

Bipolar disorder

Good morning and thank you for inviting me to come and speak to you today on the subject of bipolar disorder.

Bipolar disorder, also previously known as manic-depressive disorder, or manic depression, is a mental illness affecting approximately 3% of the general population and is the sixth leading cause of disability worldwide. The incidence of bipolar disorder is similar in men and women and a study carried out in 2000 by the WHO found that the prevalence of bipolar disorder is very similar around the world and across different cultures and ethnic groups.

Late adolescence and early adulthood are peak years for the onset of bipolar disorder, although one study also found that in 10% of all cases, the disorder began in patients over 50 years old.

The cause is not clearly understood, but both genetic and environmental risk factors are believed to play a role. In fact, genetic influences may account for between 60 and 80% of the risk of developing the disorder, indicating a strong hereditary component.

Bipolar disorder is characterized by episodes of an elevated mood known as mania, usually alternating with episodes of depression. Most people with bipolar disorder experience a number of episodes lasting three to six months if untreated.

Let's have a look in more detail at mania and depression. First of all, mania, which is the defining feature of bipolar disorder.

Mania can be defined as a period of elevated or irritable mood and can occur with different levels of severity. At milder levels, individuals appear energetic and excitable and may be highly productive. As mania worsens, however, individuals begin to exhibit erratic and impulsive behaviour, often making poor decisions due to unrealistic ideas about the future and tend to sleep very little.

As well as a decreased need for sleep, people with mania may also speak excessively and rapidly and may have impaired judgment. At more extreme levels, a person in a manic state can experience psychosis, and approximately 50% of people with bipolar disorder experience delusions or hallucinations.

Depression is the other aspect of bipolar disorder. A depressive episode commonly follows an episode of mania, involving persistent feelings of sadness, anxiety, isolation or hopelessness as well as disturbances in sleep and appetite, fatigue, problems concentrating, apathy and a loss of interest in sexual activity, irritability and suicidal thoughts.

As far as comorbid conditions are concerned, bipolar disorder may also be accompanied by other psychiatric conditions, including obsessive-compulsive disorder, eating disorders such as bulimia and anorexia nervosa, attention deficit hyperactivity disorder, social phobia and panic disorder. Sufferers also often have problems with substance abuse due to a combination of thrill-seeking and poor judgment during the manic phase.

Finally a word on treatment.

Most treatment involves a combination of psychotherapeutic techniques on the one hand, notably cognitive behavioural therapy which is especially effective for alleviating the main depressive symptoms, and medication on the other.

As far as medication is concerned, a number of medications are used to treat bipolar disorder. The medication with the best evidence is lithium, which is effective in treating acute manic episodes and reduces the risk of suicide and self-harm in people with bipolar disorder.

Several anticonvulsants such as carbamazepine and antipsychotics such as olanzapine are also to treat bipolar disorder either on their own or in combination with lithium, depending on the severity of the case.

Hospitalization may be required in extreme cases.

Thank you very much for your attention.