Bipolar Disorder Awareness

Factsheet

acute TRAINING SOLUTIONS LTD

A brief history

- Hippocrates (5th century BC) is credited with being the first person to believe that diseases were caused naturally, not because of superstition and gods
- In middle ages imprisonment was common as were other forms of punishment
- Moral management – William Tuke 1796
- The asylum era of the Edwardians and Victorians
- Medicalisation of symptoms
- The elusive magic bullet!

Bipolar disorder

- First described as 'melancholia' and 'mania' by Hippocrates in circa 360 B.C.
- By c17th melancholia without cause described
- In c19th described as 'la folie à double forme'
- By 1980 term bipolar disorder commonly used - via manic depressive insanity

Bipolar affective disorder

- Classified as a mood disorder
- Also known as manic depression
- Psychotic symptoms may be present
- Psychosis / neurosis – just a label!
- Labels may or may not be useful

A spectrum of disorders

Euthymia	Cyclothymia
Bi-Polar II	Bi-Polar I
Bi-Polar (Not otherwise specified)	Rapid Cycling

Bipolar II disorder

Individuals do not meet the criteria for full mania and are described as hypomanic. At least one episode of severe depression required.

Hypomania is distinguished from mania by the absence of psychotic symptoms and less impaired functioning.

Bipolar disorder is a chronic psychiatric illness characterised by alternating episodes of mania (or hypomania) and depression.

(NICE 2006)

Two principal types

- Bipolar I
- Bipolar II

Acute Training Solutions Ltd // Enterprise House // 127-129 Bute Street // Cardiff Bay // Cardiff // CF10 5LE //
Tel: 02920 494969 // Fax: 02920 485999 // www.acutetrainingsolutions.co.uk // enquiries@acutetrainingsolutions.co.uk

Bipolar Disorder Awareness

Factsheet

acute TRAINING SOLUTIONS LTD

Bipolar I disorder

The essential feature is a clinical course characterised by the occurrence of

- Manic or mixed episodes longer than 1 week
- Where the manic episodes are severe and cause marked impairment in functioning
- Depression not required but usual

How common is it

- Lifetime prevalence of approx. 1% of the population (risk 1:100)
- Sex ratio almost equal
- Average onset between ages 16 and 26
- Onset usually earlier in men than women
- Constant risk of recurrence up to age of 70
- Risk about twice that of unipolar depression

How does it manifest itself?

- Duration and severity of episodes vary widely
- Untreated mania lasts 3-6 months and depression 6-12 months
- Periods of relative emotional and social stability interspersed with episodes of severe low mood or extreme excitement and over-activity
- Pattern of illness variable – often idiosyncratic
- Unless 'rapid cycling' (10-20%) social withdrawal and debilitation not as severe as Schizophrenia
- Severity of symptoms and rapid cycling associated with cognitive impairment and social disability
- N.B. Ultradian cycling

Vulnerability

- How we respond to those stressors will affect our mental well-being
- Remember – stress is what happens – not how we react to what happens
- Our reactions to stress are what Psychiatrists call symptoms
- Areas of vulnerability include genetics, psychology, environment, socio-cultural and developmental

The 5 stressors

- Biological
- Social
- Cultural
- Psychological
- Developmental

Mania – the high

- Characterised by expansiveness, grandiosity, overconfidence, increased sexual preoccupations, inappropriate spending, irritability, less inhibition, over activity, elevated mood, flight of ideas, pressure of speech, impaired judgement, poor sleep, increased creativity / sociability, risk taking behaviours
- Changes in emotion, thoughts, body and behaviour

Depression - the low

- Depressed mood most of the day
- Marked diminished interest or pleasure in all or most activities
- Significant weight changes
- Sleep disturbance
- Psychomotor retardation
- Fatigue/loss of energy
- Feelings of worthlessness, guilt
- Diminished concentration, poor memory
- Recurrent thoughts of death, suicidal ideation

Acute Training Solutions Ltd // Enterprise House // 127-129 Bute Street // Cardiff Bay // Cardiff // CF10 5LE //
Tel: 02920 494969 // Fax: 02920 485999 // www.acutetrainingsolutions.co.uk // enquiries@acutetrainingsolutions.co.uk