

Bipolar Visions

Bipolar Disorder
And
Chemical Dependency

The Ravages of Bipolar Disorder Type II

One Doc's/ Counselor's Journey
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Introduction

- A personal story, none too pretty
- No one felt safe
- The silence became loud
- Thank God for psychotropic medications
- What my bipolar disorder was all about
- Death of a marriage

Bipolar I vs Bipolar II

- Bipolar I: Episodes of mania and of severe depression
- Bipolar II "less serious" episodes of hypomania and periods of depression
- With "kindling" have 5 to 15% chance of developing a full-blown manic episode
- With Cyclothymia have a 15 to 50% chance of developing Bipolar I or II

What Bipolar Illness is

- Bipolar Disorder is a disease
- Not a weakness or a failure
- Bipolar disorder is about changes in your genes that cause changes in your brain, that cause changes in your behavior, your personality, your emotions.

What to do if you have it

- Accept the gifts of creativity
- Get enough sleep
- Trust your instincts
- Listen to the people around you
- Learn as much as you can about it

Beneficial aspects?

- Miklowitz: A higher degree of creativity
- Also can destroy your life
- People with Bipolar: Patty Duke, Carrie Fisher, Connie Francis, Margot Kidder
- Alexander the Great, Napoleon, Oliver Cromwell, Lord Nelson, Lincoln (maybe), Teddy Roosevelt, Winston Churchill, Benito Mussolini

Quest for Mania

- People go off meds to be manic again
Kay Redfield Jamison
- Large numbers of British writers, artists and musicians
- Low with scientists, athletes, business people
- Nancy Andreasen: Iowa Writers' Workshop
- Arnold Ludwig: University of Kentucky

Bipolar and Addiction

- One third of people with bipolar disorder have a substance abuse problem
- Women with bipolar disorder are 7 times more likely to abuse alcohol than women in the general population.
- Alcohol is the drug of choice in one third of those with bipolar disorder.

Substance abuse

- Bipolar is THE psychiatric disorder with the highest rate of co-occurring substance abuse.
- Cognitive compromise with cannabis abuse (my problem)
- Substance abuse can worsen the course of the disease

Rapid Cycling

- Defined as at least 4 episodes of mania or depression in one year
- Children can cycle up to 2 times a day:
- Ultrarapid vs ultradian cycling
- More prevalent with BII, hypothyroidism
- More difficult to treat

Underdiagnosis of Bipolar II

- In hypomania, psychosis, hospitalization and impairment of function are not observed
- Yet, suicide risk is 24% vs 17% with type I
- Bipolar II most often misdiagnosed as unipolar depression
- Baldessar: delay in diagnosis

Mixed State

- Falret: Sitting slumped depressively on the couch with one's mind racing
- High risk of unfavorable outcome
- Suicide a greater risk

Cyclothymia

- Alternate between mild hypomania and mild depression
- More chronic than either type I or type II
- Short, irregular cycles (days)
- Short periods of normal mood
- May progress to bipolar disorder
- Onset: early 20's

Cognitive Impairment

- Study showed deficits in most cognitive tasks including memory and attention
- These issues could contribute to poor medication compliance
- Barcelona study
- More in Bipolar I

Medications

Mood stabilizers

- Lithium was the first to be used (late 1960's in U.S.) John Cade, Morgan Schou.
- Side effects and solutions
- Marked decrease in suicide risk
- Need for regular blood work due to toxicity

Lithium

- Euphoric mania, family history
- Nassir Ghaemi: Decrease 13-fold suicide
- Case Western study: High drop-out rates
- Not good for rapid cyclers

Depakote

- Valproic acid
- Better with depressive episodes
- Good with rapid cycling and mixed forms
- Less toxic than lithium
- Excellent for acute mania, bdII, cyclothymia, and "soft" disorders.

Anti-seizure meds

- Tegretol also used for schizophrenia
- Treats “resistant” bipolar disorder
- Trileptal targets mania
- Lamictal, “The Child Prodigy” among medications: good for bipolar depression
- Issues with Lamictal: takes long

More meds

- Neurontin: Wt loss!
- Topamax: Wt loss!
- MAOase inhibitors-increase NE, serotonin

Antidepressants

- SSRI’s are likely to precipitate mania unless used after a mood stabilizer or antipsychotic
- SNRIs: Effexor, Cymbalta,
- Serotonin and norepinephrine reuptake inhibitors
- Bupropion(Wellbutrin): dopamine

