



1115 Bethel Road, 1st Floor 43220 Phone (614) 538-0353

Above all else, guard your heart, for out of it flows the Wellspring of life.

Proverbs 4:23

MENTAL HEALTH ISSUES

Bipolar Disorder (Manic Depression)

Bipolar I Disorder is one of the most severe forms of mental illness and is characterized by recurrent episodes of mania and (more often) depression. The condition has a high rate of recurrence and if untreated, it has an approximately 15% risk of death by suicide. It is the third leading cause of death among people aged 15-24 years, and is the 6th leading cause of disability (lost years of healthy life) for people aged 15-44 years in the developed world.

Bipolar I Disorder is a life-long disease and runs in families but has a complex mode of inheritance. Family, twin and adoption studies suggest genetic factors. The concordance rate for monozygotic (identical) twins is [43%](#); whereas it is only [6%](#) for dizygotic (nonidentical) twins. About half of all patients with Bipolar I Disorder have one parent who also has a mood disorder, usually Major Depressive Disorder. If one parent has Bipolar I Disorder, the child will have a 25% chance of developing a mood disorder (about half of these will have Bipolar I or II Disorder, while the other half will have Major Depressive Disorder). If both parents have Bipolar I Disorder, the child has a 50%-75% chance of developing a mood disorder. First-degree biological relatives of individuals with Bipolar I Disorder have elevated rates of Bipolar I Disorder (4%-24%), Bipolar II Disorder (1%-5%), and Major Depressive Disorder (4%-24%).

In adults, mania is usually episodic with an elevation of mood and increased energy and activity. In children, mania is commonly chronic rather than episodic, and usually presents in mixed states with irritability, anxiety and depression. In adults and children, during depression there is lowering of mood and decreased energy and activity. During a mixed episode both mania and depression can occur on the same day.

Other Issue Involvement

Other Issue Involvement is the rule, not the exception, in bipolar disorder. The most common mental disorders that co-occur with bipolar disorder are anxiety, substance use, and conduct



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disorders. Disorders of eating, sexual behavior, attention-deficit/hyperactivity, and impulse control, as well as autism spectrum disorders and Tourette's disorder, co-occur with bipolar disorder. The most common general medical comorbidities are migraine, thyroid illness, obesity, type II diabetes, and cardiovascular disease.

Associated Mental Disorders

Bipolar I Disorder is often associated with: alcoholism, drug addiction, Anorexia Nervosa, Bulimia Nervosa, Attention-Deficit Hyperactivity Disorder, Panic Disorder, and Social Phobia.

Alternative Causes

Bipolar I Disorder must be distinguished from:

- Mood Disorder Due to a General Medical Condition (e.g., due to multiple sclerosis, stroke, hypothyroidism, or brain tumor)
- Substance-Induced Mood Disorder (e.g., due to drug abuse, antidepressant medication, or electroconvulsive therapy)
- Other Mood Disorders (e.g., Major Depressive Disorder; Dysthymia; Bipolar II Disorder; Cyclothymia)
- Psychotic Disorders (e.g., Schizoaffective Disorder, Schizophrenia, or Delusional Disorder)
- Since this disorder may be associated with hyperactivity, recklessness, impulsivity, and antisocial behavior; the diagnosis of Bipolar I Disorder must be carefully differentiated from Attention Deficit Hyperactivity Disorder, Conduct Disorder, Antisocial Personality Disorder, and Borderline Personality Disorder

Major Depressive Episode

- A. Five (or more) of the following symptoms have been present during the same 2-week period and represent a change from previous functioning; at least one of the symptoms is either (1) depressed mood or (2) loss of interest or pleasure.



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Note: Do not include symptoms that are clearly due to a general medical condition, or mood-incongruent delusions or hallucinations.

