



BIPOLAR DISORDER

This article was written for the NC Lawyers Assistance Program in January 2009.
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Colloquially known as manic-depression, effective treatment is available. What is bipolar disorder and how do you know if your client has it and needs help?

Bipolar disorder used to be called **manic-depression** because it includes major depressive and manic episodes. To be diagnosed with bipolar disorder, there must be a change from previous functioning, and the behavior cannot be due to a medical condition or substance induced. Some people may also remain **undiagnosed** for many years. Therefore, their behavior might not appear to be much of a 'change' from previous functioning. However, it is clear that it is in excess of 'normal' behavior and interferes with the person's functioning.

Bipolar disorder can complicate any legal case. Your client may have difficulty participating in the legal process and require therapy. The event precipitating legal action may be a result of a manic episode. Bipolar disorder is often co-morbid with alcohol and drug abuse or dependence. If you are able to recognize the symptoms of bipolar disorder, you can obtain an expert to help argue a stronger case for your client.

Major Depressive Episodes include **five** or more of the following symptoms within the same **two week** period. At least one of the symptoms is either (1) depressed mood or (2) loss of interest or pleasure.

1. Depressed mood most of the day, nearly every day, as indicated either by self-report of feeling sad or empty, or observation by others such as appearing tearful. In children, it can be irritable mood.
2. Markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day.
3. Significant weight loss when not dieting or weight gain, or decrease or increase in appetite nearly every day. In children, failure to make expected weight gains should be considered.
4. Insomnia or hypersomnia nearly every day.
5. Psychomotor agitation or retardation nearly every day.
6. Fatigue or loss of energy nearly every day.
7. Feelings of worthlessness or excessive or inappropriate guilt (may be delusional) nearly everyday, not merely self-reproach or guilt about being sick.

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8. Diminished ability to think or concentrate, or indecisiveness, nearly every day.
9. Recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan, a suicide attempt, or a specific plan for committing suicide.

Manic Episodes include a distinct period of abnormally and persistently elevated, expansive, or irritable mood, lasting **at least one week** (or any duration if hospitalization is necessary). **Three** or more of the following symptoms have persisted (four if the mood is only irritable) and have been present to a significant degree. A **hypomanic** episode must last **at least four days**. These episodes are not only **shorter** in duration but also **less frequent and intense**. Therefore, hypomania may not appear to interfere with someone's functioning to the same degree as mania.

1. Inflated self-esteem or grandiosity.
1. Decreased need for sleep (e.g. feels rested after only three hours of sleep).
2. More talkative than usual or pressure to keep talking.
3. Flight of ideas or subjective experience that thoughts are racing.
4. Distractibility.
5. Increase in goal-directed behavior (either socially, at work or school, or sexually) or psychomotor agitation.
6. **Excessive involvement in pleasurable activities that have a high potential for painful consequences such as unrestrained shopping sprees, sexual indiscretions, or foolish business investments.** This is often how you will find yourself involved with a client with bipolar disorder.

There are two types of bipolar disorder, **Bipolar I and Bipolar II**. People with Bipolar II may only have hypomanic episodes, but a major depressive episode must occur. An individual can have bipolar I without depression but must have a full blown manic episode. **Bipolar disorder is often comorbid with other disorders such as alcohol or drug abuse or dependence, anxiety disorders, eating disorders, and personality disorders.**

Bipolar disorder is the result of **genetic and biological vulnerability** that leads to mood disorder symptoms and dysregulation. This, combined with **life and family stressors**, triggers episodes.

How Does Bipolar Disorder Affect Functioning?

Symptoms of depression may affect someone's work performance and relationships. When people find it difficult to get out of bed and they lack energy and motivation, they tend to be easily distracted, disorganized, and have a hard time attending to their job. They might feel irritable, be a 'downer' to be around, or withdraw from others. People also spend more time going to doctor's appointments because of physical symptoms, which takes them away from time at work and with family and friends.

Individuals who are manic often find themselves at odds with others, both socially and at work. People are often argumentative and may get into fights. They are not focused at work and may jump from task to task. They may put themselves in situations where people no longer want to be associated with them, such as criminal activity. They fail to fulfill obligations, whether it's showing up for work or picking their child up from school.

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Sometimes severe depressive and manic episodes can lead to hallucinations (hearing voices, feeling things crawling on you, seeing things) and delusions (thoughts that you are receiving messages from God, people are out to get you). This can lead someone to be psychiatrically hospitalized, or at the very least, in the emergency room.

In other words, if bipolar disorder goes untreated it can interfere with someone's functioning. However, with appropriate treatment, most people with bipolar disorder can return to a normal level of functioning. The key is consistently taking medication, attending individual and family therapy, and education about the disease process.

If you think your client suffers from bipolar disorder, now is the time to seek a consultation for your client. Contact drkatrina@kkjpsych.com.

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