Atypical antipsychotics

- Abilify, Clozaril, Zyprexa, Seroquel, Risperdal, Geodon
- Still the danger of producing extrapyramidal effect, pseudoparkinsonism, tardive dyskinesia (TD); sudden death (cardiac)
- Possible weight gain, diabetes, high cholesterol
- Cocktail of meds often used

Children and Bipolar Disorder

- A child’s first episode is likely to be major depression
- Episodes are rapid and mixed
- Episodes are chronic and continuous
- Functioning between episodes is often poor
- 20 to 30% with major depression experience mania later in life

ADHD and BD

- Comorbidity ADHD and bipolar 75% of the time
- Relatives of children with both are 5 times more likely to have bipolar disorder
- If have ADHD, recovery rate with lithium is longer

Women

- More incidents of rapid cycling
- More depression
- Episode more likely postpartum
- Meds must be modified during pregnancy
- Lithium, valproate, and carbamazepine: birth defects

Depression

- The reason for most hospitalizations
- Must start mood stabilizer before an antidepressant
- Risk of relapse into depression is greater than risk of mania(71% vs. 41%)
- Keck: Multiple medications often used

Seasonal Affective Disorder

- 20 to 30% of people with SAD have BD
- Lights 10,000 lux for 10 min to 1 hour daily
- Boosts level of serotonin through the day
- Lights work for bipolar disorder as well

Psychotherapy

- Cognitive Behavioral Therapy-Aaron Beck
- People think about and process life events in a problematic way
- Triad:
 1. Address your thought process
 2. Assess how you interpret things
 3. Modify that interpretation
- Lam: effectiveness proven through research. With or without psychotherapy

Family Focused Therapy

- Proven in 2 year study: Miklowitz
- Teaches family to express positive attitudes and emotions and to avoid criticism(Miklowitz)
- Longer times between relapse, less relapse and decreased depression

Electroconvulsive Therapy(ECT)

- Lifts depression
- Effective for mania
- Less time in hospital
- Fewer hospitalizations
- Memory loss is a side effect

Diet/Nutrition

- Countries with high fish consumption have lower incidence of mood disorders
- Fish oil supplements or
- Flax seed has 2X the content of omega 3's
- Zinc, Copper, Calcium and Magnesium
- St John's Wart

Warning signs of mania

- Sleep disturbance 77%
- Symptoms of psychosis 43%
- Rapid mood changes 34%
- Decrease or increase in appetite 20%
- Increased anxiety 16%

Symptoms of Depression

- Mood changes 48%
- Slowed down movements 41%
- Increased anxiety 36%
- Increased or decreased appetite 36%
- Suicidal thoughts or feelings 29%
- Sleep disturbance 24%

Preventing Episodes

- Teach clients to identify episodes and to seek prompt treatment
- Group psychoeducation on the signs of relapse:
- Decreased relapses and increased time between mixed episodes of mania, hypomania and depression

Do's and Don'ts

- Abstain from all alcohol and drugs
- Avoid self-medicating, including taking "extra" prescribed meds.
- No guns in the house
- Join a 12 step group
- Call 911 or 1-800-SUICIDE if needed

Peer Support

- DBSA(Depression and Bipolar Support Alliance/ www.dbsalliance.org; 1-800-826-3632)) has 1000 support groups
- Using peer support decreases hospitalization
- Help with communication with doctor
- Sense of belonging, friendship

“Soft” Bipolar Disorders

- Family history of bipolar disorder
- Mania or hypomania after treatment with antidepressants
- Mixed mood states
- Depressed, hyper or cycling temperament
- Recurrent depression

Treatment

- Psycho education
- Relapse Prevention
- Individual therapy
- As many as 3 meds including at least one mood stabilizer
- Social and family functioning
- Academic and occupational functioning.

Summary

- Sooner diagnosis=easier treatment
- This illness has an increased risk of alcoholism, drug abuse and suicide
- Depression makes up the bulk of the disease(long history of cyclical depression)
- Bipolar disorder is missed too frequently
- A chronic illness

Summary

- This is the diagnosis with the highest risk of coexisting illness (abuse, anxiety)
- Identify and intervene when there is a coexisting addiction problem
- There are distinct differences between bipolar I, II, cyclothymia, and the “soft” disorders
- Find a competent savvy psychiatrist and psychotherapist.

Bipolar Visions

- Timothy Kuss, LADC, LAMFT, M.S.ED
- Bipolar Disorder, Type I

Prevalence

- More than 2 million Americans have Bipolar Disorder
- 15 to 20% do not get treatment for it
- The risk of suicide is greater than for those with Major Depressive Disorder

What is bipolar disorder?

