Mood Disorders: Part 2

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Bipolar Disorders: Epidemiology

- Life-time prevalence:
  - 3% of general population.
  - Bipolar I: 0.5 to 1.5%.
  - Bipolar II: 0.5%.
  - Cyclothymia: 1%.
- No difference in prevalence between men and women (ratio 1:1).
- Average age of onset: 30 yrs old.
- More often in divorced and single people.
- More often in upper socioeconomic echelons.
- Linked with creativity and high achievers.

Bipolar Disorder: Etiology

- Genetics: 90% of first degree relatives have a mood disorder, most often Bipolar Disorder.
  - Monozygotic twin concordance: 80%.
  - Dyzogotic twin concordance: 24%.
- Neurotransmitters: excess norepinephrine and dopamine.
- Endocrine: HPA axis: dexamethazone non-suppression. HPT axis: thyroid abnormalities, including hypothyroidism common, especially in women with rapid cycling Bipolar disorder.
- Sleep EEGs: are normal. Unlike Major Depressive disorder, no decreased REM latency or increased REM density.
- Brain structure: Mania and Bipolar-like illnesses seen with Right frontotemporal or Left parietal-occipital lesions
- Psychosocial: Stressful events more often trigger the first, rather than subsequent, episodes of either mania or depression.

Medical Illness and Substances Which Cause Mania

- Medical causes:
  - Metabolic: Addisons dz., dialysis, vitamin B12 deficiency, hyperthyroidism, post infection.
  - Neurologic: multiple sclerosis, poststroke, Right hemispheric lesions, Right temporal lobe seizures.
  - Infections: HIV, herpes simplex encephalitis, neurosyphilis.
  - Medications: bronchodilators, Cimetidine, Leva-dopa, sympathomimetic amines, captopril and corticosetroids.
  - Street drugs: cocaine, amphetamines, PCP, hallucinogens, opiates.

Bipolar Disorder: Course and Prognosis

- Generally begins with depressive episodes.
- Manic episodes last approx. 3 months, depressive episodes 6-9 months.
- 10 to 20%: only manic or hypomanic episodes.
- Poorer prognosis than with Major Depression.
- ½ of pts with BP dx have psychosis in manic state, and 1/5 have psychosis in depressed state.
- 15% of Bipolar patients complete suicide.
- 60% of patients with Bipolar disorder have concomitant substance abuse disorder.

DSM-IV-TR Criterion: Manic Episode

- A distinct period of abnormality and persistently elevated, expansive, or irritable mood, lasting 1 week.
- During the period of mood disturbance, 3 (or more) of the following symptoms have persisted (or 4 if the mood is irritable):
  1. Inflated self-esteem or grandiosity
  2. Decreased need for sleep
  3. More talkative than usual or pressure to keep talking
  4. Flight of ideas or subjective experience that thoughts are racing
  5. Distractibility
**DSM-IV-TR Criterion: Manic Episode**

6. Increase in goal-directed activity (either socially, at work or school, or sexually) or psychomotor agitation.
7. Excessive involvement in pleasurable activities that have a high potential for painful consequences.
   - The mood disturbance is severe enough to cause marked impairment in social or occupational functioning, or to necessitate hospitalization to prevent harm to self or others, or there are psychotic features.

**DSM-IV-TR Criteria: Hypomanic Episode**

- A distinct period or persistently elevated, expansive or irritable mood, lasting for at least 4 days, that is clearly different for the usual nondepressed mood.
- During the period of mood disturbance, 3 (or 4 if mood is irritable) of the following symptoms have persisted:
  - (same 7 symptoms listed above for mania)
- The episode is not severe enough to cause marked impairment in social or occupational functioning, or to necessitate hospitalization, and there are no psychotic features.

**DSM-IV-TR Criteria: Mixed Episodes**

- The criteria are met both for a manic episode and for a major depressive episode nearly everyday for at least a one week period.
- The mood disturbance is sufficiently severe to cause marked impairment in occupational and social functioning, or to necessitate hospitalization or there are psychotic features.
- Specifiers in Bipolar I and II: Catatonic features, Postpartum onset and Rapid cycling.
- Rapid cycling: 4 or more mood episodes a year.

**DSM-IV-TR Criteria: Cyclothymia**

- For at least 2 years, the presence of numerous periods with hypomanic symptoms and numerous periods with depressive symptoms, that do not meet criteria for a major depressive episode.
- During the above 2 year period the person has not been without the symptoms in Criterion A for more than 2 months at a time.

**Treatment of Bipolar Disorders**

- The two gold standards: lithium and valproic acid (Depakote)
- 2nd line medications: Carbamazepine (Tegretal), oxcarbazepine (Trileptal) and lamotrigine (Lamictal). Also, olanzepine (Zyprexa) approved for acute and maintenance treatment.
- Lithium: monitor levels, renal and thyroid function, pregnancy test. Best with classic, elated manias.
- Valproic acid: monitor levels, platelets and LFTs, pregnancy test. Better for irritable manias, rapid cycling and mixed episodes.

**Treatment of Bipolar Disorder**

- Lamictal best for Bipolar depression. Slow titration to avoid Stevens-Johnson rash.
- Topiramate (Topamax) and gabapentin (Neurontin) as adjunct mood stabilizers,
- For Acute Mania: need to use 3 classes of medications together: 1) mood stabilizer, 2) benzodiazepine, and 3) atypical antipsychotic.
- Avoid antidepressants if possible.
- For severe mania: electroconvulsive therapy.