚ Family history
- ✚ Life events



## SUBTYPES

- Bipolar I
- Bipolar II



# MANAGEMENT



## **I. SOMATIC TREATMENT**



## A. ANTIDEPRESSANTS

- Tricyclic antidepressants  
imipramine, amitryptline
- SSRI  
fluoxetine, sertaline



▮ 900 – 1500 mg





## D. ANTIPSYCHOTICS



- ▣ Risperidone
- ▣ Olanzapine
- ▣ Haloperidol
- ▣ chlorpromazine



## E. OTHER DRUGS

- ▣ Sodium valproate
- ▣ Carbamazepine and oxcarbazepine
- ▣ Benzodiazepine



## F. OTHERS



- **Stereotactic Subcaudate Tractotomy**

*It involves the destruction of bifrontal pathways located beneath and in front of the head of the caudate nucleus.*

- **Stereotactic Limbic Leucotomy**

*The surgical operation of cutting some of the nerve fibres in the frontal lobes of the brain for treating intractable mental disorders*



## II. PSYCHOSOCIAL TREATMENT

- ✦ Cognitive Behaviour Therapy
- ✦ Inter Personal Therapy
- ✦ Psychoanalytic Psychotherapy
- ✦ Behaviour Therapy
- ✦ Group Therapy
- ✦ Family and Marital Therapy



## RECURRENT DEPRESSIVE DISORDER

- **Recurrent (at least 2 depressive episodes) of unipolar depression**
- **First episode occurs later than in bipolar, usually in the 5<sup>th</sup> decade**
- **Episodes last between 3 to 12 months**
- **Recovery is usually complete**
- **Often precipitated by stressful life events**
- **Can be mild, moderate, severe without psychotic symptoms**
- **Severe with psychotic symptoms**



## PERSISTENT MOOD DISORDERS

- ✧ Persistent mood symptoms lasting for more than 2 years
- ✧ Not severe enough to be labeled as even hypomanic or mild depressive
- ✧ Persistent mild depression: *dysthymia*
- ✧ Persistent instability of mood between depression and mania: *cyclotymia*





## REHABILITATION

- ❑ Day care centres
- ❑ Sheltered workshops
- ❑ Continuous care clinics
  - basic house keeping course
- ❑ Money management
- ❑ Transportation
- ❑ Decision making
- ❑ Appropriate leisure time activities