- A mood disorder that involves cycles of mania and depression
- Imbalance of Brain Chemistry
- People may attempt to self-medicate
- Chemical use imbalances the brain chemistry further.
- There are 6 basic conditions

Symptoms of mania

- Can escalate to the point of psychosis
- Includes extreme paranoia
- Rapid thinking
- Need for sleep is diminished, not felt.
- Sense of power- "I can do anything"
- Agitated, Argumentative, Defiant.
- Increased mental energy, including creativity and intuitive ability

Symptoms of Hypomania

- Elevated mood and energy
- Person is more extroverted, entertaining
- Increased sexual appetite/attractiveness
- "My ideas will change the world"
- Increased aggressiveness

Mixed State

- Rapid thoughts, but are pessimistic
- Big ideas, but no energy
- Increased irritability, but more is directed towards self.
- Possible rapid cycling between mania and depression.
- Could include anxiety mixed with depression

Euthymia

- Periods of relatively "normal" mood can last from months to years.
- Abstinence from alcohol and other drugs promotes mood stability
- Working a balanced recovery program also promotes mood stability

"Mild" Depression

- Low energy
- Increased sleep
- Lethargy/reduced motivation
- Reduced self-esteem

Symptoms of Depression

- Negative “self-talk” Everything is horrible I can’t do anything
- Increased sleep or inability to sleep
- Fatigue
- People with bipolar disorder are more likely to attempt suicide than those with unipolar depression.

Type I vs Type II

- Type II experiences hypomania, but not full-blown mania
- People with Type II generally experience more depressive episodes and more severe depression
- Women are more likely to qualify for Type II and Men are more likely to qualify for Type I.

CYCLOTHYMIA

- Numerous hypomanic and numerous mild depressive episodes for at least 2 years
- Increased risk of substance use disorders, sleep disorders and bipolar disorder
- The “most important step” is to prevent alcohol and drug abuse
- Per Depression guide.com there is a 15 to 50% chance of eventually developing BD

Chemical use

- People with mental health disorders are more likely to abuse chemicals.
- When manic, people are more likely to take risks and more likely to believe that nothing can hurt them.
- When depressed or anxious, people are desperately seeking some relief.

Chemical Abuse

- 60 to 80% will suffer from alcoholism or drug abuse during their life (Burgess)
- 50% abuse alcohol or drugs (Johnson, Leahy)
- 50% of the 2 million Americans with serious mental illness abuse alcohol or other drugs (Sciacca)

Chemical Abuse

- Goodwin and Jamison suggest that it is difficult to obtain accurate histories
- Clients may hide their chemical use.
- Clinicians tend to skirt these issues.
- Some clinicians may downplay the negative effects of chemical use

Chemical Abuse

- Plato referred to alcoholism as a demonstrable cause of mania.
- Estroff and Collaprea found that 58% of manic clients had abused cocaine versus 30% of depressed clients
- Studies of co-occurring marijuana abuse range from 15 to 65% of bipolar clients

Effects of abuse

- Include lethargy, depression, anxiety, paranoia and memory loss
- Intoxication associated with euphoria, anxiety, agitation, grandiosity
- More severe chemical abuse is associated with more severe psychiatric comorbidity
- For some clients, chemical use contributes to repeated psychosis, hospitalization

Effects of chemical abuse

- Clients report that alcohol use provides some relief for irritability, restlessness and agitation of mania
- Others report that marijuana use helps to relieve symptoms of anxiety
- 38% of bipolar disorder clients said that they were likely to increase alcohol use when in a depressive episode versus 15% of clients with unipolar depression

“positive” effects

- Gavin and Kleber reported that 80% of bipolar clients said that their mood improved towards hypomania when using
- It is probable that positive effects of chemical use are only temporary and that our body chemistry overcompensates to those effects resulting in increased depression, anxiety and other negative symptoms

Diagnostic Dilemmas

- Age of onset is about age 20, which correlates with age of onset for Schizophrenia
- Alcohol and other drug use can lead to Drug-Induced psychosis, which must be ruled out
- Physical conditions, such as hyperthyroid can result in similar symptoms

Diagnosis

- Recent study showed that over 70% had been misdiagnosed more than 3 times
- Children often misdiagnosed with ADHD
- Depression is the most common misdiagnosis
- Proper diagnosis is difficult. Many symptoms overlap as symptoms of other mental health disorders.

