

# **POWER IN KNOWLEDGE:**

## **UNDERSTANDING THE IMPACT**

### **DEPRESSIVE AND BIPOLAR DISORDERS**

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# DEPRESSIVE DISORDER

- Also called Major Depression and Clinical Depression, is a medical illness that causes a chronic feeling of sadness, loss of interest in daily activities and other associated symptoms:
  - Weight loss/gain or increased/decreased appetite
  - Decreased or increased sleep
  - Feeling restless or slowed down noticeable by others
  - Fatigue or loss of energy
  - Feelings of worthlessness or excessive guilt
  - Decreased concentration or unable to make a decision
  - Recurrent thoughts of death or suicide or that life is not worth living
- Depression can cause physical symptoms.

# DEPRESSIVE EPISODE

- At least two weeks of symptoms
- Low mood
- Anhedonia
- Sleep problems
- Weight/appetite changes
- Psychomotor agitation/retardation
- Fatigue/decreased energy
- Decreased concentration
- Feeling worthless/guilty
- Suicidal thoughts

# DEPRESSIVE EPISODE

- The symptoms are present most days than not for at least a two-week period and are severe enough to affect your normal routine and daily activities.
- Not just “the blues” it is NOT a weakness and you cannot simply "snap out" of it.
- Depression is a chronic illness that usually requires long-term treatment, like diabetes or high blood pressure.
- The good news is that most people with depression feel better with medication and/or various counseling approaches.

# POTENTIAL CAUSES

- Exact causes are unclear and at times it had no identifiable causes.
- May involve many factors
  - biological differences
  - inherited traits
  - stressful life events
- Depression may happen only once in a person's life or occur repeatedly with depression-free periods in between, or it may be an ongoing condition.
- Some cases appear postpartum.

# WHO TENDS TO BE MORE DEPRESSED?

- persons 45-64 years of age
- women
- blacks, Hispanics, non-Hispanic persons of other races or multiple races
- persons with less than a high school education
- those previously married
- individuals unable to work or unemployed
- persons without health insurance coverage

CDC. Current Depression Among  
Adult-USA 2006-2008  
(MMWR 2010;59(38);1229-1235)

# BIPOLAR DISORDER

- Condition involving extreme mood swings, variations in energy level and ability to function.
- Mood swings
  - Mania: characterized by great excitement, inflated self-esteem, and sometimes uncontrolled, violent behavior.
  - Depression: characterized by persistent and long-term sadness or despair.

# BIPOLAR DISORDER

- Mood can be elevated, silly or irritable
- Decreased need for sleep
- More talkative than usual
- Experience that thoughts are racing
- Distractibility
- Excessive involvement in pleasurable activities with high potential for painful consequences

# SIGNS AND SYMPTOMS MANIC EPISODE

- Present for at least one week
- Hospitalization
- Psychosis
- Euphoria
- Irritability
- “High”
- “Nothing is wrong”
- Grandiosity
- Less need for sleep
- Talkative
- Racing thoughts
- Distractible
- Goal oriented activities/Agitation
- Excessive involvement activities

# HYPOMANIC EPISODE

- At least four days of symptoms
- High, euphoric
- Irritable mood
- Able to function in spite of this change in mood, no hospitalization, no psychosis
- Grandiosity
- Less need for sleep
- Talkative
- Racing thoughts
- Distractible
- Goal oriented activities/Agitation
- Excessive involvement activities

# DEPRESSIVE EPISODE

- At least two weeks of symptoms
- Low mood
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- Fatigue/decreased energy
- Decreased concentration
- Feeling worthless/guilty
- Suicidal thoughts

# MIXED EPISODE

- Present for at least one week
- Altered function (hospitalization)
- Alternating moods meeting criteria for Manic and Depressive Episodes
- Agitation,
- Insomnia
- Appetite changes
- Psychosis
- Suicidal thoughts

# COURSE OF THE DISORDER

- Recurring illness although in a small percentage it is unremitting.
- Between episodes: free of symptoms, but as many as one-third of people have some residual symptoms.
- Without treatment tends to worsen.