1. depressed mood most of the day, nearly every day, as indicated by either subjective report (e.g., feels sad or empty) or observation made by others (e.g., appears tearful). **Note:** In children and adolescents, can be irritable mood.
 2. markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day (as indicated by either subjective account or observation made by others)
 3. significant weight loss when not dieting or weight gain (e.g., a change of more than 5% of body weight in a month), or decrease or increase in appetite nearly every day. **Note:** In children, consider failure to make expected weight gains.
 4. insomnia or hypersomnia nearly every day
 5. psychomotor agitation or retardation nearly every day (observable by others, not merely subjective feelings of restlessness or being slowed down)
 6. fatigue or loss of energy nearly every day
 7. feelings of worthlessness or excessive or inappropriate guilt (which may be delusional) nearly every day (not merely self-reproach or guilt about being sick)
 8. diminished ability to think or concentrate, or indecisiveness, nearly every day (either by subjective account or as observed by others)
 9. recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide
- B. The symptoms do not meet criteria for a Mixed Episode
- C. The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.
- D. The symptoms are not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication) or a general medical condition (e.g., hypothyroidism).
- E. The symptoms are not better accounted for by Bereavement, i.e., after the loss of a loved one, the symptoms persist for longer than 2 months or are characterized by



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marked functional impairment, morbid preoccupation with worthlessness, suicidal ideation, psychotic symptoms, or psychomotor retardation.

Manic Episode

- A. A distinct period of abnormally and persistently elevated, expansive, or irritable mood, lasting at least 1 week (or any duration if hospitalization is necessary).
- B. During the period of mood disturbance, three (or more) of the following symptoms have persisted (four if the mood is only irritable) and have been present to a significant degree:
 1. inflated self-esteem or grandiosity
 2. decreased need for sleep (e.g., feels rested after only 3 hours of sleep)
 3. more talkative than usual or pressure to keep talking
 4. flight of ideas or subjective experience that thoughts are racing
 5. distractibility (i.e., attention too easily drawn to unimportant or irrelevant external stimuli)
 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 (e.g., engaging in unrestrained buying sprees, sexual indiscretions, or foolish business investments)
- C. The symptoms do not meet criteria for a Mixed Episode
- D. The mood disturbance is sufficiently severe to cause marked impairment in occupational functioning or in usual social activities or relationships with others, or to necessitate hospitalization to prevent harm to self or others, or there are psychotic features.
- E. The symptoms are not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication, or other treatment) or a general medical condition (e.g., hyperthyroidism).

Mixed Episode



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- A. The criteria are met both for a Manic Episode and for a Major Depressive Episode (except for duration) nearly every day during at least a 1-week period.
- B. The mood disturbance is sufficiently severe to cause marked impairment in occupational functioning or in usual social activities or relationships with others, or to necessitate hospitalization to prevent harm to self or others, or there are psychotic features.
- C. The symptoms are not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication, or other treatment) or a general medical condition (e.g., hyperthyroidism).

Hypomanic Episode

- A. A distinct period of persistently elevated, expansive, or irritable mood, lasting throughout at least 4 days, that is clearly different from the usual nondepressed mood.
- B. During the period of mood disturbance, three (or more) of the following symptoms have persisted (four if the mood is only irritable) and have been present to a significant degree:
 1. inflated self-esteem or grandiosity
 2. decreased need for sleep (e.g., feels rested after only 3 hours of sleep)
 3. more talkative than usual or pressure to keep talking
 4. flight of ideas or subjective experience that thoughts are racing
 5. distractibility (i.e., attention too easily drawn to unimportant or irrelevant external stimuli)
 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 (e.g., the person engages in unrestrained buying sprees, sexual indiscretions, or foolish business investments)
- C. The episode is associated with an unequivocal change in functioning that is uncharacteristic of the person when not symptomatic.
- D. The disturbance in mood and the change in functioning are observable by others.



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- E. 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.
- F. The symptoms are not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication, or other treatment) or a general medical condition (e.g., hyperthyroidism).

Note: Hypomanic-like episodes that are clearly caused by somatic antidepressant treatment (e.g., medication, electroconvulsive therapy, light therapy) should not count toward a diagnosis of Bipolar II Disorder.