Co-occurring issues

- 75% of bipolar disorder type 1 is genetic
- 60% have anxiety disorders (Johnson)
- 33 to 50% have personality disorders
- 30% will attempt suicide (Burgess)
- 20% of those will succeed

Family Dynamics

- Family dynamics that could contribute to mental illness
- Using denial to manage anxiety and anger
- Unrealistic expectations and standards
- Difficulty in forming intimate relationships
- Low self-esteem passed from parent to child.

Substance Abuse

- Jamison's text indicates that substance abuse can lead to more severe psychopathology and less favorable outcomes
- Also that it can combine with genetic predisposition to bring out the symptoms of mania and depression

Substance Abuse

- A study of 500 patients found that those with Bipolar Type I are more likely to abuse substances and experience more rapid cycling.
- Other sources report more substance abuse by type II clients
- Substance abuse increases the risk of a switch to manic symptoms when using an antidepressant medication.
- Longer periods of marijuana use correlate with longer periods of mania

Substance abuse

- Although clients are likely to claim to use substances to medicate depression, they are more likely to use them when in the manic phase.
- Possible reasons for this are that clients are more likely to take risks when manic and more likely to attempt to increase or extend their euphoria.

Substance Abuse

- The disorganized lifestyle that accompanies substance abuse is likely to contribute to destabilization
- Interactions between substances and psychiatric medications may contribute to destabilization and poor med compliance

Psychosocial Factors

- Problems with relationships, jobs, etc can increase stress, contributing to an increase in symptoms or more cycling
- This has implications for intended treatment. Taking medications and staying chemically free may not be enough

Effects on the family

- Family members may get angry or feel extremely guilty
- They may wonder if they caused the problem and may not set limits or develop realistic expectations
- They may feel a sense of loss, that the person may never be the same and grieve the loss of hopes and dreams

Family

- The family's social network shrinks as they are unable to explain the problem
- Family members experience increased stress-related physical and psychological symptoms
- The family needs education about chemical dependency AND bipolar disorder and how they interact

Schizoaffective Disorder

- Psychosis occurs outside of manic or depressed episodes
- Includes chronic psychosis punctuated by manic and depressive episodes
- "Bipolar type" includes both manic and depressive episodes
- "Depressive type" includes only depressive episodes

Anxiety

- Symptoms include agitation, accelerated thought processes, restlessness, social anxiety, irritability, and dysphoric mood
- These symptoms are often seen in depression, mixed states and mania
- Panic Disorder and Obsessive Compulsive Disorder are common comorbidities.
- One study showed that 39% of inpatient BD clients had symptoms of anxiety that were an integral part of their mood episodes

Anxiety

- Includes Generalized Anxiety Disorder (GAD), Panic Disorder (PD), Obsessive Compulsive Disorder (OCD) Post Traumatic Stress Disorder (PTSD), Social Phobia, Agoraphobia and other phobias.
- All of the above have significantly more co-occurrence with bipolar disorder than with the general population

Cooccurrence

- Both symptoms of anxiety and bd tend to be more severe when cooccurring
- Suicide attempts and alcohol use are more frequent with these clients.
- Dysregulation of serotonin, norepinephine and GABA have been suggested
- PTSD may be more common due to poor judgment and higher risk of trauma

Children

- Most children with bipolar disorder also meet criteria for ADHD
- Common symptoms include hyperactivity, distractibility, pressured speech
- Many children diagnosed with ADHD who may have BD or both
- Untreated BD may lead to “kindling”

Kindling

- Like needing smaller pieces of wood to get a fire going.
- Can occur if BD person is untreated for years
- If environmental stressors set off episodes in time they can occur without triggers
- Studies have shown that alcohol and cocaine have their own kindling effects

Recovery

- Those of us in Dual Recovery need to avoid denial about our addiction and our mental health problem
- This means total abstinence from mood-altering chemicals
- This means taking medications every day
- This means learning and practicing positive coping skills every day

Support Groups

- Depression and Bipolar Support Alliance
- Dual Recovery Anonymous
- National Alliance for the Mentally ILL

Treatment

- We need professionals with dual training in addiction and mental health treatment
- We need treatment centers capable of treating both of these issues together
- These illnesses combined to defeat us
- We must tackle them together to succeed

Evidence Based Practices

- Research has shown that several treatment approaches are effective for bipolar disorder
- These approaches can be used as part of chemical dependency treatment
- Further research and long-term follow-up studies are needed.

Interpersonal Social and Rhythm Therapy

- Bipolar disorder is seen as a disturbance of the natural Circadian rhythm that our bodies operate under.
- Teaches clients to recognize how this rhythm can be maintained or disrupted
- Includes keeping a record of daily activities and how these activities effect mood.