# BIPOLAR DISORDER

- About 5.7 million American adults or about 2.6 percent of the population age 18 and older in any given year, have bipolar disorder
- The average age at which the disorder first appears is between adolescence and the mid-twenties
- It can also occur during childhood and late adulthood

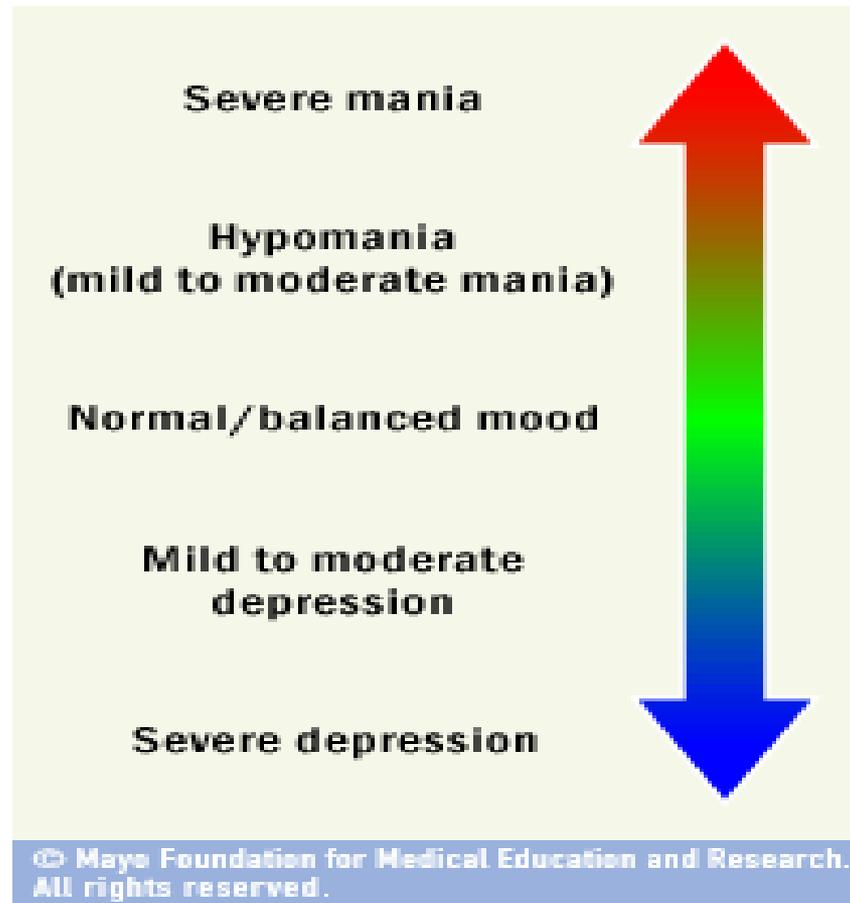
# POTENTIAL CAUSES

- Heredity is an important factor
- Abnormal levels of certain chemicals in the body
- Drug abuse may be associated with bipolar disorder
- Can be associated with the seasons
- Some cases appear postpartum

# DIAGNOSING DEPRESSIVE AND BIPOLAR DISORDERS

- Psychiatric evaluation.
- Information from various sources including the patient, family members and medical providers.
- Diagnostic and Statistical Manual (DSM).
- Rule out other psychiatric and/or medical problems.
- Signs and symptoms of the illness.

# RANGE OF MOODS



# VALUE OF EARLY INTERVENTION

- Early diagnosis and proper treatment can help avoid:
  - Suicide
  - Substance and alcohol abuse
  - Legal problems
  - Financial problems
  - Relationship problems
  - Isolation
  - Poor work or school performance

# SUICIDE

- **Anyone who is thinking about committing suicide needs immediate attention.**
- **Preferably from a mental health professional or a physician.**
- **Anyone who talks about suicide should be taken seriously.**

# IF YOU OR SOMEONE YOU KNOW IS FEELING SUICIDAL

- **Call a doctor, emergency room, or 911 right away to get immediate help.**
- **Make sure you, or the suicidal person, are not left alone.**

# DEPRESSION AND BIPOLAR DISORDER IN CHILDREN AND ADOLESCENTS

- These disorders pose a challenge in terms of accurate diagnosing.
- More likely to affect the children of parents who have a history of these illnesses.
- Some of the mood symptoms present more in the form of irritability, fast mood swings, and excessive/destructive behavioral acting out.
- Need to consider substance related disorders.

