



Mania and Bipolar Disorders

Psychology 311
Abnormal Psychology

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Mania

- Is hard to distinguish from a normal person with high spirits
- Is more than just hyperactivity

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Symptoms

- Extreme hyperactivity
 - Increased psychomotor activity
 - Person literally bounces off the wall
 - Is more talkative
- Has a flight of ideas
 - Person goes from one thought to another to another.
 - Often no connection between the thoughts
 - Often have a grandiose self-image
- Attention
 - Is easily distracted
- Sleep is infrequent
- Easily frustrated

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Additional Points

- Is important to take a good history
- Some pharmacologic medications or drugs can mimic manic symptoms.
 - Excessive caffeine
 - Ephedrine
 - Anabolic Steroids
 - Diet aids
 - Amphetamines
- Other diseases can cause symptoms too
 - E.g., Thyroid Disease

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General Treatment

- Behavioral interventions can work well
- Relaxation training can help
- Goal is to reduce symptoms
- Drugs often used
 - Benzodiazepines (Valium)
 - Antipsychotics (Zyprexa)
 - Valproic Acid (Valproate)
 - Lithium can stabilize mood
- Often combination therapies are used.

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Bipolar Disorders

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Bipolar Disorders

- In the past called
 - Manic – Depressive Psychosis
- Occurs in up to 4% of the population
 - Number differences depend on the reference
 - Number of cases are rising
 - May be due to better screening
 - Found more in artistic populations (poets, artists)
- 55% have a history of substance abuse
 - May be an attempt to self medicate

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Background Continued

- One of every 4 or 5 untreated or inadequately treated individuals commits suicide.
 - Also increases of accidents or other disorders
- A person at age 25 who does not receive treatment can expect to:
 - Lose 9 years of life
 - Lost 14 years of effective activity
 - Lose 12 years of normal health
- Persons with four illness episodes in 12 months are called rapid cyclers
 - May not be permanent and may disappear
- Is divided into groups

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Groups of Bipolar Disorder

- Bipolar I Disorder
- Bipolar II Disorder
- Cyclothymic Disorder

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Bipolar I Disorder

- Usually have an episode of Mania, then a major Depressive episode
- Often requires hospitalization or severely interferes with normal functioning

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Symptoms

- Mania
 - Symptoms are same as described earlier
- Hypomania
 - Is a mildly elevated state
 - May not be recognized by others
- Before a diagnosis, mania from all other causes must be ruled out
 - Tumors
 - Drugs

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Bipolar II

- Is less severe than Bipolar I
 - Usually manic stage is not as severe
 - Hypomania
- Key:
 - Person does not need to be hospitalized
 - Can still function
- Other people may see the mania
 - Person with disorder may not
 - Feels very energetic and creative.

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Cyclothymic Disorder

- Is a chronic state of mood disturbances
 - Most noticeable is a change in energy levels
- Swing between mania and depression but the severity is lower than Bipolar II
- Tend to have a seasonal pattern
 - More common in spring and fall

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Causes of Bipolar Disorders

- 2/3 have a history of mood disorders
- Monozygotic twins have a 40-70% chance of having bipolar disorders when one twin has the disorder
 - VS. 5-10% for dizygotic twins
- What may be inherited is not the disorder but the vulnerability
 - Stress seems to influence the rate

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Treatment

- Cannot be cured
 - Is a lifelong chronic condition
- Treatment can reduce the frequency of episodes
 - The more episodes the person experiences, the poorer the long-term outcome is

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Drug Treatments

- Many types used
 - Lithium Carbonate (Lithium)
- Newer drugs with Bipolar
 - Valproic Acid (Valproate, Depakote)
 - Gabapentin (Neurontin)
 - Others

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Lithium

- Most recommended drug for Bipolar
- Effective in treating 60-80% of acute hypomanic and manic episodes
- Takes about 1-2 weeks before stable levels are reached

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Problem

- Very narrow window between therapeutic effectiveness and toxic amounts.
 - Must be monitored very closely
- Many side effects
 - Gastrointestinal problems
 - Thyroid, kidneys, cardiovascular system and other all influenced
- Depression, hope, mood increase
- All contribute to many patients discontinuing the drug.

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Newer Drugs

- Have been used alone but usually are used in combination with Lithium
 - Usually for manic phase
- Target the GABA receptor
 - Cause neurons to not fire as much
 - Result – less activity
- Also have better safety margins

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Conclusions

- Mania/Bipolar cause problems for many individuals.
- Can be treated effectively
- Need more research on the disorder.

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