Pharmacotherapy

- Includes taking medications consistently
- Research shows that medication compliance is more effective when combined with therapeutic interventions
- Taking medications can be a life or death decision

Sleep

- In manic or hypomanic episodes, people experience a decreased need for sleep
- It may be difficult to fall asleep or stay asleep
- Lack of proper sleep disturbs our body's natural rhythm and leads to symptoms
- Treatment should include coping skills needed to get restful sleep

Sleep and chemicals

- Clients often use alcohol and other drugs to enable sleep
- Chemical use causes us to "pass out" rather than to experience REM sleep
- Rapid Eye Movement sleep is when we dream, which allows us to process what has been happening and to problem solve

Sleep

- Many clients without bd have also used alcohol and other drugs to sleep
- Psychiatrists treating the bd are in the best position to prescribe sleep meds.
- Other methods include regular exercise
- Reducing caffeine, nicotine and sugar, especially towards bedtime
- Use of relaxation techniques

Healthy Diet

- Important for all recovering people
- Helps with rebuilding endorphins
- Protein and calorie intake are more important in the morning
- Fish oil has effectiveness against BD
- 6 servings of fruits and vegetables daily
- Carbohydrates to include whole grains

Exercise

- At least 20 minutes of “aerobic” level exercise every other day
- Raises endorphins and reduces depression and anxiety
- Important to develop “structure” in our daily lives.

Relaxation Techniques

- Deep Breathing
- Progressive Muscle Relaxation
- Visualization
- Yoga
- Mindfulness

Social Rhythm

- Paying attention to stress in relationships
- Using healthy communication, including assertiveness to talk out problems
- Reduced isolation helps us avoid going “off track” with our thinking
- Friends and family support each other in their recoveries

Family Focused Therapy

- Includes Psychoeducation about bipolar disorder and chemical dependency for the family and client together.
- Includes learning and practicing communication, conflict resolution and problem-solving
- Family can assist in identifying warning signs and developing coping strategies

Family Focused Therapy

- Therapist helps to identify difficulties and conflicts within a family that contribute to client and family stress
- Including expressed emotion that is critical and hostile or over-involved attitudes and behaviors of family members.
- Helps family members to find less controlling ways to express concern and methods to manage their own stress

“Integrated Treatment Approach”

- Kathleen Sciacca’s work emphasizes the importance of working with chemical dependency and mental health issues together
- Recent work includes incorporation of motivational interviewing and stages of change.

Dual Disorders Recovery Counseling

- Dennis Daley has helped in writing material that can be used as assignments
- Includes helping clients increase their awareness, to improve their problem-solving and to develop recovery coping skills.
- Confrontation is done in a caring, non-judgmental and nonpunitive manner

Cognitive Behavioral Therapy

- Counselor or therapist teaches clients to recognize irrational/negative thoughts
- These include all or nothing thinking and blowing things out of proportion
- Clients learn to question and challenge these thoughts
- Clients are coached in changing to positive “self-talk”

Cognitive Behavioral

- Clients learn to recognize manic episodes before they become full-blown and to change behaviors during an episode
- Clients learn how to endure depression by developing behaviors and thoughts that offset the negative mood
- They become mindful of “automatic thoughts”, thinking errors, distortions

Relapse Prevention

- Includes recognition of warning signs, triggers and high risk situations
- Includes development of coping skills and strategies to deal with relapse factors
- This process can prevent relapse by chemical use or by allowing symptoms of BD to escalate.

Medication

- I suffered by not taking medication
- Medication promotes mood stability
- Mood stability promotes abstinence
- The meds are NOT mood altering
- Think of Diabetes

Types of meds

- Mood stabilizers
- Antipsychotics
- Antidepressants

Recovery

- No chemical use
- Take meds daily
- Use coping skills, including
- Consistent daily schedules
- Noticing warning signs
- Daily recovery activities

Treatment

- “Join” with the client
- Provide information
- Suggest rather than insist
- Be sensitive to stigma
- Ask about medication

Medication compliance

- Stopping meds often comes before chemical use
- Ask why they don't take meds consistently
- Refer them back to their psychiatrist
- A person may need to try several meds or combinations of meds before they find the one(s) that work for them

Negative self talk

- Notice negativity
- Start working with how they put themselves down
- Help them learn to challenge depression and anxiety

Be teachable!

- Recognize what your clients have learned to adapt to their condition
- Ask about their life goals
- Ask about their family
- Learn and use your new skills “one day at a time”

Visions

- My diseases promoted visions that were self-absorbed and self-defeating
- Our new vision is that dual recovery can have an enormous impact on the world!