# TREATMENT

- Psychosocial
- Family support
- Education
- Medication
- ECT

# PSYCHOTHERAPY

## Cognitive Behavioral Therapy

- Educating the consumer, changing negative thoughts and beliefs, problem solving and setting goals

## Family Focused Therapy

- Educating family members, improving family communication

## Interpersonal Therapy

- Improving relationships, addressing self-care needs, ongoing support

# FAMILY SUPPORT

- Encourage and/or take your family member to seek treatment and maintain treatment.
- Enlist the help of your family physician including referral request.
- Hospitalization might be needed.
- Like any serious illnesses, it is hard on spouses, family members, friends, and employers.

# EDUCATION

- Literature
- Depression and Bipolar Support Alliance (DBSA)
- National Alliance on Mental Illness (NAMI)
- Support Groups

# TYPES OF MEDICATION

- Antidepressants
  - Serotonin and Norepineprine reuptake inhibitors (SNRIs), Tricyclics (TCAs) and others
- Mood stabilizers
  - Lithium, valproate, carbamazepine, lamotrigine, topiramate and others
- Antipsychotic medications
  - Atypical antipsychotics: aripiprazole, clozapine, olanzapine, risperidone, quetiapine and others

# ELECTROCONVULSIVE THERAPY

- Recommended in situations in which there is a history of many unsuccessful medication trials.
- If a person is severely ill and cannot wait for medications to work, i.e. the person is not eating or drinking.
- Important option if someone is chronically or persistently suicidal.

# WHEN IS HOSPITALIZATION THE RECOMMENDED TREATMENT

- When personal safety is in question due to suicidal, homicidal or aggressive impulses or actions.
- When due to severe distress or dysfunction there is a need for around the clock care and support.
- When there is ongoing substance abuse causing medical complications.
- When there is a diagnosed unstable medical conditions.

# FAMILY GUIDELINES

**GO SLOW** Recovery takes time. Rest is important. Things will get better in their own time.

**KEEP IT COOL** Enthusiasm is normal. Tone it down. Disagreement is normal. Tone it down too.

**GIVE 'EM SPACE** Time out is important for everyone. It's okay to offer. It's okay to refuse.

**SET LIMITS** Everyone needs to know what the rules are. A few good rules keep things clear.

**IGNORE WHAT YOU CAN'T CHANGE** Let some things slide but never ignore violence.

**KEEP IT SIMPLE** Say what you have to say clearly, calmly, and positively.

From W.R. McFarlane (2002) Multi-Family Groups in the Treatment of Severe Psychiatric Disorders, Guilford

Press  
Theresa Miskimen, MD

# PATIENT GUIDELINES

**FOLLOW DOCTOR'S ORDERS** Take medications as they are prescribed. Take only medications that are prescribed.

**CARRY ON BUSINESS AS USUAL** Reestablish family routines as quickly as possible. Stay in touch with family and friends.

**NO STREET DRUGS OR ALCOHOL** They make symptoms worse.

**PICK UP ON EARLY SIGNS** Not changes. Consult with your doctor.

**SOLVE PROBLEMS STEP BY STEP** Make changes gradually. Work on one thing at a time.

**LOWER EXPECTATIONS, TEMPORARILY** Use a personal yardstick. Compare this month to last month rather than last year or next year.

# FOR THE CARETAKERS

- **Preventing burnout**

- Meet your personal basic needs
- Carve personal time
- Exercise
- Maintain healthy diet
- Hobbies
- Ask for help

- **Common reactions**

- Guilt, confusion, anger and/or shame
- Unrealistic expectation of levels of support and care
- Embarrassment
- Fear of developing the mental illness

# FOR THE CARETAKERS

- **Empower your family member**
  - Do not make all decisions or take all control
  - Discuss expectations related to treatment plan but do not take all the responsibility for the follow up of the treatment plan
  - Do not lower expectations
  - Encourage structure with predictable daily routines
- **Problematic behavior**
  - Suicidal thoughts
  - “Manipulation”
  - Violence

# FOR THE CARETAKERS

- **Don't Do It Alone**
  - Support groups/training such as this one
  - Seek services for you and your family
  - Varying levels of support will be required at different times as symptoms wax and wane

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